# Dwight Schar College of Nursing and Health Sciences

Doctorate of Nursing Practice
Student Handbook
2019 - 2020

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**The College of Nursing and Health Sciences History**
The Ashland University Dwight Schar College of Nursing and Health Sciences heritage  is derived from the Department of Nursing at Ashland University.  The Department of  Nursing was established in 1980, offering a RN to BSN program for students with a  diploma or associates degree.  The department, established in 1980, provided an  opportunity for registered nurses to earn the Bachelor of Science in Nursing degree. The  RN-BSN program was accredited by National League for Nursing Accrediting  Commission (NLNAC) from 1986 through 2002 and received Commission on Collegiate  Nursing Education (CCNE) accreditation in May 2003.

MedCentral College of Nursing was formally established in 1997 and admitted its first  class of students in 1999.  The program was formally a diploma-based program, the  Mansfield General School of Nursing that began in 1919.  The program was accredited by  the Commission on Collegiate Nursing Education in 2003. In 2010, the MedCentral  College of Nursing was acquired by Ashland University.  At the time of their closure, 571  baccalaureate students had graduated from the MedCentral College of Nursing. With the  1,717 graduates from the Mansfield General Hospital School of Nursing, the total number  of graduates from 1922 forward was 2,288.

The Ashland University Department of Nursing and the MedCentral College of Nursing  became the Ashland University Dwight Schar College of Nursing.   At the time of the  acquisition, the MedCentral College of Nursing offered both a traditional BSN and an  accelerated second-degree BSN.  The Ashland University Department of Nursing offered  a fully on-line RN to BSN program, a school nurse licensure program, and a gerontology  certificate and minor.

In 2012, the University determined to add health sciences programs to the College.  Current programs in athletic training, dietetics, and exercise science were added to the  College, and in the fall of 2012, the College began actively pursuing opportunities in  interprofessional education.  The name of the College officially became the Dwight Schar  College of Nursing and Health Sciences.

**Doctor of Nursing Practice (DNP) Program**
The DNP prepares graduates who wish to focus their career on the application of  knowledge in advanced practice. Unlike the PhD program that focuses on the  generation of new knowledge in a dissertation, the DNP focuses on translating research into practice.

The BSN-DNP program consists of 77 credits and 4 years of full-time study (3 – 7 credits per semester) over 12 semesters. The BSN-DNP (HSL) program consist of 57 credit hours and 3 years of full time study (5 – 8 credits per semester) over 9 semesters The online format of the program allows for flexibility. The DNP Project is an integral part of the total program of  study as well as the culminating activity. The project represents an original  application of knowledge in the area of student specialization. The target benefits  of the intervention or innovation designed by the student would be beyond the  individual patient or family and focus more on institutions, patient populations or  communities.

The Post-Master's program consists of 32-38 credit hours and 2 years of full-time study (3-8 credits per semester) over 6 semesters.  The MSN-DNP (HSL) program consist of 49-57 credit hours and 3 years of full time study (3-7 credits per semester) over 9 semesters The online format of the program allows for flexibility, while cohorts will be required to participate in residency  requirements throughout the program. The DNP Project is an integral part of the total  program of study as well as

the culminating activity. The project represents an original application of knowledge in the area of student specialization. The target benefits of the intervention or innovation designed by the student would be beyond the individual patient or family and focus more on institutions, patient populations or communities.

## Ashland University Mission Statement

Ashland University, guided by our Christian heritage, is a comprehensive, private university that provides a transformative learning experience, shaping graduates who work, serve, and lead with integrity in their local, national, and global communities. The mission was adopted by the University Board of Trustees on January 29, 2016.

## Dwight Schar College of Nursing and Health Sciences Mission Statement

The mission of the College of Nursing and Health Sciences is to educate individuals to become health care professionals committed to health related practice, leadership, and service. The programs provide undergraduate and graduate education in health science professions. Our guiding values are integrity, caring, accountability, respect, and excellence. Our vision is to be the premier College of Nursing and Health Sciences in the Midwest, educating graduates to serve a global and diverse society.

## Department of Nursing Mission Statement

The mission of the Nursing Department is to educate individuals to become nurse leaders committed to evidence-based practice and service in a diverse and global society. Our innovative nursing programs embrace the college's ICARE values (integrity, caring, accountability, respect, and excellence), interprofessional collaboration, scholarship, and lifelong learning.

## DNP Program Purpose

The Doctor of Nursing Practice (DNP) is a practice-focused degree that prepares nurses to function at the highest level of practice for the current health care environment based on a strong scientific foundation for practice. Emphasis is on evidence-based practice, leadership, cultural competence, organizational analysis, and policy. Students prepare for roles in advanced nursing practice.

**The policies and procedures contained in this Handbook have been designed to assist you in your progression in the DNP Program. These policies set minimal standards for the rights and responsibilities of students and faculty. Students are expected to abide by all policies and standards established by the Program. The Nursing Department reserves the right to change program requirements without prior notice to reflect advances in the profession or changes in general university requirements. A student who withdraws from the DNP Nursing Program and is later re-admitted is subject to policies in effect at the time of readmission.**

# INTRODUCTION

**The following university documents are also to be used for reference for all other university issues:**

Ashland University Student Handbook
Ashland University Catalog

**DNP Program Student Learning Outcomes**

Upon completion of the DNP graduate program, the Family Nurse Practitioner student will be able to:

1. Implement nursing practice, including innovative approaches, based on scientific knowledge.
2. Evaluate health care policy and systems.
3. Plan for patient and family needs, anticipating their changing requirements, and ensuring patient comfort and safety in planning care.
4. Engage in interprofessional collaboration to meet the health needs of client systems in varied health care delivery systems.
5. Enhance the culture of safety in health systems through the application of information technologies.
6. Generate nursing practice knowledge to stimulate research and improve clinical outcomes.
7. Demonstrate professional values and ethical behavior in the advanced practice nursing role.
8. Assume specialized roles in advanced clinical practice.
9. Design culturally competent health services for vulnerable populations.

