

Winona State University



Doctor of Nursing Practice (DNP)

DNP PROJECT GUIDELINES

2021 – 2022

Department of Graduate Nursing NURS 775 Faculty Approved: August, 2021

Revised: 08/06/2021

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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 Team. The DNP Project product (a) documents outcomes of the student’s educational experiences, (b) provides a measurable medium for evaluating the clinical immersion experience focusing on the application of evidence, and (c) summarizes the student’s growth in knowledge and expertise.

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:

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

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.

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,
- 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

Post-baccalaureate students will complete the DNP Project in a group of (e.g. 1 – 2) 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/Advanced Standing

Post-master's/Advanced Standing students will complete the DNP Project either individually or with another student, whichever is determined most feasible for completion of the project between the student(s) and the DNP Academic and/or Project Advisor.

DNP Project Team

DNP student's Project Team will consist of the following persons:

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

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* or *NURS 714*. 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 DNP Academic Advisor or another graduate faculty member. WSU maintains a list of doctoral graduate faculty members available to serve as DNP Project Chairs.

DNP Project Team: After the DNP Project Advisor/Chair has been identified, the student(s) will arrange a meeting with the Advisor/Chair to constitute the DNP Project Team. The DNP Project Team should be constituted prior to completing three (3) credits of NURS 775.

Second Team Member: The major criteria for the second team member are WSU DNP Graduate Faculty status, expertise in the clinical nursing phenomena of interest and/or the methodology used in the project, and/or other knowledge related to the student(s) DNP Project.

Third Team Member: The Third Team 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 Team in select situations where additional expertise is warranted.

DNP Program Academic Advisor Role: Upon admission to the DNP program, each student will be assigned an Academic Advisor. The DNP Program Academic Advisor may be the graduate program director, a program coordinator, an instructor in the DNP program, or other DNP Graduate faculty member. All DNP Academic Advisors are familiar with the DNP program, have clinical expertise, and are a member of the DNP Graduate Faculty. The DNP Academic Advisor will provide student direction regarding the overall academic DNP program and may provide input/suggestions regarding the students' DNP Project.

DNP PROJECT PROGRESSION

NURS 775 Clinical Scholarship provides an opportunity for the student to demonstrate evidence-based practice strategies in a clinical setting and complete a DNP Project (Appendix A *NURS 775 Clinical Learning Objectives*) Students will actively work on their DNP Project under the direction of their DNP Project Advisor/Chair. The DNP Mentor will mentor the student within these courses, as well.

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. Students must complete 60 clinical hours for each credit. Students develop a *Clinical Contract*, including learning objectives for the DNP Project each semester; review and receive approval of the *Clinical Contract* from the DNP Mentor and DNP Project Advisor/Chair; and evaluate progress toward goals at the end of each semester (Appendix B). 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 C) is 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 final outcome of the *NURS 775 Clinical Scholarship* coursework is a practice-oriented manuscript ready to be submitted to a peer-reviewed journal for publication. The DNP project will reflect direct interaction/involvement in the clinical setting with sufficient clinical time to achieve course student learning outcomes.

The DNP Project normally progresses over a three-semester time period. This allows students to immerse in the clinical environment, understand the needs of the clinical environment, address the needs of the clinical environment as guided by the DNP Mentor and DNP Faculty Advisor, and

implement and evaluate the project within the complexity of the environment.

Semester I NURS 775: The first clinical course (typically the first 1 – 3 credits) 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, students will:

1. Identify an initial 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 N775 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 first and (potentially) second drafts of DNP Project Proposal paper.
8. Complete a Protection of Human Subjects Training Module if not previously completed.

Semester II NURS 775: The second clinical course (typically credits 2 – 5 credits) 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, students 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. Schedule and complete the DNP Project Proposal Meeting and obtain Team Approval of Proposal.
4. Obtain IRB approval for the DNP Project (if necessary).
5. After Proposal Team 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: The third (and additional if necessary) clinical course (typically credits 5 – 9) fosters project completion and dissemination to the various stakeholders. During this clinical course, students will:

1. Complete data collection, analysis and outcome(s) evaluate
2. Prepare and submit the final DNP Project Dissemination manuscript (may require multiple drafts).
3. Develop a poster (or presentation determined with DNP Project Advisor) for dissemination of the project process and outcomes.
4. Schedule and complete the Project Dissemination Meeting
5. Present poster (or presentation) at a venue to be determined with DNP Project Advisor.
6. Disseminate results of the project to appropriate stakeholders at the clinical setting.

Recommended Progression Timeline*, Products, and Student Activities for the DNP Project Across the Clinical Scholarship Courses (NURS 775)

The following table provides additional information regarding student learning outcomes, course products, and student activities during the progression of the DNP Project.

Course **/ Approximate # of credits	NURS 775 Student Learning Outcomes (every semester)***	Product	Student Activities
<p><i>NURS 775 Clinical Scholarship</i> 1-3 credits</p>	<ul style="list-style-type: none"> • 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. 	<p>Identification of Problem/Issue, Evidence, and Theoretical Basis (see DNP Project proposal draft guidelines)</p> <p>Readiness for Change paper</p> <p>DNP Project proposal Draft 1st and (potentially) Draft 2nd</p> <p>Human Subjects Training Certificate</p>	<ol style="list-style-type: none"> a. DNP Project Advisor and DNP Mentor identified, and communications initiated b. Clinical Objectives written and approved by DNP Faculty Advisor and DNP Mentor c. Preliminary clinical question determined d. Evidence review overview completed e. Clinical question revised based upon evidence f. 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 g. 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) h. Complete clinical portfolio items

