DOCTOR OF
NURSING PRACTICE
PROGRAM

GRADUATE STUDENT
HANDBOOK
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Preface
The Graduate Student Handbook has been written to provide each student with information specific to the curriculum, student rights and resources related to nursing students. The handbook is meant to be congruent with Saint Mary’s College Bulletin that contains all academic policies approved by the College Graduate Committee. The content of this handbook does not supersede information provided in the College Bulletin nor do the contents constitute a contract between the Department of Nursing Science and its students. If regulations, program requirements, or services described herein conflict with more current practice, the latter will prevail. Students will be notified of any changes through their Saint Mary’s email account.

Verification
Graduate students have the responsibility to acquaint themselves with the contents of this handbook and are held accountable for the information provided. This handbook may be updated at any time and is reviewed on an annual basis by the Department Graduate Program Committee. Students will be notified via email of any substantial changes in policy that occur mid-year.

Student Handbook
The handbook is available on the Department Graduate Program website.

Accreditation
The Doctor of Nursing Practice Program at Saint Mary’s College is accredited by the Commission on Collegiate Nursing Education (http://www.ccneaccreditation.org).

Rev: 2021-22
Welcome to the DNP program

The Department of Nursing Science (DNS) welcomes you to our learning community. Your faculty members recognize that we are all professional nurses and, because we are committed to lifelong learning, we will continue to work and learn with you through advanced clinical study and DNP course work. This document provides relevant policies and practices that will support the successful knowledge acquisition and goal attainment for BSN to DNP and post MSN program. Notably, this handbook should be used in conjunction with the Saint Mary’s College Bulletin that contains all student policies approved by the College Graduate Committee. The Department of Nursing Science (DNS) adheres to the College approved policies.

Saint Mary’s College Mission Statement
Undergraduate:
Saint Mary’s College is a Catholic, residential, women’s college in the liberal arts tradition. A pioneer in the education of women, the College on the education of women, the college is an academic community where women develop their talents and prepare to make a difference in the world. Founded by the Sisters of the Holy Cross in 1844, Saint Mary’s promotes a life of intellectual vigor, aesthetic appreciation, religious sensibility, and social responsibility. All members of the college remain faithful to this mission and continually assess their response to the complex needs and challenges of the contemporary world.

Mission of the Department of Nursing Science
The mission statement of the DNS is congruent with the fundamental concepts of the college mission. The mission statement of the DNS guided the development of the DNP program outcomes and is as follows:

*Congruent with the Mission of Saint Mary’s college, the Department of Nursing Science is a learning community comprised of students, faculty, staff, and health care professionals who support each other in the preparation of competent, confident professional nurses at all levels who will assume leadership roles in the promotion of health and healing within diverse communities and health care systems. The learning community promotes scholarship, the use of critical thinking, spiritual inclusion, and ethical decision making in clinical practice, lifelong learning, and an obligation for social responsibility and service for vulnerable and underserved individuals, families, and communities.*

History of the College
The mission statements for the College and for the DNS are based in the history of the college. In 1843, University of Notre Dame founder Father Edward Sorin wrote to his superiors, Father Basil Anthony Moreau, to request that he send Sisters to a new mission in the wilderness of northern Indiana “to look after the laundry and the infirmary…and also to conduct a school, perhaps even a boarding school.” Four Holy Cross Sisters answered the call and, after a 40-day voyage from Le Mans, France, they arrived on May 30, 1843. They established the first school and novitiate in 1844 just north of South Bend, Ind., in Bertrand, Michigan.

Answering the needs of their community, the Sisters taught orphan girls and ministered to the poor and the sick. Under Mother Angela Gillespie, the first American to head Saint Mary’s Academy, the school moved to its present site in northern Indiana in 1855.

In 1908, the charter for Saint Mary’s Academy was amended to authorize the legal existence of a college, and Mother Pauline O’Neill, then director, became the college’s first president. Known as the “builder for God” because of the unprecedented growth during her tenure, Mother Pauline’s most notable accomplishment –Le Mans Hall- still stands as the most recognizable symbol of Saint Mary’s.