Upon completion of the DNP graduate program, the Health Systems Leadership student will be able to:

1. Implement best practice to improve health care and health systems using analytical methods.
2. Assume leadership positions at the systems level, integrating nursing science with organizational leadership and ethics.
3. Design, implement and evaluate quality improvement projects in health care systems to promote safe, effective and efficient patient centered care.
4. Evaluate health care policy and systems that provide care for individuals, communities and populations.
5. Engage in interprofessional collaboration to promote health, reduce risk and improve outcomes in varied health care delivery systems.
6. Enhance the culture of safety in health systems through the application of information technologies.
7. Improve patient outcomes locally, nationally, and globally through research and health policy.
8. Practice professional values and ethical behavior in nursing leadership.
9. Design culturally competent equitable health services for vulnerable populations.

**DNP Program Curriculum**

The program curriculum is developed in accordance with the mission, goals, and expected student outcomes. The degree offered is a doctor of nursing practice with two tracks of study: Family Nurse Practitioner (FNP) and Health Systems Leadership (HSL). Individuals who complete the program are conferred the doctoral degree of Doctorate of Nursing Practice (DNP) through the University. They are then eligible to sit for family nurse practitioner certification through the American Nurses Credentialing Center, the American Association of Nurse Practitioners to attain the title of Family Nurse Practitioner-Board Certified (FNP-BC) or the executive nurse leader certification through the American Nurses Credentialing Center to attain the title of Executive Nurse Leader-Board Certified (ENL-BC).

The DNP curriculum was developed in alignment with the Ashland University mission, the purpose of the Ashland University Graduate School, and the DNP Program Outcomes. Courses in the DNP program include core courses in advanced practice, or health systems leader, and core DNP courses. Students enter the program via two pathways, the BS/BSN to DNP or the MS/MSN to DNP. All FNP students complete the core DNP courses; advanced practice core and FNP core courses are additionally required for entrance at the BSN entry level; and FNP and DNP courses are required for master's prepared nurses who do not hold FNP certification and desire certification in this population focus. Students entering the HSL track will complete the core DNP courses and the core HSL courses. Students who are certified in another population foci and are returning to complete the DNP are required to complete the DNP core courses and any other courses where there may be deficiencies once the gap analysis of their transcript is completed.

Two points of entry to the DNP program (BS/BSN-DNP and MS/MSN-DNP) allow students flexibility for successful program completion. Curriculum guides for each of these tracks can be found on the Dwight Schar College of Nursing and Health Sciences/DNP Website.

**Academic Program Progression/Completion**
A BSN to DNP student is required to satisfy the DNP degree requirements within 5 years from the semester in which the student completes the first course in their specialty track (i.e. (NUR 9210 or NUR 9575). An MSN to DNP student is required to satisfy the DNP degree requirements within 5 years from the semester in which the student completes the first course for the degree.

All students are expected to follow the approved program plan. Students are required to be continuously registered for credit each semester from admission through graduation. If a student is unable to register for a class for a semester, an official leave of absence must be requested and approved by the DNP Program Director in order to maintain a place in the program.

**Assessment and Evaluation**
In striving for academic excellence in nursing education, the nursing program has a Comprehensive Program Evaluation Plan (CPE) that seeks in part to gather relevant feedback in reference to curriculum, support services, governance and quality of teaching/clinical instruction.

This ongoing process necessitates occasional surveys and questionnaires, which, although not a part of the instructional program, are designed to collect the feedback that is essential to the assessment process. Completion of these surveys and questionnaires, when part of the college's assessment plan, are expected of all students, faculty, professional staff and administration as part of their professional responsibilities.

Faculty, teaching assistants, and preceptors will be evaluated by students at the end of each course, clinical, and laboratory experience as appropriate for the individual course. Additionally, Department Chairs will conduct evaluations of faculty and teaching assistants within their departments according to University policies. These evaluations are for the purpose of (1) assuring the educator provides pedagogically sound teaching and learning experiences in course, clinical, and laboratory experiences, and (2) assuring the educator provides experiences that facilitate student accomplishment of course outcomes.

**Chemical Impairment**
The University and the Nursing Department is committed to providing compassionate and proactive assistance for chemically impaired or co-dependent students and their families and to afford students, who are not legally restricted and are no longer chemically impaired, the opportunity to continue their education without stigma or penalty, and to protecting society from harm that impaired students could cause.

The Nursing Department defines chemical impairment as a chronic, progressive illness which involves the use of alcohol and/or other drugs/chemicals to a degree where it interferes in the normal functional life of an individual as manifested by health, family, job, legal, financial and/or emotional problems. Students may be suspected of improperly using or abusing drugs or alcohol on the basis of one or more of the following:

- Possession of an illegal substance
  Conviction of a drug-related crime
- Theft of a drug product of abuse potential
- Chemical impairment at school or a school-sponsored function
- Unexplained decrease in class attendance or academic performance that may be related to chemical substance abuse.
- Concern expressed by a faculty member, staff member, fellow student, preceptor, other health professional, police authority, or others regarding possible chemical substance abuse.
- Positive urine drug screen on a routine drug test or required urine screen for a specific clinical placement site.

If a nursing student is aware that he or she is impaired by substance abuse, he or she has the responsibility to seek assistance for diagnosis and treatment. Assistance can be obtained through the University Health Service.

