



Dwight Schar

College of Nursing and Health Sciences

Doctorate of Nursing Practice
Student Handbook
2021-2022

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.

.....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.

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

Ashland University Graduate Student Handbook
Ashland University Catalog

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INTRODUCTION

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, university administration approved the formation of the Health Sciences Department (Athletic Training, Dietetics and Exercise Science programs) within the college. These programs were previously housed in the College of Arts and Science and the College of Education. This expansion of the College of Nursing and Health Sciences facilitated movement towards interprofessional education, which continues to be a focus of the college. The student population of the college is from diverse educational backgrounds, which leads to enrichment of the interprofessional focus of the college. Faculty are focused on ways to expand interprofessional education through coursework and simulated experiences.

Also in 2012, the Nursing Programs moved into a new 46,500 square foot new academic nursing building with nine classrooms, student study spaces, faculty and administrative offices, and a 12,000 square foot Simulation Center constructed in Mansfield, Ohio.

In June 2014, the College of Nursing and Health Sciences enrolled the first cohort of students in the Doctor of Nursing Practice program with a specialization of Family Nurse Practitioner. This first specialization was intentionally planned and developed due to the demand for primary care providers in the region. The program received initial Ohio Board of Regents approval on June 20, 2013, the approval of the North Central Association of the Higher Learning Commission on March 27, 2014, and Commission on Collegiate Nursing Education approval in September 2015.

INTRODUCTION

Additionally, the College of Nursing and Health Sciences received approval to offer a Master of Science degree from the Ohio Board of Regents on July 10, 2014 and the North Central Association of the Higher Learning Commission on December 15, 2014. The first specialization for the Master of Science degree is in the discipline of Applied Exercise Science with a specialization in Strength and Conditioning.

In January, 2018, the College of Nursing and Health Sciences enrolled the first cohort of Doctor of Nursing Practice program students specializing in Health Systems Leadership. This new track was added to the DNP degree and reported to CCNE via a substantive change report. The CCNE responded with approval of the DNP HSL track on December 31, 2018. The Doctor of Nursing Practice program, including the FNP and HSL, track is accredited by CCNE through June 30, 2031.

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Program Curriculum Check highlighted – was taken from Curriculum Plans

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, or 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 leadership, 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.

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. Two points of entry to the online 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.

The **BSN-DNP (FNP)** program consists of 77 credits and 4 years of full-time study (4 – 8 credits per semester) over 12 semesters. The **BSN-DNP (HSL)** program consist of 57 credit hours and 3 years of full time study (3 – 8 credits per semester) over 9 semesters

The **Post-Master's** program consists of 32-38 credit hours and 2 years of full-time study (4-9 credits per semester) over 6 semesters. The **MSN-DNP (HSL)** program consist of 49-57 credit hours and 3 years of full time study (1-8) 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.

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DNP Family Nurse Practitioner 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.

DNP Health Systems Leadership Program Student Learning Outcomes

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.

ACADEMIC, PROGRESSION and COMPLETION POLICIES

Academic 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.

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). MSN to DNP students are 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.

ACADEMIC, PROGRESSION and COMPLETION POLICIES

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.

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 upload their unencumbered professional nursing licensure verification upon renewal to the Typhon System. Students are responsible for notifying the Director of any changes in licensure status.

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.

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.

ACADEMIC, PROGRESSION and COMPLETION POLICIES

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.

Evaluation of Graduate Clinical Hours

New Admits: Students who have been admitted to the DNP program with a MS/MSN must obtain a letter documenting their clinical hours completed from the program where they obtained their MS/MSN degree. This letter will be evaluated by the program director for approval. Upon approval, the student will enter the hours completed and the date the MS/MSN degree was completed into Typhon under “MS/MSN Hours.” The student may receive credit for up to but not exceeding 700 hours. Three hundred hours must be completed while a student at Ashland University.

Transfer Students: Students who have been admitted to the DNP program with a MS/MSN, but are transferring from another doctoral program to complete course-work at Ashland University must obtain a letter from the program where they obtained their MS/MSN degree as well as the program from which they are transferring documenting their clinical hours completed from each program. This letter will be evaluated by the program director for approval. Upon approval, the student will enter the hours completed and the date of admission to Ashland University into Typhon under “MS/MSN Hours.” The student may receive credit for up to but not exceeding 700 hours. Three hundred hours must be completed while a student at Ashland University.