Course **/ Approximate # of credits	NURS 775 Student Learning Outcome (every semester)***	Product	Student Activities
NURS 775 <i>Clinical Scholarship</i> 2-5 credits		Proposal paper drafts not already completed in Semester 1 IRB application, submission, and approval DNP Project Implementation	a. Clinical Objectives written and approved by DNP Faculty Advisor and DNP Mentor b. DNP Project Proposal final draft completed c. DNP Project Proposal Meeting completed d. IRB application submitted to WSU and appropriate agency IRB, as needed. e. Implementation of DNP Project completed f. Complete clinical portfolio items
NURS 775 <i>Clinical Scholarship</i> 5-9 credits		Manuscript drafts to DNP Project Advisor/ Chair Poster or paper presentation at venue to be determined by DNP Project Advisor/Chair† Practice-oriented manuscript ready for submission to peer- reviewed journal	a. Clinical Objectives written and approved by DNP Faculty Advisor and DNP Mentor b. Evaluation of DNP Project implementation completed. c. Drafts of manuscript to Advisor/Chair d. DNP Project Dissemination product discussed and appropriate avenue for dissemination determined e. DNP Project Dissemination completed. f. Complete clinical portfolio items

***Note:** Students need to enroll in *NURS 775* each semester until the DNP Project is completed.

****Note:** Student may register for one to six credits per semester. Student Learning Outcomes, and Products to be completed would reflect the number of credits for which the students are registered (e.g. 1 semester credit equals 60 clinical hours).

*** **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, and/or National, Regional, Local conferences

DNP Project Clinical Site, and Clinical Requirements

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 to achieve course student learning outcomes. 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 Academic Advisor and Clinical Placement Coordinator so that the clinical affiliation contract can be in place when students begin *NURS 775*.

At the completion of each *NURS 775* course, prior to the end of each semester, students 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 students. (Appendix D *Faculty/DNP Mentor/Self Evaluation of DNP Student*).

Clinical Requirements: See “WSU Graduate Student Handbook” for details about clinical requirements. Students must submit all documents required by WSU and the clinical agency prior to entering the DNP Project site. The WSU Clinical Placement Coordinator will communicate with the student regarding the clinical agency onboarding process and timelines.

Clinical Hours: DNP programs must provide a minimum of 1,000 hours of supervised clinical practice post-baccalaureate (AACN, 2006). Each clinical course credit reflects 60 clinical hours. Clinical experiences are designed to help students achieve specific learning outcomes related to the DNP Essentials and specialty competencies.

Post-baccalaureate DNP students will meet the 1,000 clinical hour requirement in a combination of direct care core clinical hours, role clinical hours, and *NURS 775* Clinical Scholarship courses;

Post-master’s/Advanced Standing 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 post-master’s DNP students are not able to verify completion of 460 hours of supervised clinical practice in prior education, students will work with their Academic Advisor to design individualized clinical experiences or develop a portfolio within the program to meet this standard.

Students will log clinical hours in the Time Log in Typhon during each semester. Please keep your Time Log up to date. Include a concise summary of the clinical activities in each entry using Notes. The DNP Mentor may be asked to verify clinical hours.

DNP PROJECT PROCESS

The DNP Project process includes pre-course planning (e.g. identifying clinical site and mentor), writing the DNP Project proposal, conducting the DNP Project proposal meeting, obtaining IRB review and approval, and completing the dissemination manuscript.

DNP Project Mentor

Each DNP student will select, with the input of his/her Advisor/Chair and the Clinical Placement Coordinator, a DNP Project Mentor for their clinical experience. The DNP Project Mentor must

be an expert in the clinical, educational, or administrative area that the DNP student wishes to develop expertise.

When possible, the DNP Project Mentor shall possess the DNP degree. However, the DNP Project Mentor may not always be a DNP-prepared nurse in an advanced role. Examples of persons who might be a 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 clinical within the organization.

When possible and practical, the DNP student is encouraged to select a DNP Mentor outside of the students' 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 the student 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 Team, and the DNP student.

Each student's three-member DNP Project Team (Chair, Mentor, faculty committee member) will review and approve the DNP Project at the Proposal meeting. The faculty members on the DNP Project Team will also evaluate students' 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.

Writing the DNP Proposal

The DNP faculty expectations for the DNP Project Proposal reflect the standards set forth by the WSU Graduate Council. Specifically, the standards state that the project should (a) reveal students' ability to analyze, interpret, and synthesize information; (b) demonstrate students' 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 (e) display students' ability to discuss fully and coherently the meaning of the results.

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.

The DNP Project Proposal typically require a series of drafts and revisions. Students work with their DNP Faculty Advisor, DNP Mentor, and DNP group members (if in a group) to complete Drafts one and two of the DNP Project Proposal. DNP Faculty Advisor will score each draft using the rubrics in NURS 775.

DNP Project Proposal Meeting

Following approval from the DNP Faculty Advisor, the DNP Project Proposal meeting can be scheduled. See DNP Project Proposal Meeting Scheduling Form (Appendix E) for scheduling the meeting. Send all DNP Project team members the final proposal for review at least two weeks

prior to the meeting. (See Appendix F for details).

The overall purpose of the proposal meeting is to strengthen the proposal through peer review. The DNP Project Team provides peer review and advice on the proposal and on all phases of the conduct of the project. The written proposal will incorporate the guidelines for IRB approval at WSU and clinical organization IRB approval, if necessary.

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

- Introduction to the clinical problem/issue
- Clinical practice setting/population description
- Summary of Evidence based recommendations
- Theoretical basis for implementation of the evidence
- Plan for application of the evidence including EBP translation model

During the Proposal Meeting, the DNP Project Team will review the Proposal, questioning student(s) about various sections of the Proposal. The members of the DNP Team may, at their discretion, ask fundamental and developmental questions that review the students' completed DNP coursework and questions/comments about the planned intervention.

Students' performance during the DNP Project Proposal Meeting is preliminary evidence that the student is prepared and qualified to pursue implementation of the DNP Project. The approval/disapproval of the Project Proposal by the DNP Project Team will serve as documentation of students' ability to progress in the DNP Project. If a student does not receive approval of the Project Proposal by the Team, students must correct any deficiencies and meet again with the DNP Project Team. Students can 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.

After successful completion of the DNP Project Proposal Meeting, the team will complete the DNP Project Proposal Approval form (Appendix G).

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 patient/staff needs assessment, reviewing baseline patient/staff data, and/or evaluating patient/staff outcomes.

