SHEPHERD UNIVERSITY

School of Nursing

Doctor of Nursing Practice (DNP)

Handbook, 2019-2020

Shepherd University
DNP Handbook, 2019-2020

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Shepherd
UNIVERSITY

School of Nursing

Welcome!

The faculty and staff wish you a warm welcome to Shepherd University and the School of Nursing. We are excited to have the Doctor of Nursing Practice (DNP) program completely moved back to our main campus in Shepherdstown this fall where our DNP students can experience comprehensive simulation laboratories at our state of the art facility. Life is about becoming, and this program was designed to facilitate your becoming the very best Advance Practice Nurse.

The nursing faculty has prepared this *DNP Handbook as* a source of valuable information that you will need to be successful as a nursing student. Once we have reviewed its contents during the DNP orientation, you are responsible for adhering to the requirements and policies described in the *Handbook.* Keep it in a place where you can refer to it often during the academic year.

We are thrilled that you have chosen Shepherd to pursue your advanced degree in nursing, the DNP. An alternative to research-focused doctoral programs, the DNP advances professional nursing roles in clinical practice--Family Nurse Practitioner. Our program is designed to produce leaders who embrace health care reform and are advocates for vulnerable populations. We wish you a wonderful, successful and fulfilling year as you abide by our motto: Advancing Excellence and Improving Communities.

Best wishes,

Sharon K. Mailey, PhD, RN
Dean
College of Nursing, Education and Health Sciences
Director, School of Nursing

About the University

Shepherd University, a state-supported institution within the West Virginia system of higher education, is located in the Eastern Panhandle in the historic small town of Shepherdstown. From its beginnings more than 140 years ago, the university has evolved into a comprehensive center of higher learning, serving a number of related, yet distinct roles:

Shepherd University offers baccalaureate degrees in a wide range of fields, encompassing the liberal arts, business administration, teacher education, the social and natural sciences, and other career-oriented areas. In addition, Shepherd offers five masters degrees and the Doctor of Nursing Practice (DNP). For the northern Shenandoah Valley region as a whole, Shepherd University is a center for noncredit continuing education, public service, and convenient citizen access to extensive programs in art, music, theater, athletics, and other areas of public interest.

The oldest town in the state, Shepherdstown is situated on a bluff overlooking the Potomac River in the Northern Shenandoah Valley. The quaint college community offers a rich, unique learning-living environment with strong connections to the community it serves. Shepherdstown is located within a few miles of neighboring Maryland and Virginia, and a short drive from Pennsylvania. The large metropolitan areas of Washington, D.C. and Baltimore, Maryland, are within 70 miles of the university, providing many cultural and career opportunities for students and faculty.

In 1871, Shepherd College began as a normal school to instruct students "in languages, arts, and sciences." By action of the West Virginia legislature in 1872, Shepherd College was established as a branch of the State Normal School. The college remained a Normal School until 1930, when the legislature authorized the offering of the Bachelor of Arts degree in teacher education. The mission of the college expanded in 1943 when the legislature authorized the offering of the non-teaching Bachelor of Arts degree. Two significant developments occurred in 1950: the legislature authorized the awarding of the Bachelor of Science degree and the North Central Association of Colleges and Schools (NCA-HLC) extended full accreditation to the college. The most recent NCA-HLC visit occurred on March 7-8, 2016. Through legislative action and a decree from the governor's office, Shepherd College became Shepherd University in 2004 and began developing graduate programs. Shepherd's Community and Technical College became an independent higher education institution in 2004. In 2009, Shepherd University was accepted as a member of the Council of Public Liberal Arts Colleges.

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**Shepherd University
School of Nursing**

VISION

We will be a nationally respected community of nurse leaders where passion, purpose, and experience unite to inspire health in individuals, families, communities, and populations.

MISSION

Shepherd University's School of Nursing's mission is to enhance the health status of the world by educating professional nurses for practice in a rapidly changing health care environment. Shepherd University, a West Virginia public liberal arts university, is a diverse community of learners and a gateway to the world of opportunities and ideas. We are the regional center for academic, cultural, and economic opportunity. Our mission of service succeeds because we are dedicated to our core values: learning, engagement, integrity, accessibility, and community.

PROGRAM GOALS

The goal is to prepare a nurse clinician who can work well in the current environment while promoting change and improvement. This program is provided in hybrid format, with both in-seat and online components. The program may be completed on a full-time or part-time basis.

After completing the program, the DNP student will:

1. Critically appraise current scientific findings and theories to enhance the practice of nursing and health care.
    - Evaluate strengths, limitations, and health disparities in current health care systems, especially vulnerable populations.
    - Integrate current theoretical and research literature to impact positively the quality of health care.
    - Construct and evaluate new approaches to practice, utilizing a collaborative interdisciplinary approach.

2. Translate and utilize evidence-based practice and information systems to promote optimal health in vulnerable populations, diverse settings, and systems.
    - Use databases, information technology, and research methods to participate in data collection that generates and evaluates evidence-based practice.
    - Design effective methods for the empowerment of health care consumers that encourages active participation in their own health care.
    - Evaluate, apply, and revise evidence-based practice protocols to promote wellness.
    - Use analytical methods to design, implement and evaluate best practices to meet current and future needs of patients or for patient care and systems of care.
    - Effectively lead quality improvement and patient safety initiatives to ensure safety and quality health care for patients and vulnerable populations.

3. Assume leadership roles and collaborate with other professionals to effect changes within complex systems.
    o Propose and implement ongoing changes in delivery approaches to promote quality, safe care.
    o Impact the ethical, economic, social, and political issues that affect health care outcomes at local, regional, and/or national levels.
    o Apply information systems and patient care technology for the improvement and transformation of healthcare.
    o Lead inter-professional teams in efforts for improving patient and population health outcomes for vulnerable populations.

4. Pursue clinical scholarship and scientific inquiry to transform health care practice and systems.
    o Demonstrate accountability for and utilization of evidence-based practice.
    o Advance the practice of nursing through scholarship, mentorship, and leadership efforts.
    o Disseminate results of evidence-based practice protocols, systems changes, and health care initiatives for health disparities and vulnerable populations.
    o Advance the effective use of health care information systems to assure high quality health care outcomes for vulnerable populations.

The DNP program adheres to the following professional standards and national guidelines:

- *The Essentials of Doctoral Education for Advanced Nursing Practice (*2006)*, American Association of Colleges of Nursing,* retrieved from http://www.aacn.nche.edu/publications/position/DNPEssentials.pdf
- *Graduate-Level QSEN Competencies: Knowledge, Skills and Attitudes (*2012)*, American Association of Colleges of Nursing,* retrieved from http://www.aacn.nche.edu/faculty/qsen/competencies.pdf
- *Core Competencies for Interprofessional Collaborative Practice* (Interprofessional Education Collaborative, 2016), retrieved from https://ipecollaborative.org/uploads/IPEC-2016-Updated-Core-Competencies-Report__final_release_.PDF
- *Criteria for Evaluation of NP Programs (*2016)*, A Report of the National Task Force on Quality NP Education,* retrieved from *https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/Docs/EvalCriteria2016Final.pdf*

PROGRAM ACCREDITATION

The Doctor of Nursing Practice (DNP) at Shepherd University is accredited by the Commission on Collegiate Nursing Education.

PROGRAM DESCRIPTION

The Doctor of Nursing Practice (DNP) degree is an alternative to research-focused doctoral programs. The DNP advances professional nursing roles in clinical practice (Family Nurse Practitioner), and nursing leadership (administration). The program is designed to produce leaders who embrace health care reform and are advocates for vulnerable populations. Graduates will integrate theory and practice in areas of health policy and law, administration, business, evaluation, systems, population health, and evidence based practices.

The DNP program has 81 credits. Students complete clinical requirements to meet the mandated minimum 1,000 hours of specialty training that is one of the hallmarks of the DNP degree. Students complete a scholarly DNP project. Full-time BSN-DNP students would complete the program in three years.

The program has two entry points for admission: first, the baccalaureate in nursing to DNP and; second, a post-masters in nursing to DNP. These different entry points allow the curriculum to be individualized for candidates based on prior education, experience and choice of specialization.   Post-masters students entering the DNP desiring to change their area of professional practice will be evaluated on an individual basis and may require additional coursework from the professional core or concentration.   Master's prepared students must submit a letter from the educational program identifying the number of precepted practicum hours completed as part of their degree requirements. If a student does not have the required 540 practicum hours, they are required to take NURS 600 (Transition to Doctoral Practice) to obtain the necessary practicum hours prior to matriculation into the doctoral level course work. Students in the program utilize a combination of learning strategies, relying on web-based course work delivered in hybrid format with both in-seat and on-line sessions.

The DNP curriculum includes course work that integrates nursing, business, informatics, and healthcare administration to provide students with the opportunity to develop clinical, organizational, economic, and leadership skills to design and implement programs of care delivery, which significantly impact health care outcomes to vulnerable populations and have the potential to transform the delivery of health care.

To prepare future nursing leaders for these high profile positions within the emerging healthcare delivery systems and academic institutions, this program offers the student the opportunity to serve alongside leaders in healthcare, academic institutions, or legislative bodies to gain the knowledge, skills, and wisdom needed to assume leadership roles across the continuum of care in current and emerging healthcare delivery systems. The Family Nurse Practitioner (FNP) will focus on the delivery of health care services to vulnerable populations by conducting comprehensive health assessments aimed at health promotion and disease prevention, management of common acute illnesses and stable chronic conditions, and coordination of services in a variety of settings.

Admission Entry Point: BSN to DNP

Step 1: Bachelor of Science in Nursing (BSN) to DNP students begin their program with 13 semester hours of professional core classes.

- NURS 510: Health Care Delivery Systems: Political, Social, and Economic Influences (3 cr)
- NURS 512: Theoretical Foundations in Nursing (3 cr)
- NURS 513: Research Methods for Health Professionals (4 cr)
- NURS 518: Grant Writing (3 cr)

Step 2: Concentration in Family Nurse Practitioner (37 hours)

- NURS 540: Advanced Health Assessment Across the Lifespan (4 cr)
- NURS 541: Advanced Pathophysiology (3 cr)
- NURS 542: Advanced Pharmacology (3 cr)
- NURS 538: Diagnostic Reasoning (3 cr)
- NURS 539: Genetics for the Healthcare Provider (2 cr)
- NURS 545: Primary Care – Women's Health (3 cr/with 60 practicum hours)
- NURS 546: Primary Care – Peds and Family (4 cr/with 120 practicum hours)
- NURS 551: Primary Care Adult I (4 cr/with 120 practicum hours)
- NURS 552: Primary Care Adult II (4 cr/with 120 practicum hours)
- NURS 549: Primary Care Gerontology (2 cr/with 60 practicum hours)
- NURS 550: Role Transition (2 cr)
- NURS 560: Health Behaviors Leading to Disparities in Vulnerable Populations (2 cr.)
- NURS 561: Vulnerable Populations Clinical (1 cr., includes 60 practicum hours)

Admission Entry Point: MSN to DNP

Step 3: After completing the areas of concentration, students complete 37 credits of doctoral course work. Students with a master's in nursing (FNP) will enter the program here: (31 credits)

Master's prepared students must submit a letter from the educational program identifying the number of precepted clinical/practicum hours completed as part of their degree requirements.   If a student does not have the required 540 clinical/practicum hours, they are required to take NURS 600 (Transition to Doctoral Practice) to obtain the necessary clinical/practicum hours prior to matriculation into the doctoral level course work.

- NURS 612: Translating Research into Evidence-based Practice I (3 cr)
- NURS 614: Translating Research into Evidence-based Practice II (3 cr)
- NURS 618: Healthcare Systems Quality and Improvement (3 cr)
- NURS 619: Bioethics (3 cr)
- NURS 621: Strategic Management Leadership (3 cr)
- NURS 622: Emerging Diseases and Population Health (3 cr)
- NURS 626: Statistical Inferences for Evidence-based Practice (3 cr)
- NURS 631: DNP Project (PR; minimum of 4 cr or until course in completed; 60 hours)
- NURS 632: DNP Practicum (6 cr; maybe split into 3 semesters, 360 hours)

DNP/Family Nurse Practitioner credit hour breakdown:

Doctor of Nursing Practice	Nurse Practitioner
	FNP
Step 1: Core Courses Credit Hours	13
Step 2: Program Track Credits Hours	37
Practicum Hours	540
Step 3: Doctoral Courses Credit Hours	31
Practicum Hours	540
Total:	
Credits	81
Practicum Hours	1080

Nurse Practitioner: Family Nurse Practitioner

Year 1	Fall	Cr	Spring	Cr	Summer	Cr
	NURS 512: Theoretical Foundations in Nursing	3	NURS 510: Health Care Delivery Systems: Political, Social, and Economic Influences	3	NURS 518: Grant Writing	3
	NURS 513: Research Methods for Health Professional	4	NURS 538: Diagnostic Reasoning	3	NURS 542: Advanced Pharmacology	3
	NURS 540: Advanced Health Assessment Across the Lifespan (60 hours clinical)	4	NURS 541: Advanced Pathophysiology	3	NURS 550: Role Transition	2
	Total	11	Total	9	Total	8
Year 2	Fall	Cr	Spring	Cr	Summer	Cr
	NURS 545: Primary Care – Women's Health (60 hours clinical)	3	NURS 546: Primary Care – Pediatrics and Family (120 hours clinical)	4	NURS 612: Translating Research into Evidence-based Practice I	3
	NURS 549: Primary Care – Gerontology (60 hours clinical)	2	NURS 539: Genetics for the Healthcare Provider	2	NURS 560: Health Behaviors Leading to Disparities in Vulnerable Populations	2
	NURS 551: Primary Care – Adult I (120 hours clinical)	4	NURS 552: Primary Care – Adult II (120 hours clinical)	4	NURS 561: Vulnerable Populations Clinic (60 hours)	1
			NURS 631: DNP Project	1	NURS 626: Statistical Inferences for Evidence-based Practice	3
					NURS 631: DNP Project	1
	Total	9	Total	11	Total	10
Year 3	Fall	Cr	Spring	Cr	Summer	Cr
	NURS 614: Translating Research into Evidence-based Practice II	3	NURS 621: Strategic Management Leadership	3	NURS 631: DNP Project	PR
	NURS 618: Healthcare Systems Quality and Improvement	3	NURS 622: Emerging Diseases and Population Health	3	NURS 632: DNP Practicum	1-6
	NURS 619: Bioethics	3	NURS 631: DNP Project	1		
	NURS 631: DNP Project	1	NURS 632: DNP Practicum	1-6		
	NURS 632: DNP Practicum	1-6				
	Total	11+	Total	8+		

PR = Progression Requirement – 1 credit must be taken each semester until Project is complete.

NURSING COURSES AND COURSE DESCRIPTIONS

Course Name and Title	Course Description
NURS 510: Healthcare Delivery Systems: Political, Social, and Economic Influences (3 cr.)	This theory course is designed to further develop the knowledge, skills, values, meaning, and experiences necessary for assuming a leadership role in health care delivery services. The focus is on an in-depth assessment of socially and culturally diverse populations. Students explore the physiological and psychological variants in health, which influence client outcomes. Content includes the analysis of common health disparities and the identification of evidence-based strategies to effect change. Health services delivery systems are analyzed for appropriateness in meeting the dynamic and ever-changing health profile of clients.
NURS 512: Theoretical Foundations in Nursing (3 cr.)	This course focuses on evaluating the factors and issues influencing the development of theory in nursing. Theoretical terminology and criteria for the evaluation of theories are examined. Linkages applied between theory, practice, and research is explored.
NURS 513: Research Methods for Health Professionals (4 cr.)	In this course, students learn to differentiate between quantitative, qualitative, and mixed methods research methods as they relate to nursing and the health sciences. Students will assess the quality of quantitative and qualitative research approaches reported in the peer-reviewed literature, considering ethical considerations and theoretical underpinnings. Students will differentiate between various types of research strategies, examine ways to search for evidence effectively and efficiently, and propose an evidence-based strategy to solve a clinical problem. Co-requisite NURS 512
NURS 518: Grant Writing (3 cr.)	This course focuses on the formulation of a fundable project of study, identification of potential funding sources, and development of the elements in a proposal. Students will finalize a complete funding proposal, including problem statement, work plan, resource plan, evaluation methods, and budget. Pre-requisites NURS 510, NURS 512, and NURS 513
NURS 538: Diagnostic Reasoning (3 cr.)	This course is designed to further develop the advanced diagnostic reasoning skills and diagnostic and procedural medical coding necessary for advanced practice nurses through the use of case studies and simulation

	experiences. Pre-requisite NURS 540; Co-requisite NURS 541
NURS 539: Genetics for the Healthcare Provider (2 cr.)	This course provides an introduction to the clinical applications of genetics, providing the student with the most recent scientific knowledge as well as assisting them in applying this to their practice as an advanced practice nurse. Pre-requisites NURS 545, NURS 547, and NURS 549
NURS 540: Advanced Health Assessment Throughout the Lifespan (4 cr.; includes 60 lab hours)	This course focuses on refining and strengthening advanced health assessment and clinical judgments across the lifespan and provides a foundation for planning therapeutic interventions for well and ill patients. A problem-focused and comprehensive database is developed and communicated through oral, written, and practicum methods. This includes complete functional, spiritual and family assessment, health history, physical examination and appropriate laboratory and diagnostic data. Cultural and developmental variations of their patient will be emphasized. This course includes 60 hours of lab practicum. Pre-requisite NURS 510; Co-requisite NURS 510
NURS 541: Advanced Pathophysiology (3 cr.)	This course provides an advanced understanding of the pathophysiological mechanisms underlying human disease processes. The manifestation of pathophysiologic alterations will be analyzed in a systems approach as well as common diagnostic testing and pathologic processes. Pre-requisite NURS 540; Co-requisite NURS 540
NURS 542: Advanced Pharmacology (3 cr.)	This course focuses on the application of pharmacological agents (prescription and over the counter) used to treat acute and chronic health problems of vulnerable populations across the lifespan. Pharmacokinetic and pharmacodynamics principles and current research form the foundation for discussion of selected drug groups. Emphasis is given to indications, mechanisms of action, dosages, adverse side effects, cost containment, and patient education. Pre-requisite NURS 541; Co-requisite NURS 541
NURS 545: Primary Care – Women's Health (3 cr.; includes 60 practicum hours)	This course provides an opportunity for participation in the management of common acute (or episodic) and chronic conditions, which promote the health of women through advanced practice interventions. This course