A student suspected of chemical impairment may be confronted by a faculty or staff member or administrator and referred to the Dean of the College. If the student is unwilling to seek assistance or go for drug screening upon request at the expense of the Nursing Department, the student will be dismissed from the Nursing Program. Student confidentiality will be maintained at all times.

**Formal Complaint**
*Purpose:*
Provide a policy and procedure for filing a complaint arising from a person(s) internal or external to the Dwight Schar College of Nursing and Health Sciences. All information regarding the complaint shall be kept confidential. Those investigating a complaint may only discuss it with those individuals who are immediately involved in the dispute. If the College of Nursing and Health Sciences deems a complaint to be "inappropriate" under this policy, the person submitting the complaint will be notified of a more appropriate avenue to pursue for resolution.

*Definitions:*
"Appropriate" complaint: defined as a noted dissatisfaction with any application or interpretation of a work process, policy or procedure at the College of Nursing and Health Sciences other than academic integrity issues (undergraduate - Ashland University Student Code of Conduct (*See Ashland University Student Handbook*); graduate – Student Appeal Policy (*See Ashland University Graduate Catalog*).

Internal Constituents: defined as the College of Nursing and Health Sciences students, faculty, administration and staff; Ashland University community.

External Constituents: external agencies (including clinical agencies and other providers of goods and services), prospective students to Ashland University and/or the College of Nursing and Health Sciences, the general public (including patients served as part of a clinical experience).

*Process:*
- Ashland University Dwight Schar College of Nursing and Health Sciences students will submit a written complaint, concern or improvement suggestion using the online reporting link: *https://www.ashland.edu/student-affairs/content/speak-up-online*
- All external constituents will submit a written complaint, concern or improvement suggestion using the online reporting link: *https://www.ashland.edu/conhs/content/college-nursing-health-sciences-contact-form*
- A College of Nursing and Health Sciences designee shall respond to the complaint (internal or external) in writing within ten (10) working days of its receipt. If additional time is needed to respond to the complaint, the person filing the complaint will be notified.
- If resolution of the complaint cannot be achieved at the college-level, the situation will be taken to the university administration to receive input for resolution.

**Grade Policy**
DNP students must maintain a minimum cumulative grade point average (GPA) of 3.0 and must achieve a "B-"grade or higher in all courses. If a student's Cumulative GPA falls below 3.0 the student may be placed on academic probation and is subject to dismissal. (See Graduate School Academic Probation/Dismissal Policy.)

"C+" grades or below are not acceptable. Courses in which these grades have been earned must be repeated during the next semester in which the course is offered. If a student subsequently receives two unacceptable grades, the student will be dismissed from the Program

**Grade Scale**
The Nursing Department adheres to the following system of letter grades and quality points.

| Grade | Percentage Points | Quality Points |
|-------|-------------------|----------------|
| A | 100 - 94 | 4.00 |
| A- | 93 - 90 | 3.67 |
| B+ | 89 - 87 | 3.33 |
| B | 86 - 84 | 3.00 |
| B- | 83 - 80 | 2.67 |
| C+ | 79 - 77 | 2.33 |
| C | 76 - 74 | 2.00 |
| C- | 73 - 70 | 1.67 |
| D+ | 69 - 67 | 1.33 |
| D | 66 - 64 | 1.00 |
| D- | 63 - 60 | 0.67 |
| F | 59 - 0 | 0.00 |

**Clinical Course Grades**

The following courses have associated clinical coursework where the students must receive a grade of satisfactory ('S') in the clinical coursework only, along with a passing 'B-' or above in the didactic portion of the course if appropriate to progress. These courses include:

- NUR 9230 Advanced Health Assessment
- NUR9830 Residency I
- NUR9840 Residency II
- NUR9310 Primary Care I
- NUR9320 Primary Care II
- NUR 9321 Primary Care II
- NUR9330 Primary Care III
- NUR9340 Primary Care IV
- NUR 9341 Primary Care IV
- NUR 9575 Healthcare Organization
- NUR 9576 Healthcare Organization Clinical
- NUR 9577 Managing the Healthcare Organization
- NUR 9578 Managing the Healthcare Organization Clinical
- NUR9579 Improving the Healthcare Organization
- NUR 9582 Improving the Healthcare Organization Clinical
- NUR 9581 Healthcare Organization, Leadership, Management and Communication/Clinical

**Grammarly®**

Grammarly® is an automated grammar tutor and revision tool for academic writing. A web-based application, Grammarly® works one-on-one with a student to develop sentence-level writing skills, prevent plagiarism, and reinforce proper revision habits.

Students are required to upload writing assignments to Grammarly® for each required nursing course. Students will receive immediate instructional feedback on over 150 points of grammar and double-check if all sources are properly cited. Prior to submitting final papers, students must achieve an average score of 85% before the assignment can be submitted for a grade. This report must be provided to the faculty member. Failure to do so will result in a "0" grade on the assignment.

Students can obtain their Grammarly® Report by downloading a pdf version, located on their Grammarly® dashboard, to save. This report must be submitted as an attachment with final paper. Students must upload their report as instructed by faculty.

Student's access to Grammarly®

- Go to https://www.grammarly.com/edu/signup. Enter their name, Ashland e-mail account, and their preferred password to sign up for a Grammarly account.
- Check incoming email (Inbox and spam folder) for a confirmation email and click the link inside to verify e-mail. It will redirect student to the right page for the next step;
- On the new page, please apply the access code mvNZPY6ozRkZea9h

**On-Campus Requirement**

All DNP students are required to be available for residency requirements during their program of study. The first on-campus residency requirement is Doctoral Week. Doctoral Week is scheduled during the **first semester of the program** following admission and preceding matriculation in the DNP Program for new cohort. All newly admitted DNP students are required to attend the DNP Doctoral week.