Generally, IRB approval is obtained following the DNP Project Proposal Meeting when the DNP team has approved the proposal; however, projects may require different data collection timing, so the student should work with his/her DNP Project Advisor/Chair throughout the DNP Project process regarding the timing and content of IRB approval. All students must complete a Human Subjects Protection training module prior to submitting a Proposal to IRB. Journals typically require evidence of IRB approval at the time of manuscript submission.

WSU Human Subjects guidelines and procedures are available at the [WSU IRB website](#). Human Subjects Training must be completed by both student and advisors. All IRB protocols are submitted through the [IRBNet electronic application system](#) (www.irbnet.org). An IRB module is provided on the NURS 775 D2L course site for additional information.

Getting Started with the IRB Process - See READ ME FIRST - INSTRUCTIONS: The READ ME FIRST – INSTRUCTIONS (<https://www.winona.edu/grants/Media/getting-started.pdf>) provide a step by step guide through the IRB process. These instructions explain how to set up your “account” on the IRBNet and steps to follow. Notification of the WSU IRB decision is sent to the DNP Project advisor and student(s).

Please note: WSU IRB requires a letter of support from the cooperating institution (e.g. clinical agency) with the IRB submission request. Please plan accordingly to obtain the letter from your clinical agency.

Each clinical agency is likely to have additional and somewhat different guidelines regarding student requests to implement the DNP Project within the agency. As with the WSU review process, the purpose is to protect human subjects. If indicated, the student, in consultation with the advisor, must contact the clinical agency, request directions on how to submit a request for approval, and obtain written permission from the agency to conduct the study in the specified facility. Some clinical agencies have an IRB QI Wizard to determine whether the project requires IRB approval. If IRB approval is determined not to be necessary, include the letter/email indicating that in the WSU IRB submission. Students will retain these permission notices and acknowledgement of IRB approval is noted in the final manuscript.

DNP Project Dissemination Meeting

The DNP Project Dissemination manuscript forms the basis for the DNP Project Dissemination Meeting. The DNP student must pass the DNP Project Dissemination Meeting to graduate from the program. The DNP Project manuscript will be evaluated based on specified criteria reflecting DNP program outcomes.

DNP students register for the final NURS 775 Clinical Scholarship course during the semester when project completion is anticipated. Students provide a formal presentation of the completed project in the DNP Project Dissemination 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 H). The Graduate Nursing Office will publish a Scheduled DNP Project Dissemination Meeting Form (Appendix I).

Students determine with their DNP Project Advisor/Chair how the meeting will be structured. The overall purpose is to provide an opportunity for students, team 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 team members for the proposal meeting and the dissemination meeting are as follows:

- Following DNP Faculty Advisor approval of the final manuscript and scheduling of the Dissemination Meeting, the student(s) will send the manuscript (in either electronic or paper format per Team Member preference) to the DNP team members at least two weeks prior to the DNP Project Dissemination meeting, along with the author guidelines from the selected journal. Team 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 Team.

- Student performance during the DNP Project Dissemination Meeting serves as evidence that the student has partially met the requirements for graduation with the DNP degree. To be eligible for the Dissemination 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.
- The expected product for this meeting is a scholarly manuscript, based on the DNP Project, and organized and formatted to align with a selected journal.
- Grade Determination - The students will be asked to leave the room for a short period of time at the completion of each meeting. The team will decide if the DNP Project was presented satisfactorily and will discuss proposed grade for the course. The student(s) will be informed of pass/no pass status of the DNP dissemination at the completion of the meeting. A final grade will be submitted by the DNP Project Chair when changes suggested by the team have been made to the manuscript.
- The approval/disapproval of the student's performance at the Project Dissemination Meeting (Appendix J) by the student's DNP Project Team will serve as documentation that the student has met all project expectations and is eligible for graduation, once all other academic and clinical requirements have been met. If a student does not receive approval of satisfactory performance at the Project Dissemination by the team, the student must correct deficiencies and meet again for the Dissemination Meeting with the DNP Project team. Students can repeat the Dissemination Meeting 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 to the manuscript requested by the DNP Project Team will be submitted to and approved by the DNP Project Advisor/Chair before submission to Open River and submission of the final course grade.
- After the DNP Project Advisor/Chair has approved the final manuscript, the student will work with the Advisor and Office Administrative Specialist (OAS) to submit the final manuscript to the OpenRiver digital repository. <https://openriver.winona.edu/>

Students who do not complete the DNP Project or do not pass the Project Dissemination Meeting of the project are required to maintain registration in *NURS 775* each semester until the Dissemination of the DNP Project is completed and approved by the DNP Project Team.

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 organize your DNP Project Proposal paper. Follow APA style for the Proposal.

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 K).

TITLE PAGE

ABSTRACT (maximum 300 words)

Purpose and Rationale

- Clearly state the project purpose (include PICO components within statement) and rationale.

Synthesis of Evidence

- Provide a synthesis of the available evidence (i.e. not an annotated bibliography).

Practice Change and Implementation Strategies

- Explain the practice change and implementation strategies used to introduce and integrate the change in practice.

Evaluation

- Describe the evaluation used or planned for this project. Report findings from both process and outcome indicators.

Conclusions and Implications for Practice

- Summarize project outcomes and how they might be applied in practice

TABLE OF CONTENTS

Include all primary and secondary subject headings and Appendices with page numbers. Using a table will help ensure proper alignment.