	includes 60 practice hours. Pre-requisites NURS 540, NURS 541, NURS 542, and NURS 538
NURS 546: Primary Care – Pediatrics and Family (4 cr.; includes 120 practicum hours)	This course provides an opportunity for participation in the management of common acute (or episodic) and chronic conditions, which promote the health of children and families through advanced practice interventions. This course includes 120 practice hours. Pre-requisites NURS 545, NURS 549, and NURS 551
NURS 549: Primary Care – Gerontology (2 cr.; includes 60 practicum hours)	This course provides an opportunity for participation in the management of common acute (or episodic) and chronic conditions, which promote the health of older adults through advanced practice interventions. This course includes 60 practice hours. Pre-requisites NURS 540, NURS 541, NURS 542, and NURS 538
NURS 550: Role Transition (2 cr.)	This course focuses on promoting role development and role satisfaction of the advanced practice nurse. Emphasis is placed on role adjustment, the advance practice nurse's role in primary care, regulatory regulations, and marketing skills. Pre-requisites NURS 540, NURS 541, and NURS 538. Co-requisite NURS 542
NURS 551: Primary Care – Adult I (4 cr; includes 120 practicum hours)	This course provides an opportunity for participation in the management of common acute (or episodic) and chronic conditions, which promote the health of adults through advanced practice interventions. This course includes 120 practice hours. Pre-requisites NURS 540, NURS 541, NURS 542, and NURS 538
NURS 552: Primary Care – Adult II (4 cr.; includes 180 practicum hours)	This course provides an opportunity for participation in the management of common acute (or episodic) and chronic conditions, which promote the health of adults through advanced practice interventions. This course includes 120 practice hours. Pre-requisites NURS 545, NURS 549, and NURS 551
NURS 560: Health Behaviors Leading to Disparities in Vulnerable Populations (2 cr.)	This course focuses on an in-depth analysis of the theoretical and research literature that supports health behavior change in vulnerable populations. Students will have the opportunity to critically evaluate theories/models applicable to health behavior and to complete an intensive analysis of a health behavior relevant to their area of research. Pre-requisites NURS 551 and NURS 552
NURS 561: Vulnerable Populations Clinical (1 cr.,	This course offers the practical application of the theoretical and research literature to support health

includes 60 practicum hours)	behavior change in vulnerable populations. Students will have the opportunity to critically evaluate and implement theories and models applicable to health behavior relevant to the clinical practice hours. Students complete 60 hours of practicum experience for this course.
NURS 600: Transition to Doctoral Practice (1-9 cr.)	This pre-requisite course is intended for post-masters in nursing students requiring additional precepted clinical practicum hours, to reach a total of 540 hours prior to full admission into the DNP program. The number of credits the student needs to complete will depend on the number of clinical/practicum hours completed and negotiated between the program track coordinator and student.
NURS 612: Translating Research into Practice I (3 cr.)	This course focuses on advanced applications of evidence-based practice. The course emphasizes foundational and advanced concepts of evidence-based practice and requires application of principals of EBP, thorough literature searches, appraisals of literature and development of draft project proposal. Pre-requisites: completion of all 500 level courses
NURS 614: Translating Research into Practice II (3 cr.)	Synthesis of knowledge regarding implementation models and strategies used for translating evidence into practice is the focus of this course. Students explore organizational aspects of change influencing innovation, quality improvement, and program evaluation. Developing and preparing to implement and evaluate a translational science project is a component of the course. Pre-requisites NURS 612
NURS 618: Healthcare Systems Quality and Improvement (3 cr.)	This course provides an application of measurement, data management, and statistical analysis principles to quality improvement and patient safety challenges. The focus is on the importance and design of effective measures, the selection of appropriate analysis tools, and their application to quality and safety improvement challenges in healthcare. Pre-requisites NURS 612 and NURS 626; Co-requisites NURS 614
NURS 619: Bioethics (3 cr.)	Using predominantly a case study approach, this course explores ethical issues surrounding the provision of healthcare services; including, end-of-life issues, informed consent, patient autonomy and the refusal of care, resuscitative issues, reproductive choices and technologies, genetic/genomic testing, privacy and confidentiality and population health issues.

NURS 621: Strategic Management Leadership (3 cr.)	This course focuses on the analysis and evaluation of theories of both leadership and strategic management. Course content covers a broad array of leadership issues such as leadership theory, systems thinking, structure and management of complex systems, and management of financial and human resources. Pre-requisites NURS 614, NURS 618, and NURS 619
NURS 622: Emerging Diseases and Population Health (3 cr.)	This course focuses on integration and synthesis of clinical prevention and population health for individuals and populations utilizing advanced nursing practice strategies for the promotion of health and prevention of disease across the life span. Pre-requisites NURS 614, NURS 618, and NURS 619
NURS 626: Statistical Inferences for Evidence-based Practice (3 cr.)	This course provides the student an opportunity to perform statistical analysis appropriate for use in evidence-based practice. Pre-requisites: All 500 level courses; Co-requisite NURS 612
NURS 631: DNP Project (PR-progression requirement; minimum of 4 credits or until course is completed)	This course provides the student with an opportunity to investigate a clinical problem of relevance to the student's practice setting. Students work under the direction of a faculty committee to prepare a written and oral report of their findings. This course is taken during the last semester of the student's academic program. Co-requisite: Permission of Instructor
NURS 632: DNP Practicum (6 cr.; may be split into up to 3 semesters, 360 practicum hours)	The course provides the opportunity for the student to have a mentored experience, under faculty supervision, where the DNP competencies can be explored and mastered in an area of the student's choice. This course is taken during the last semester of the student's academic program. Co-requisite: Permission of Instructor

ACADEMIC INFORMATION

ADMISSIONS CRITERIA

All applicants to the D.N.P. program will be evaluated individually based on prior educational work and current employment experience. Programs of study will be designed to include additional coursework, if necessary, to meet the educational objectives of the program.

Students applying to the post-baccalaureate option must have a B.S.N. from a Commission on Collegiate Nursing Education (CCNE) or National League for Nursing Accrediting Commission (NLNAC) accredited program.

Note: Post-master's degree level students entering the D.N.P. desiring to change their area of

professional practice may be considered for admission. These applicants may require additional coursework from the professional core or concentration.

Admission Criteria:
- Minimum cumulative GPA of 3.00 for baccalaureate degree and a minimum of 3.00 on all work beyond the baccalaureate level.
- Introductory courses in statistics and research will be completed prior to starting the DNP program. Nurse Practitioner-FNP applicants must also have completed a course in pharmacology. (Most applicants will have met this requirement with the B.S.N. program.)
- Qualified applicants will be contacted for an interview.
- Professional Nursing License: All students in the post-baccalaureate option must have a current unencumbered license as a Professional Registered Nurse (RN) from the State of West Virginia or a compact state prior to beginning their clinical practicum courses. Students may also need to have a valid nursing license for the state in which they will be completing the D.N.P. practicum courses.
- Submission of a résumé or curriculum vitae.
- Submission of official transcripts of all college and university coursework.
- A letter of intent that describes how the student envisions using the D.N.P. degree to enhance his or her personal and professional goals (limit 500 words).
- Two professional references, at least one of which is from a current or former clinical supervisor.
- Upon evaluation of the student transcript(s), post-M.S.N. applicants will need to verify clinical/practicum hours completed in order to enter the program. Applicants lacking in clinical/practicum hours will have the opportunity to take the Transition to Doctoral Practice course through Shepherd's D.N.P. program.

ACADEMIC ADVISEMENT
In accordance with the mission of Shepherd University's Academic Advising Program, each student will be assigned to a full-time faculty member who will serve as their academic advisor. Students may meet with their advisors during posted office hours or by appointment. Students should consult the DNP progression plans, their academic record on RAIL, and consult with their academic advisor regarding courses for the upcoming semester. The PIN for course registration may be obtained from the advisor, Program Director, or the School of Graduate and Professional Studies.

Students should meet with their advisors regularly, especially in the following instances:

- Student is having difficulty in a course.
- Student is considering withdrawal from any course or the nursing program.
- Student is re-applying to the nursing program or returning from a leave of absence.
- Student is in violation of the School of Nursing policies.

See *Academic Advisement* in the Shepherd University catalog (http://catalog.shepherd.edu/).

DISABILITY-RELATED ACCOMODATIONS
Disability Support Services (DSS) at Shepherd University facilitates equitable access for every student with a documented disability. Students requesting any disability-related accommodation should contact the Support Specialist for Disability Services. This includes students with disabilities who require academic accommodations and students requesting specific housing accommodations for health-related reasons.

If a request for accommodations is granted, the student must bring the letter of accommodation to the faculty for each enrolled course. Please allow for sufficient time for DSS to make arrangements for the service or function that has been granted.

In order to qualify for certification testing accommodations, the student must show evidence he/she received the accommodation while enrolled as a student. Documentation of the disability-related accommodation may need to be provided by the Office of Disability Support Services and the School of Nursing.

Request forms, office contact/hours, and additional information can be found here: http://www.shepherd.edu/disability

ACADEMIC INTEGRITY
Each student is expected to abide by the Shepherd University Academic Integrity Procedures found in the Shepherd University Student Handbook (http://www.shepherd.edu/students/studenthandbook.pdf).

ACADEMIC DISHONESTY
Cheating in all its forms, including plagiarism and cheating on visual work, is considered an academic matter to be controlled and acted upon by the individual faculty member. Students guilty of academic dishonesty on examinations in any course shall receive, as a minimum penalty, a grade of 'F' in that course. Such action shall be taken by the instructor, with written notification to the appropriate University administrators. Students involved in facilitating academic dishonesty among others, such as by the unauthorized dissemination of examination materials, will be subject to disciplinary action.

Plagiarism is "the act of stealing and using, as one's own, the ideas, or the expression of the ideas of another." Whether that other is another student or a published author, plagiarism is cheating. Guidelines and policies affecting dishonesty and most other aspects of student life may be found in the Shepherd University Student Handbook.

The expectation is that by submitting any product to faculty, whether it is to be graded or not, each student acknowledges that it represents his or her individual work, unless given permission to work collaboratively with other students. Academic dishonesty (e.g., plagiarism, cheating, falsifying records, etc.) will result in academic action as outlined in the Shepherd University Student Handbook.

It is the policy of the School of Nursing that the following materials ["prohibited items"] may not be used by a student as a part of study-preparation for a test in any School of Nursing course, unless expressly first approved in writing by the Course Instructor:
- Copies of tests previously administered by the Course Instructor or any other instructor of Shepherd University School of Nursing, unless distributed to all students in the class by the Course Instructor
- Copies of a 'course-instructor' version of an assigned text-book
- Copies of test-banks or other sample tests published for faculty by text-book publishers

For purposes of this policy: 1) possession of prohibited materials shall constitute presumptive evidence of use by the possessing student; 2) receipt and possession of any document compiled by a student who was in possession of prohibited items shall constitute presumptive evidence of use by the receiving student, if the receiving student knew or should have known that the content derived from prohibited items; 3) possession of prohibited items shall constitute "receiving

assistance in coursework in a manner not authorized" under the Academic Integrity Policy of the University and will be addressed by the professor consistent with that policy.

Any student who currently has possession of prohibited items, contemporaneous with the promulgation of this new policy, may be absolved from penalty by promptly [before any tests are administered] completing the following:

- The student will schedule an appointment with the School of Nursing Program Director, Program Coordinator, and the Course Instructor(s) affected. The student will remit all prohibited items to the faculty at this time.
- The Course Instructors will take such action as is necessary, changing the planned tests for the entire class or arranging for one or more alternative tests for the student(s) who have possessed prohibited item.

POLICY OF USE OF DNP CREDENTIAL
There is no candidacy in the DNP program. Students may not use DNP(c) or DNP(s) while enrolled in the program. Students should continue to use only the degree initials that have been earned. It is acceptable to state that one is a DNP student in text form (for example, in the biographical information that accompanies a published article, paper presentation, or poster). It is acceptable to use the DNP credential only after one has successfully completed the DNP program.

MAINTENANCE OF RN LICENSURE AND APRN CERTIFICATION
All DNP students are required to maintain continuous RN licensure and APRN certification as appropriate during enrollment in the DNP program. If a student's RN license and/or APRN certification is renewed during enrollment in the DNP program, the student should upload into Typhon and notify his/her advisor. If the student's RN license lapses or becomes encumbered due to a disciplinary action, or the APRN certification lapses, the student may potentially be dismissed from the DNP program.

INCOMPLETE GRADES
A grade of 'I' is given when the instructor believes that the course work is unavoidably incomplete or that a supplementary examination is justifiable. A grade of 'I' is not appropriate to avoid an unsatisfactory failing grade in a DNP course. The following is institutional policy concerning incomplete grades that may be found here:
http://www.shepherd.edu/register/incomplete_grades.html

A grade of incomplete may be given to a student who has satisfactorily completed most of the requirements for a course but because of illness or other extenuating circumstances has not completed all of the requirements. All incomplete grades must be accompanied by a form provided by the Registrar's Office and completed by the instructor. Students with incomplete grades must consult with their instructors early in the following semester about the requirements and timetable for completing the work for the course and removing the incomplete grade.

When the work has been completed, the instructor must return the form to the Registrar's Office with the new grade. The Registrar's Office must receive the form no later than 10 days before the date the final grades are due for the spring semester (to change an incomplete grade from the previous fall semester) and no later than 10 days before the date final grades are due for the fall semester (to change an incomplete grade from the previous spring semester or from either of the previous summer sessions). If the incomplete is not made up according to this schedule, it automatically becomes an 'F'.   When an incomplete grade is changed, the student's grade point average is recomputed.

Any grade of 'I' that is not resolved by the end of the following semester will automatically revert to the grade of 'F'. Refer to Academic Policies in the Shepherd University Catalog and Student Handbook. Students may not progress to additional coursework if an 'I' remains in any course that is pre-requisite to the course(s) to which the student intends to enroll.

TUITION AND FEES

Students pay tuition and fees as shown in the Shepherd University Course Catalog, in addition to special fees and deposits as required. Student's expenses vary widely according to their individual course of study. Students are expected to provide their own equipment and instruments, as well as transportation to practice sites.

Information on payment options, as well as links to current tuition and fees for the DNP program are found here: http://www.shepherd.edu/tuition-and-fees/

RAVE ALERTS

Students are encouraged to sign up for "RAVE alerts" (http://www.shepherd.edu/university/rave/) in order to be informed of campus closures. Also, students are encouraged to check the Shepherd website for additional information (http://www.shepherd.edu/).

ASSESSMENT OF STUDENT LEARNING

The School of Nursing participates in the Shepherd University Program of Assessment of Student Learning in order to monitor how students are meeting educational goals in the interest of promoting an atmosphere of learning and ongoing enhancement of academic programs. Shepherd University requires student participation in assessment tests and surveys, both departmentally and when selected to participate in campus-wide assessment. Failure to participate can result in administrative action including withholding of grades and/or restriction from registration until the requirements are met.

PERSONAL SAFETY

The School of Nursing attempts to establish and maintain safe working and learning environments for students, faculty, and staff. Awareness and communication of potentially unsafe situations can decrease the possibility of a harmful or lethal occurrence.

The School of Nursing will not relay information about the location of any student to anyone other than an authorized University employee acting in an official capacity. The School will not post schedules that include student names and clinical locations in public areas.

Students must not reveal the location of other students to anyone other than an authorized University employee acting in an official capacity.

1. Students should inform their own family members or significant others what they want them to know about their whereabouts. Students should establish with these individuals how to reach them in case of emergency.

2. If students' personal situations could present a threat to their own or others' safety, they should immediately confer with the relevant faculty, School Dean/Director, and campus police to establish procedures to maintain a safe learning and teaching environment.

CORE PERFORMANCE STANDARDS

Because the School of Nursing seeks to provide as much as possible a safe environment for nursing students and their clients, DNP students may be required to demonstrate physical and

emotional fitness to meet the Core Performance Standards of the DNP program.   Such essential requirements may include freedom from communicable disease, the ability to perform certain physical tasks, and suitable emotional fitness.

Any appraisal measures used to determine such physical and emotional fitness will be in compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, so as not to discriminate against any individual on the basis of handicap.

The core performance standards of the nursing program with examples of activities required of students during their nursing education are listed below, and in the *School of Nursing Core Performance Standards of the Nursing Program* document.   A student with a documented disability who requires accommodation to be able to meet the Core Performance Standards must bring appropriate documentation from the University Disability Coordinator to the Director of the School of Nursing.

SHEPHERD UNIVERSITY
SCHOOL OF NURSING

Standards of Professional Conduct and Safe Clinical Practice

Doctor of Nursing Practice students are expected to adhere to the following standards of professional conduct and safe clinical practice:

1. Comply with all institutional, ethical, and legal parameters regarding confidentiality of patient information.

2. Adhere to University, School, and clinical agency policies regarding drug and alcohol use.

3. Comply with all other policies of assigned clinical sites.

4. Demonstrate respect toward clients and their families, peers, faculty, staff members, and others in the clinical setting, the School of Nursing, and Shepherd University, regardless of race, religion, national origin, ethnicity, gender, sexual preference, age, health status, or diagnosis.

5. Demonstrate integrity in all classroom and clinical situations.

6. Use standard and transmission-based precautions in all patient care activities.

7. Promptly report any error to the faculty member and to other appropriate clinical personnel.

8. Comply with School of Nursing and clinical agency dress policies.

9. Arrive punctually for clinical learning activities.

10. Maintain appropriate professional role boundaries.

11.   Demonstrate the application of previously learned clinical competencies.

Failure to adhere to the above standards may negatively affect course grade and may lead to dismissal from the program.

HIPAA AND PATIENT CONFIDENTIALITY
Federal regulations under the Health Insurance Portability and Accountability Act (HIPAA) include provisions designed to protect the privacy of patient information and are commonly known as the Privacy and Security Rules. The HIPAA Privacy and Security affect all healthcare providers.