Other on-campus residency is scheduled during NUR 9231 Advanced Health Assessment and Health Promotion and NP specialty core courses. **A minimum of one semester advanced notice will be provided for residency requirements.**

**DNP On-Site Clinical Experience**

The College of Nursing and Health Sciences will be working with local healthcare organizations to provide on-site clinical experiences to DNP Students starting with Primary Care I and continuing each semester through Primary Care IV. Required attendance will provide approximately 40 hours of clinical experience. These clinical hours will count toward your required clinical hours for each one of the four Primary Care courses. Students will receive their schedule prior to the start of each semester. While request may be made and will try to be accommodated, it is the student's responsibility to ensure the clinical time is completed each semester at the designated time. Evaluations of this clinical experience are under the same guidelines as the other clinical hours

**Online Discussion Board Confidentiality**

All online discussion boards must adhere to current HIPAA regulations as well the Code of Ethics for Nurses related to confidentiality. Pseudonyms must be used for all persons and/or institutions/agencies in your postings. Breach of patient or institution/agency confidentiality will constitute grounds for dismissal from the nursing programs. Access is limited to course faculty and students enrolled in the course. However, occasionally guest speakers or other Nursing Department faculty members may access discussion boards for specific purposes. Students will be notified in advance if this is planned.

**Program of Study/Program Plan**

Newly admitted students, prior to first registration, will have their program of study sent to them by the DNP Program Director. Subsequently, students who are registering according to their program of study do not need to obtain approval each semester. All students are expected to follow the program plan provided for their respective specialty. Failure to follow the plan may result in substantial delay in program progression.

A student who wishes to make a change in his or her program of study must contact the DNP Program Director for approval to make any changes before being permitted to register. Only after the DNP Program Director approves the changes of the program of study will registration be permitted.

**Standards of Professional Conduct**

In accord with the 2015 American Nurses Association's (ANA) Code of Ethics for Nurses with Interpretive Statements (Code for Nurses), which explicates the goals, values, and ethical precepts that direct the profession of nursing, standards of professional conduct for graduate students of nursing at Ashland University College of Nursing and Health Sciences are defined herein. During enrollment in the nursing graduate programs, all students are expected to abide by the ANA Code of Ethics for Nurses with Interpretive Statements. These standards apply both on campus and during all program and University off campus experiences, including all course-related practice, online and electronic communication and research activities.

http://www.nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses

Faculty and administration of the College of Nursing and Health Sciences consider violations of professional conduct to be serious. While it is recognized that "to err is human," errors of judgment, failure to demonstrate professional behavior, lack of preparedness and safe practice, incivility (verbally, behaviorally, or in writing, directly or indirectly through a third party), and lack of responsibility as expressed in absence and lateness reflect overall lack of professional comportment.

Dependent upon the nature of the violation, disciplinary action may be applied to an individual violation. In addition, an annual review of accumulated violations may be judged to reflect a pattern of behavior inconsistent with professional conduct and lead to dismissal.

The DNP program follows the academic integrity policy that is posted on the registrar's site. https://www.ashland.edu/administration/sites/ashland.edu.administration/files/academic_integrity_policy_gr.pdf

**Transfer Credit**

A maximum of nine (9) graduate level credits from an accredited college or university may be transferred toward completion of the requirements for the Doctor of Nursing Practice (DNP) degree. Official transcripts certifying graduate level courses completed at another institution prior to admission to Ashland University should be submitted at the time of application and will be evaluated by the DNP program director for acceptability as transfer credit. Transfer credit will only be accepted for courses in which a grade of B (3.0 on 4.0 scale) or higher has been received. Courses taken over 5 years (over 2 years for APN core courses) prior to admission may not be accepted. All FNP Core courses must be taken at Ashland University.

The student is responsible for initiating the request for transfer credit. The student must:
1. Submit the transfer Credit Form, the transcript, and course syllabi for each course they wish to receive credit to the Office of Graduate Admission with the application.
2. The Office of Graduate Admissions will forward the application and materials to the DNP Program Director for review and approval.
3. Students will be notified in writing regarding approved transfer credit.
4. Approved transfer credit and the student letter will be forwarded to the Administrative Assistant for Graduate Programs for inclusion in the student file and processing with the Office of Records and Registration.

**Withdrawal from University/Termination of Attendance**
If a student is registered for class(es) but will not be attending, written notification of intention not to attend must be submitted to the DNP Program Director <u>before the first day of class</u>. Students who do not officially withdraw from class or from semester enrollment are subject to university policy which may include financial consequence.

When officially withdrawing from the University ON OR AFTER THE FIRST DAY OF CLASS of the semester, a student receives a refund of part of the tuition charged for the semester in accordance with University policy.

**Written Paper Guidelines**
Papers and manuscripts submitted for DNP program courses must be prepared according to the Publication Manual of the American Psychological Association (APA), most current edition. The Publication Manual of the APA provides a uniform and reasonably simple method of format and style to be used when writing scholarly papers. Originally designed by APA for papers submitted for publication in its journal, the APA style has become the accepted method for writing papers.

## PROGRAM REQUIREMENTS

**Academic Regalia and Commencement**
A student may purchase or rent academic regalia through the University bookstore. Academic regalia must be ordered according to the specifications as determined by the DNP Program. Please be sure to place order at the beginning of the semester in which graduation is anticipated so that it will be shipped in enough time.

At the commencement exercises, the student carries their hood in the academic procession. When the student name is read, the Chair of the student's DNP Project Committee will escort them to the stage and will place the hood over the graduate's head before the diploma is received.