PROBLEM/ISSUE

Introduction to the Problem/Issue

- Provide an overview of the clinical 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,

Preliminary Clinical Practice Question

The clinical practice question is intended to guide the review of the evidence. It is normally stated in a clinical practice question 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 purpose and process used to locate and procure relevant evidence (Record information in *Tables L.1 and L.2* in Appendix L)
 1. Include appropriate literature databases (e.g. CINAHL, PsychInfo/Articles, PubMed [search beyond 'full text only' databases]) and clinical practice guideline databases such as:
 - a. Cochrane Collaboration
 - b. Best Evidence
 - c. Joanna Briggs Institute

- d. Professional organizations/societies
- e. Others

B. Synthesize in a narrative format the following items:

1. Evidence search method(s)
2. Selection criteria
3. Publication years included in search
4. Data abstraction process
5. Inclusion/exclusion criteria with rationale (*Table L.2*)
6. Include an flow diagram visually depicting the search process (e.g. PRISMA [posted in D2L])

Review of Evidence

- A. Provide a brief introduction to the review of evidence
 1. Describe level/type of evidence rating system and all methods for analyzing the quality of each type of evidence (Appendix M)
 2. Complete a Literature Review Table reflecting all evidence (e.g. research studies, clinical guidelines, systematic reviews, expert opinion) (Appendix N)
 - a. Examples of levels and quality of evidence are provided in Evaluation of Evidence (Appendix M). Other rating systems are available; the healthcare organization that serves as the setting for your project may have a rating system that is preferred.
 - b. Indicate level and quality evidence ratings according to an established system that is most appropriate for the project.
- B. Utilize subject headings to organize evidence review (starting with highest level/quality of evidence) into the following categories – provide a summary for each category
 1. Clinical Practice Guidelines
 - a. Complete an Appraisal of Guidelines for Research & Evaluation II (AGREE II) for each guideline pertinent to your topic; Appendix O (NOTE: at least two people must complete the review of each Guideline)
 - b. Include the AGREE II evaluation of each Practice Guideline as an Appendix in the paper
 - c. Provide a summary critique of each Guideline that summarizes strengths and weaknesses identified from the AGREE II assessment based on Domain ratings
 - d. Provide a synthesis of the results and overall quality of evidence from all Practice Guidelines
 2. Meta-analyses and meta-syntheses
 - a. Complete the Critical Appraisal of a Meta-Analysis; (see Appendix P) for each Meta-analysis/synthesis
 - b. Include the Critical Appraisal of each Meta-Analysis/Meta-Synthesis as an Appendix in the paper
 - c. Provide a summary critique of each Meta-Analyses/Meta-Syntheses that summarizes strengths and weaknesses
 - d. Provide a synthesis of the results and overall quality of evidence from all Meta-Analyses/Meta-Syntheses
 3. Systematic and Integrative Reviews
 - a. Complete Duffy's Critical Appraisal of Systematic Reviews (Appendix Q) for each Systematic and include each review as an Appendix.
 - b. Provide a synthesis of the quality and content of evidence from Meta-Analyses/Meta-Syntheses.
 - c. Provide a summary appraisal of each systematic/integrative review based

- on strengths and weaknesses identified from the Critical Appraisal
- d. Provide a synthesis of the results and overall quality of evidence from all systematic/integrative reviews
- 4. Research and Non-research (e.g. QI) Evidence
 - a. Procure, analyze, and synthesize current, sentinel, and landmark research evidence
 - b. Provide a synthesis of results and quality of current research evidence rather than a summary of each study

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 there is a well done recent guideline/systematic review/meta-analyses, 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 existence of the proposed problem or issue AND the proposed recommendations for practice change.

Overall Evaluation of Evidence and Effectiveness of Intervention Studies

This is an essential step of the evidence-based practice project that moves the analysis beyond mere synthesis of evidence; you are critiquing the overall quality and strength of the evidence to answer your clinical question and rating the effectiveness of intervention studies.

- A. Based on the review of evidence, analyze/integrate/synthesize all evidence to determine the comprehensive strength of what is known about the clinical problem.
- B. Provide a synthesis of the overall strength of what is known about the problem/issue and interventions to address the problem/issue based on an evaluation of the overall levels of evidence.
- C. Interventions with the highest level or quality of evidence (or other clear rationale to support the consideration of the intervention) are synthesized and evaluated for effectiveness as related to DNP Project. Not all literature reflects intervention 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 R). Record on *Summary of Effectiveness Table* (Appendix S) and summarize according to this table.
- D. Identify gaps in clinical knowledge related to the clinical problem.

THEORETICAL BASIS

The purpose of a theoretical basis is to provide context for the practice change. Discuss the theoretical basis and context for implementation of the proposed intervention. The theoretical basis may include a conceptual framework; mid-range theory to guide the formulation of the intervention; or a description of how the project fits the organizational nursing department's theory of practice, or the organizational strategic plan or mission statement. Examples of a theoretical basis include, but are not limited to, behavior change theory, evidence based practice framework, and/or nursing theory.

Include a description of the application and use of the model for the DNP Project proposal. How does the model inform the project process and/or outcomes?

PLAN FOR APPLICATION OF THE EVIDENCE

Identification of the Problem or Issue

- A. State the revised clinical question based on the evaluation 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

Clinical Utility/Feasibility of Potential Interventions

- A. Determine the clinical feasibility and usefulness of potential 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 evidence.
- B. Analyze the clinical benefits and risks for the proposed intervention/implementation.
- C. Summarize the information related to clinical feasibility and utility. Presenting the information in the *Analysis of Utility/Feasibility* (Appendix T) may be helpful.

Patient Preferences

Discuss what is known about patient/family/community/population preferences related to your topic. Students might include information from literature and/or internal organizational data. Address (a) respect for participation in decision-making, (b) how preferences for care delivery and/or outcomes have been assessed, (c) need for education regarding the proposed intervention, and (d) how proposed recommendations have been designed and developed with sensitivity and knowledge of diverse populations.

Summary of Recommendations

- A. Provide a statement of the recommendations for intervention(s) based on the evidence
- B. Describe rationale for recommendations based on the quality of evidence, environmental assessment/readiness for change, utility, feasibility, patient preferences.

Plan for Implementation of the EBP Change

Detail your implementation/evidence translation 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., Iowa, Johns Hopkins Nursing Evidence Based Practice, PARiHS, Star Model of Knowledge Transformation)
 1. The implementation/translation model may or may not be the same model used for the Theoretical Model
 2. The implementation/translation 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 participants 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

1. Summarize the organizations' readiness for change for the proposed intervention or practice change (may include pertinent information or a summary from your "Readiness for Change" paper, such as barriers, facilitators, the project team, and key stakeholders).