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.

At the completion of the FNP core, students will be required to take a certification review course. Upon completion of the review course, students will submit proof of completion of the review course in order to sit for the comprehensive qualifying examination. 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 on line practice examination testing. Students will be certified to sit for the national certification examination when they have successfully completed the comprehensive qualifying examination, remediation, and graduated from the program. Students are responsible for the cost of the original examination and all retakes.

GRADE POLICIES

Cumulative Grade Requirement

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.)

Course Grade Requirement

“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

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:

- NUR9230 Advanced Health Assessment
- NUR9830 Residency I
- NUR9840 Residency II
- NUR9310 Primary Care I
- NUR9321 Primary Care II (fka NUR 9320)
- NUR9330 Primary Care III
- NUR9341 Primary Care IV (fka NUR 9340)
- NUR9575 Healthcare Organization
- NUR9576 Healthcare Organization Clinical
- NUR9577 Managing the Healthcare Organization
- NUR9578 Managing the Healthcare Organization Clinical
- NUR9579 Improving the Healthcare Organization
- NUR9582 Improving the Healthcare Organization Clinical
- NUR9581 Healthcare Organization, Leadership, Management and Communication/Clinical

Clinical grades are stated as “Satisfactory” or “Unsatisfactory”. Satisfactory means that the student has achieved a level of performance demonstrating that he/she has met the objectives. Unsatisfactory means that the student has failed to demonstrate minimally acceptable behaviors and/or did not meet required clinical outcomes. If at any time the student is deemed by faculty to be unsatisfactory, the student will not be permitted to drop the course and the grade assigned may not be higher than a "C+". If the student has a lower grade in the didactic portion of the course, at the time of clinical/laboratory failure the grade earned will be assigned.

Grade Appeal

The Ashland University Grade Appeal Policy is found in the AU Catalog; appeal process and electronic form is found on the AU website within the Registrar’s tab

ACADEMIC, PROGRESSION and COMPLETION POLICIES

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

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

ACADEMIC, PROGRESSION and COMPLETION POLICIES

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.**

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 (FNP) 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.

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.

ACADEMIC, PROGRESSION and COMPLETION POLICIES

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.

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 an individual or pattern of violation, disciplinary action may be applied. This disciplinary action may include dismissal from the program.

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) prior to admission are subject to the Gap Analysis evaluation.

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.

ACADEMIC, PROGRESSION and COMPLETION POLICIES

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.

Gap Analysis

A gap analysis will be completed for a student who is a nationally certified nurse practitioner seeking partial credit or waiver of coursework toward completion of a post-master's certificate or post-master's DNP in another NP practice area (e.g. a pediatric NP seeking certification or DNP as a family NP).

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 before the first day of class. 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.

CLINICAL and RESIDENCY POLICIES

Clinical experiences for the DNP student support and enhance didactic course work. Each student completes 1000 hours of clinical experience by graduation. The 1000 hours, include 600 hours of clinical hours for the FNP or HLS track and 400 hours of residency. The FNP or HSL track will have specific guidelines for the clinical experiences. The residency hours introduce the advanced practice role, add specialty experiences and scholarly project work.

AHA CPR Certification

All students enrolled in clinical coursework must be certified in American Heart Association (AHA) cardiopulmonary resuscitation (CPR). The required course is the AHA Basic Life Support for Healthcare Providers and is renewed every two years according to the expiration date found on the card issued to students. It is the student's responsibility to provide a current certification copy that is submitted through Typhon by the date due. Failure to maintain current certification will result in prohibition of clinical experiences which could lead to failure/dismissal from the Nursing Program.

Attire in Clinical Settings

Students are to follow the dress code specific for the site at which they are completing clinical hours. ID badges are purchased through the bookstore. These will include the students name, program track, and Ashland University logo. The student ID badge is to be worn at all times at the clinical site.-

Students are expected to be well groomed and in neat, clean attire at all times. Body piercing jewelry is to be worn in the earlobes only and is limited to one stud earring per ear lobe; visible tattoos are to be covered. Clothes should fit properly so as to be professional and appropriate. Only closed toe shoes may be worn.