Confidential patient information means information that identifies the patient, relates to the patient's diagnosis or condition, the patient's care, treatment or other services provided to the patient, or the patient's billing and payment information.

Students violating patient confidentiality practices are subject to civil and criminal liability under applicable law and are subject to Standards of Professional Conduct and Safe Clinical Practice and the Confidentiality Agreement rules.

Confidentiality Agreement for Nursing Students – Statement:
> As a DNP student at Shepherd University, I may have access to what this agreement refers to as "confidential information." Confidential information includes, but is not limited to, individually identifiable information concerning patients, families, communities, and the personnel at any agencies used by Shepherd University nursing students. It may also include financial information and other information related to any of these utilized agencies. I may learn of or have access to some or all of this confidential information through a computer system or through my learning activities.
>
> Confidential information is valuable and sensitive and is protected by federal and state laws and regulations, as well as strict agency policies. I understand that I must comply with these laws and policies governing confidential information. I understand that any violation of these laws and policies will subject me to disciplinary action, which might include, but is not limited to, termination of access to the agency, dismissal from the nursing program, and potential legal liability.
>
> In consideration of my access to confidential information as a nursing student, I agree and promise that I will use confidential information only as needed to perform my legitimate duties. This means that:
>
> A.   I will only access confidential information for which I have a need to know.
>
> B.   I will only disclose confidential information to those who have a right to know.
>
> C.   I will only access and disclose confidential information in a manner that provides for privacy and security.
>
> D.   I will **NOT**, in any way, divulge, release, sell, loan, review, alter, or destroy any confidential information except as properly authorized within the scope of my legitimate duties and agency policies.
>
> E.   I will **NOT** photocopy or download any confidential information during my learning experience at Shepherd University.

F. I will **NOT** misuse or carelessly care for confidential information.

G. I will protect and will not release my security code, identification badge, or any other authorization I have that allows me to access confidential information in any of the agencies used by Shepherd University School of Nursing. I accept responsibility for all activities undertaken using my security code, identification badge, or other authorization.

I understand that my obligations under this agreement will continue after I leave the agency utilized for learning. I also understand that my privileges can be periodically reviewed by the agency or Shepherd University School of Nursing and that any of the agencies or Shepherd University School of Nursing or both may, at any time, revoke my security code, identification badge, or access to confidential information.

I understand that my access to any agency used for learning is contingent upon my adherence to the information stated above and my adherence to policy. I further understand that my failure to comply with this agreement or applicable laws and policies will result in dismissal from the nursing program.

AMERICAN NURSES ASSOCIATION CODE OF ETHICS
DNP students are expected to adhere to the *ANA Code of Ethics for Nurses (*2015*):*

1. *The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.*
2. *The nurse's primary commitment is to the patient, whether an individual, family, group, or community.*
3. *The nurse promotes, advocates for, and protects the rights, health and safety of the patient.*
4. *The nurse has authority, accountability and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.*
5. *The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.*
6. *The nurse through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.*
7. *The nurse, in all roles and settings, advances the profession through research and scholarly inquire, professional standards development, and the generation of both nursing and health policy.*
8. *The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities*
9. *The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.*

ACADEMIC FREEDOM AND RESPONSIBILITY
The School adheres to University policy as identified in the Shepherd University Student Handbook. This PDF document is found online here:
http://www.shepherd.edu/students/studenthandbook.pdf. Note that graduate student policies

are located in the last section of the document.

COMPLAINTS/CONFLICT RESOLUTION
Formal complaints such as grade appeals, sexual harassment, or plagiarism are handled in accordance with Shepherd University policy.

Any student who has a concern or conflict regarding a course, clinical, or other issue related to the nursing program is encouraged to use the following process. First, discuss the issue with the appropriate faculty member or staff involved with the concern, or in case of clinical you may contact the course coordinator, to see if the issue can be resolved at this level. The student may also want to confer with his/her advisor for guidance, as needed. The student should only address the concern with those immediately involved with the concern, and not with other members of the faculty, staff, or students. If the concern is not resolved at the faculty level, the student may then contact the Director of the School of Nursing to discuss the concern. The student should present a written description of the issue to the School Director. If the issue remains unresolved the student may then contact the Dean, Graduate Studies and Continuing Education. Students who do not follow this progression will be referred back to the appropriate level to address their concern. The timeframe for the levels of appeal are outlined in the University policy as found in the Shepherd University Student Handbook.

ACADEMIC AND PROGRESSION POLICIES

GRADING
The grading scale used by the School of Nursing for all examination and theory course grades is as follows:

        93 - 100   = A
        86 - 92.9   = B
        78 - 85.9   = C
        70 - 77.9   = D
        69.9 and below = F

Students must successfully complete both theory and practicum portions of courses. Practicums are graded on a pass/fail basis. The minimum passing grade for any nursing course is a C. "Successful completion" of a nursing course is defined as earning a minimum final course grade of C.

ACADEMIC PROGRESSION AND GRADUATION STANDARDS
In order to progress in the DNP program, students must meet the following performance standards:

1. Students must maintain an overall GPA of 3.00 and a GPA of 3.00 in every semester. Failure to do so will result in academic probation or dismissal from the program.
2. A grade of 'D' or 'F' in any course in the program is not acceptable, and the course must be repeated. Only one nursing course may be repeated. Students should be aware that failure to pass or complete a course may delay or alter their progression through the program.
3. Students must complete the program within three (3) years of enrollment in NURS 530 or NURS 545.

The guidelines for the appeal process for the DNP program can be found in the Shepherd University Student Handbook. Any student considering an appeal should first contact their

academic advisor.

TRANSFER OF COURSE WORK
Guidelines for transfer of credits in graduate programs is outlined in the online catalog (http://catalog.shepherd.edu), as well as the student handbook (http://www.shepherd.edu/students/studenthandbook.pdf)

Graduate courses from other institutions or other Shepherd University graduate programs will be evaluated, at the time of admission, by the Dean and/or the coordinator of the program to which the applicant is applying, or the School Dean/Director in which the course is offered.

- Up to nine credit hours may be transferred to a Shepherd graduate program from another institution or program, either prior to starting the program or during the program, at the discretion of the program coordinator in consultation with the School Dean/Director and the Dean. Exceptions can be made on a case-by-case basis by the dean if it would inappropriately prolong the graduation of a student.

- Courses transferred to a Shepherd graduate program must have a minimum grade of "B," and must have been taken within seven years based on the date of admission to the degree program (see sunset clause).

A student wishing to transfer credit from another institution must confer with his or her academic advisor and obtain a transfer of graduate credit form found online at: http://www.shepherd.edu/graduate-studies/graduate-studies-forms. This form requires the signature of the advisor, Program Coordinator, School Director, and the Dean of Graduate Studies and Continuing Education.

The student must provide information about the course transfer including the name of the institution with address, the course number and the name, and the course descriptions and syllabi as published by that institution. The student must also provide the Shepherd University course it replaces or the requirement it meets. Courses for transfer will be evaluated for equivalency by the Dean of Graduate Studies and Continuing Education and other appropriate graduate faculty. Final approval of coursework for transfer is granted by the Dean of Graduate Studies and Continuing Education.

READMISSION TO THE NURSING PROGRAM
Students who withdraw, take a leave of absence, or do not enroll for a full academic year or more, and desire to resume their academic program, are required to apply for readmission. Readmission forms are available at: http://www.shepherd.edu/graduate-studies/apply-graduate.

Students are not guaranteed readmission and may be evaluated in competition with current applicants to the program.   Students in the DNP program must complete a letter addressed to the Dean of Graduate Studies and Continuing Education and DNP Program Director outlining a case for readmission to the program.

Readmission will be based on the decision of the DNP Admissions Committee and availability of space in the nursing courses. The Committee's decision will take into account past academic performance and adherence to School of Nursing policies. If readmitted, the student will be expected to comply with individual requirements set by the Committee for continuation in the nursing program.   A student is eligible for readmission to the nursing program only one time. (http://www.shepherd.edu/students/studenthandbook.pdf)

A student who is denied readmission to the nursing program may appeal this decision by submitting a request for reconsideration within 10 business days of receiving written notification of denial. If the Director/Chair does not grant this appeal, the student may petition for readmission to the Graduate Counsel according to the procedures specified in the *Shepherd University Graduate Handbook,* Academic Freedom and Responsibility section III, Academic Actions Concerning Admissions and Credits.

1. The DNP Admissions Committee discusses the application and decides to grant or deny readmission. The Director/Chair notifies the student in writing of the decision.

2. If the decision is to readmit, the student notifies the Director/Chair, in writing, whether the student accepts offer of readmission.

3. Readmitted students meet with their academic advisors no later than December 1st for Spring readmission, April 1st for Summer, or August 1st for Fall readmission to discuss strategies to support success in the nursing program, needs for review of content and skills, and courses needed to complete degree requirements.

4. The readmitted student submits a current Health Data Sheet and proof of current PPD and CPR status by November 1st for Spring readmission and by April 1st for Summer or Fall readmission. If the readmitted student left for medical reasons, proof of current PPD and CPR status is required. Depending of individual circumstances, the readmitted student may need to repeat background check and drug screen.

FNP CERTIFICATION ELIGIBILITY CRITERIA
Information regarding FNP certification can be found at:

- *FNP Certification Requirements (*2013*, American Nurses Credentialing Center, retrieved from* http://www.nursecredentialing.org/Certification/NurseSpecialties/FNP*)*
- *American Association of Nurse Practitioners (*n.d., *retrieved from* https://www.aanp.org/ *)*

DIDACTIC CLASSROOM POLICIES

SAKAI – Shepherd University Learning Management System
Sakai is a learning management system that allows students to get their syllabi, announcements, post discussions or assignments, monitor grades, find class resources and so forth.

You can access Sakai by going to the internet and typing in courses.shepherd.edu/portal/ or: by going to Shepherd's website (www.shepherd.edu), clicking on Current Students, clicking on Sakai, and entering your user ID and Password. Your username and password can be obtained from RAIL (Remote Access Information Line). Click on 'Login to RAIL'.

To login you will need:

- Your 9-digit Shepherd ID (SID).
- Your SID is the nine digit number printed on the back of your Rambler card.

Your login PIN (initially, this is your 6-digit birth date in the form MMDDYY).   For security purposes, upon your first login you will be required to create a new login PIN of your choice. Your new login PIN can be a minimum of 6 but not more than 15 alphanumeric characters, but

CANNOT be your birth date. If you forget your new login PIN, enter your SID, click on the "Forgot PIN?" button, and answer the security question. You will then be asked to create a new login PIN (6-15 alphanumeric characters, but not your birth date). To protect your privacy be sure to click the exit button and close the browser when you are finished.

There are two places to access your Sakai sites once you have logged in. First, your site/classes can be seen at the top in the **Quicklinks** area. Second, you can also obtain your site/classes by using the **My Sites** tab located to the far top-right of the Sakai screen. You can enter the class/site simply by clicking the left-click mouse over the name of the class/site. Once you have clicked on the name of the class/site you will arrive in the Home page of the designated class/site. Announcements, calendar dates, and instructor information can be seen here.

The links/navigation located in the left area will allow entrance into any content that is within the Sakai class/site. For more information about the tools, see the built-in **help system**. Many sites will have a "Help" link in the left margin. In addition, there is a help icon (a question mark) at the upper right of most windows in Sakai.

WRITING STANDARDS
The School of Nursing has adopted the writing standards from the American Psychological Association (APA). All written assignments must conform to the stylistic requirements outlined by the APA prior to submission. It is required that students in the School of Nursing have a copy of the *Publication Manual of the American Psychological Association* (most current edition), which describes correct stylistic formats.

CELL PHONE POLICY
Cell phone use for personal reasons (text and phone calls) is prohibited in clinical practicum experiences and class settings. Cell phones may be used for reference reasons if authorized by faculty and allowed by agency policy.

CHILDREN
Students are not permitted to bring their child(ren) to class, regardless of their age(s). Please make arrangements for child care in the event of illness, or if the child's school or day care is canceled due to inclement weather, etc.

RECORDING DEVICES
Recording devices may only be used with the prior authorization of the faculty member.

TECHNOLOGY REQUIREMENTS

It is generally recommended that all DNP students will need a laptop or tablet with the following abilities:
- Operating system—Microsoft Windows 7 or higher (Windows 10 is best)
- Hardware 4 GB memory (RAM) minimal, 8 GB recommended
- Minimum of one (1) USB drive (preferably 2 or more)
- Wireless card with 8.0211 capability
- Capacity to connect to the Internet via wireless connection
- Intel dual core processor
- Programs installed:
    - *MS Office 2010 (minimal) with Word, Excel, and PowerPoint

*Adobe Acrobat Reader (PDF Reader)—Documents may be shared with students in PDF format. You will need this software to download and read these documents. The program can be downloaded free from http://www.adobe.com
*Nursing Central—http://www.youtube.com/user/unboundmedicine
*Evolve—to access your textbooks
*Web browser—Mozilla Firefox (most recent version) download available free at http://222.mozilla.com/en-US/firefox/personal.html

COMPUTER SKILLS

Students are expected to demonstrate efficient computer literacy skills. The skills of word processing, spreadsheet creation, and computerized presentation (as in MS Office), as well as internet and e-mail competence, including the use of attachments, are essential to course work in the DNP program.

COMPUTER/IT HELP

- Email: itworkorder@shepherd.edu
- Phone: 304-876-5457
- In-Person:
    - At the Main Campus, go to the User Support Desk in the basement of the Library. Look for the sign above our area.

EMAIL INFORMATION

EMAIL SYSTEM

Faculty and staff use University email only to communicate with students. Every student is issued a University email account and must regularly monitor it for official communications. You can access the Shepherd Email system at https://login.microsoftonline.com. Be sure to retrieve your computer account before visiting this server. Your email address will be *username*@rams.shepherd.edu

ACCESSING YOUR EMAIL

To access your web-based email account, type ***https://login.microsoftonline.com*** into your browser's address line, or go the Shepherd web page at **www.shepherd.edu**, click on the **Current Students** menu item and then select <email> on the drop-down menu.

1. For the username, type in your username@rams.shepherd.edu. Type your original password into the password box. You need to retrieve this password from RAIL beforehand. It is the original randomly generated one created when your computer account was created.
2. Click on the Log In button.
3. The first time you log in, you must change your password. You will need to enter your old one once, then the new one twice. You will then be logged out and you must log back in with the new password. Remember to enter username@rams.shepherd.edu for the username.
4. The next time you log in, you must set the default language and time zone. The initial time zone is set to Iceland so click on the box on the right hand side, then move upward until you see Eastern Time.
5. Once you set the time zone, you will see your email messages.

ACCESSING SHEPHERD EMAIL ON YOUR SMARTPHONE

The following instructions are generic. These are not to be interpreted as specific step-by-step instructions as each smartphone OS (Operating System) is different from others in terms of their menu navigation and options.

1. Go into your Settings
2. Go into your Email Settings
3. Select either Exchange or Exchange ActiveSync
4. The server name is **pod51011.outlook.com**
5. The domain is **rams.shepherd.edu**
6. Enter your Shepherd **username** and **password**

EMAIL ETIQUETTE

- When sending email, keep in mind it is sent via an unprotected source and without encryption.
- Do not divulge personal, confidential, or financial information via email. Doing so could result in an embarrassing situation or compromise of your information's confidentiality.
- Abide by common courtesy rules when sending email.   Also use a level of formality that equals the purpose of the email.
- Use caution when opening emails, especially attachments. They may contain a virus or other malicious code.

TIPS FOR MANAGING EMAIL ACCOUNT SIZE

- Save attachments to a thumb drive or your personal network disk space as soon as you can, then remove them from the message.
- Delete any messages you no longer need. Make sure attachments are saved elsewhere first.
- Check your e-mail periodically, even between semesters and over the summer.
- Use your Shepherd e-mail only for your courses. Use an outside account for personal e-mails.
- Your e-mail account has a sizable, but finite size limit.   You will need to manage your account so problems are avoided.

CLINICAL PRACTICUM EXPERIENCES AND SIMULATION COURSE POLICIES

ACCIDENT/INJURY/IMPAIRMENT

In the event of an accident, injury, or exposure to infectious agents, blood, or body fluid during clinical practicum experiences, the DNP student must comply with the agency's policy and procedures regarding such events.   Emergency treatment and follow-up may be required.

DNP students are responsible for all expenses that occur as a result of injury, exposure, or suspected drug or alcohol impairment. DNP students are required to carry health insurance to assist with expenses related to injury or illness on campus or in the clinical agency.

DNP students who report to a clinical facility in ill health or impaired will not be permitted to remain for clinical practicum experiences. Such behavior will be considered a violation of School of Nursing Standards of Professional Conduct and Safe Clinical Practice.

Tardiness for clinical learning activities is a violation of School Standards of Professional Conduct and Safe Clinical Practice. Response to this behavior is outlined in the standard.

In addition, if the student has worked prior to clinical/practicum there must be at least eight hours between the end of work and beginning of clinical. Students may have a clinical assignment in the same organization in which they work, but not in the same department.

ATTENDANCE
It is mandatory that DNP students attend all scheduled clinical/practicum and simulation learning activities. Acceptable reasons for absence from clinical and simulation learning activities include illness of the student (an excuse from a physician or nurse practitioner) or death in the immediate family (obituary required). Documentation of a valid excuse for absence may be required. Students who anticipate their absence from a scheduled clinical learning activity **must notify the course professor, preceptor and clinical agency by telephone no later than 1 hour prior to the start of the clinical/practicum or lab learning activity**.

Students with an approved absence from clinical practicum experience or simulation learning activities must make arrangements with the appropriate professor and preceptor for a re-scheduled clinical learning activity. Routine medical or dental appointments do not constitute an unusual circumstance or personal illness. **Students will be charged a lab/practicum re-scheduling fee of $300 for each experience in excess of one (1) missed per course.**

Student Attendance on Scheduled Practicum Days:

1. Attendance at 100% of practicum experiences is expected of every student.
   a. Exceptions, if made, will be made at the discretion of the course faculty and preceptor. New dates will be scheduled to insure all practicum hour requirements are met.
   b. Punctual attendance is required at all practicum sessions.
   c. If the student is going to be late to the practicum area, the student is expected to call the site as soon as possible.
   d. When the student cannot attend the practicum session, the student must:
      - Call the clinical preceptor or designated contact person at the clinical site prior to the start of the clinical session or as soon as possible; and
      - Email the course faculty as soon as possible
   e. Failure to adhere to these attendance policies with ongoing absenteeism or tardiness will result in an "Unsatisfactory" evaluation and could be grounds for failing the course. Extension of the practicum period with the preceptor cannot be assumed but is granted only by agreement with the preceptor, practicum agency, and course faculty. Exceptions related to unexpected illness of the student/family and or preceptor should be discussed with course faculty and the parties involved.