D. Outcome(s) Measurement Methods/Tools

1. Outcome(s) measurement: Describe the indicators will you will 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, measurable, attainable, relevant, and timely (SMART), and may include patient, nursing, and/or organizational outcomes, feasibility, quality indicators, and individual or organizational performance outcomes (Melnik & 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 you will use to measure your indicators (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.

E. Data Collection Process and Logistics

1. For each outcomes, 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. Provide a table with indicator, measure, timing of data collection, and responsible person(s) for data collection.
3. Identify the period for data collection (e.g., before you implement the change, how long you will wait before you re-measure those same indicators). May be helpful to do a project timeline as an appendix (e.g. Gantt chart, work breakdown structures).

F. Plan for Data Analysis

1. If using quantitative data, describe how statistical, epidemiological, quality improvement, or other procedures will be utilized and why they are appropriate (What level/type of data resulting from the tool?).
2. If using qualitative approach, describe the qualitative process that will be used to analyze the data. Provide the method of qualitative analysis planned.
3. Describe how you will prepare the data for analysis (i.e., Who will enter or obtain the 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?).

G. Resources, Proposed Budget, and Timeline

1. Identify resources available and/or needed (e.g., information technology, databases, personnel, statistician, settings)
2. 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).
3. Complete a cost analysis including resources needed to implement change.
4. Provide a budget table. Describe financial costs of project, including direct and indirect costs, and gifts in kind. If you are the only financial support, you will have to manage the project accordingly; provide an estimate of any personal expenses. If you plan on a grant application, include details.
5. 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.

H. Summary Plan for Implementation - Summarize the plan for implementation of the EBP practice change.

CONCLUSION

Provide a concluding summary of the DNP Project proposal. Include elements from each major section of the proposal format (e.g. problem/issue, evidence, theoretical basis, plan for application of the evidence).

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 U for *APA (2020) Grammar 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, and reference list
- Concise and efficient use of language
- Use of current reputable evidence appropriate for topic
- Use 1 ½" left margins, no Running Head, and place page number in upper right corner

ALTERNATIVE DNP PROJECT PROPOSAL FORMATS

If other DNP Project proposal 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
 - Dearholt, S. L. & Ding, D. (2018). *Johns Hopkins Nursing Evidence-Based Practice Model and Guidelines (3rd ed.)*. Indianapolis, IN: Sigma Theta Tau International.

- Request for Copyright Permission can be found at: <https://www.ijhn-education.org/content/johns-hopkins-nursing-evidence-based-practice-model-and-tools>
- Agency for Healthcare Research and Quality: Knowledge Transfer
 - Nieva, V.F., Murphy, R., Ridley, N., Donaldson, N., Combes, J., Mitchell, P., et al. (2005). From science to service: A framework for the transfer of patient safety research into practice. In K. Henriksen, J.B., Battles, & E.S. Marks (Eds), *Advances in patient safety: From research to implementation* (Vol 2, pp. 441-453). Rockville, MD: Agency for Healthcare Research and Quality.
- Promoting Action on Research Implementation in Health Services (PARIHS) Model
 - Kitson, A.L., Rycroft-Malone, J., Harvey, G., McCormack, B., Seers, K., & Titchen, A. (2008). Evaluating the successful implementation of evidence into practice using the PARIHS framework: Theoretical and practical challenges. *Implementation Science*, 3, 1.
- Iowa Model of Evidence-Based Practice to Promote Quality Care
 - Cullen, L., Hanrahan, K., Farrington, M., DeBerg, J., Tucker, S., & Kleiber, C., (2018). *Evidence-Based Practice in Action: Comprehensive Strategies, Tools, and Tips from the University of Iowa Hospitals and Clinics*. Indianapolis, IN: Sigma Theta Tau International.
 - Permission to use and/or reproduce the Iowa Model and tools can be found at: https://uiowa.qualtrics.com/jfe/form/SV_3QK3LekSewkYyaN?Q_JFE=qdg

COMPLETION OF THE PROPOSAL

Once your DNP Project Team and DNP Project Faculty Advisor/Chair have made a final approval of your proposal, the student can complete the needed IRB submissions. When the student receives IRB approval(s), the student may move forward with the proposed plans for the project intervention and evaluation.

References

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Purchase information available at:

<http://www.uihealthcare.com/depts/nursing/rqom/evidencebasedpractice/toolkit.html>

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Appendix A

NURS 775 Student Learning Objectives

These Student 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 B

NURS 775 Clinical Contract and Objectives

Clinical Contract NURS 775: Clinical Scholarship

The clinical contract presents the student's clinical objectives of the course that reflect the overall course objectives. Multiple objectives will be included. 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 section 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.

Clinical Objective:	Employ evidence-based practice when planning a practice change for individuals, families, aggregates, systems, and organizations.
Clinical Activities:	<ol style="list-style-type: none"> 1) Meet with stakeholders to clarify roles, responsibilities, scope of problem/issue. 2) Assess the readiness for change of the clinical environment utilizing valid and reliable instrument when appropriate 3) Conduct a needs assessment (e.g. chart review, staff survey) 4) Complete Human Subjects Protections training. 5) Collect and/or analyze internal data (e.g QI data, medical record documentation) 6) Assess patient/family impact of problem and/or intervention 7) Assess implications of intervention on staff/interdisciplinary team 8) Meet regularly with DNP Project Faculty Advisor to discuss progress, barriers, next steps
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 This row is left blank at the start of the semester and is completed for each objective at the end of each semester).

Approval of objectives, activities, and evaluation plan.

Project Advisor: _____ Date: _____

Comments: _____

DNP Mentor: _____ Date: _____

Comments: _____

DNP Student: _____ Date: _____

Appendix 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* 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 meetings regarding the NURS 775 grade for that semester.*

Appendix D

Faculty/DNP Mentor/Self Evaluation of DNP Student

Student: _____ DNP Mentor: _____ Date: _____

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.