Communicable & Non-communicable Illnesses

The College of Nursing and Health Sciences will maintain an environment that ensures the provision of safe, quality patient care and is also supportive of the well-being of students. Faculty and students will adhere to the Center for Disease Control (CDC) and Prevention Guidelines for work restrictions when exhibiting signs and/or symptoms or for post exposure follow-up of certain communicable diseases.

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6153a1.htm?s_cid=mm6153a1_w

The Nursing Department will maintain the confidentiality of all information related to student health. No specific information concerning diagnosis shall be provided to any persons including college administrators, faculty, and professional staff other than the Dean of the College of Nursing and Health Sciences without the expressed written consent of the student. No information can be released to another person, agency, insurer or institution without the prior written consent of the student involved.

CLINICAL and RESIDENCY POLICIES

Criminal Background Check Requirement

Criminal background inquiries will take place prior to clinical experiences. All background checks will be performed by the agency approved by the Nursing Department. The Nursing Department reserves the right to dismiss any student based on the results of the inquiry, regardless of felony or misdemeanor convictions. A student who has been denied clinical placement by the Nursing Department based on the results of a criminal background check may discuss the decision with the Dean of the College of Nursing and Health Sciences. If an affiliate agency in which a student is seeking assignment requires a more extensive check than completed, the student must meet that agency's requirement for placement in that agency at the student's expense.

Drug Screen Requirement

DNP Students will complete the initial drug screening prior to the clinical coursework. All drug screenings will be performed by the agency approved by the Nursing Department. Refusal to meet the drug screen requirement will cause the student to be dismissed from the Nursing Program. A student who has been denied clinical placement by the Nursing Department based on the results of a drug screen may appeal the decision to the CONHS dean.

Student Required Health Forms / Immunizations:

During Orientation Week, students are to provide a record of immunizations verified and signed by the student's healthcare provider. Students are fully responsible for tracking immunization due dates and obtaining and submitting immunization records when due. Acceptable health records for immunizations include copies of a medical record from a healthcare provider/agency with the student name, immunization given and the date administered. Contact information for the healthcare provider/agency should be evident. Immunizations are not provided by the Nursing Department. Students should contact the health care provider of their choice to meet this requirement. The student assumes full financial responsibility for the cost of required immunizations or testing.

Proof of health insurance is a requirement for all nursing students. Documentation must be submitted through the electronic tracking system (Typhon).

Required Immunizations:

Chicken Pox (Varicella) - Immunity either by a positive Varicella antibody titer or two doses of the vaccine to demonstrate immunity.

MMR (Measles, Mumps and Rubella) - If born before 1957, provide documentation of a history of measles, mumps, rubella or rubeola, a titer or vaccination. Those born during or after 1957 must also meet this requirement, either by having been vaccinated with two doses against the three diseases (either as the combined vaccine MMR or individual vaccination against the three diseases) or show laboratory evidence of immunity to all three diseases.

Tetanus / Diphtheria/Pertussis (Tdap) - Completion of the primary childhood series of doses as well as a booster within the last ten years. A booster received more than ten years ago is considered expired and will need to be repeated.

CLINICAL and RESIDENCY POLICIES

Hepatitis B Vaccine - Completion of the series of three vaccinations for Hepatitis B by the beginning of clinical coursework or at the time designated by the Nursing Program. Students without verification of vaccine status are required to have an antibody titer to demonstrate immunity; or receive the vaccination series.

Influenza Vaccine - Annual vaccination, at time designated (October – April)

Meningitis is recommended, not required.