2. Students should not assume that should they fail to complete the required number of practicum hours for the term, they will be permitted to make up practicum hours with their preceptor.
   a. Approval for extending clinical hours beyond the semester in which the course is taken must be approved by the course faculty.
   b. If a student cannot complete the required hours due to an unforeseen event, the student must notify the clinical supervising faculty immediately to determine if the situation warrants an extension of the clinical practicum and under what conditions they will occur.
   c. The student should obtain a telephone number and discuss the procedure of notifying the preceptor and faculty for unexpected absences. Failure to notify the preceptor as negotiated, prior to the beginning of the scheduled practicum day is unacceptable and may place the student and clinical placement in jeopardy.
   d. The student should present the faculty and preceptor with a plan to complete the lost practicum time.
   e. If the student is not attending practicum days/hours as scheduled, the preceptor should promptly notify the course faculty. In the event of a planned absence of the

preceptor, he/she will make arrangements for a qualified back-up preceptor. The course instructor will determine credentialing needs for back-up preceptor.

PROFESSIONAL BOUNDARIES

The DNP student is responsible for maintaining professional boundaries.   Failure to maintain professional boundaries will be considered a violation of School of Nursing Standards of Professional Conduct and Safe Clinical Practice. Refer to *A Nurse's Guide to Professional Boundaries* by NCSBN: https://www.ncsbn.org/ProfessionalBoundaries_Complete.pdf

STANDARDS OF DRESS POLICY

Professional dress for graduate students should be appropriate for their professional role and the specific clinical site. In some cases, students may need to follow dress codes that are designated by the specific site.

A. General Standards

   1. Good personal hygiene is to be maintained at all times. This includes regular bathing, use of deodorants/antiperspirants, and regular dental hygiene.
   2. Avoid distracting perfumes and colognes (may precipitate allergies or sensitivities).

B. Hair Maintenance

   1. Hair should be neat, clean, and of a natural human color.
   2. Hair should be styled off the face and out of the eyes.
   3. Shoulder length hair must be secured to avoid interference with patients and work.
   4. Avoid scarves or ribbons (unless culturally appropriate).
   5. Beard/mustaches must be neatly trimmed.

C. Jewelry

   1. Keep jewelry at a minimum (represents potential for cross-infection).
   2. The following are permitted: a watch, one ring, small earrings (large earrings are distracting and may be pulled through the ear), academic pin, badges, or insignia which represent an award, modest bracelet.
   3. No neck chains.
   4. No ear gauges or bars are allowed. No other pierced jewelry is permitted (nose rings/studs or tongue rings/studs, eyebrow, etc.).

D. Dress, Shoes, and Hand Care

   1. Clothing should be clean, professionally styled and in good repair.
   2. White coats are recommended to be worn over street clothes, and they must be kept clean and wrinkle free.
   3. **Women**: skirts of medium length or tailored slacks.
   4. **Men**: tailored slacks and dress shirt.
   5. Shoes must be comfortable, clean, and in good repair. Shoes should be worn with socks or hose.
   6. Fingernails should be clean and of short to medium length. Muted tones of nail polish are appropriate for women. No artificial nails.

E. The following items are **specifically prohibited** in the hospital or clinic situation:

1. Blue jeans, regardless of color, or pants of a blue jean style.
2. Cargo pants, athletic pants, capris, or shorts.
3. Sandals or open-toed shoes, high-heeled or canvas shoes (blood or needles may penetrate the fabric).
4. Midriff tops, tee shirts, halters, translucent or transparent tops, shirts or tops with plunging necklines, tank tops or sweatshirts.
5. Buttons or large pins (could interfere with function, transmit disease or be grabbed by patient).
6. Visible body tattoos or visible body piercing.
7. No chewing gum or tobacco. Neither of these products is allowed during clinical experiences. Smoke odors are as offensive as smoking.
8. Profanity or vulgar slang.

Name tags: Student must always wear the Shepherd University DNP picture identification when at the clinical agency. Students may use the Shepherd University Nursing lanyard or attach to the breast pocket of the scrub top.

SMOKING
The odor of smoke on hair, skin, and clothing may be offensive to clients in clinical settings, and professional nurses are expected to be role models of good health practices. For these reasons, smoking prior to and during clinical learning activities is prohibited.

TRANSPORATION TO CLINICAL LEARNING ACTIVITIES
It is the responsibility of the DNP student to provide his/her own transportation to and from clinical sites.

USE OF CLINICAL SIMULATION, COMPUTER LABS AND GROUP STUDY ROOMS

1. No food or drinks are permitted in the simulation or computer labs.

2. Students should bring appropriate equipment and reference materials to all scheduled simulation lab activities (e.g., watch, writing materials, stethoscope, Eppocrates Plus, and other items specified by the faculty member or Clinical Simulation Lab Coordinator).

3. Students are responsible for cleaning up after themselves in all areas.

4. Students may use simulation manikins under the direct supervision of a faculty member or Clinical Simulation Lab Coordinator **only**.

5. Students should report any equipment problems to the Clinical Simulation Lab Coordinator.

6. Computers are for academic use only.

CLINICAL AGENCY'S POLICIES AND PROCEDURES

In order to safeguard students in the healthcare provider role and to protect patients, all students enrolled in the School of Nursing at Shepherd University will meet the following requirements.

All information must be submitted by April 1st for students admitted for the Summer, by August 1st for students admitted for Fall, unless otherwise informed.

The student is responsible for paying all costs. Students should keep copies of all information for their records.

1. **Physical Examination**
    a. Upon entrance into the DNP program, the student must submit proof of physical and emotional fitness to meet the core performance standards of the nursing program, including freedom from communicable disease, as attested to by a physician or nurse practitioner (form provided).
    b. DNP students may be required to submit an updated physical examination form if there is a change in their health status while enrolled in the program.
    c. DNP students will not be permitted to attend class, clinical, or campus learning lab until the completed Health Record is on file.   Absence in class, clinical, or campus learning lab due to an incomplete health record is considered an unexcused absence.

2. **Immunization Status**
Official documentation from a physician or nurse practitioner is required by specified date. A Health Records Verification (HRV) form will be provided to the student to be completed and uploaded on Typhon, the on-line immunization tracker.

    i. ***Diphtheria, Pertussis, and Tetanus (DPT) Immunization***.
    ii. ***Tetanus Booster*** within the last 5 years.
    iii. ***Tdap*** within the last 5 years or if Tetanus Booster was before January 2008.
    iv. ***Measles (Rubeola), Mumps, Rubella (MMR)*** – completion of a series of 2 immunizations. If born before 1957 or no official documentation of immunizations, the student is required to provide recent documentation of immune (IgG) antibody titers indicating immunity to Measles (Rubeola), Mumps, and Rubella (MMR). If titers show "no immunity" the student must begin the series immediately and contact the Program Clinical Coordinator.
    v. ***Polio vaccination*** (series of 4) or recent titers. If titers show "no immunity" the student must begin the series immediately and contact the Program Clinical Coordinator.
    vi. ***Varicella*** (Chicken Pox) Initial and booster immunization (at least one month apart) for Varicella. The student must upload documentation of recent immune (IgG) antibody titer if no official evidence of immunization.
    vii. ***Hepatitis B*** (series of 3) and documentation of immune antibody titer. The absence of Hepatitis B antibody titer shall be an indicator that the series needs to be repeated, not to exceed 2 full series. The post series Hepatitis B titer is to be done 2 months after the third dose. If the student has not completed the series, they must contact the Program Clinical Coordinator.
    viii. ***Hepatitis A*** (series of 2*)* and documentation of immune antibody titer. A non-immune titer indicates that the series needs repeated. A retest of the immune antibody titer would then be repeated.
    ix. ***An Annual Influenza Vaccine, and a PPD*** placed within the past year. If you do not have documentation of a PPD within the past year, a two-step PPD test is required. The second test is performed 2 weeks after the initial testing and the appropriate documentation is provided.
        1. If the student has a positive reaction or has a history of the BCG immunization, the PPD is not repeated. Upload a statement from the healthcare provider verifying chest x-ray results within the last 2 months and safe status to practice. An annual assessment must be performed by the healthcare provider and documentation uploaded for continued safe status for nursing practice.
        2. Returning students must upload proof of current PPD status prior to

their expiration date.

3. Failure of the student to maintain current PPD status will result in the student's inability to attend clinical learning activities and as such is considered a violation of the Standards of Professional Conduct and Safe Clinical Practice.

3. **CPR Certification**
   a. Official documentation (copy of front and back) of your American Heart Association Healthcare Provider CPR card must be uploaded in the online immunization tracker, Typhon.
   b. Returning DNP students must upload proof of current CPR status prior to their expiration date to the School of Nursing.
   c. Failure of the student to maintain current CPR status will result in the student's inability to attend clinical learning activities and, as such, is considered a violation of the Standards of Professional Conduct and Safe Clinical Practice.

4. **Criminal Background Check**
   a. DNP students are required by clinical agencies to undergo a criminal background check prior to clinical experiences. Felony convictions and some serious misdemeanors may preclude participation in clinical rotations. This could, in turn, prevent the completion of clinical course requirements and completion of the nursing program.
   b. In addition, the State of West Virginia Board of Examiners for Registered Professional Nurses requires that applicants for licensure undergo a criminal background check and answer the following question: *Have you ever been convicted of a felony or a misdemeanor or pled nolo contendere to any crime, had record expunged or been pardoned?* Any application that indicated a criminal history is considered a non-routine application and must be reviewed by the Board staff and possibly referred to the Board's Disciplinary Review Committee.
   c. Students will be provided with a West Virginia Card Scan Services Information Form and two (2) fingerprint cards upon acceptance in the nursing program.
   d. The fee for the background check is the responsibility of the student, and may vary depending on the agency that performs the background check. Further information will be provided to the student upon admittance about making arrangements to pay for the background check.
   e. If the background check indicates a criminal history, the clinical agency will be notified and will determine whether or not to allow the student to participate in the clinical experiences at that agency.
   f. If the student is unable to participate in the clinical experiences, the student will not be able to complete clinical course requirements, and therefore, will not be able to meet requirements for completion of the nursing program.
   g. Students who are charged with or convicted of any crime while enrolled in the nursing program must report this immediately to the Director of the School of Nursing. The student may be subject to dismissal, supervision, or lesser disciplinary sanctions depending on the type of crime.
   h. Results are reported to the Director, School of Nursing, who will store them in a confidential file.
   i. Students who have been out of the program for one semester or more will be required to complete another background screen prior to resuming their course work.
   j. If a report identifies a felony or misdemeanor, a student may be dismissed from the program for inability to fulfill the educational requirements of the curriculum.

5. **Drug Screening**

a. Test results are confidential, with disclosure of results provided only to the Director of the School of Nursing and persons evaluating qualifications for clinical placement or the academic standing within the program of study or university. Negative urine test results may be shared with clinical affiliate agencies in order to comply with health system policies. Disciplinary actions (e.g. immediate suspension) may be imposed without the customary mechanisms of academic warning and probation period if the drug screening is positive. Reports will be kept in confidential files in the Chair's office and separate from the student's academic file. Students who wish to review a copy of their test results will have online access through the selected agency. It is not the policy of Shepherd University to report drug screen results to law enforcement agencies. However, this does not preclude University officials from responding to lawful inquiries from law enforcement agencies. Positive test results for unlawful narcotics are reported to the Student Affairs Office for possible disciplinary action.

b. A Custody and Control Form for drug screening will be given to students prior to testing at an approved urine drug screen site determined by the agency. The form must be completed and a copy provided to the School of Nursing. Any false information contained on any forms pertaining to this policy will be grounds for dismissal from the program or denial of admission into the program. Students will complete the online process with the School of Nursing approved agency, pay for the test, and obtain a Custody & Control Form from the nursing administrator. The approved agency will provide the directions to the closest collection facility. The students will go to the collection facility to complete their drug test.

c. Once the drug test is complete, students may go online to the agency's website and retrieve a copy of their results. The Director/Chair will have online access to the students' results through an online username/password account.

d. In the event the drug results are inconclusive, repeat testing may be required at the student's expense unless the testing agency is at fault. In the case of a positive test, a Medical Review Officer (MRO) employed by the testing agency will interpret the results and contact the student for additional information regarding prescriptive medications. If the MRO determines this further investigation provides a negative result, no further action is required and the negative result is reported. If the further interpretation proves the results to be positive, the MRO notifies the student and the Director of the School of Nursing.

e. A student with a positive drug screen result will not be allowed to continue and/or participate in the clinical component of the program. If a drug screen is determined to be dilute, the student shall be retested, and the student will be counseled regarding dilute specimens. If a second drug screen is determined to be dilute, that shall be deemed a positive result for purposes of departmental action against the student. At the discretion of the Director/Chair, the student may be dismissed from the program, may be permitted to request referral for treatment and return to the program upon successful completion of a treatment program, or may incur other sanctions. If a student returns to the educational program after treatment, periodic drug screen monitoring may be required.

f. A dismissed student may appeal to the Dean, as provided for in the University Student Handbook.

g. Drug screen procedures given to student:
   1. Provided with policy and signs disclosure and consent form which is filed in the student academic record
   2. Must have negative drug screen prior to the clinical assignment
   3. Given information for online registration and payment for the screen
   4. Provided directions to lab testing site

5. Report to lab testing site within four hours of signing the disclosure and consent form
6. Collection of urine specimen
7. Sample processed and reported to online agency
8. Follow-up provided by MRO consult if needed.
9. Report made accessible through online reporting agency to Director, School of Nursing or his/her designee
10. Information shared with clinical agencies (negative results) or consultation with the Director, School of Nursing, results positive and appropriate action taken.
11. Random drug screen performed at student expense.

h. **PROHIBITED DRUGS**
The use of marijuana, opiates, cocaine, amphetamines, barbiturates, phencyclidine, benzodiazepines, methadone, propoxyphene, methaqualone, and any other controlled or illicit substances as prescribed by federal or state law are expressly prohibited. The only exceptions are for medications prescribed by a licensed physician or licensed provider which must be disclosed to the drug screening MRO if requested. Original prescription bottles must be provided or written verification from the prescribing authority.

i. Failure of a drug test (positive result for illicit substance) or refusal to cooperate with any aspect of this policy, of any health system or university policy on substance abuse, will result in disciplinary action up to and including dismissal, or denial of progression in the program study. In no case will a student be reassigned to another clinical agency of the basis of refusal to participate in drug screening.

j. Testing may be required if there is reasonable suspicion of substance abuse or at the clinical agency request.

6. **Health Insurance**
   a. DNP students will need to upload a copy of the front and back of their current health insurance card into the online immunization tracker, Typhon.
   b. If you are not currently covered under a health insurance plan you may want to check into a college student health insurance such as "The Sentry Student Security Plan." A brochure describing the coverage and cost may be picked up at Student Health Services or in the School of Nursing.
   c. Students must upload into Typhon a copy of their current health insurance card.
   d. Failure of the student to maintain current health insurance will result in the student's inability to attend clinical learning activities and as such is considered a violation of the Standards of Professional Conduct and Safe Clinical Practice.
   e. This information will enable the Administration to assist the student should injury occur in the clinical setting. Students are responsible for any cost incurred that is not covered by their personal health insurance. Shepherd University assumes no financial liability for an incident or injury that may occur during a clinical or laboratory experience.

7. **Professional Liability Insurance for DNP Students**
   a. Students will need to upload a copy of their current professional liability insurance policy into the online tracker located at www.typhongroup.net/shepherd.
   b. If you are not currently covered under a professional liability insurance certificate, you may want to check into Nursing Service Organization student coverage plan. Log on to www.nso.com and click on student FNP coverage.
   c. Students must upload a copy of their current professional liability insurance

certificate to the School of Nursing annually.

    d. Failure of the student to maintain a current professional liability insurance certificate will result in the student's inability to attend clinical learning activities and as such is considered a violation of the Standards of Professional Conduct and Safe Clinical Practice.

    e. Nursing students are covered in the clinical setting by insurance provided by the State of West Virginia. Details of this insurance coverage are on file in School of Nursing.

8. Licensure
Students must have an unencumbered RN license in WV or a compact state. If clinical practice occurs in a non-compact state, the student is required to have an unencumbered RN license for that state.

9. Incidents Occurring Onsite for Clinical
Course faculty and Preceptor will be aware of the policy and procedure of the clinical agency to which they are assigned. Any accident or injury requiring immediate attention will be treated at the nearest facility providing emergency care. Students will be covered under their personal health plan. Course faculty will submit a University Incident Report.

10. Exposure to Bloodborne Pathogens
If a student is exposed to a blood or body fluid pathogen, the student must notify the course faculty, preceptor, and the supervisor at the clinical site or the laboratory and the Program Director immediately. If the facility has an Employee Health Department, Clinical faculty or preceptor will escort the student to the department and follow the agency guidelines providing for immediate treatment. If there is no facility on-site, the nearest emergency department will be contacted and immediate treatment guidelines will be followed. The student must contact his or her personal health care provider for any necessary and required follow-up care.

11. Adherence to Clinical Agency Policies and Procedures
    a. It is the student's responsibility to understand and adhere to specific clinical agency policies and procedures. The clinical faculty member will provide agency orientation prior to the start of the clinical learning experience. Orientation will include student parking, provisions for student personal belongings, and computer access, if granted.

    b. Failure to comply with any clinical agency policy is a violation of the School of Nursing Standards of Professional Conduct and Safe Clinical Practice.

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GUIDELINES FOR DNP PRACTICUMS

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The DNP practicum will serve to provide an in-depth clinical experience for students to gain advanced clinical skills, link policy making with clinical systems, translate research into evidence-based practice and/or serve as change agents for health care.