Area for Evaluation	Semester One	Semester Two	Semester Three
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. Semester One: Student self-evaluation: Semester Two: Student self-evaluation:	4 3 2 1 NA	4 3 2 1 NA	4 3 2 1 NA

Area for Evaluation	Semester One	Semester Two	Semester Three
<p>Semester Three: Student self-evaluation:</p>			
<p>2. Demonstrate leadership with inter-professional teams to analyze complex practice and organizational issues.</p> <p>Semester One: Student self-evaluation:</p> <p>Semester Two: Student self-evaluation:</p> <p>Semester Three: Student self-evaluation:</p>	4 3 2 1 NA	4 3 2 1 NA	4 3 2 1 NA
<p>3. Employ evidence-based practice when planning, implementing, and evaluating health care for individuals, families, aggregates, systems, and organizations.</p> <p>Semester One: Student self-evaluation:</p> <p>Semester Two: Student self-evaluation:</p> <p>Semester Three: Student self-evaluation:</p>	4 3 2 1 NA	4 3 2 1 NA	4 3 2 1 NA

Area for Evaluation	Semester One	Semester Two	Semester Three
<p>4. Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.</p> <p>Semester One: Student self-evaluation:</p> <p>Semester Two: Student self-evaluation:</p> <p>Semester Three: Student self-evaluation:</p>	4 3 2 1 NA	4 3 2 1 NA	4 3 2 1 NA
<p>5. Demonstrate professionalism within an advanced nursing role.</p> <p>Semester One: Student self-evaluation:</p> <p>Semester Two: Student self-evaluation:</p> <p>Semester Three: Student self-evaluation:</p>	4 3 2 1 NA	4 3 2 1 NA	4 3 2 1 NA

Area for Evaluation	Semester One	Semester Two	Semester Three
<p>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.</p> <p>Semester One: Student self-evaluation:</p> <p>Semester Two: Student self-evaluation:</p> <p>Semester Three: Student self-evaluation:</p>	<p>4 3 2 1 NA</p>	<p>4 3 2 1 NA</p>	<p>4 3 2 1 NA</p>

Student
Signature: _____ Date: _____

Faculty or DNP
Mentor Signature: _____ Date: _____

APPENDIX E

DNP Project Proposal Meeting Scheduling Form

Student Names: _____

Title of Project : _____

Team Chair: _____

Team Members: _____

Date: _____

Time: _____

Technology Needs: _____

(e.g., PowerPoint Capability, ITV, Phone Connection, Zoom, etc.)

ZOOM link: (student(s) will work with DNP Project Advisor to determine the Zoom link)

Abstract:

Appendix F
Roles and Responsibilities of
Student, Advisor/Chair, Team
Members of the DNP Project

Stages of the DNP Project	Student	Advisor/Chair	Team Members
Overall	<ul style="list-style-type: none"> • 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 Team. 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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.
Proposal	<ul style="list-style-type: none"> • Identify a date and time for a team meeting at which the proposal will be discussed among student(s) and team members. • Communicate appropriately with the Project Advisor/Chair and team members, such as the time-line 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, team chair and members, title of proposal, and technology needs (See Appendix E) • Send a copy of the proposal to all team members. The student negotiates in what form (paper copy or electronic) the team prefers to receive the proposal and 	<ul style="list-style-type: none"> • 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 G). • After the proposal, deliver signed proposal forms to the Graduate Programs in Nursing Administrative Assistant, who then forwards copies to the School of Graduate Studies, the student(s), and the student's file(s). • Review and verify Human Subjects' Protection completion (See "Human Subjects Approval" below.). • Review "Level of Involvement in DNP Project" form for each member of the group prior to proposal meeting for assigning grades 	<ul style="list-style-type: none"> • Critically review the proposal. • Attend proposal team 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 team members, or do not approve the proposal. • If the proposal is not approved, the student will need to make significant changes and convene another team meeting following approval by the DNP Advisor. • Following approval, all team members must sign the form

Stages of the DNP Project	Student	Advisor/Chair	Team Members
Proposal <i>(continued)</i>	<p>provides the proposal in that form. Two weeks prior to the meeting is the customary timeline for submission of the proposal to team members unless special arrangements have been made.</p> <ul style="list-style-type: none"> • If in a DNP group, complete “Level of Involvement in DNP Project” form for each member of the group • Discuss with DNP Project Advisor/Chair the format for the formal presentation. • Present a brief (15 minute) formal overview of the proposed project at the team meeting, and then answer questions and provide clarification for the team members. 		<p>“DNP Project Proposal – Team Approval” (See Appendix G).</p>
Project Dissemination Meeting	<ul style="list-style-type: none"> • Identify a date and time when all team members can attend. • Notify the Graduate Programs in Nursing Administrative Assistant at least 3 weeks in advance of the presentation 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 H). 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 team members. Two weeks 	<ul style="list-style-type: none"> • Bring all forms that need to be signed to the DNP Project Dissemination Meeting. The Graduate Programs in Nursing Administrative Assistant usually prepares these at the time the student schedules the dissemination meeting (See Appendix J). • Review “Level of Involvement in DNP Project” form for each member of the group prior to Dissemination meeting for assigning grades. • deliver signed forms (Appendix J) to the Graduate Programs in Nursing Administrative Assistant, who then forwards copies to the School of Graduate Studies and the student’s file(s). • Give students a copy of the signed forms when all changes have been 	<ul style="list-style-type: none"> • 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.