Other – Any agency specific immunizations, as designated by clinical agency(s)

TUBERCULIN SKIN TEST or Interferon Gamma Release Assay (IGRA)

Initially a Two-step tuberculin skin test (TST) using purified protein derivative (PPD) or Interferon Gamma Release Assay (IGRA) is required at the designated time. *Note: If the student is a healthcare worker with documentation of negative yearly TST for the last two consecutive years, then only a one step is required.*

Types of Tuberculosis (TB) Testing:

1. Tuberculin Skin Testing (TST)- Mantoux method
 - a. Initial testing is to be two-step TST

Two-step TB-how it works:

General process Source: <http://www.pacificu.edu/sites/default/files/documents/2-step%20TB%20Testing%20Info2.pdf>

Visit 1, Day 1: PPD antigen is applied under the skin

Visit 2, Day 3: PPD test is read (within 48-72 hrs of placement) or the process will be restarted.

If positive, it indicates past or present exposure to tuberculosis. A chest x-ray (CXR) and/or IGRA testing will be needed through their provider.

Visit 3, Day 7-21: a second PPD skin test is applied (if the first result was negative)

Visit 4, 48-72 hours after placement: the second test is read or the process will be restarted.

A positive 2nd test indicates TB infection in the distant past.

Further evaluation by CXR and/or IGRA testing will be needed through their provider.

- b. If results are negative, a one-step TB to be done annually thereafter. See Visit 1 and Visit 2 under 1.a. for process.
 - c. Pregnancy is not a reason to defer TST.

Verification of TST result is to include date placed, date read, and result indicated in actual millimeter of induration with positive/negative notation

CLINICAL and RESIDENCY POLICIES

All documentation for TST or from the healthcare provider's evaluation must be turned in to the Program Coordinator's Office by uploading to the electronic tracking system. This must include release or clearance to participate in clinicals if further evaluation was required.

Interferon Gamma Release Assays will be required annually thereafter for those individuals with a positive test skin test result.

2. Interferon Gamma Release Assay (IGRA, blood test) is recommended for: bacille Calmette-Guerin (BCG) Vaccine recipients or persons with a history of positive TST that should not have further TSTs placed.
 - a. Students with an equivocal or indeterminate result for IGRA testing will have repeat testing done.
 - i. The time between the first test and repeat testing will be determined by the healthcare provider.
 - ii. If the repeat test result is equivocal or indeterminate, the individual will be required to seek treatment from their provider and submit all documentation from the healthcare provider's recommendations/treatment decision to the Program Coordinator's Office by uploading to the electronic tracking system.
 - iii. This must include release or clearance to participate in clinicals
 - b. IGRA testing should not be ordered for 4 to 6 weeks after administration of live-virus vaccines if it is not drawn the same day as the live vaccine.
 - c. IGRA testing will be required annually.
 - d. All results and recommendations of the healthcare provider must be submitted to the Program Coordinator's office by uploading to the electronic tracking system.

Additional Health Requirements for Practicum/Clinical Engagement Experiences

DNP nursing students enrolled in a course requiring engagement in a health care setting (with or without client contact) are responsible for investigating and complying with the health/clinical requirements of the respective health care agency.

HIPAA Compliance

In compliance with Federal law on the Health Insurance Portability and Accountability Act of 1996 (HIPAA), all students enrolled in a course requiring engagement in a health care setting are required to complete HIPAA training prior to the start of the course and *every year* following initial training. This Act was instituted to provide health insurance portability for individuals, to protect the privacy and security of patient health information, and to eradicate fraud and abuse and applies to all healthcare providers.

CLINICAL and RESIDENCY POLICIES

Breach of patient confidentiality will constitute grounds for dismissal from the Nursing Program and re-admittance will not be considered. Students are required to adhere to the Health Insurance Portability and Accountability Act (HIPAA) in all situations including, but not limited to: case discussion, consultation, examination and treatment. Confidentiality may be overridden when the life or safety of the patient, an innocent third party, or the public as a whole is endangered.

Liability Insurance

All nursing students enrolled in a course requiring clinical learning activities* as part of their educational requirements with Ashland University Dwight Schar College of Nursing and Health Sciences are provided professional liability insurance in the amount of \$1,000,000/\$5,000,000.

*Clinical learning/field experience is defined as a planned activity occurring in a health care agency when the student is identified as an Ashland University CONHS student. The clinical learning/field experience may or may not include contact with patients.