DNP PRACTICUM
The American Association of Colleges of Nursing has mandated that all DNP graduates have completed at least 1000 hours of precepted post BSN clinical experiences in their specialty area. Most MSN programs and Advanced Practice certifications require 500 hours.

All DNP students at Shepherd University will complete at least 1080 precepted practicum hours post-BSN. DNP course faculty will create an individualized practicum plan with each student to

meet the goals and objectives of their clinical practicum. The practicum will be facilitated by a DNP prepared faculty member.

Expected outcomes of the practicum (NURS 632) are to:

1. Articulate successful negotiation of the experience with an agency or mentor
2. Summarize how the experience promoted achievement of specified program outcomes
3. Integrate the experience with past didactic work and the individual inquiry project

DNP PRACTICUM LOG
All clinical experiences must be recorded in the clinical log, Typhon, which includes verification of precepted practicum hours at particular sites with specific preceptors and the student's meeting of all DNP Essentials. At graduation the student must have recorded all required practicum hours and all essentials. This log will become part of the student's permanent file.

In order to prepare the log, each student must request through the FNP Program Coordinator that his/her site and preceptor be added to Typhon.

Following each semester in clinical immersion, each student must evaluate all sites and preceptors. Evaluation forms will be found in Typhon.

CALCULATION OF PRACTICUM HOURS
Students entering the Doctor of Nursing Practice program with a MSN or post MSN program must document the number of precepted practicum hours completed during their program. For students who cannot document the number of precepted practicum hours completed in their MSN or post MSN program, the minimum number of hours required by the certification body at the time of the student's advanced practice certification will be used, if applicable.   Students unable to document their precepted practicum hours or who do not have advanced practice certification will be required to complete Step 2 of the program.

Each student will complete 540 precepted practicum hours as part of their coursework in Step 3. Each student will be provided with 180 hours of practicum credit for implementation of the DNP project with the remaining 360 hours associated with DNP practicum.

All Shepherd University DNP students are required to complete a minimum of 540 hours of precepted practicum during the DNP program, even if they document 1080 hours or more of precepted practicum in their MSN program, or post MSN work.

One credit is equivalent to 60 practicum hours.
Master's prepared students must submit a letter from the educational program identifying the number of precepted clinical/practicum hours completed as part of their degree requirements. If a student does not have the required 540 clinical/practicum hours, they are required to take NURS 600 (Transition to Doctoral Practice) to obtain the necessary clinical/practicum hours prior to matriculation into the doctoral level course work.

Post-BSN precepted clinical/practicum hours will be accumulated during the practicum courses: NURS: 545 Primary Care-Women's Health (60 practicum hours); NURS 546: Primary Care-Pediatrics and Family (120 practicum hours); NURS 549: Primary Care-Gerontology (60 practicum hours); NURS 551: Primary Care- Adult I (120 clinical/practicum hours); NURS 552: Primary Care-Adult II (120 practicum hours); NURS 617: Vulnerable Populations Clinical (60 practicum hours); NURS 631 DNP Project (180 practicum hours); NURS 632 DNP Practicum (360 practicum hours), for a total of 1080 practicum hours.

Practicum to clock hour ratios in the DNP program are 1:4. Therefore, if a student needs to complete 300 hours of practicum experience, their total credits of clinical required will equal 5 credits.

PRECEPTORS
Faculty will work with students to identify potential practicum sites and preceptors. Initial contact with clinical sites and preceptors will be made by a faculty member.   The preceptor must be an expert in the area in which the DNP student wishes to develop expertise.   A current CV from the clinical preceptor must be provided to and approved by the respective FNP Coordinator during the semester prior to the beginning of the practicum experiences.

The DNP student is encouraged to select a preceptor outside of their current work environment. An exception may be made in large organizations, where the DNP student would be placed with a preceptor outside of the department or unit where they are employed. The organization, preceptor, faculty, DNP committee, and the DNP student must be clearly defined.   DNP students cannot be precepted by a person to whom they report or supervise in their workplace or by a spouse, significant other or family member. Failure to disclose this information will constitute academic dishonesty.

While increasing at a steady rate, there are currently few nurses prepared at the DNP level who can serve as the clinical preceptor for DNP students. Therefore, the clinical preceptor will not necessarily be a DNP prepared advanced practice nurse. Examples of persons who might fill the position of clinical preceptor include an advanced practice nurse or other professional with a doctoral degree; an advanced practice nurse with considerable experience and recognition as an expert in a particular clinical field; a MD with specialized training and experience; a nurse with a high level administrative position as the Director, Vice President, President, or CEO within a health care organization; a doctorally–prepared nurse educator; a nurse with an advanced business or other degree, etc. The clinical preceptor must hold a position in the organization where he/she can facilitate the DNP student's access to clinical services, organizational information, decision makers, and other personnel in order to meet the DNP student's clinical experience objectives during the practicum within the organization.

The clinical preceptor will assist the student in the clinical setting to achieve identified objectives. The Program Track Coordinator will collaborate with the student to develop an individualized plan to meet the goals and objectives of the practicum. Activities for practice hours are subject to faculty approval and periodic review. A written letter of agreement, signed by the student, faculty member, and the clinical preceptor that specifies the objectives to be attained, experiences and activities for which the student is responsible, the time commitment, and the deliverable product(s). Upon completion of the practicum courses, the faculty and/or coordinator – with input from the clinical preceptor – determines whether the objectives have been met satisfactorily. This evaluation is maintained in the student's record.

FACULTY, STUDENT, AND PRECEPTOR ROLES

Faculty, student, and preceptor roles are defined in the Preceptor Handbook**.**

AFFLIATION AGREEMENTS (CONTRACTS) FOR CLINICAL SITES
The School of Nursing has existing clinical contracts across West Virginia and other states. Students are also welcome to recommend additional clinical sites to the Program Track Coordinator. However, it may take 3-6 months to establish new contractual arrangements, so students should begin to work early with faculty to make those arrangements. There may be times where contractual arrangements are unable to be established. **Students may not**

participate in clinical internship/practicum in any agency in which there is not a current affiliation agreement.

CLINICAL PRACTICUM REQUIREMENTS

The Shepherd University Doctor of Nursing Practice Program shall direct its students and faculty to comply with the policies and procedures of any agency with which it has an agreement.

Prior to the beginning of any clinical practical experiences, the student will need to upload all documents into Typhon.

1. Copy of current unencumbered RN license (renewal screen print, as appropriate)
2. American Heart Association Healthcare Provider CPR certification
3. Current PPD (within the last 12 months and renewed annually; document induration)
4. Immunizations: Proof of
    a. DPT
    b. Tetanus booster
    c. TDAP booster
    d. MMR (proof of 2 doses or titer results)
    e. Polio (proof of 4 doses or titer results)
    f. Varicella (proof of 2 doses or titer results)
    g. Hepatitis B (proof of 3 doses or titer results or waiver)
    h. Hepatitis A (proof of 2 doses or titer results or waiver)
    i. Influenza (proof of annual immunization)
5. Proof of personal health insurance
6. Proof of Professional Liability Insurance
7. Current Criminal Background Check – Even though the student may have had a background check completed at the workplace, an additional check must be completed according to School of Nursing guidelines
8. Drug Screening - Even though the student may have had a drug screening completed at the workplace, an additional check must be completed according to School of Nursing guidelines.

Depending on the results of criminal background checks and drug screenings, students may not be able to complete their clinical practicum requirements for the DNP.

DNP PROJECT

OVERVIEW OF DNP PROJECT

According to the American Association of Colleges of Nursing (AACN), 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 clinical scholarly work. The DNP Project must be used to demonstrate mastery of the DNP curricular content. The DNP Project should demonstrate the student's ability to identify a practice or system related problem through clinical immersion, synthesize and critically appraise the evidence related to addressing that practice problem, negotiate within the system to implement evidence based change within an organization, implement that change, and systematically measure the results of the practice or system related change initiative. The DNP Project documents outcomes of the student's educational experiences, and summarizes the student's growth in knowledge and expertise. The DNP Project experience should serve as a foundation for leadership in future scholarly practice within the clinical setting.

The DNP project is intended to be an evidence-based project rather than to test new models, develop new theory, or test hypotheses; however, these projects might "generate new knowledge through innovation of practice change, the translation of evidence, and the implementation of quality improvement processes in specific practice settings, systems, or with specific populations to improve health or health outcomes" (AACN, 2015). Depending upon the student's area of emphasis or interest, the DNP project might include:

- Evidence-based intervention or change in initiative;
- Program development and/or evaluation;
- Implementation and evaluation of evidence-based practice guidelines;
- Policy implementation, analysis or revision;
- Formulating an in-depth case study;
- Improving quality of care or practice;
- Conducting a comprehensive systematic review to determine best practice;
- Developing a strategic plan for the delivery of healthcare clinical practice;
- Conduct financial analysis to compare care models and potential savings;
- Design and use databases to retrieve information for decision making, planning, and evaluation;
- Work with lay or professional coalitions to develop, implement, or evaluate health programs, such as health promotion, and disease prevention programs for vulnerable patients, groups or communities.

According to the American Association of Colleges of Nursing (2015) DNP projects should:

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

The project is designed so that each student develops an inquiry project proposal, receives IRB approval, and pilots implementation and evaluation of at least one strategy of the project.

The Project consists of:

1. Student identification of a systems-based problem within the student's area of concentration.
2. Implementation of an evidence-based solution to address the problem.
3. Evaluation of process and outcome objectives of the project.
4. Publically defend their DNP project.
5. Completion of a paper for publication in a peer-reviewed journal.

The student must successfully defend the DNP project in order to complete the requirements for their courses and the DNP degree. Upon completion of the project, the student is expected to disseminate the project outcomes. Dissemination modes include the final paper and a poster or slide presentation. Students are also encouraged to publish their work in a peer-reviewed

publication or deliver a peer-reviewed podium or poster presentation at a conference. The School of Nursing adheres to the current edition of the Publication Manual of the American Psychological Association regarding publication credit. Upon completion of the DNP Scholarly Project, the student will submit to ProQuest.

STEPS AND TIMELINE FOR PROJECT COMPLETION AND WORK WITH COMMITTEE
DNP students identify an inquiry within their practice area or their area of interest at the time of application or admission to the DNP program.   During the first semester, students work with faculty to begin exploring concepts and theoretical frameworks related to their inquiries while evaluating sources of evidence related to the practice problem. The inquiry will be further defined in the following semester as part of the student's research cognates (NURS 514 and NURS 516). With guidance from the student's project chair and team members the purpose of the inquiry will be developed based on the evaluation of the evidence, needs assessment, and overall project goals.   During the final two semesters of the program, the project will be implemented integrating economic, political, ethical, and legal factors as appropriate.   Evaluation of the outcomes of implementation and dissemination of findings complete the DNP project process.

Each semester students are expected to work with their committee to reach certain milestones in completing their DNP Project in order to graduate on time. The milestones are as follows:

	Development	Implementation	Evaluation
NURS 510	Students decide upon a general content area and begin to explore potential problems with that arena.		Formative evaluation by faculty regarding topic area.
NURS 512	Students begin to narrow the focus of the project and select and evaluate two middle range nursing theories which are applicable to their evolving project concept		Formative evaluation by faculty regarding topic area. Summative evaluation of theory selection and application
NURS 513	Students identify possible quantitative and qualitative approaches to the project		
NURS 518	Students practice writing grants for their evolving project and explore potential grant opportunities	At this point the project should be sufficiently developed that the student makes a reasoned decision for a Project Committee Chair. The student requests this faculty member to serve as committee chair.	
Fall/Spring second year	Student works with committee chair to continue to narrow and define topic	FNP student evaluates potential community members of the project committee.	DNP Project Proposal Plan (Appendix A) submitted by April 1st. Approved prior to beginning NURS 612.
NURS 612	Student decides upon final project and begins writing project proposal	Committee formalized. Student prepares IRB application for submission in early Fall semester.	The Project Proposal meeting may occur during either NURS 612 or NURS 614 with Committee Chair consent.
NURS 614	Project development complete	Student makes requested changes to IRB application and secures IRB approval.	The Project Proposal meeting takes place during this semester if not completed during NURS 612.
NURS 631		Project is completed by student and	The committee and director

		student presents the final oral defense.	approves the completed project. Narrative report submitted. IRB final report submitted.
NURS 632		Project is implemented, data analysis and evaluation are completed.	

DNP PROJECT COMMITTEE

The chairperson and committee members have the ultimate responsibility to assure quality of the DNP Project and the final document.   The chairperson, in consultation with the student and committee members, is responsible for guidance on all matters of design, content, data analysis and interpretation, and format for the DNP Project. Committee members are responsible for guiding the student in their area of expertise as it relates to the DNP Project. The committee is responsible for helping the student identify resources to format their project, particularly with regard to APA editorial standards.

The DNP Committee will consist of a minimum of three members, of which at least one:

- is a Shepherd University Nursing faculty;
- has relevant expertise in the student's clinical track;
- has graduate faculty status at Shepherd University;
- is a NP if serving on a committee for a student in the FNP track;

The student will identify potential committee members in collaboration with the Committee Chair, the FNP Program Coordinator, and the School of Nursing Director.

Project Committee Chair

The Project Chairperson must hold graduate faculty status and be a tenure-track faculty member of the School of Nursing.

The DNP Project committee chair acts as a channel of communication for the student within the university. The student is responsible for working with the Committee Chair to develop a learning contract each semester NURS 631 is taken. The chairperson is responsible for contracting with the student each semester regarding the specific aspects of the DNP Project. A negotiated time frame for the overall document should be constructed and a written contract or plan is recommended. The contract can be altered by mutual consent. The chairperson will submit a letter grade each semester that the student is registered for course NURS 631 (progression requirement; minimum of 4 credits or until course is completed).

DNP Committee Chairs are responsible to:

- Provide primary guidance and feedback to the student throughout project design, content, data analysis and interpretation, completion, defense preparations (proposal and final), and manuscript development in consultation with other committee members, where applicable;
- Work with the student to obtain IRB approval;
- Assist in the selection of committee members, where applicable;
- Determine when drafts of the manuscript are ready for submission to committee members for their review;
- Assure that all forms are completed and on file within the School of Nursing and School of Graduate and Professional Studies;

- Assure that the final IRB report is on file.

Committee Members
Other members of the Project Committee will include a University Faculty member with graduate status and one community member. The community member must hold at a minimum, a Master's Degree. Students must have a Shepherd University nursing faculty member who is an NP on the committee. It is highly recommended that the community member of the committee be selected from the organization or clinical site where the student will conduct the project. Collectively, the committee membership should reflect knowledge of project methodology, knowledge in the specific content area, and/or expertise in writing or statistical analysis.

Committee members are responsible to:

- Provide guidance as requested by the student or chairperson, related to any aspect of the project;
- Critically review the manuscript and completed project;
- Actively participate in committee meetings (as needed) as the project proceeds;
- Committee members must be present for proposal and final defenses;
- Committee members must sign the DNP Project Proposal Signature Form and the DNP Project Final Defense Signature Form.

The student must send an electronic copy of each community member's resume or vitae to the Project Chair and the DNP Program Coordinator for approval. The student is free to add additional members to the committee with the approval of the DNP Project Chairperson. Additional members of the committee will be nonvoting members. They will not sign signature forms.

Committee Changes
In the event of committee member changes, revisions are submitted to the School of Nursing DNP Office using the DNP Project Committee Change Form (Appendix I). Both the original and revised committee member sections must be completed. An explanation of the revision must be included. The DNP Project Committee Change Form is sent to the FNP Coordinator for approval. A copy will be placed in the student's file.

STUDENT RESPONSIBILITIES
As a DNP degree-seeking student, you must be responsive to the direction of the DNP Project Chair and committee members regarding all matters of content and quality of the DNP Project and formal paper. You are responsible for all format requirements and corrections, including APA format guidelines. Ultimately, it is the student's responsibility to know and to follow the established deadlines.

Students are responsible to:

- Obtain a DNP Project Committee chair by submitting the DNP Project Committee Chair Agreement (Appendix H);
- Complete the **DNP Proposed Project Plan form (Appendix I)**;
- Keep the faculty Committee Chair informed of progress/non-progress in completing the project;
- Submit all drafts of manuscript and completed project to the faculty Committee Chair for review;

- Submit drafts to committee members, when appropriate, after consulting with your faculty Committee Chair;
- Incorporate all feedback from the faculty Chair/committee members in subsequent drafts;
- **Allow 10 working days for faculty Chair to respond to drafts, revisions**, unless special arrangements have been made;
- Obtain editorial assistance if you have problems with grammar, punctuation, spelling, writing style, or APA formatting.
- Obtain IRB approval and ensure that the **final IRB report** is filed with the appropriate agencies;
- Assure that all necessary forms are on file with the School of Nursing DNP Office.

DNP PRACTICUM HOURS

The DNP Program Coordinator will establish practice partnerships for practicum placement. The practicum site may be a hospital, healthcare system, public health agency, primary care practice or other appropriate organization. The essential components of the practicum should focus on experiences that combine clinical practicum hours with scholarly activities to provide in-depth learning for the student and include scholarly activities. Practicum activities may be disqualified if not at an appropriate level for doctoral work, or consistent with the DNP Essentials.

The student is required to spend a minimum of 540 practicum hours (NURS 632) completing their DNP practicum. This is in addition to the time the student spends on credits associated with NURS 631 and other courses. Practicum hours must be documented in Sakai (DNP Project/Practicum Log—Appendix P) on a weekly basis for approval by the DNP Program Coordinator. Once approved, these hours must be uploaded into Typhon by the student.

All students are required to demonstrate accomplishment of the DNP Essentials through their coursework and practicum experiences. Attainment of the eight DNP Essentials will be documented by the student upon completion of the final semester (NURS 631 and 632) courses and filed in the official academic folder.