**Computer Requirement**
Students enrolled in the program should view the University Information Technology site to determine the minimum computer specifications that are acceptable for the program. Coursework is offered in an on-line format, therefore students' computers must meet these minimum specifications.
https://www.ashland.edu/administration/information-technology/Computer%20Configurations%20-%20Graduate-Undergraduate

**Continuing Licensure**
DNP Program students must maintain an unencumbered professional nursing license throughout their enrollment in the DNP Program. DNP Program applicants are to submit proof of their current unencumbered professional nursing license/recognition to the Admissions Representative with the initial application packet. Thereafter, students must submit their unencumbered professional nursing licensure verification upon renewal to the DNP Program Director. Students are responsible for notifying the Director of any changes in licensure status.

## Course Fees

| Course fees are billed the term the course is taken. | |
|---|---|
| **Course Number/Title** | **Course Fee** |
| NUR 9210 Advanced Pathophysiology I | $200 |
| NUR 9211 Advanced Pathophysiology II | $200 |
| NUR 9220 Advanced Pharmacology I | $200 |
| NUR 9221 Advanced Pharmacology II | $200 |
| NUR 9230 Advanced Health Assessment & Promotion I | $300 |
| NUR 9231 Advanced Health Assessment & Promotion II | $300 |
| NUR 9310 Primary Care I | $300 |
| NUR 9320/NUR 9321 Primary Care II | $300 |
| NUR 9330 Primary Care III | $300 |
| NUR9340/NUR 9341 Primary Care IV | $300 |
| NUR 9520 Epidemiology and Biostatistics | $95 |
| NUR 9530 Research Methods & Evidence-Based Practice | $95 |
| NUR 9540 Healthcare Informatics | $95 |
| NUR 9550 Healthcare Delivery, Quality and Safety | $100 |
| NUR 9560 Health Policy and Advocacy | $95 |
| NUR 9570 Principles of Practice Management | $95 |
| NUR 9576 Health Care Organization Clinical | $150 |
| NUR 9578 Managing Health Care Org – Financial Clinical | $150 |
| NUR 9580 Interprofessional Seminar | $95 |
| NUR 9582 Improving Health Care Org – Clinical | $150 |
| NUR 9810 Scholarly Project I | $95 |
| NUR 9820 Scholarly Project II | $95 |
| NUR 9830 Residency I | $95 |
| NUR 9831 MSN-DNP Residency | $190 |
| NUR 9840 Residency II | $95 |

**ADDITIONAL EXPENSES**
Online Technology Fee per Online Course: $15 per credit hour
Textbooks and Clinical Travel as required by College

## Remote Proctoring

Academic Integrity is a requirement in all graduate courses. To ensure integrity with on-line testing, while maintaining the flexibility that is desired in the on-line courses, remote proctoring will be required in Primary Care I NUR 9310, Primary Care II NUR 9321, Primary Care III NUR 9330 Primary Care IV NUR 9341, Advanced Pathophysiology NUR 9210 and NUR 9211, Advanced Pharmacology NUR 9220 and NUR 9221, and Advanced Health Assessment and Promotion NUR 9230 and NUR 9231. These are the only courses that are required to have remote proctoring. Remote proctoring is optional for quizzes and is required for mid-term and final examinations. Lead faculty will review the results of the remote proctoring. The academic integrity policy will be followed for any breaches in integrity.

Students are responsible to ensure their computer meets the requirements of the software company for testing purposes. Students may come to the College of Nursing for testing if prior arrangements are made.

**FNP Comprehensive Qualifying Exam**
The purpose of this examination is to determine the student's readiness to sit for the Family Nurse Practitioner (FNP) national certification examination.

During the last year of the DNP program, students will be required to take a certification review course. Upon completion of the review course, students will then be required to take the comprehensive qualifying examination. Student will be notified of the date for the on site examination one semester prior to testing. The first test will be offered one semester prior to the semester of graduation. Students will have two attempts within two semesters to successfully pass the qualifying examination. If students are not successful after the second attempt the student along with the Program Director and faculty advisor must develop an individualized plan of remediation, which will include a second review course and online practice examination testing. Students will not be certified to sit for the national certification examination until they have successfully completed the qualifying examination or remediation. Students are responsible for the cost of the original examination and all retakes.

**Degree Requirements for Graduation**
A candidate for the Doctor of Nursing Practice program must have:
1. Completed all of the course requirements according to the DNP Grading Policy and have a minimum cumulative grade point average (GPA) of 3.0 on a 4.0 scale.
2. Successfully completed the DNP Project.

Eligibility for graduation is determined by the DNP Program Director at the end of the semester preceding the semester of graduation. Students who are eligible for graduation will receive information on the Application for University Degree as well as additional information concerning graduation from the DNP Program Director by the beginning of the final semester of study.

**Graduate Recognition Ceremony**
The Graduate Recognition Ceremony held by the Nursing Department is designed to celebrate the accomplishment of each student upon completion of degree requirements, as confirmed by the AU Registrar's office and College of Nursing and Health Sciences Dean. Doctor of Nursing Practice students completing degree requirements will be presented with their doctoral hood and the College nursing pin.

**Notification of Change Regarding Program Policies**
Policies regarding progression or program completion are part of the student's incoming year of admission/readmission catalog and do not change while the student is enrolled in the program.

The process of notifying students regarding program policies that do not effect progression or program completion include:
1. Students will be sent email notification by the Department Chair, Program Director, Program Coordinator and/or Dean.
2. Students have access to the Program Student Handbook that is updated/revised annually on the MyAU Portal.

**Sigma Theta Tau International, Honors Society for Nursing (STTI)**
Rho Nu-at-Large is the Ashland University chapter of STTI. STTI was founded in 1922 at Indiana University and today is a global organization with almost 500 chapters on college campuses in 13 countries. Global members are linked by a common vision that participation in a community of nurses committed to the application of knowledge, leadership, and service will improve the health of people worldwide.