Clinical or Residency Site Policy

1. Clinical or residency settings must be located in an appropriate accredited health care agency.
2. Students may not do their clinical or residency hours in the same physical setting in which they are currently employed. However, MS/MSN to DNP students may complete residency hours in their place of employment as long as it is outside of their scheduled work hours.
3. Students may do their clinical or residency hours in a separate physical/clinical setting if they are employed by a large health care system composed of multiple settings.
4. Students may not be paid for clinical or residency hours as part of their regular working hours.

The student and preceptor should discuss the objectives for the clinical or residency course. This activity often clarifies the expectations of both parties and provides the opportunity for the student and preceptor to discuss, negotiate, and outline explicit learning outcomes. These outcomes will be based on the particular focus of the course as well as the student's individual place in the learning process and career interests.

Preceptor Selection and Arrangements for Clinical Experiences

Students should be aware that approval of the clinical or residency site and preceptor must occur in the semester prior to the scheduled clinical experience. This will provide the Program Director and/or the Course Faculty time to approve the clinical or residency site, make arrangements for the clinical affiliation agreement, and approve the preceptor prior to the beginning of the semester where the clinical hours are required. **Once approval of the Clinical or Residency Site and Preceptor are provided to the student, the faculty, student, and preceptor as outlined in the Clinical Experience forms housed in the BlackBoard community are to be followed.**

CLINICAL and RESIDENCY POLICIES

Doctor of Nursing Practice Preceptor Guidelines

The following guidelines apply to all students and settings. Specific exceptions may be granted at the discretion of course faculty on a case-by-case basis, as appropriate.

DNP Preceptor Criteria-FNP

1. According to the Report of the National Task Force on Quality Nurse Practitioner Education, a preceptor
 - a. Has authorization by the appropriate state licensing entity to practice in his/her population-focused and/or specialty area.
 - b. Can be an interdisciplinary mix which may provide the student with the best clinical experiences to meet program objectives and prepare the student for the NP role, population and full scope of practice.
 - c. Is credentialed **and** licensed to practice in his/her area of practice
 - d. Has educational preparation appropriate to his/her area of supervisory responsibility and at least one year of clinical experience.
 - e. Is oriented to program/track requirements and expectations for oversight and evaluation of NP students.

DNP Preceptor Criteria-HSL

A quality preceptor

- a. Has authorization by the appropriate state licensing entity to practice in his/her population-focused and/or specialty area.
- b. Can be an interdisciplinary mix which may provide the student with the best clinical experiences to meet program objectives and prepare the student for the leadership role
- c. Is credentialed **and/or** licensed to practice in his/her area of leadership
- d. Has educational preparation appropriate to his/her area of supervisory responsibility and at least one year of clinical experience.
- e. Is oriented to program/track requirements and expectations for oversight and evaluation of HSL students.

Student Responsibilities

1. Maintaining registered nurse licensure in state of practice and practicum.
2. Initiating contact with the potential preceptor and submit the *Initial preceptor and clinical site approval sheet* to the course faculty.
3. Begin registering your information in Typhon
4. Create start and end events in your Typhon Schedule as soon as you get approval from your faculty.
5. Providing the preceptor with the course syllabus and other pertinent information.
6. Completing the student preceptor agreement and having it approved by the preceptor and faculty before beginning clinical/residency hours.

CLINICAL and RESIDENCY POLICIES

7. Completing all onboarding processes and adhering to all policies required at the designated facilities.
8. Logging the time spent with each preceptor under *My Time Logs* and each patient you see under *New Case Log*.
9. As necessary, assisting the faculty with arranging evaluation/feedback sessions with preceptors.
10. Communicating their needs to the preceptor, and actively participating in the goal attainment and competencies development process.
11. Completing the Evaluation of Preceptor form.
12. Meeting the requirements for clinical experiences as outlined in the course syllabus, catalog, and student handbook.

Faculty Responsibilities

1. Approving potential preceptors and clinical sites based on current clinical agency contracts and the outcomes of the practicum course.
2. Meetings with the preceptor and student occur a minimum of twice per course (e.g. midterm and final). In-person meetings are preferred.
3. Clarifying student, preceptor, faculty, and agency roles in the student learning process.
4. Monitoring the student's progress through journal entries on a weekly basis and providing feedback to the student.
5. Being available to both the preceptor and student should questions or problems arise.