The following activities are some examples of time that can be applied toward project and practicum hours with approval of coordinator:

- Observational, meeting time with identified experts;
- Organizational planning meetings to determine goals/approached for project;
- Attending seminars, meeting with consultants related to project problem;
- Learning advanced practice skills appropriate to the DNP project;
- Evaluating and rating evidence for DNP project;
- Producing educational materials related to the DNP project;
- Identify or develop tools for assessment and evaluation related to the DNP project;
- Engaging in organizational work related to the DNP project;
- Engaging in policy development related to the DNP project;
- Poster, paper presentations of findings in agency or at conference;
- Staff in-services related to project implementation;
- Manuscript preparation;
- Completion of Fitzgerald's on-line FNP Certification review course and exit exam;
- Scholarly activities and professional development;
- Identifying a problem, population, and identifying project sponsors and key stakeholders;
- Completing a needs assessment and determining resources needed/available to complete the project;

- Demonstration of an understanding of the interdependence of policy and practice;
- Using best available evidence to enhance quality of care in clinical practice;
- Developing plans for comprehensive care management that address the multidimensional needs of patients presenting for advanced practice nursing care;
- Translating research and other forms of knowledge to improve practice processes and patient outcomes;
- Providing leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care teams, and policy makers) to improve health care;
- Applying knowledge of organizational practices and complex systems to improve health care delivery;
- Critically analyzing data and evidence for improving advanced nursing practice;
- Assuming complex and advanced leadership roles to initiate and guide change;
- Communicating practice knowledge effectively both orally and in writing;
- Contributing to the design of clinical information systems that promote safe, quality and cost effective care;
- Leading and advancing quality improvement of direct care for individuals and populations and health systems;
- Time spent in a clinical agency to evaluate a practice protocol, clinical guidelines, or process improvement;
- Time spent in formal skill building to develop, implement, or evaluate your scholarly project (such as tutorials, meetings, conferences, consultation with experts);
- Evaluating how organizational, structural, financial, marketing, and policy decisions impact cost outcomes, quality, and accessibility of health care;
- Applying clinical investigative skills for evaluation of health outcomes at the patient, family, population, clinical unit, systems, and/or community levels;
- Completing a needs assessment, implementing a change initiative, or disseminating evidence from inquiry to diverse audiences using multiple modalities;
- Time spent researching your area of specialization.

Practicum hours do not include:

- Time spent in seminars/conferences.
- Time spent traveling to and from seminars/conferences.

The following is required of the FNP student each semester of practicum:

- Develop practicum goals related to the DNP Essentials;
- Maintain a log in Typhon of time and clinical practicum hours;
- On-going self-evaluation relative to accomplishing the DNP Essentials;
- Student evaluation of his/her preceptors;
- Student evaluation of his/her clinical sites;
- Student will ensure that his/her preceptor(s) complete a mid-semester and/or final evaluation of student.

Timeline and Method of Evaluation
Every semester that the student is enrolled in NURS 631, the student should meet with his/her faculty Committee Chair (early in the semester) to develop a Learning Contract (Appendix K). Each semester that the student is enrolled in NURS 632, the student should meet with the faculty responsible for the course (early in the semester) to develop a Learning Contract. Each semester that the student takes NURS 631 or NURS 632, the student must register for the course.

Students must be enrolled in NURS 631 while working on their DNP project and during the DNP defense and submission of the final paper and IRB report. Students must be enrolled in NURS 632 while completing DNP Practicum hours. Preceptor/mentor evaluations must be completed at each site where DNP hours are completed. Appendix D provides a checklist for the DNP Project Proposal and Defense.

DNP PROJECT GUIDELINES

Step 1: Select DNP Project Committee Chair and Submit Appendix G.

Step 2: Develop DNP Proposed Project Plan with Committee Chair (Appendix H) and Obtain DNP Committee Chair approval. Student will submit signed Proposed Project Plan to School of Nursing Dean/Director.

Step 3: Obtain approval of DNP Project Proposal Plan from School of Nursing Dean/Director and DNP Program Coordinators.

Step 4: Write DNP Project Proposal (Chapters 1-3). Once approved by the DNP Project Chair, submit Proposal to Committee members.

Step 5: Develop DNP Project Proposal slides/presentation and obtain approval from DNP Project Committee chair.

Step 6: DNP Project Proposal Meeting
Prior to beginning the data collection and/or implementation phase of the DNP Project, doctoral students must pass an oral project proposal meeting.   The meeting is intended to determine if a student is prepared and qualified to begin work on the DNP Project.   In order to be eligible for the DNP Project Proposal, a student must have an appointed DNP Project Committee and have completed doctoral course work sufficient to prepare a DNP Project Proposal.

The exact timing of the DNP Proposal Meeting will be determined by the student in consultation with his/her DNP Project Chair.   During the DNP Proposal meeting, the DNP student will present formally and in writing, the DNP Project Proposal.   At least three weeks prior to the proposal defense meeting, the student should submit an electronic copy of their proposal slides to all committee members.

All members of the committee are expected to read the DNP Proposal, forward any clarification questions to the student and committee at least 72 hours in advance of the scheduled defense.

See Appendix C, D, E, and F for items to include in the written proposal.

The student and all committee members must attend the defense in person or via conference call (or similar format). The student will provide a 30-minute overview of their DNP Project Proposal and answer questions posed by the committee. The DNP Proposal meeting is closed to the public.

The proposal may be accepted in full, accepted with major or minor revisions, or rejected (Appendix L). In the case of major revisions or rejection, the student must develop a revised or new proposal and a subsequent re-defense meeting scheduled.

Students who do not meet all requirements of the DNP Proposal meeting will be allowed to retake these parts one time only. This decision is made by the student's DNP Project Committee and is based on the student's overall DNP program performance and the extent of the deficits on the

DNP Proposal meeting. The second DNP Proposal meeting should be scheduled so that sufficient time is provided to address weakness identified during the initial meeting.

The student is expected to revise his/her proposal prior to seeking IRB approval, to include any recommendations made by the Committee. A written copy of revised proposal is to be sent electronically to all committee members. When approved, the student moves to Step 7.

The DNP Project Committee will prepare a written evaluation (DNP Project Proposal Rubric Form) of the student's performance on the DNP Proposal meeting. The DNP Project Committee Chairperson completes the DNP Project Proposal Rubric Form and obtains committee signatures when the project proposal is approved. Once approved, the DNP Project Proposal Signature Form (Appendix M) must be signed by all Committee members and placed in the student's official academic file.

Step 7: IRB Approval

All DNP Projects conducted at Shepherd University must be in compliance with to a wide range of federal and state policies established to ensure ethical conduct in research. The IRB ensures respect, fairness and safety in human subjects' research. All DNP Projects should be submitted to the IRB at the clinical site (if applicable) as well as to the Shepherd University IRB for review and approval prior to beginning any project. This should be done following the Project Proposal defense. Be sure to work closely with your Chair during the IRB submission process. The student will serve as the Principle Investigator and the Chair as the Faculty Sponsor. Specific instructions for this can be found at http://www.shepherd.edu/irb.

Step 8: Project Implementation

Once the IRB approves the DNP Project, the student may enroll is NURS 631. The DNP student enrolls in NURS 631 and starts the official DNP Project. During this time, the student maintains frequent communication with the DNP Project Committee Chairperson. The student must register for a minimum of four (4) DNP Project credits by the end of the program (NURS 631 has a progression requirement; minimum of 4 credits or until course is completed).
Typically a DNP Project takes 3 – 6 months to complete.   Negotiation of the number of DNP Project credits that the student should register for each term occurs with the DNP Project Chairperson and is based on the amount of work anticipated each semester.

Step 9: Final Defense of Project

The primary purpose of the project defense is for the graduate student to demonstrate scholarship and synthesis of information regarding his/her project. DNP students should be ready to defend their DNP Project during their last semester in the program.

The DNP Project Final defense will be scheduled by the Committee Chair after all requirements for the DNP Project have been met, and Committee members agree that the Project is complete and ready to undergo defense.

The Final defense will be a formal presentation of the DNP Project followed by a question and answer period between the student and the DNP Project Committee. The formal presentation is open to the public. The question and answer period regarding the DNP Project is closed to the public and involves only the student and DNP Committee members. Students who do not complete the DNP project or do not pass the final defense of the project before completion of DNP program coursework are required to maintain registration in a minimum of one credit of coursework each semester until the final defense of the project is completed and approved by the DNP Project Committee.

Approval of the final defense of the DNP Project by the DNP Project Committee serves as documentation (Appendix O) 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 pass the final defense, the student must correct any deficiencies and meet again with the DNP Project Committee. Students are allowed to repeat the final defense once. If the student fails the comprehensive examination a second time, the student is dismissed from the DNP program.

The DNP Project Committee Chair completes the DNP Final Defense Form and obtains committee signatures. These forms are sent to the Director of the School of Nursing and to the Dean of Graduate Studies and Continuing Education. A copy is placed in the student's advising file.

The deadline for defending your DNP Project/Practicum is:
- April 1st—for students graduating in May;
- July 1st—for students graduating in August;
- November 1st —for students graduating in December.

Step 10: Submission of Final Written Report
The written DNP Project must be submitted electronically to all committee members at least three weeks prior to the Final Defense of the students' project. All members of the committee are expected to read the DNP Project and forward any clarification questions to the student and committee at least 72 hours in advance of the scheduled defense.

The written DNP Project is submitted in hard copy (once revisions are complete) to the Director, School of Nursing and Dean, Graduate Studies and Continuing Education. Students will also submit their paper electronically to the School of Nursing's ProQuest ETD Administrator submission site at http://www.etdadmin.com/shepherd. Shepherd University will be billed for one (1) copy of the paper. Evidence of submission to ProQuest must be provided prior to Director approving graduation.

Step 11: Submission of Final Report to IRB (refer to website)
A final report, Human Participants Final Closure Report, must be submitted to each IRB in order to close out the DNP project. A copy of the final report must be provided to the Chair of the DNP project and placed in the student's file.

The deadline for submitting the Final Closure report is:

- April 15th—for students graduating in May;
- July 15th—for students graduating in August;
- November 15th—for students graduating in December.

Step 12: Maintain DNP Project Data for Five (5) Years

These forms will be placed in student's file in the School of Nursing:
- DNP Project Committee Chair Agreement
- DNP Proposed Project Plan
- DNP Project Committee Change Form (if submitted by student)
- DNP Project Proposal Rubric
- DNP Project Proposal Signature Form

- DNP Project Final Defense Rubric
- DNP Project Final Defense Signature Form

Guidelines for Authorship

As a matter of professional integrity, DNP students list each major contributor as a co-author. Contributions by authors may include conception of the work, writing, data analysis and revision of the work.   Students who are developing a paper or other work for external review should confer with their DNP Chair before the work begins. These guidelines apply for ideas and papers submitted as part of course work and considered potentially publishable:

- Authorship may be a complex issue depending on whether the work was the idea of one person or multiple people and the type of contributions of each person;
- For student work developed with the support of a faculty member, the student will be first author and the faculty will be listed as second author;
- The order of co-author's names is important and varies depending on the journal and field of study.   In nursing, the order of author typically signifies the contributions of each author.   The order of authors should be agreed upon before the publication is developed;
- Some journals require authors to formally list the role of each author in the publication and provide guidelines about who should be included as an author based on their role in the publication;
- Most publications require authors to sign certain assurances about the originality and contributions of authors to the work presented, and certain laws protecting intellectual property apply.

Guidelines for Acknowledgement

Authors publicly thank those people and organizations that supported the work submitted for public presentation.

- Prior to acknowledging an organization or person, confer in advance with the person or organization whose name you intend to publicly recognize;
- Some organizations that provide grant funding will require acknowledgement and may have a preferred statement about how they wish to be acknowledged;
- Students publishing or presenting their DNP project as sole authors typically acknowledge the DNP committee and any funding sources.

References

American Association of Colleges of Nursing (2015). *The Doctor of Nursing Practice: Current Issues and Clarifying Recommendations.*

National Organization of Nurse Practitioner Faculties (NONPF) (2010). *Clinical Education Issues in Preparing Nurse Practitioner Students for Independent Practice: An Ongoing Series of Papers*. Washington, DC: National Organization of Nurse Practitioner Faculties.

National Organization of Nurse Practitioner Faculties (NONPF) (2012). *Nurse Practitioner Core Competencies. National Panel for NP Practice Doctorate Competencies*. Washington, DC: National Organization of Nurse Practitioner Faculties.

Appendix A

Template for Asking PICOT Questions

INTERVENTION

In _____(P), how does _____ (I) compared to

_____(C) affect _____(O) within _____(T)?

THERAPY

In _____(P), what is the effect of _____(I) compared to

_____ (C) on _____(O within _____(T)?

PROGNOSIS/PREDICTION

In_____(P), how does_____(I) compared to_

_____(C) influence_____(O) over_____

_____(T)?

DIAGNOSIS OR DIAGNOSTIC TEST

In _____(P) are/is _____(I) <u>compared</u> with

_____(C) more accurate in diagnosing _____(O)?

ETIOLOGY

Are_____ (P), who have _____ (I) compared with those

without _____(C) at _____ risk for/of

_____(O) over _____(T)?

MEANING

How do _____ (P) with _____ (I) perceive

_____ (O) during _____(T)?

Short Definitions of Different Types of Questions

Intervention/Therapy: Questions addressing the treatment of an illness or disability.

Etiology: Questions addressing the causes or origins of disease (i.e., factors that produce or predispose toward a certain disease or disorder).

Diagnosis: Questions addressing the act or process of identifying or determining the nature and cause of a disease or injury through evaluation.

Prognosis/Prediction: Questions addressing the prediction of the course of a disease.

Meaning: Questions addressing how one experiences a phenomenon.

Sample Questions:

Intervention: In African-American female adolescents with hepatitis B (P), how does acetaminophen (I) compared to ibuprofen (C) affect liver function (O)?

Therapy: In children with spastic cerebral palsy (P), what is the effect of splinting and casting(I) compared to constraint- induced therapy (C) on two-handed skill development (O)?

Prognosis/Prediction:
1) For patients 65 years and older (P), how does the use of an influenza vaccine (I) compared to not received the vaccine (C) influence the risk of developing pneumonia (O) during flu season (T)?
2) In patients who have experienced an acute myocardial infarction (P), how does being a smoker (I) compared to a non-smoker (C) influence death and infarction rates (O) during the first 5 years after the myocardial infarction (T)?

Diagnosis: In middle-aged males with suspected myocardial infarction (P), are serial 12-lead ECGs (I) compared to one initial 12-lead ECG (C) more accurate in diagnosing an acute myocardial infarction (O)?

Etiology: Are 30- to 50-year-old women (P) who have high blood pressure (I) compared with those without high blood pressure (C) at increased risk for an acute myocardial infarction (O) during the first year after hysterectomy (T)?

Meaning: How do young males (P) with a diagnosis of below the waist paralysis (I) perceive their interactions with their romantic significant others (O) during the first year after their diagnosis (T)?

Adapted from the PICOT Questions Template; Ellen Fineout-Overholt, 2006. This form may be used for educational & research purposes without permission.

Appendix B

Hierarchy of Evidence for Intervention Studies

Type of Evidence	Level of Evidence	Description
Systematic review or meta-analysis	I	A synthesis of evidence from all relevant randomized controlled trials.
Randomized controlled trail	II	An experiment in which subjects are randomized to a treatment group or control group.
Controlled trial without randomization	III	An experiment in which subjects are non-randomly assigned to a treatment group or control group.
Case-control or cohort study	IV	Case-control study: a comparison of subjects with a condition (case) with those who don't have the condition (control) to determine characteristics that might predict the condition. Cohort study: an observation of a group(s) (cohort[s]) to determine the development of an outcome(s) such as a disease.
Systematic review of qualitative or descriptive studies	V	A synthesis of evidence from qualitative or descriptive studies to answer a clinical question.
Qualitative or descriptive study	VI	Qualitative study: gathers data on human behavior to understand *why* and *how* decisions are made. Description study: provides background information on the *what, where*, and *when* of a topic of interest.
Expert opinion or consensus	VII	Authoritative opinion of expert committee.

Adapted with permission from Melnyk BM, Fineout-Overholt E., editors. Evidence-based practice in nursing and healthcare: a guide to best practice [forthcoming]. 2nd ed. Philadelphia: Walters Kluwer Health/Lippincott Williams and Wilkins.