The Ashland University chapter honors students majoring in nursing who have demonstrated superior achievement and leadership qualities. Membership is by invitation, based on criteria set in the STTI bylaws. Students who have completed half of the major requirements are eligible for membership by ranking in the top 35% of those in the class who have earned a minimum 3.0 GPA in Ashland University courses. Community nurse leaders whose nursing practice reflects the values of the honor society are also inducted.

Rho Nu-at-Large was chartered in 2001, and re-chartered to establish partnerships with other colleges of nursing in 2009 (MedCentral) and 2013 (Mount Vernon Nazarene University).

**Essential I: Scientific Underpinnings for Practice**

The practice doctorate in nursing provides the terminal academic preparation for nursing practice. The scientific underpinnings of this education reflect the complexity of practice at the doctoral level and the rich heritage that is the conceptual foundation of nursing.

The discipline of nursing is focused on:
- The principles and laws that govern the life-process, well-being, and optimal function of human beings, sick or well;
- The patterning of human behavior in interaction with the environment in normal life events and critical life situations;
- The nursing actions or processes by which positive changes in health status are affected; and
- The wholeness or health of human beings recognizing that they are in continuous interaction with their environments (Donaldson & Crowley, 1978; Fawcett, 2005; Gortner, 1980).

DNP graduates possess a wide array of knowledge gleaned from the sciences and have the ability to translate that knowledge quickly and effectively to benefit patients in the daily demands of practice environments (Porter-O'Grady, 2003). Preparation to address current and future practice issues requires a strong scientific foundation for practice. The scientific foundation of nursing practice has expanded and includes a focus on both the natural and social sciences. These sciences that provide a foundation for nursing practice include human biology, genomics, and science of therapeutics, the psychosocial sciences, as well as the science of complex organizational structures. In addition, philosophical, ethical, and historical issues inherent in the development of science create a context for the application of the natural and social sciences. Nursing science also has created a significant body of knowledge to guide nursing practice and has expanded the scientific underpinnings of the discipline. Nursing science frames the development of middle range theories and concepts to guide nursing practice. Advances in the foundational and nursing sciences will occur continuously and nursing curricula must remain sensitive to emerging and new scientific finding to prepare the DNP for evolving practice realities.

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

**Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking**

Organizational and systems leadership are critical for DNP graduates to improve patient and healthcare outcomes. Doctoral level knowledge and skills in these areas are consistent with nursing and health care goals to eliminate health disparities and to promote patient safety and excellence in practice.

DNP graduates' practice includes not only direct care but also a focus on the needs of a panel of patients, a target population, a set of populations, or a broad community. These graduates are distinguished by their abilities to conceptualize new care delivery models that are based in contemporary nursing science and that are feasible within current organizational, political, cultural, and economic perspectives.

Graduates must be skilled in working within organizational and policy arenas and in the actual provision of patient care by themselves and/or others. For example, DNP graduates must understand principles of practice management, including conceptual and practical strategies for balancing productivity with quality of care. They must be able to assess the impact of practice policies and procedures on meeting the health needs of the patient populations with whom they practice. DNP graduates must be proficient in quality improvement strategies and in creating and sustaining changes at the organizational and policy levels. Improvements in practice are neither sustainable nor measureable without corresponding changes in organizational arrangements, organization and professional culture, and the financial structures to support practice. DNP graduates have the ability to evaluate the cost effectiveness of care and use principles of economics and finance to redesign effective and realistic care delivery strategies. In addition, DNP graduates have the ability to organize care to address emerging practice problems and the ethical dilemmas that emerge as new diagnostic and therapeutic technologies evolve.
Accordingly, DNP graduates are able to assess risk and collaborate with others to manage risks ethically, based on professional standards.

Thus, advanced nursing practice includes an organizational and systems leadership component that emphasizes practice, ongoing improvement of health outcomes, and ensuring patient safety. In each case, nurses should be prepared with sophisticated expertise in assessing organizations, identifying systems' issues, and facilitating organization-wide changes in practice delivery. In addition, advanced nursing practice requires political skills, systems thinking, and the business and financial acumen needed for the analysis of practice quality and costs.

The DNP program prepares the graduate to:
- Develop and evaluate care delivery approaches that meet current and future needs of patient populations based on scientific findings in nursing and other clinical sciences, as well as organizational, political, and economic sciences.
- Ensure accountability for quality of health care and patient safety for populations with whom they work.
  - Use advanced communication skills/processes to lead quality improvement and patient safety initiatives in health care systems.
  - Employ principles of business, finance, economics, and health policy to develop and implement effective plans for practice-level and/or system-wide practice initiatives that will improve the quality of care delivery.

- ▪ Develop and/or monitor budgets for practice initiatives.
- ▪ Analyze the cost-effectiveness of practice initiatives accounting for risk and improvement of health care outcomes.
- ▪ Demonstrate sensitivity to diverse organizational cultures and populations, including patients and providers.
- Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the health care organization, and research.

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

Scholarship and research are the hallmarks of doctoral education. Although basic research has been viewed as the first and most essential form of scholarly activity, an enlarged perspective of scholarship has emerged through alternative paradigms that involve more than discovery of new knowledge (Boyer, 1990). These paradigms recognize that (1) the scholarship of discovery and integration "reflects the investigative and synthesizing traditions of academic life" (Boyer, p.21); (2) scholars give meaning to isolated facts and make connections across disciplines through the scholarship of integration; and (3) the scholar applies knowledge to solve a problem via the scholarship of application (referred to as the scholarship of practice in nursing). This application involves the translation of research into practice and the dissemination and integration of new knowledge, which are key activities of DNP graduates. The scholarship of application expands the realm of knowledge beyond mere discovery and directs it toward humane ends. Nursing practice epitomizes the scholarship of application through its position where the sciences, human caring, and human needs meet and new understandings emerge.