Record of Clinical Experiences

Students will maintain records of clinical experiences through the Typhon Group Health Care Solutions™ tracking system within the Clinical Encounter Tracking system. Students will record clinical hours, their reflective review journal, and individual patient direct care experiences. Specific details on the Typhon Group Health Care Solutions™ tracking system will be provided within each clinical course.

CLINICAL and RESIDENCY POLICIES

FNP TRACK CLINICAL COURSES

NUR 9310-Primary Care I

This course is the first primary care course for the family nurse practitioner track. It is recommended that a family physician or family nurse practitioner is obtained for the 120 hours that are required in this course. Forty hours of clinical hours will be obtained at the local federally qualified health center.

NUR 9321_Primary Care II

This course will focus on Woman's health and Pediatrics. There are 120 hours. You will need to have 60 hours of Woman's Health and 60 hours of Pediatrics at the completion of the program. It is best if you can locate 2 preceptors this semester to complete these. You will complete 40 hours at the local federally qualified health center.

NUR 9330-Primary Care III

This course will focus on the geriatric patient. While working in a family practice setting is fine. You can also consider a long term care facility. There will be 180 clinical hours this semester and 40 of these will be completed at the local federally qualified health center.

NUR 9341-Primary Care IV

This is acute care. The hospital or an urgent care are areas frequently used to complete clinical hours for this course, however, same day visits in a physician's office is also appropriate. You will complete 180 hours this semester with 40 hours at the local federally qualified health center.

HSL TRACK CLINICAL COURSES

NUR 9576-The Healthcare Organization

This course focuses on a comprehensive overview of the American health care system the student will develop a global understanding of health care management and leadership. Preceptors should be CEO, CNO, director, unit manager, or public health leaders/managers.

NUR 9578-Managing the Healthcare Organization-The Financial Perspective

This course provides strategies from managerial finance and economics which are applied to financial and operational problems in the health care industry. Preceptors can include CEO, CNO, CFO, director, unit manager or public health leaders/managers.

NUR 9581-Healthcare Organization: Leadership, Management, and Communication

This course examines leadership styles, creation of healthy work environment, human capital management, communication and innovative idea development. Preceptors can include CNO, director, unit manager, or Human Resources managers.

NUR 9582-Improving the Healthcare Organization

This course focuses on the application of business analytics, informatics, performance and quality improvement in health care. Preceptors can include CEO, CNO, Quality Improvement directors, Care Coordination managers or public health leaders/managers.

CLINICAL and RESIDENCY POLICIES

RESIDENCY COURSES

NUR 9830, 9831 and 9840

Residency hours will vary between the tracks. Residency hours are an opportunity to work on your project, but it must be the enactment of the project and not the research for the project. Some specifics will be included here. If you have questions, please contact the director of your track.

FNP track: NUR 9830 occurring with NUR 9220 and 9221 (Pharmacology) can include 8-12 hours with a pharmacist. These hours are indirect. The remaining hours introduce you to the role of the FNP. NUR 9830 that occurs with NUR 9230 and 9231 (Advanced Health Assessment) is 100 hours, focused on patient history and physical examination. Family practice offices are preferred.

Note: Forms required for completion as part of the clinical and/or residency experiences are available in the DNP BlackBoard Community.

PROGRAM POLICIES

Academic Regalia

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.

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.

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>

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 AU website and in BlackBoard.

PROGRAM POLICIES

Program 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 9321 Primary Care II	\$300
NUR 9330 Primary Care III	\$300
NUR9341 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

Textbooks and Clinical Travel as required by College

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).

SCHOLARLY PROJECT POLICIES

The DNP Project Introduction

Doctoral education is characterized by a project or product that is the synthesis of the study in which the student has engaged. Nurses prepared at the DNP level are expected to provide leadership for evidence-based practice in nursing. The entire DNP project process provides a vehicle for this outcome to emerge in a manner most consistent with student career goals and objectives. The DNP project produces a tangible academic product derived from the clinical immersion experience.