Appendix C

Table XX: Sample of Literature Review Table

Author, Source, Year	Purpose Statement/ Research Question	Level of Evidence	Sample/ Setting	Study Design/ Conceptual Framework	Major Variables and Definitions (Type of Variable)	Instrument/ Measurement Reliability/ Validity	Findings	Implications for Practice
Cooke, Walker, Aitken, Freeman, Pavey, & Cantrill, *Scandinavian Journal of Caring Science* (2015)	The purpose of this pilot study was to evaluate the feasibility of testing an education intervention to improve self-efficacy in patients undergoing hip and knee replacement. (p. 74)	II	N = 82 Computer generated random assignment (p. 76) South East Queensland, Australia (p. 76)	Pilot randomized control trial design/single-blinded, parallel Marks and Allegrante self-efficacy work: behavior modification, improve self-confidence and foster problem solving (p. 76)	**Independent** • 20-30 min self-efficacy based education session, developed based on work of Marks and Allegrante • Took DVD home with them and asked to review DVD within 72 hours and work through the activities at home four times before admission for surgery. • RN called participants 72 hours after pre-op session and again in 2-3 weeks to support participation. Both groups received routine pre- and postoperative care **Dependent** • Pain • Anxiety – The State-Trait Anxiety Inventory • Self-efficacy • Pain Management • Health service and resource utilization – • Self-efficacy and relaxation and method utilization (p 76-77)	**Pain** – 0 to 11 scale, widely used as standard measure for pain **Anxiety – The State-Trait Anxiety Inventory** (STAI) Form Y, 20 items, Likert scale, score 20-80 with higher score higher anxiety levels, internal consistency alpha .86-.92, validity well established **Self-efficacy** – 10 item General Self-efficacy scale, 4 point Likert scale, score 10-40, strong reliability, stability and construct validity **Pain Management** – Total Quality Pain Management, 5 point scale, used and tested in number of studies **Health service and resource utilization** – survey developed, how often participants use	No significant differences between groups were noted in **Pain** – for all 5 points in time (p 80)* **Anxiety** – for all 5 points in time (p. 80)* **Self-efficacy** – for all 4 points in time (p. 80)* **Satisfaction with postop pain management** – 91%, 6.2% in routine care were dissatisfied, but no significant difference (p=.203) **Health service utilization** 6 weeks post discharge similar for both groups (p. 81) Routine care vs DVD group Saw GP 51% vs 57% Saw ortho 84% vs 78% Saw physiotherapist 89% vs 95% Had x-rays 27% vs 32% Independent 68% vs 60% *You should list each result. Since there were so many, I just made a general statement for some of them in this example.	Need to minimize data collection points which impact negatively on missing data and those lost to follow-up Pre-op education may encourage patients to be actively involved in postop recovery and outcomes.

						various resources for help with ADLs **Self-efficacy and relaxation and method utilization** – survey developed, frequency of patient engagement in activities Assessments occurred at 6 time periods: 2-6 weeks pre-op, day of surgery or day prior to surgery, 2 days after survey, morning of discharge, 10-14 days after discharge, 6 weeks after discharge (p 76-77)		

Author, Source, Year	Purpose Statement/ Research Question	Level of Evidence	Sample/ Setting	Study Design/ Conceptual Framework	Major Variables and Definitions (Type of Variable)	Instrument/ Measurement Reliability/ Validity	Findings	Implications for Practice
Mason, Mayer, Chien, Monestime, *The Qualitative Report*, 2017	The purpose of this qualitative study was to explore the lived experiences and perceptions of rural primary care physician and physician assistants related to overcoming barriers to implementing electronic health records (p. 2947)	VI	Population: Primary care providers & physician assistants Sampling: Purposive (p. 2946) Setting: rural area of southeast region of Missouri (p. 2944)	Phenomenology: face-to-face interviews (p. 2946) Complex adaptive systems (p. 2944-2945)	N/A	Interview guide: 6 open-ended questions. (p. 2954) Individual interviews were audio recorded, transcribed for analysis and formatted into matrices to uncover common factors (p. 2947) Interviews continued until data saturation met (p. 2947) Data analysis occurred using QSR NVivo in conjunction with the modified van Kaam method (p. 2947) Data outcomes were checked for consistency with CAS Theory (p 2948) Trustworthiness: Credibility: Purposive sampling; member checking; no discussion of peer debriefing or triangulation Transferability:	Four emergent themes were discovered: a. limitied finances to support EHRs b. health information exchange issues c. lack of business education d. lack of change management at rural medical practices (p. 2950) Recommendations: 1. EHR system protocol needs to be standardized. 2. EHR systems must be financially feasible for rural primary care clinics. 3. The development of healthcare delivery models should support individual healthcare populations unique to rural healthcare organizations. 4. Medical reimbursement should be geared towards an individual billing system and quality elements and not based soley on positive and negative outcomes of patient care. 5. Communication companies in rural areas should be mandated to improve the quality of Internet services to rural healthcare clinics. 6. Business courses should be part of the	Emergent themes may help the healthcare industry and healthcare leaders to understand that deficiencies exist under the ARRA, HITECH, and PPACA legislation (p. 2951) PCPs and physician assistants understand traditional business models do not work and need to change; however, solo practices cannot implement EHRs related to financial constraints (p. 2951) Increases in governmental healthcare regulation and lack of diffusion of information have increased PCP and physician assistants' frustration and uncertainty (p. 2951).

						Use of interview guide for additional studies; purposive sampling; provided samples of raw data	curriculum in medical school to help healthcare providers understand the business of healthcare. (p 2951)	
						Dependability: Use of NVivo; no discussion of reflexivity or auditor.		
						Confirmability: Not met (p. 2947-2951)		

Cooke, M., Walker, R., Atiken, L.M., Freeman, A., Pavey, S., & Cantril, R. (2016). Pre-operative self-efficacy education vs. usual care for patients undergoing joint replacement surgery: A pilot randomized controlled trial. *Scandavian Journal of Caring   Sciences,* 3(74), 74-82.

Mason, P., Mayer, R., Chien, W., & Monestime, J.P. (2017). Overcoming barriers to implementing electronic health records in rural primary care clinics. *The Qualitative Report, 22*(11), 2943-2955). Retrieved from http:// nsuworks.nova.edu/tqr/vol22/iss11/7

Appendix D

Table XX: Project Objectives and Timeline (Example)

Timeline/Objectives	Activities	Projected Completion Date	Organization/ Partner Collaborating With To Conduct Activity	Evaluation Plan (Measures used to assess satisfaction, project outcomes, benefits, etc.)
By date: June 10, 20XX Obtain approval from Director and Manager	*Meet with Manager and Director*	*June 20, 20XX*	*Manager Director Project Leader*	*Agreement for project given and approval letter obtained from Manager*

Appendix E

Table XX: Project Budget Plan (Example)

List funds requested for each category including a reasonable justification for expenses. Include total amount of in-kind donations, if any, for each category.		
Budget Categories	**Requested Funds (Student had to pay)**	**In-Kind Contributions by Name of agency/unit, etc. (someone else paid)**
ADMINISTRATIVE COSTS		
Administrative Costs Justification: *Hourly rate for each person involved in the project—salary and fringe benefits (25% of salary)* *Student is not counted—Project Leader and/or Project team if any*		
MARKETING COSTS		
Marketing Costs Justification: *Brochures, Flyers, Radio, Newspaper or internet ads, Posters*		
EDUCATIONAL MATERIALS/INCENTIVES COST		
Educational Materials/Incentives Cost Justification: *Booklets, Pamphlets, Handouts to participants*		
HOSPITALITY COSTS		
Hospitality Costs Justification: *Food, drinks, snacks (refreshments): $5.00 x 20 = $100.00* *Room cost = $25.00/hr x 2 hours = $50.00*		
PROJECT SUPPLIES COSTS		
Project Supplies Cost Justification: Pens, folders Paper and printing check list – 25 @ 0.10/each = $12.50 Paper and printing educational materials – 2 per pt. x 25 = 50 @ 0.10/each = $5.00		
PATIENT CARE COSTS		
Patient Care Cost Justification:		

TRAVEL EXPENSE COSTS		
Travel Expense Cost Justification: *Expense of student to travel back and forth. Student can only claim gas mileage.* *Other people involved in the project – air, hotel, gas mileage, food*		
DIRECT COSTS		
INDIRECT COSTS (what is agency rate) lights, electric, building		*32% on-site*
Sub-total COSTS		
Minus DNP SCHOLARSHIP		
TOTAL COSTS		

Appendix F

Table XX: Cost Benefit Analysis

Intervention (Each Change)	Cost of Intervention	Number of People Impacted	Benefits (Costs)	Goals/ Assumptions

Appendix G

Guidelines for Organizing & Formatting DNP Scholarly Project

Title Page (See page 71 for sample)

The title page is counted but not numbered. All lines should be centered

- Line 1, Type the title of the thesis study in **capital** letters; if longer than one line space down two spaces; centered at the top of the page
- Space 4 lines and type "by".
- Double-space and type the "student's name", in **capital** letters, in full as it will appear on the diploma.
- Space 6 lines, type "DNP Scholarly Project", in **capital** letters.
- Space 6 lines and type: "Submitted to"
- Space 1 line and type "in partial fulfillment of the requirements for the degree"
- Space 2 lines and type, in **capital** letters "Doctor of Nursing Practice"
- Space 4 lines and type "Shepherd University"
- Space 1 lines and type "School of Nursing"
- Space 4 lines and type "committee chair and credentials" first and last name and credentials (no periods only commas)
- Space 1 line and type "committee member and credentials" first and last name and credentials (no periods only commas)
- Space 1 line and type :committee member first and last name and credentials (no periods only commas)
- Space 4 lines and type MONTH "MAY, 20--" in **capital l**etters.
- Space 2 lines and type "Copyright and the year and First and Last Name"

Typeface and Font
Manuscript should be written in Times New Roman.
Font size should be 12. The font size may be reduced for captions on figures and tables.

Margins
The margins on the left side of all pages must be 1.5 inches. Top, bottom, and right margins should be 1 inch. All photographs, tables, charts, graphs, etc. must fit within these specified margins.

Signature Page

Dedication (if desired) i
- small roman numerals …... Only use first number of page where narrative begins

Acknowledgement (if desired) - small roman numerals ii

Abstract - small roman numerals... iii
A succinct report of the investigation is to be prepared. The abstract shall be no longer than 400 words in length and shall include the statement of the problem, aims, methods, pertinent findings, and conclusions. All formatting guidelines pertaining to the written project also pertain to the abstract.

Table of Contents - small roman numerals iv

Project Implications for Practice
Recommendations for Sustaining the Intervention
Dissemination of Findings Plan and Rationale
Summary

REFERENCES

APPENDICIES
Appendix A: Instruments
Appendix B: Letters of Agreement with Clinical Agencies (Sample letters for proposal)
Appendix C: IRB Approvals
Appendix D: Tables, Figures, and other documents as appropriate

TITLE OF PAPER IN ALL CAPITAL LETTERS IN MORE THAN ONE LINE SPACE

DOWN TWO LINES

by

STUDENT NAME (no credentials)

DNP SCHOLARLY PROJECT

Submitted
in partial fulfillment of the requirements for the degree of

DOCTOR OF NURSING PRACTICE

Shepherd University
School of Nursing

Committee chair Doris Burkey, DNP, APRN, FNP-BC
Committee member first and last name and credentials (no periods only commas)
Committee member first and last name and credentials (no periods only commas)

May, 20??

Keywords: Bereavement, Perinatal, Miscarriage

Appendix H

DNP Project Committee Chair Agreement

I _____ have met with _____ and have discussed my DNP project.   Following our discussion, I asked _____ to serve as Chair of my DNP Project Committee, and he/she agreed to do so.

_____   _____

Student Name   Date

I agree to serve as Chair of _____ DNP Project Committee.

_____   _____

Faculty Name   Date

The original will be placed in the student's file.

Appendix I
Shepherd University
School of Nursing

DNP Proposed Project Plan

Directions: The following information must be approved by the DNP Project Committee Chair and submitted to the DNP Coordinators meeting for approval. Approval must be obtained by April 1st prior to enrollment in NURS 612 (Translating Research Into Evidence-based Practice I). All information must be submitted in typed format.

Student Name:

Student SID:

Contact Information: E-mail: @rams.shepherd.edu

Phone:

Date of Proposed Project Beginning:

Proposed Project Topic:

Proposed PICOT (The following template should be used to assist in writing the PICOT question. https://www.aaacn.org/sites/default/files/documents/miscdocs/1e_PICOT_Questions_template.pdf) :

Significance of Proposed Project:

Operational Definitions:

Provide an Overview of the Project: (Include: five (5) references to support chosen intervention, objectives, sample, site, data collection methods – include copy of instruments/reliability and validity, method of data analysis)

Permission of Agency for Completion of Project: (attach letter)

What are the IRB Requirements of the Agency?

Project Committee Members: The DNP Project Committee will consist of a minimum of three members. The student will identify potential committee members in collaboration with the DNP Program Coordinator and the School of Nursing. All members of the committee should bring expertise in the nursing topic of interest, the methodology used in the project or other knowledge related to the project. A student in the FNP track needs to have a Shepherd University NP faculty member on their committee. A student in the leadership track needs a leadership faculty member on their committee.

The Project Chairperson must hold a graduate faculty status and be a member of the School of Nursing.

Proposed Committee Chair Name:

Proposed Committee Member Chair:

Rationale for selection of committee member:

The second committee member must be a Shepherd University faculty member.

Proposed Committee Name:

Rationale for selection of committee member:

The third committee member must be a community member with a minimum of a Master's degree. It is highly recommended that the community member of the committee be selected from the organization of clinical site where the student will conduct the project. The student must send an electronic copy of each member's resume or vitae to the Project Chair and DNP Program Coordinator for approval.

Proposed Committee Name:

Rationale for selection of committee member:

The DNP Project Committee Chair has reviewed and approved the DNP Project Proposal.

Signature of DNP Project Committee Chair: _____

Date: _____

DNP Coordinator Committee Review Feedback:

Reviewed on: _____

Feedback to DNP Student and Any Recommendations or Required Actions:

Project Proposal Plan Approved: _____

Signatures of Approval:

FNP Program Coordinator: _____ Date: _____

School of Nursing Director: _____ Date: _____

A copy of the approval will be (1) placed in the students' academic file; (2) provided to the DNP student; and (3) provided to the DNP Committee Chair.

Appendix J

**Shepherd University
School of Nursing**

DNP Project Committee Change Form

Name of Student: _____ **SID:** _____

Student E-mail: _____ @rams.shepherd.edu

Proposed DNP Project Topic:

Initial DNP Committee:

Chair: _____

Shepherd University Faculty Member: _____

Committee Member: _____

Proposed Revised DNP Committee:

Chair: _____

Shepherd University Faculty Member: _____

Committee Member: _____

Rationale for Change:

Signatures:

Student: _____ Date: _____

DNP Project Committee Chair: _____ Date: _____

Approvals: The request will be reviewed by the DNP Coordinators and Director, School of Nursing.

Request: Approved _____ Not Approved_____ Additional Information Needed _____

FNP Coordinator: _____

Director, School of Nursing: _____

Copy to be placed in: Student File in the School of Nursing.
Copy to be provided to the Student

Appendix K
Shepherd University
School of Nursing
Doctor of Nursing Practice/FNP

Learning Contract

This learning contract will be used for NURS 600, NURS 631, and NURS 632.

Course Title and Number: _____

Faculty:_____

Student Name: _____

Student Contact Information: Phone:_____
E-mail: _____@shepherd.edu

Preceptor: _____

Preceptor Contact Information: Phone:_____
E-mail: _____

Credits for Course: _____

Clinical/Practicum Hours Required: _____

Directions:

1. The student is responsible for developing their learning contact with input from their faculty member.
2. The student is responsible for obtaining approval of the learning contract within the first week of the semester in which the course is being taken.

Course Objectives:

At the end of the course the student will develop broad goals and identify relevant Doctoral Essentials and IPE competencies for each goal.

Objective(s)	Resources	Timeline	Evidence of Completion
Written in SMART (Single, Measurable, Attainable, Realistic, Time-Oriented) format.	Identify resources needed.	Identify when it will be completed.	Identify what evidence will be provided to show completion of objective.

Deliverables

The following is a list of deliverables for a grade of A and B. Failure to meet the deliverables will result in a grade of "F".

Deliverables for Grade of "A"	Deliverables for Grade of "B"
In order to obtain a grade of "A" in the course the student will need to:	In order to obtain a grade of "B" in the course the student will need to:

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

Student submits this form in Sakai. Once approved by Committee Chair, the student will upload to Typhon account. Committee Chair will stamp approval electronically in Typhon.

Appendix L
Shepherd University
School of Nursing

DNP Project Proposal and Final Project Checklist

This checklist is for the student and DNP Project Chair's use to ensure all elements of the project process are completed.

Goal Date	Actual Date	Item	Notes	Student Sign-off	Committee Chair Sign-off
		NIH Office of Extramural Research Training Course – Course completed	*Certificate placed in student's permanent file		
		DNP Proposed Project Plan Submitted	Due April 1st		
		DNP Proposed Project Plan Approved			
		DNP Project Proposal Approved for Distribution to Committee Members (Written Report)	Approved by Committee Chair		
		DNP Project Proposal Sent to Committee Members for Review	3 weeks prior to Defense		
		DNP Project Proposal Slides Submitted to Chair for Approval	2 weeks prior to Defense		
		DNP Project Proposal Slides Submitted to Committee once Approved by Chair	At least 1 week prior to Defense		
		DNP Committee submits Questions/Concerns to Chair	72 hours prior to Defense		
		DNP Project Proposal Defense			
		DNP Project Approved by Committee			
		DNP Project Proposal Defense Completion Form submitted to the School of Nursing	Submit signed form to School of Nursing Office		
		DNP Project Proposal Paper approved			
		IRB Application Revised and approved	Approved by Committee Chair		
		IRB Application submitted to Shepherd University IRB			
		IRB Application submitted to outside agency, if applicable			
		IRB Approval from Shepherd	*Begin DNP Project only after IRB approval		
		IRB Approval from outside agency, if applicable	*Begin DNP Project only after IRB approval		
		Implement DNP Project			
		DNP Project (Written Report) Submitted to Committee Chair for Review			
		DNP Project Approved for Distribution to Committee			

		Members (Written Report)		
		DNP Project Sent to Committee Members for Review	3 weeks prior to Defense	
		DNP Project Slides Submitted to Chair for Approval	2 weeks prior to Defense	
		DNP Project Slides Submitted to Committee once Approved by Chair	At least 1 week prior to Defense	
		DNP Committee submits Questions/Concerns to Chair	72 hours prior to Defense	
		DNP Proposal Defense		
		DNP Approved by Committee		
		DNP Project Defense Completion Form submitted to the School of Nursing		
		DNP Proposal Paper approved		
		Electronic and Hard Copy of Manuscript submitted to School of Nursing and Dean of Graduate Studies		
		Submission of Final IRB Report		

Appendix M
Shepherd University
School of Nursing

DNP Project Proposal Rubric

Student Name: _____

Title of Project: _____

Date: _____

Criteria	Met	Unmet	Comments
Introduction – Introduction clearly stated and discussed			
Problem Statement - Clearly stated and discussed			
Purpose/aims/objectives and PICOT - Clearly stated and discussed			
Background - Background and context of problem clearly stated and discussed			
Significance - Significance to health care, nursing and advanced practice clearly stated and discussed.			
System or Population Impact - System or population impact clearly stated and discussed.			
Concepts - Clearly identified and comprehensively defined.			
Framework - Conceptual framework clearly identified and comprehensively discussed in relation to purpose/aims/objectives/PICOT.			
Review and Synthesis of Literature - Synthesis of literature, strengths, weaknesses, gaps/limitations are addressed, integrated summary of the state of the evidence			
Methods and Procedures • Methods clearly support identified project and are comprehensive with logical flow. • Clearly identifies population, setting and participant recruitment.			
Data Collection Plan • Steps in plan clearly identified. • Instruments are comprehensively described and include reliability and validity. • Instruments appropriate to project.			
Data Analysis Plan • Plan for data analysis is appropriate to methods. • Plan for data analysis comprehensively described. • Plan for data storage appropriate.			
Resources/Budget Justification - Resources needed for project comprehensively identified and			

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proposed budget included and relevant.			
Presentation Design - Presentation well-organized.			
Slides - Slides are clear, succinct and demonstrate professional quality.			
Oral Presentation - Presenter has professional appearance and demeanor, is well-prepared and answers questions skillfully.			