The distinguished tenure of Sister Madeleva Wolff began in 1934. She reminded leaders that “the essence of our college is not its buildings, its endowment fund, its enrollment, or even its faculty; the essence is the teaching of truth.” Some of her most tangible contributions included the establishment of the School of Sacred Theology which provided a doctoral degree, and the construction of the Moreau Center for the Arts. Sister Madeleva was known for her poetry, her eloquence and her outspokenness. The Madeleva Society, composed of special benefactors of the College, bears her name, as does the Madeleva Memorial Classroom Building and the Madeleva Lecture Series.
Through more than 160 years and 11 presidents, Saint Mary’s college has embraced the mission envisioned by Father Moreau and has continued to make real in the lives of students and alumnae its core values: learning, community, faith and spirituality, and justice. From modest beginnings as a boarding school teaching and ministering to orphans, to offering seven bachelor’s degrees and boasting more than 18,000 living alumnae, the College has continued to grow and prosper as a Catholic women’s college in the liberal arts tradition.

Beginning in 2015, Saint Mary’s College began offering graduate degrees in nursing, data analytics and speech-language pathology. The expansion of educational programming is predicated on the college’s long standing responsiveness to the needs of the community in addition to the commitment to academic excellence. Notably, graduate education at Saint Mary’s is not restricted to women. The Doctor of Nursing Practice programs are an extension of the core values in preparing nurses to advance their nursing skills, engage in advanced knowledge acquisition, and provide leadership in a continuously evolved healthcare ecosystem.

Overview of the Graduate Programs
The Department of Nursing Science offers a doctor of nursing practice (DNP) program that includes a post BSN student to DNP and a post MSN student to DNP. The post BSN program offers students the opportunity to become a Family Nurse Practitioner (FNP), Adult-Gerontology Primary Care Nurse Practitioner (AG-PCNP) or Adult-Gerontology Acute Care Nurse Practitioner; both programs are designed to provide nurses with the opportunity to pursue advanced knowledge acquisition and clinical practice in nursing. Our mission statement emphasizes the human need and caring for underserved and disadvantaged populations. We encourage students to find clinical learning experiences that focus on caring for the poor in sites that have a majority of underserved and Medicaid patients.

Doctor of Nursing Practice (DNP)

The DNP program curriculum is guided by a comprehensive curricular model that is inclusive of the standards that comprise The Essentials of Doctoral Education for Advanced Nursing Practice (2006) and the Nurse Practitioner Core Competencies content (2017). The programs offer an innovative approach to DNP education through a curriculum that is planned to develop professional nurse leaders who will improve the quality of health care, patient health outcomes, and health policy through sustainable innovation grounded in available data.

Two paths to the completion of the DNP degree are offered. The first is a post BSN to DNP program that will take 12 semesters (over 4 years) to complete (78 credit hours). The online nature of this program supports nurses who work while pursuing an advanced degree. Graduates of this program will have completed 1,090 supervised clinical practicum hours; 690 hours are earned through completion of the Family Nurse Practitioner concentration and 400 hours are earned through the DNP coursework and supervised practicum.

The second program is a post MSN to DNP program is completed over 6 semesters (2 years) depending on the number of supervised clinical hours that the students has completed in their Master’s degree program. Students in the post MSN to DNP program hold certification in a clinical specialty area as a nurse practitioner or a
clinical nurse specialist or have completed a MSN in nursing administration. Graduates of this program will complete a minimum of 400 supervised DNP practicum hours; additional practicum hours will be individualized to the needs of the student.

The curriculum has been carefully planned to support progressive knowledge acquisition and practicum learning experiences, and introduces new courses into the DNP curriculum such as Social Entrepreneurship and the Business of Healthcare and Data Analytics and Outcomes Improvement. A conceptual framework and definitions of the components of the framework are reflected in both the goals of the DNP programs and the DNP Program Outcomes.