The final scholarly project will demonstrate the student's ability to evaluate and translate evidence with the educational and practice acumen congruent with the DNP degree. Through the lens of advanced nursing practice, the scholarly project shall be quality improvement and/or evidence-based, and shall involve a population, program, system, or clinical intervention. The project shall be innovative, and include planning, implementation, and evaluation components.

“All DNP Projects will

- Focus on a change that impacts healthcare outcomes either through direct or indirect care.
- Have systems (micro-, meso-, or macro- level) or population/aggregate focus.
- Demonstrate implementation in the appropriate arena or area of practice.
- Include a plan for sustainability (e.g. financial, systems or political realities, not only theoretical abstractions).
- Include an evaluation of processes and/or outcomes (formative or summative). DNP Projects will 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.
- Provide a foundation for future practice scholarship” (AACN, 2019)
<https://www.aacnnursing.org/our-initiatives/education-practice/doctor-of-nursing-practice/tool-kit>

The faculty has endorsed the criteria for the DNP Project as promulgated by the National Organization of Nurse Practitioner Faculty and the American Association of Colleges of Nursing. Below those criteria are listed along with the Student Learning Outcome that each criteria addresses.

1. The project is related to advanced practice in the nursing specialty and benefits a group, population or community rather than an individual patient. (SLO's: 1, 3, 4, 5, 6, 8, 9)
2. The scholarly project addresses identified needs. (SLO's: 3, 4, 5, 6, 9)
3. The literature review suggests an evidence base for the project or supports the need for the project. (SLO's: 1, 6)
4. Description of the innovation is adequate for others to use (essential components for success, cost, etc.). (SLO's: 1, 6)
5. A systematic approach is used and data are collected using methods and tools that meet accepted standards. (SLO's: 1, 6)
6. Expected outcomes are defined and measured (SLO's: 2, 6)
7. The project is conducted according to ethical principles. (SLO's: 7, 9)¹
8. Dissemination modes are professional and public. (SLO: 6)

SCHOLARLY PROJECT POLICIES

National Organization of Nurse Practitioner Faculty. (2007) NONPF Statement on Criteria for Scholarly Projects. www.nonpf.com/NCNPF2005/PracticeDoctorateResourceCenter/ScholarlyProjectCriteria.pdf

In summary, the DNP Project is an integral part of the total program of study as well as the culminating activity. It is expected that the project will represent translation of evidence in the area of student specialization. The target benefits of the intervention or innovation designed would be beyond the individual patient or family but focus more on institutions, patient populations or communities. Specific project criteria will be provided to students.

The DNP Project is a faculty-guided experience to address a clinical or practice relevant problem. The DNP Project process provides the student with the opportunity to engage in an immersion experience in their domain of practice. The DNP Project documents the outcomes of the students' educational experiences, provides a measurable medium for evaluating the students practice inquiry competencies and forms the foundation for future scholarly practice. Students will be mentored to conceptualize and approach practice through a scientific mindset – challenging habits of practice, cultivating curiosity about common approaches and forming practice inquiry questions.

The student will begin to build the foundation of knowledge and literature for their DNP project during the core courses. Courses on the DNP role, interprofessionalism, evidence based practice, epidemiology, quality, safety and delivery of healthcare, health policy and healthcare informatics will encourage students to look at their areas of interest from multiple perspectives. Students will be immersed in the literature for their areas of interest. Scholarly project courses will continue this process.

The BSN-DNP student and the MSN-DNP (HSL track) will take 4 semesters of scholarly project courses (1 credit each semester.)

Scholarly Project I-During the first scholarly project course, students will begin to finalize their project ideas. By the end of the course, they will have their PICOT question, abstract, and the start of their literature review. There will be faculty and peer feedback during this semester.

Scholarly Project I- During the second scholarly project I, the literature review will be completed. This will include level of evidence, review of research and non-research literature, building an individual evidence table, and synthesis of the literature. By the end of this semester, the student will give a 5-10 minute presentation of their project to their adviser and 1-2 other faculty for final approval. The DNP project approval form will be signed after the project has been approved.

Scholarly Project II-Review of literature will be updated. Students will determine where the project is to be completed and HSRB will be submitted to Ashland University. If the facility where the project is to take place has an IRB board, the IRB must be submitted first.