Stages of the DNP Project	Student	Advisor/Chair	Team Members
Project Dissemination Meeting <i>(continued)</i>	<p>prior to the meeting is the customary timeline for submission of the proposal to team members unless special arrangements have been made.</p> <ul style="list-style-type: none"> • If in a DNP group, complete “Level of Involvement in DNP Project” form for each member of the group • Present a brief (15 minutes) formal overview of the study at the Dissemination Meeting, and then answer questions and provide clarification for team members. Discuss with team Advisor/Chair the format for the formal presentation. • Present poster at Scholarly event, Commencement Day Activities or other venues. 	<p>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.</p>	

Appendix G

DNP Project Proposal Approval

TO: Sonja Meiers, PhD, APRN, CNS, AGCNS-BC, FAAN
Professor and Chair, Department of Graduate Nursing

FROM: Student Name

RE: FACULTY ENDORSEMENT and PROPOSAL REVIEW TEAM

DATE:

DNP PROJECT TITLE:

DNP PROJECT TEAM:

Advisor/Chair Signature: _____

Member Signature: _____

Member Signature: _____

Date of Proposal approval by Team: _____

- 1 - Graduate Office
- 2 - Student File

Appendix H

DNP Project Dissemination Meeting Scheduling Form

Student Name(s): _____

Title of Project: _____

Team Chair: _____

Team Members: _____

Date: _____

Time: _____

Technology Needs: _____

(e.g., PowerPoint Capability, ITV, Phone Connection, Zoom, etc.)

ZOOM link: (student(s) will work with DNP Project Advisor to determine the Zoom link)

Appendix I

Scheduled DNP Project Dissemination Meeting Form

Winona State University
Notice of DNP Project Dissemination



(Student Name/s)

TITLE:

PLACE: Rochester – (Room # or N/A)
Winona – (Room # or N/A)
Zoom:

DATE:

TIME:

DNP PROJECT TEAM:

ABSTRACT:

Team 3
Student 1
Posting 1

Appendix J

DNP Project Dissemination Approval

TO: Sonja Meiers, PhD, APRN, CNS, AGCNS-BC, FAAN
Professor and Chair, Department of Graduate Nursing

FROM: Student Name

RE: FACULTY ENDORSEMENT and DISSEMINATION REVIEW TEAM

DATE:

DNP PROJECT TITLE:

DNP PROJECT TEAM:

Advisor/Chair Signature: _____

Member Signature: _____

Member Signature: _____

**Date of Dissemination approval by
Team:** _____

- 1 - Graduate Office
- 2 - Student File

Appendix K

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 team. 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, & Corral, 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.
- 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/project design', see Grove, Burns, & Gray, 2013, p. 474 or Gray, Grove, & Sutherland, 2017, p. 459) or a T (for 'timeframe', see Melynyk & Fineout-Overholt, 2015). Collaborate with your DNP Project Advisor for the best format for your question.

The establishment of a team for evidence-based practice is essential for the identification and clarification of a 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/teams 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 team is formed, an Action Plan may be developed. 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** may also be helpful to document and track the steps in the project. Table L provides an alternate format for following the various essential steps of an Action Plan.

Table K
Action Plan Table

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

Note: From the University of Iowa Hospitals and Clinics (n.d.). Toolkit for promoting evidence-based practice

Appendix L

Locate and Procure Relevant Evidence: Database Search and Abstraction

Process Finding the Evidence

The focus of this phase of the process is on finding the current evidence. Start by searching for evidence already appraised for quality. Search for evidence in this order: (a) Clinical Guidelines, (b) Meta-Analyses and Meta-Syntheses, (c) Systematic and Integrative Reviews, (d) research literature, (e) literature reviews or opinion articles, and (f) expert opinion. 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.

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. Tables M.1 helps to determine how the literature was found and to make a decision about the adequacy of the literature search. Table M.2 describes the rationale and decision making for articles included and excluded from final synthesis.

Table L.1

Databases Searched and Data Abstraction

Date of Search	Keyword Used	Database/Source Used (CINAHL, OVID, ProQuest, Google Scholar, etc.)	# of Hits		
			Listed	Reviewed	Used

Table L.2

Rationale for Literature Included and Excluded

Author (year)	Title	Included and Rationale or Excluded and Rationale

*First list 'Included' literature alphabetically by author, then list alphabetically by author all literature 'excluded'.

Appendix M

Evaluation of the Evidence

There are numerous rating scales or systems (around 121 according to Cooper, Betts, Butler & Gentry, 2010) to rate the level or quality 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:

Level of Evidence

- The level of evidence rating method proposed by Ackley, Swan, Ladwig, and Tucker (2008) is a common one, or may use other rating methods (e.g. JHNEPB, Iowa Model):

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 teams.

Quality of Evidence

- 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>

Appendix N 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 N is a sample of a Literature Review Table follows.

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

Table N
Literature Review Table

Author (Year)	Purpose	Sample/ Setting	Design/ Framework/Intervent	Variables/ Instruments	Results	Implications	*Level of Evidence
May use only author (year) here, as all citations will be included in reference list. Work with your DNP Advisor	State the purpose(s) from the article as it pertains to your question.	Who was the sample; what setting? Provide the <i>N</i> or sub-sets of the sample. Describe the setting	Determine type of research design; it may not be clearly stated; you must list the design. Include framework or theory, if noted. State the intervention(s) used.	List variable(s) pertinent to your phenomenon. List instruments used to measure these, especially those pertinent to your problem or issue	Include findings appropriate to your problem. Must include <i>p</i> or <i>r</i> values, or other statistical analyses; themes for qualitative results. May include both significant and non-significant findings, as they pertain.	State only the implications relevant to your project.	State the level of evidence based on the source you use. Include that source somewhere near the tables.

*Ackley, B. J., Swan, B. A., Ladwig, G. B., & Tucker, S. J. (Eds.). (2008). *Evidence-based nursing care guidelines: Medical-surgical interventions*. St. Louis, MO: Mosby Elsevier.

Appendix O

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

The AGREE II tool can be found and downloaded at: <https://www.agreetrust.org/resource-centre/agree-ii/>

AGREE Next Steps Consortium (2017). *Appraisal of Guidelines for Research & Evaluation II: The AGREE II Instrument* [Electronic version]. Retrieved August, 15, 2021 from <http://www.agreetrust.org>

Appendix P

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:

DiCenso, A., Guyatt, G., & Ciliska, D. (2005). *Evidence-based nursing: A guide to clinical practice* (pp. 407-416). St. Louis, MO: Mosby Elsevier.