Conceptual Curricular Model for the DNP Programs
The components of the curricular model are defined to promote further understanding of the model are defined to promote further understanding of the model:

**Innovative Collaborative Practice Change:**
- Health Outcomes Improvement
- Innovation
- Interprofessional Communication/Collaboration
- Field Experience
- Evaluation Science
- Values Based
- Leadership
- Visioning
- Project Management
- Consulting
- Strategic Engagement
- Coaching
- Conceptual/Practice Domains
- Master's Core/Specialization (FNP, AG-PCNP, AG-ACNP)
- Social Entrepreneurship
- Data Analytics

**Innovative Collaborative Practice Change:**

1. Cost Effectiveness: Mindful assessment and responsible inter-professional planning for the use of economic and human resources, goods, and services to achieve improvement in health care quality, meet new challenges, and redress inequities in the delivery of care.

2. Data Utilization: The collaborative process of using obtaining and applying data based evidence for pioneering healthcare transformation and quality improvement to inform effective, safe, and efficient care redesign.

3. Translational competency: The ability to move data-based knowledge into clinically useful forms that are implemented across health care teams within systems context and measured by the meaningful impact on outcomes and performance.

Implementation Science:

1. Inter-professional communication/collaboration: The engagement in open and honest communication between healthcare providers, individuals and their families, and the community in a context of shared values in a collaborative model of practice that builds trust, mutual respect, is consistent and is visibly supportive.

2. Field Experience: Engagement with healthcare stakeholders to critically examine organizational and health care issues and develop strategies for meaningful change at the local and national levels.

3. Evaluation Science: The systematic use of substantive knowledge about a phenomenon under investigation to: 1) develop and improve organizations focused on preventing and solving a wide range of pressing human concerns and problems; 2) to aid decision making; 3) to facilitate organizational learning and change; 4) to meet transparency and accountability needs; 4) to utilize theory based methods to evaluate knowledge to provide to determine merit, worth, and impact.

4. Values Based: A process of assessment of the operational integration of mission and values of individuals, communities, and organizations that results in an understanding of unique value and informs collaborative efforts to work together for beneficial change within a system/organization.

Leadership:

1. Visioning: A process of establishing an innovative, forward thinking interprofessional approach to a challenge/problem in order to identify goals, plan interventions, and solve problems that will “challenge prevailing wisdom” and guide the profession and/or the organization into the future.

2. Project Management: A systematic process, informed by strong communication skills, to engage in a team approach to assess, plan, organize, motivate, control resources, protocols and procedures to achieve bring about beneficial change and added value to improve health outcomes.

3. Consulting: Active engagement as a theoretical and clinical expert to create an engagement culture in the continual process of the analysis of key concepts of patient access, quality, safety, health care delivery, cost, communication, and organizational systems to create sustainable change based on the strengths and challenges of the patient/system.

4. Strategic Engagement: Collaborative, focused interactions with key stakeholders that result in an ongoing, value based benefit to communities through innovative sustainable change.

5. Coaching: The use of person-centered communication skills to engage with in an innovative process with stakeholders that facilitates healthy, sustainable change based on client/system wisdom and values to move goals to action.
Conceptual/practice domains:

1. **Master’s core**: Completion of coursework and clinical practice to meet the requirements of NONPF for eligibility for national certification as a Family Nurse Practitioner, Adult-Gerontology-Primary Care Nurse Practitioner, or Adult-Gerontology-Acute Care Nurse Practitioner.

2. **Social Entrepreneurship**: Individuals who assume the role of the social entrepreneur are called to adopt a mission to create and sustain social value, demonstrate dedication to opportunities to serve the mission, engage in a process of continuous innovation, adaptation, and learning, act boldly without being limited by current resources, demonstrate accountability to the constituencies served and for the outcomes resulting from the process (Dees, 2001).

3. **Data Analytics**: A process and set of strategies central to the DNP role as translator/analyst that is used to reduce error in data collection, measurement and analysis that increase confidence of the team in the consistent, quality evaluation of the impact of translation.

The Mission of the College and the DNS guided the development of the model and together provide the overall goals and program outcomes for the DNP programs.

**The DNP Program Goals include:**

1. To educate professional nurses who demonstrate ethical leadership and vision while using effective communication and data based, innovative strategies to transform health care systems, improve nursing practice through translation of evidence, and improved health outcomes.
2. To educate professional nurses to advocate for social justice, to work to decrease health disparities, to increase access to health care, and to embrace human differences that include cultural and spiritual uniqueness and the dignity of all people.
3. To educate professional nurses to become faculty nurse practitioners who will practice both independently and collaboratively as members of health care teams to provide direct and state of the art healthcare to improve the health of individual, families, and communities.