Scholarly Project II- The second Scholarly Project II course will be finalization of the written project and preparing the presentation that will occur during the last semester of the DNP track.

SCHOLARLY PROJECT POLICIES

MSN-DNP (APRN track) students will take 2 scholarly project courses (2 credits each).

By the end of Scholarly Project I, the student will need to have the HSRB and/or IRB submitted. They will also have the PICOT questions, abstract, and literature review completed by the end of the course. The student will give a 5-10 minute presentation of their project to their adviser and 1-2 other faculty for final approval. The DNP project form will be signed after the project has been approved.

Scholarly Project II will include the completion of the written project and presentation of the project.

Faculty Roles

The following are faculty roles. Please be aware you may have more than one faculty serve in these roles.

Faculty Adviser - A faculty adviser is assigned to each student when they enter the graduate program based on the program, chosen specialty, and student's area of interest. The student can find the faculty adviser's name and email address on Web Advisor. This faculty will be the adviser for the beginning of the program but may change depending on the DNP project the student chooses.

DNP Project Chair – After the project idea is presented to the adviser and at least one other faculty member, the final DNP project chair will be determined. This project chair will become the student's faculty adviser. The DNP project chair must hold an earned doctorate, must have doctoral faculty status and be a member of the nursing department. The DNP Program Director will provide final approval of the Project Chair and committee members. The student works, with the help of the DNP Project chair, to complete the DNP Project proposal.

DNP Project Committee Guidelines

DNP project chair

1. Chair of the DNP Project committee must be a Nursing department faculty member who holds a terminal degree.
2. There will be a minimum of two members on the committee, at least one of which is a nursing faculty member and is the chair. Usually the second member will be external and provide mentoring to the student in the DNP Project experience.
3. Depending on the topic being explored, the needs of the student and the judgment of the chair additional committee members can be added.
4. The role and function of committee members over and above the chair and the external mentor must be established at the time of appointment to the committee. Such individuals may or may not be full voting members of the committee; they may be consultants or local experts in the student's area of interest.

SCHOLARLY PROJECT POLICIES

Preceptor/ External Member

1. It is highly desirable that the external member hold a commonly held terminal degree in their field i.e. PhD, DNP, MD, DO, etc. and/or a masters prepared advanced practice nurse: Certification in the practice arena is also highly desirable.
2. The DNP Director and/or appointed course faculty reserves the right to assess the credentials of all individual applications for preceptors/external members and to make the final decisions regarding their appointment.

The external member will:

- Support the University's values and goals of the program
- Share their expertise in the interest area of the student
- Be committed to the student's academic advancement
- Understand the general principles that guide the exploration of knowledge (i.e. HIPAA, IRB, etc.)
- Pave the way for access and support to the student in order to complete the DNP Project
- Offer feedback and evaluate the student's progress toward the DNP Project.
- Participate in fostering and facilitating the completion of the DNP Project.
- Participate with faculty and DNP committee

DNP Project: Formal Oral Presentation

The final DNP Project is to be presented on or before the Friday before Commencement. Faculty, students and other guests will be invited to attend the presentation. Each student will be given 30 minutes to present their project. The 30 minutes includes 20 minutes for the presentation and 10 minutes for audience questions. The form of presentation is determined by the student and adviser and may be a poster or other oral presentation. Power point is limited to 20 slides. The student should focus on the project and outcomes of the project. The student submits their pre-approved final written project to the DNP Project Chair on the day of the student pre-arranged DNP presentation day. The final written project will include three copies (1 of the 3 copies is hard bound).

DNP Project: Written

The DNP written project will use professional scholarly language and APA format. The project needs to include at least the following areas: Title, Abstract, Introduction (Problem description, available knowledge, rationale, and specific aims), Methods (Context, interventions, measures, analysis, ethical considerations), Results, and Discussion (summary, interpretation, limitations and conclusion) and references.

Note: Template examples / forms required for the scholarly project are provided in the DNP Scholarly Project Guidelines document within the BlackBoard Community site.

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 measurable 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.

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- 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.

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- 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.

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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.

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

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