Appendix Q

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:

Public Health Resource Unit, England. (2006). *Critical Appraisal Skills Programme (CASP): Making sense of evidence*. Retrieved from <http://www.sph.nhs.uk/sph-files/S.Reviews%20Appraisal%20Tool.pdf>

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

2. Did the review address a clearly focused question?
3. Did the review include the right types of studies?
4. Did the reviewers try to identify all relevant studies?
5. Did the reviewers assess the quality of all the studies included?
6. If the results of the studies have been combined, was it reasonable to do so?
7. How are the results presented, and what are the main results?
8. How precise are the results?
9. Can the results be applied to your local population?
10. Were all important outcomes considered?
11. 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 R

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 N

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 R

USPSTF Recommendations

Grade	Definition	Suggestions for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
B	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.	Offer or provide this service.
C	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.	Offer or provide this service only if other considerations support the offering or providing the service in an individual patient.
D	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.	Discourage the use of this service.
I Statement	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.	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

- Johnson (2014). The Oncology Nursing Society has developed a process entitled “Putting Evidence into Practice”. 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 I or with Level II 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 S**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 T in the narrative summary.

Table S

Summary of Effectiveness

Intervention/Activity of Interest	References	Level of Effectiveness for Implementation/Activity

Appendix U

APA (2020) and Grammar Checklist

This APA Checklist is created as a resource for understanding writing style, grammar, and punctuation according to APA style, used for all paper in the Department of Graduate Studies and for most nursing publications. “Excellence in writing is critical for success in many academic and professional pursuits” (American Psychological Association [APA], 2020, p. xvii). Writing is a process that does not happen the night before a paper is due. It is suggested you apply any of the strategies to improve your writing (pp. 125-127 in APA manual), as these are helpful points and part of the writing process.

Your faculty person reviewing your paper is not to be used as an editor. This checklist is will assist you to identify the common APA and writing errors. Faculty may request this checklist as a submission along with papers in various courses. Review elements pertinent to your paper and initial when completed.

All page numbers are from the *Publication Manual of the American Psychological Association* (APA, 2020).

Item No.	Review your completed document for the accuracy of the following items:	Student initials for each element:
1.	Headings are at the appropriate level and formatted correctly (pp. 47-49)	
2.	Do not used “introduction” as a heading (p. 47)	
3.	Font is Times New Roman, size 12 (p. 44)	
4.	Pagination upper right corner (flush right) and in the same font as the narrative (p. 43-44)	
5.	Margins are set appropriately (p. 45 – also see Thesis/SIP or DNP Guidelines)	
6.	Paragraph aligned to left, indented, with right margin uneven; no extra spacing between paragraphs (p, 45)	
7.	Insert one space following periods or other punctuation at end of sentences (p. 154)	
8.	Commas used appropriately in a seriation (p. 155)	
9.	Commas used appropriately (pp. 155, 156)	
10.	Colon vs. semicolon used appropriately (pp. 156, 157)	
11.	Short quotations have quotation marks and accurate page number(s) or other identifiers included in the citation (pp. 271- 274)	
12.	Block quotes (40+ words) are used and formatted appropriately (pp. 272--273)	
13.	Sources are cited correctly within the text (Chapter 8, pp. 253-278)	
14.	The use of ‘et al.’ is used appropriately in citations (for three or more authors, the first time and thereafter) (p. 266)	
15.	Citations within parentheses are in alphabetical order (p. 263)	
16.	Use of the word “and” in the narrative and the “&” sign within citations in parenthesis and on the reference list (p. 266)	
17.	Writing clarity and conciseness (pp. 113 – 115)	
18.	‘that’ vs. ‘which’ used appropriately (p. 122)	
19.	“who” vs “that” used appropriately (pp. 121, 122)	
20.	Pages formatted correctly (e.g., page ordering, header, line spacing, etc.) (pp. 43-46)	
21.	Use of (a), (b), (c) in seriations within paragraph - NOT 1, 2, 3- unless separate paragraphs (p. 159).	
22.	Numbers used correctly as words - when to use numerals vs words (generally, under 10 write out) (pp. 178-179)	

Item No.	Review your completed document for the accuracy of the following items:	Student initials for each element:
23.	When using abbreviations, write the words out fully the first time with the abbreviation in parenthesis (p. 173)	
24.	Reviewed reference list basics; reference list is formatted correctly and accurately for each source (pp. 283-307 with examples pp. 313-352)	
25.	Punctuation within entries in reference list (pp. 284, 285)	
26.	Use of DOLs and URLs is appropriate (pp. 298-301)	
27.	Active voice is used throughout (p.118)	
28.	Avoid wordiness and redundancy (pp. 114-115)	
29.	Proper use of pronouns and gender conforming pronouns (first person, third person and use of “they”) throughout (pp.120-121)	
30.	Parallel construction (pp. 124-125)	
31.	Subject/verb agreement (singular and plural) (pp. 119-120)	
32.	Bias-free language (pp. 131-148)	
33.	Transition sentences used between thoughts and paragraphs (p. 112)	
34.	Statistical presentations and formatting is correct (e.g., <i>r</i> , <i>p</i> , <i>f</i> are in italics) (pp. 181-188 and Table 6.5 on pp. 183-186)	
35.	Correct statistical symbols for total sample (<i>N</i>) vs sub-samples (<i>n</i>) (p. 187)	
36.	Space before and after symbols (i.e. =, <, >, ≥, ≤, +) as you would space words (pp. 187-188)	
37.	Appropriate formatting of tables (pp. 199-205; table checklist on p. 207; table samples on pp. 210-224) and figures (pp. 225-229; figure checklist on p. 232; sample figures pp.234-250). Use “Repeat Header Rows” function in Word for tables longer than 1 page.	
38.	Accurate correspondence between the citations and the reference list (p. 257)	
39.	All faculty comments/edits were addressed (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).	
40.	Have considered using the WSU Writing Center, Tutor.com, or other resources for writing assistance.	

Reference

American Psychological Association. (2020). *Publication manual of the American Psychological Association* (7th ed.). Author.