Nurses have long recognized that scholarly nursing practice is characterized by the discovery of new phenomena and the application of new discoveries in increasingly complex practice situations. The integration of knowledge from diverse sources and across disciplines, and the application of knowledge to solve practice problems and improve health outcomes are only two of the many ways new phenomena and knowledge are generated other than through research (AACN, 1999; Diers, 1995; Palmer, 1986; Sigma Theta Tau International, 1999). Research-focused doctoral programs in nursing are designed to prepare graduates with the research skills necessary for discovering new knowledge in the discipline. In contrast, DNP graduates engage in advanced nursing practice and provide leadership for evidence-based practice. This requires competence in knowledge application activities: the translation of research in practice, the evaluation of practice, improvement of the reliability of health care practice and outcomes, and participation in collaborative research (DePalma & McGuire, 2005). Therefore, DNP programs focus on the translation of new science, its application and evaluation. In addition, DNP graduates generate evidence through their practice to guide improvements in practice and outcomes of care.

The DNP program prepares the graduate to:
- Use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice.
- Design and implement processes to evaluate outcomes of practice, practice patterns, and systems of care within a practice setting, health care organization, or community against national benchmarks to determine variance in practice outcomes and population trends.
- Design, direct, and evaluate quality improvement methodologies to promote safe,

timely, effective, efficient, equitable, and patient-centered care.
- Apply relevant findings to develop practice guidelines and improve practice and the practice environment.
- Use information technology and research methods appropriately to:
  - Collect appropriate and accurate data to generate evidence for nursing practice.
  - Inform and guide the design of databases that generate meaningful evidence for nursing practice.
  - Analyze data from practice.
  - Design evidence-based interventions.
  - Predict and analyze outcomes.
  - Examine patterns of behavior and outcomes.
  - Identify gaps in evidence for practice.
- Function as a practice specialist/consultant in collaborative knowledge-generating research.
- Disseminate findings from evidence-based practice and research to improve healthcare outcomes.

## Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care

DNP graduates are distinguished by their abilities to use information systems/technology to support and improve patient care and healthcare systems, and provide leadership within healthcare systems and/or academic settings. Knowledge and skills related to information systems/technology and patient care technology prepare the DNP graduate to apply new knowledge, manage individual and aggregate level information, and assess the efficacy of patient care technology appropriate to a specialized area of practice. DNP graduates also design, select, and use information systems/technology to evaluate programs of care, outcomes of care, and care systems. Information systems/technology provide a mechanism to apply budget and productivity tools, practice information systems and decision supports, and web-based learning or intervention tools to support and improve patient care.

DNP graduates must also be proficient in the use of information systems/technology resources to implement quality improvement initiatives and support practice and administrative decision-making. Graduates must demonstrate knowledge of standards and principles for selecting and evaluating information systems and patient care technology, and related ethical, regulatory, and legal issues.

The DNP program prepares the graduate to:
- Design, select, use, and evaluate programs that evaluate and monitor outcomes of care, care systems, and quality improvement including consumer use of health care information systems.
- Analyze and communicate critical elements necessary to the selection, use and evaluation of health care information systems and patient care technology.
- Demonstrate the conceptual ability and technical skills to develop and execute an evaluation plan involving data extraction from practice information systems and databases.
- Provide leadership in the evaluation and resolution of ethical and legal issues within healthcare systems relating to the use of information, information technology, communication networks, and patient care technology.

- Evaluate consumer health information sources for accuracy, timeliness, and appropriateness.

**Essential V: Health Care Policy for Advocacy in Health Care**

Health care policy—whether it is created through governmental actions, institutional decision making, or organizational standards—creates a framework that can facilitate or impede the delivery of health care services or the ability of the provider to engage in practice to address health care needs. Thus, engagement in the process of policy development is central to creating a health care system that meets the needs of its constituents. Political activism and a commitment to policy development are central elements of professional nursing practice, and the DNP graduate has the ability to assume a broad leadership role on behalf of the public as well as the nursing profession (Ehrenreich, 2002). Health policy influences multiple care delivery issues, including health disparities, cultural sensitivity, ethics, and the internationalization of health care concerns, access to care, quality of care, health care financing, and issues of equity and social justice in the delivery of health care.

DNP graduates are prepared to design, influence, and implement health care policies that frame health care financing, practice regulation, access, safety, quality, and efficacy (IOM, 2001). Moreover, the DNP graduate is able to design, implement and advocate for health care policy that addresses issues of social justice and equity in health care. The powerful practice experiences of the DNP graduate can become potent influencers in policy formation. Additionally, the DNP graduate integrates these practice experiences with two additional skill sets: the ability to analyze the policy process and the ability to engage in politically competent action (O'Grady, 2004).

The DNP graduate has the capacity to engage proactively in the development and implementation of health policy at all levels, including institutional, local, state, regional, federal, and international levels. DNP graduates as leaders in practice arena provide a critical interface between practice, research, and policy. Preparing graduates with the essential competencies to assume a leadership role in the development of health policy requires that students have opportunities to contrast the major contextual factors and policy triggers that influence health policy-making at the various levels.

The DNP program prepares the graduate to:
- Critically analyze health policy proposals, health policies, and related issues from the perspective of consumers, nursing, other health professions, and other stakeholders in policy and public forums.
- Demonstrate leadership in the development and implementation of institutional, local, state, federal, and/or international health policy.
- Influence policy makers through active participation on committees, boards, or task forces at the institutional, local, state, regional, national, and/or international levels to improve health care delivery and outcomes.
- Educate others, including policy makers at all levels, regarding nursing, health policy, and patient care outcomes.
- Advocate for the nursing profession within the policy and healthcare communities.
- Develop, evaluate, and provide leadership for health care policy that shapes health care

financing, regulation, and delivery.
- Advocate for social justice, equity, and ethical policies within all healthcare arenas.