Students must successfully meet all criteria before moving into Step 2 of the DNP Project.

Signatures:

_____   _____

DNP Committee Chair   Date

_____   _____

Faculty Committee Member   Date

_____   _____

Committee Member   Date

DNP Project Proposal Signature Form

This is to certify that _____ (SID: _____), a

DNP student in the School of Nursing, has successfully defended his/her DNP Project Proposal entitled

_____ and it has been approved for

implementation pending IRB approval.

Signatures:

_____   _____
DNP Committee Chair   Date

_____   _____
Faculty Committee Member   Date

_____   _____
Committee Member   Date

_____   _____
DNP Program Track Coordinator   Date

_____   _____
Director, School of Nursing   Date

DNP Project Final Defense Rubric

Student Name: _____

Title of Project: _____

Date: _____

Criteria	Met	Unmet	Comments
Introduction/Problem Statement/Purpose/Aims/Objectives/PICOT - Information is clearly stated and discussed. Introduction clearly stated and discussed.			
Background/Significance - Background and significance to healthcare, nursing, and advanced practice is clearly stated and discussed.			
System or Population Impact – system or population impact clearly stated and discussed.			
Concepts and Framework: • Concepts are clearly identified and comprehensively identified. • Conceptual framework clearly identified and comprehensively discussed in relation to purpose/objectives/ aims.			
Review and Synthesis of Literature: • Synthesis of literature includes strengths, weaknesses; and gaps/limitations are clearly described. • Comprehensive appraisal of evidence. • Evidence is synthesized.			
Methods and Procedures: • Methods clearly support identified project and are comprehensive with logical flow. • Implementation strategies identified and comprehensively discussed. • Data collection tools appropriate to design and comprehensively described. • Clearly identifies population, setting and participant recruitment. • Patient recruitment strategies and success are adequately described.			
Data Analysis and Results:			

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• Data analysis appropriate to design. • Results comprehensively described. • Tables and figures support the discussion. • Tables and figures are well designed.			
Relationship of Results to Framework, Aims/Objectives and Literature: • Results are clearly linked to the framework. • Results are clearly lined to problem aims/objectives and PICOT. • Results are linked to synthesis of literature.			
Strengths and Limitations/Gaps of Project - Strengths and limitations of project comprehensively discussed.			
Dissemination Plan and Rationale - Plans for dissemination of project comprehensively discussed with rationale.			
Future Implications for Practice - Future implications comprehensively discussed.			
Presentation Design - Presentation well-organized.			
Slides - Slides are clear, succinct and demonstrate professional quality.			
Oral Presentation - Presenter has professional appearance and demeanor, is well-prepared and answers questions skillfully.			

Students must successfully meet all criteria before completing the DNP Project.

Signatures:

_____   _____

DNP Committee Chair   Date

_____   _____

Faculty Committee Member   Date

_____   _____

Committee Member   Date

Appendix P
Shepherd University
School of Nursing

DNP Project Final Defense Signature Form

This is to certify that _____ (SID:_____), a
DNP student in the School of Nursing has successfully defended his/her DNP Project entitled
_____.

Signatures:

_____   _____
DNP Committee Chair   Date

_____   _____
Faculty Committee Member   Date

_____   _____
Committee Member   Date

_____   _____
DNP Program Track Coordinator   Date

_____   _____
Director, School of Nursing   Date

_____   _____
Dean, Graduate Studies and Faculty Affairs   Date

Appendix Q
Shepherd University
School of Nursing

DNP PROJECT/PRACTICUM LOG

Student Name: _____

The log must be typed and submitted on a weekly basis under the assignment tab of Sakai.

Week	Date	Hours	Expected Student Outcome	DNP Essential Standard	Interprofessional Core Competency	Focus of Clinical/Practicum Hours	How did this activity link to the course outcomes, QSEN, Interprofessional Core Competency and DNP Essential?

Cumulative hours for this week	
Cumulative hours for the course	

DNP Faculty Mentor Comments:

DNP Project Chair Approval Signature: _____   Date: _____

Student will upload form to Typhon. Committee Chair will 'approve' or 'not approve with revisions' electronically in Typhon.

At the end of the semester, each student is expected to have addressed each of the Expected Student Outcomes, *DNP Essentials*, and Interprofessional Core Competencies at least once.

Expected Student Outcome

Code for Expected Student Outcome	Expected Student Outcome
1	Teamwork and Collaboration
2	Informatics
3	Evidence-based Practice
4	Quality Improvement
5	Safety
6	Patient-centered care
7	Professionalism

Content Mapping of *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006)

Code for DNP Project/Practicum Log		The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006)
1	Standard I	Scientific Underpinnings for Practice
2	Standard II	Organizational and Systems Leadership for Quality Improvement and Systems Thinking
3	Standard III	Clinical Scholarship and Analytical Methods for Evidence-based Practice
4	Standard IV	Information Systems/Technology and Patient Care Technology for Improvement and Transformation of Health Care
5	Standard V	Health Care Policy for Advocacy in Health Care
6	Standard VI	Interprofessional Collaboration for Improving Patient and Population Health Outcomes
7	Standard VII	Clinical Prevention and Population Health for Improving the Nation's Health
8	Standard VIII	Advanced Nursing Practice

Core Competencies for Interprofessional Collaborative Practice, Interprofessional Education Collaborative, 2016

Code for DNP Project/Practicum		Content Mapping of Core Competencies for Interprofessional Collaborative Practice
1	Competency Domain 1	Values/Ethics for Interprofessional Practice
2	Competency Domain 2	Roles/Responsibilities
3	Competency Domain 3	Interprofessional Communication
4	Competency Domain 4	Teams and Teamwork

Appendix R
Shepherd University
School of Nursing

NURS 632: Preceptor Evaluation of FNP Student

The preceptor will complete an evaluation of the student twice during the practicum. Before beginning the evaluation, the preceptor will be asked to select which student they are evaluating, followed by the date of the evaluation period.

1. Is this a Mid-Semester or Final Evaluation?   (Answer Required)
    a. Mid-Semester
    b. Final

2. The mid-semester and final evaluation is based on the American Association Colleges of Nursing, *The Essentials of Doctoral Education for Advanced Nursing Practice (2006)* **and preparation for the role as a nurse leader. The evaluation provides feedback to students regarding their strengths and opportunities for growth. The faculty has established the following expected competency levels.**

Please evaluate the student's performance by scoring each criteria using the following criteria:

    5 = Mostly independent practice
    4 = Needs minimal direct supervision
    3 = Needs some direct supervision
    2 = Needs a lot of direct supervision
    1 = Omits element or achieves minimal competence even with assistance
    Scores of 1 or 2 require a comment.

3. Communication

Criterion	5	4	3	2	1
Effectively develops and sustains therapeutic relationships and partnerships with patients (individuals, family, groups) and other professionals to facilitate optimal care and patient outcomes					
Effectively participates as a member of a healthcare team in the development, implementation, and evaluation of practice models, peer review, practice guidelines, health policy, or standards of care. *(Essential II, IV, VI).*					
Effectively uses advanced communication to lead quality improvement and patient safety initiatives. *(Essential II, and VI)*					
Uses data bases, information technology and research methods to participate in data collection and analysis. *(Essential III, IV)*					

4. Clinical Judgment

Criterion	5	4	3	2	1
Assess the impact of practice policies and procedures on meeting the health needs of vulnerable population and/or health care delivery systems. *(Essential II, IV)*					
Evaluate, apply, and revise evidence-based practice protocols to promote quality improvement and patient safety initiatives. *(Essential II, III, IV, VI)*					

5. Patient-Centered Care

Criterion	5	4	3	2	1
Conduct a comprehensive and systematic assessment of health and illness in complex situations using diversity and culturally sensitive approaches *(Essential VIII)*					
Use analytical methods to design, implement, and evaluate best practice to meet current and future needs of patients and/or healthcare delivery systems. *(Essential I, II, IV)*					
Develop, implement, and evaluate interventions aimed at addressing health promotion/disease prevention, improved health status/care access, and/ or address gaps in the healthcare needs of vulnerable populations or healthcare delivery systems. *(Essential VII)*					
Demonstrate leadership on development of institutional, local, state, regional, national and/or international health policy. *(Essential V)*					
Assess cost-effectiveness of practice initiatives accounting for risk and improvement of health outcomes. *(Essential II)*					

6. Professionalism

Criterion	5	4	3	2	1
Effectively guide, mentor, and support other nurses to achieve excellence in advance nursing practice *(Essential VIII)*					
Advocate for social justice, equity and ethical policies within the healthcare delivery system. *(Essential V)*					
Advocate for the nursing profession within the healthcare delivery system. *(Essential V)*					
Educate and guide others through complex health and situational transitions.					

(Essential VIII)					

7. Comments (Scores of 1 or 2 require comments)

---

8. I have reviewed this evaluation with the student.

    Yes
    No
(Answer Required)

The Evaluation Results are not saved unless you press submit. Please submit the evaluation.

Thank You!

Shepherd University School of Nursing DNP Instructions and Check List

All of the following requirements must be met prior to your first clinical experience in NURS 540.   Purchase the Immunization/Clinical Log Tracker, Typhon at www.typhongroup.net/Shepherd, and upload all required documentation. **ALL uploaded documents must have a provider's signature**. Students are responsible for maintaining and keeping copies of all documents uploaded to Typhon.

REQUIREMENT	✓ COMPLETED
CPR CERTIFICATION	
- We **ONLY** accept the **AMERICAN HEART ASSOCIATION HEALTHCARE PROVIDER** course. - CPR must be current and remain current for the entire program.	☐ **COMPLETED** the American Heart Association Healthcare Provider Course (no other course is acceptable). ☐ **UPLOAD** copy to www.Typhongroup.net/Shepherd
HEALTH REQUIREMENTS VERIFICATION FORM	
Proof of **DPT** Immunization **Proof** of **TETANUS** Booster **Proof** of **TDAP** Booster (NOTE: If your last Tetanus Booster is more than 2 years old, a one-time TDAP Booster is required.)	☐ DPT date provided on HRV form. ☐ Tetanus Booster date provided on HRV form (if after 6/01/10), *OR* ☐ TDAP Booster date provided on HRV form (see NOTE).
MMR (Measles, Mumps, Rubella): **Proof** of two doses, or titer results	☐ 1ST MMR date provided on HRV form. ☐ 2nd MMR date provided on HRV form, ☐ Titer results provided on HRV form, **AND** upload a copy of titer results from lab.
POLIO immunization: **Proof** of four doses, or titer results NOTE: If you receive a polio titer, you must have titers drawn for polio types 1, 2, and 3 to prove true immunity.	☐ Polio vaccination date provided on HRV form, *OR* ☐ Titer results (Polio types 1, 2, & 3) provided on HRV form AND upload titer results from lab.
VARICELLA (chickenpox) immunization: **Proof** of vaccination (two dates), or titer results	☐ Varicella vaccination two dates required on HRV form, *OR* ☐ Titer results provided on HRV form **AND** upload titer results from lab.
HEPATITIS B immunization: **Proof** of three injections **HEPATITIS A** immunizations: **Proof** of two injections NOTE: If you have just begun the vaccine series, simply supply the records of the injections that you have had and continue the series during the Spring Semester. (You will be required to upload the record of subsequent injections to the Immunization Tracker as you receive them.)	☐ 1st injection date provided on HRV form. ☐ 2nd injection date provided on HRV form. ☐ 3rd injection date provided on HRV form, *OR* ☐ Titer results provided on HRV form **AND** upload titer results from lab, *OR* ☐ Student Waiver signed and dated on HRV form.
INFLUENZA immunization: **Proof** of annual immunization	☐ FLU Shot date provided on HRV form.
PPD (Tuberculin Test) – **READ CAREFULLY!** Have not had a PPD within last 12 months: You must do a 2-step PPD. Have had a PPD within the last 12 months: You may do a 1-step PPD. NOTE: If your PPD is current and you regularly keep your PPDs up to date, please upload copies of the records of your two most recent PPDs (with one being current) to the Immunization Tracker.	**2-step PPD:** ☐ 1st PPD date and result provided on HRV form (wait at least 2 weeks before receiving 2nd PPD). ☐ 2nd PPD date and result provided on HRV form. **1-step PPD:** ☐ Old PPD date (within last 12 months) and result provided on HRV form. ☐ New PPD date and result provided on HRV form (see NOTE). **All Students:** ☐ Physician/nurse practitioner signature and contact information provided on HRV form.

• **Document Induration (mm)**	☐ Reading results – Document Induration (mm). **If PPD is POSITIVE:** ☐ Chest x-ray date/result/recommendations/meds information provided on HRV form.
• **PHYSICAL EXAMINATION** **Proof** of physical exam given within 1 year of admission date to DNP program. (Physical exam date must be recorded on School of Nursing Health Requirements Verification form.)	☐ **COMPLETED** and **SIGNED** by physician or nurse practitioner on HRV form. ☐ **UPLOAD** HRV form and any immunization records to Typhon.
HEALTH INSURANCE	
• Proof of personal health insurance	☐ **UPLOAD** copy of personal health insurance verification into Typhon.
DRUG SCREENING	
• Go online to www.Castlebranch.com to purchase drug testing service in Hagerstown (SH01DT1). Pick up Control sheet from the DNP Admin. office **before** you go to Castle Branch.	☐ **COMPLETED;** return your Control sheet receipt to Melissa Palmer for uploading to Typhon and filing.
STATE AND FEDERAL CRIMINAL BACKGROUND CHECK	
• You must have Electronic fingerprinting *and* fingerprint hard cards made through MorphoTrust (located five doors down from Blue White Restaurant) at 121 N. Queen St., Martinsburg, WV 25401. • **Call MorphoTrust at 855/766-7746** or go online to www.identogo.com to set up your appointment. Select or provide the representative with this reason for the background check: '**WV Employer Record'** Select 'NO' for facility number, and select 'Not Listed' for facility name. Complete a separate request for EACH service—State Fingerprinting and Fingerprint Card. You will pay a total of $45.00--$32.50 for electronic scanning and $12.50 for cards.	☐ **COMPLETED** fingerprinting (Electronic AND Hard cards) at MorphoTrust. Paid $45.00 for both services. ☐ **COMPLETE** the Applicant Information Form (in orientation folder) for the Federal Background check. Return it with your completed fingerprint cards and money order made payable to the Treasury of the United States in the amount of $18.00. ☐ **DELIVER** fingerprint cards, $18.00 money order, and Applicant Information form to Melissa Palmer, Room 224, EOB Hall.
PROFESSIONAL LIABILITY INSURANCE	
• Go online to www.nso.com and click on "professional liability insurance" tab and click on "student nurse coverage" to purchase professional liability insurance.	☐ **COMPLETED** ☐ **UPLOAD** verification of coverage to Typhon
LICENSURE & CERTIFICATION	
• Students must have unencumbered RN license in the state of West Virginia • Upload any certifications you have received.	☐ **COMPLETED** ☐ **UPLOAD** license/certifications into Typhon
RESOURCES & INFORMATION	

• **Upload health forms and all other documents at:**
www.Typhongroup.net/Shepherd
• **Immunizations/CPR/Background Check Questions?**
Dr. Sharon Mailey, Director
School of Nursing
Shepherd University
Phone: 304-876-5344
E-mail: smailey@shepherd.edu
• **General Questions?**
Melissa Palmer, Administrative Secretary
Phone: 304-876-5282, mpalm02@shepherd.edu
	• **Low-cost immunizations:**
	  ▪ Jefferson County Health Department
	    1948 Wiltshire Road, Suite 1
	    Kearneysville, WV 25430
	    Phone: 304-728-8416
	  ▪ Berkeley County Health Department
	    800 Emmett Rousch Drive
	    Martinsburg, WV 25401
	    Phone: 304-263-5131
	• **American Heart Association**
	CPR Line: 1-800-242-4277
	www.americanheart.org

I have read, and agree to uphold the standards set forth in, the Shepherd University Doctor of Nursing Practice (DNP) Student Handbook.

Name
(Printed):_____

Signature: _____

Date: _____

Confidentiality Agreement for DNP Students – Statement:

As a DNP student at Shepherd University, I may have access to what this agreement refers to as "confidential information." Confidential information includes, but is not limited to, individually identifiable information concerning patients, families, communities, and the personnel at any agencies used by Shepherd University nursing students. It may also include financial information and other information related to any of these utilized agencies. I may learn of or have access to some or all of this confidential information through a computer system or through my learning activities.

Confidential information is valuable and sensitive and is protected by federal and state laws and regulations, as well as strict agency policies. I understand that I must comply with these laws and policies governing confidential information. I understand that any violation of these laws and policies will subject me to disciplinary action, which might include, but is not limited to, termination of access to the agency, dismissal from the nursing program, and potential legal liability.

In consideration of my access to confidential information as a nursing student, I agree and promise that I will use confidential information only as needed to perform my legitimate duties. This means that:

 A. I will only access confidential information for which I have a need to know.

 B. I will only disclose confidential information to those who have a right to know.

 C. I will only access and disclose confidential information in a manner that provides for privacy and security.

 D. I will **NOT**, in any way, divulge, release, sell, loan, review, alter, or destroy any confidential information except as properly authorized within the scope of my legitimate duties and agency policies.

 E. I will **NOT** photocopy or download any confidential information during my learning experience at Shepherd University.

 F. I will **NOT** misuse or carelessly care for confidential information.

 G. I will protect and will not release my security code, identification badge, or any other authorization I have that allows me to access confidential information in any of the agencies used by Shepherd University School of Nursing. I accept responsibility for all activities undertaken using my security code, identification badge, or other authorization.

I understand that my obligations under this agreement will continue after I leave the agency utilized for learning. I also understand that my privileges can be periodically reviewed by the agency or Shepherd University School of Nursing and that any of the agencies or Shepherd University School of Nursing or both may, at any time, revoke my security code, identification badge, or access to confidential information.

I understand that my access to any agency used for learning is contingent upon my adherence to the information stated above and my adherence to policy. I further understand that my failure to comply with this agreement or applicable laws and policies will result in dismissal from the nursing program.

Printed Name: _____ Signature: _____

Date: _____

Witness Signature: _____ Date: _____