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

Today's complex, multi-tiered health care environment depends on the contributions of highly skilled and knowledgeable individuals from multiple professions. In order to accomplish the IOM mandate for safe, timely, effective, efficient, equitable, and patient- centered care in a complex environment, healthcare professionals must function as highly collaborative teams (AACN, 2004; IOM, 2003; O'Neil, 1998). DNP members of these teams have advanced preparation in the interprofessional dimension of health care that enable them to facilitate collaborative team functioning and overcome impediments to interprofessional practice. Because effective interprofessional teams function in a highly collaborative fashion and are fluid depending upon the patients' needs, leadership of high performance teams changes. Therefore, DNP graduates have preparation in methods of effective team leadership and are prepared to play a central role in establishing interprofessional teams, participating in the work of the team, and assuming leadership of the team when appropriate.

The DNP program prepares the graduate to:
- Employ effective communication and collaborative skills in the development and implementation of practice models, peer review, practice guidelines, health policy, standards of care, and/or other scholarly products.
- Lead interprofessional teams in the analysis of complex practice and organizational issues.
- Employ consultative and leadership skills with interprofessional and interprofessional teams to create change in healthcare and complex healthcare delivery systems.

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

Clinical prevention is defined as health promotion and risk reduction/illness prevention for individuals and families. Population health is defined to include aggregate, community, environmental/occupational, and cultural/socioeconomic dimensions of health. Aggregates are groups of individuals defined by a shared characteristic such as gender, diagnosis, or age. These framing definitions are endorsed by representatives of multiple disciplines including nursing (Allan et al., 2004).

The implementation of clinical prevention and population health activities is central to achieving the national goal of improving the health status of the population of the United States. Unhealthy lifestyle behaviors account for over 50 percent of preventable deaths in the U.S., yet prevention interventions are underutilized in health care settings. In an effort to address this national goal, Healthy People 2010 supported the transformation of clinical education by creating an objective to increase the proportion of schools of medicine, nursing, and other health professionals that

have a basic curriculum that includes the core competencies in health promotion and disease prevention (Allan et al., 2004; USHHS, 2000). DNP graduates engage in leadership to integrate and institutionalize evidence-based clinical prevention and population health services for individuals, aggregates, and populations.

Consistent with these national calls for action and with the longstanding focus on health promotion and disease prevention in nursing curricula and roles, the DNP graduate has a foundation in clinical prevention and population health. This foundation will enable DNP graduates to analyze epidemiological, biostatistical, occupational, and environmental data in the development, implementation, and evaluation of clinical prevention and population health. Current concepts of public health, health promotion evidence-based recommendations, determinates of health, environmental/occupational health, and cultural diversity and sensitivity guide the practice of DNP graduates. In addition, emerging knowledge regarding infectious diseases, emergency/disaster preparedness, and intervention frame DNP graduates' knowledge of clinical prevention and population health.

The DNP program prepares the graduate to:
- Analyze epidemiological, biostatistical, environmental, and other appropriate scientific data related to individual, aggregate, and population health.
- Synthesize concepts, including psychosocial dimensions and cultural diversity related to clinical prevention and population health in developing, implementing and evaluating interventions to address health promotion/disease prevention efforts, improve health status/access patterns, and/or address gaps in care of individuals, aggregates, or populations.
- Evaluate care delivery models and/or strategies using concepts related to community, environmental and occupational health, and cultural and socioeconomic dimensions of health.

## Essential VIII: Advanced Nursing Practice

The increased knowledge and sophistication of healthcare has resulted in the growth of specialization in nursing in order to ensure competence in these highly complex areas of practice. The reality of the growth of specialization in nursing practice is that no individual can master all advanced roles and the requisite knowledge for enacting these roles. DNP programs provide preparation within distinct specialties that require expertise, advanced knowledge, and mastery in one area of nursing practice. A DNP graduate is prepared to practice in an area of specialization within the larger domain of nursing.
Indeed, this distinctive specialization is a hallmark of the DNP.

Essential VIII specifies the foundational practice competencies that cut across specialties and are seen as requisite for DNP practice. All DNP graduates are expected to demonstrate refined assessment skills and base practice on the application of biophysical, psychosocial, behavioral, sociopolitical, cultural, economic, and nursing science as appropriate in their area of specialization.

DNP programs provide learning experiences that are based in a variety of patient care settings, such as hospitals, long-term care settings, home health, and/or community settings. These

learning experiences should be integrated throughout the DNP program of study to provide additional practice experiences beyond those acquired in a baccalaureate nursing program. These experiential opportunities should be sufficient to inform practice decisions and understand the patient care consequences of decisions. Because a variety of differential roles and positions may be held by the DNP graduate, role preparation for specialty nursing practice, including legal and regulatory issues, is part of every DNP program's curricula.

The DNP program prepares the graduate to:
- Conduct a comprehensive and systematic assessment of health and illness parameters in complex situations, incorporating diverse and culturally sensitive approaches.
- Design, implement, and evaluate therapeutic interventions based on nursing science and other sciences.
- Develop and sustain therapeutic relationships and partnerships with patients (individual, family or group) and other professionals to facilitate optimal care and patient outcomes.
- Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.
- Guide, mentor, and support other nurses to achieve excellence in nursing practice.
- Educate and guide individuals and groups through complex health and situational transitions.
- Use conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal, and policy issues.

[1]The use of the term "collaboration" is not meant to imply any legal or regulatory requirements or implications.