**DNP Program Outcomes**
The Curricular model and the program goals are congruent and support the Program Outcomes for the DNP program. The program outcomes are reflected in the course content throughout every course that is taken by students and are reflected in the course evaluations.

1. Synthesize and apply scientific evidence for the development, implementation, and evaluation of clinical interventions for advanced nursing practice.
2. Demonstrate communication and collaboration skills within intra-professional and interprofessional teams to create change in health care and complex health care delivery systems.
3. Provide advanced evidence-based clinical care management within a collaborative, cultural and spiritual context for individuals, families and/or population.
4. Demonstrate leadership in the use of current and emerging health and data analytic technologies to evaluate and improve outcomes in health care delivery and organizational systems.
5. Advocate for social justice, equity, and ethical policies in health systems, population health initiatives and evidence-based health policy initiatives through collaboration with other health professionals and stakeholders.

6. Apply business and entrepreneurial strategies for meaningful quality improvement and efficient use of resources within healthcare environments.

**Academic Linkages to the Essentials of Doctoral Education for Advanced Practice Nursing and the Nurse Practitioner Core Competencies**

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

http://www.aacnnursing.org/Portals/42/Publications/DNPEssentials.pdf

<table>
<thead>
<tr>
<th>Essential</th>
<th>The DNP program prepares the graduate to:</th>
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| I. Scientific Underpinnings for Practice | 1. Integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the basis for the highest level of nursing practice.  
2. 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.  
3. Develop and evaluate new practice approaches based on nursing theories and theories from other disciplines. |
| II. Organizational and Systems Leadership for Quality Improvement and Systems Thinking | 1. 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.  
2. Ensure accountability for quality of health care and patient safety for populations with whom they work.  
  a. Use advanced communication skills/processes to lead quality improvement and patient safety initiatives in health care systems.  
  b. 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.  
c. Develop and/or monitor budgets for practice initiatives.  
d. Analyze the cost-effectiveness of practice initiatives accounting for risk and improvement of health care outcomes.  
e. Demonstrate sensitivity to diverse organizational cultures and populations, including patients and providers.

3. Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the health care organization, and research.

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

1. Use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice.  
2. 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 variances in practice outcomes and population trends.  
3. Design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient-centered care.  
4. Apply relevant findings to develop practice guidelines and improve practice and the practice environment.  
5. 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  
6. Function as a practice specialist/consultant in collaborative knowledge-generating research.  
7. Disseminate findings from evidence-based practice and research to improve healthcare outcomes.
| IV. Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care | 1. 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.  
2. Analyze and communicate critical elements necessary to the selection, use and evaluation of health care information systems and patient care technology.  
3. Demonstrate the conceptual ability and technical skills to develop and execute an evaluation plan involving data extraction from practice information systems and databases.  
4. 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.  
5. Evaluate consumer health information sources for accuracy, timeliness, and appropriateness. |
|-----------------|-------------------------------------------------------------------------------------------------------------|
| V. Health Care Policy for Advocacy in Health Care | 1. 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.  
2. Demonstrate leadership in the development and implementation of institutional, local, state, federal, and/or international health policy.  
3. 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.  
4. Educate others, including policy makers at all levels, regarding nursing, health policy, and patient care outcomes.  
5. Advocate for the nursing profession within the policy and healthcare communities.  
6. Develop, evaluate, and provide leadership for health care policy that shapes health care financing, regulation, and delivery.  
7. Advocate for social justice, equity, and ethical policies within all healthcare |
| VI. Interprofessional Collaboration for Improving Patient and Population Health Outcomes | 1. 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. |
### VII. Clinical Prevention and Population Health for Improving the Nation’s Health

1. Analyze epidemiological, biostatistical, environmental, and other appropriate scientific data related to individual, aggregate, and population health.
2. 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.
3. Evaluate care delivery models and/or strategies using concepts related to community, environmental and occupational health, and cultural and socioeconomic dimensions of health.

### VIII. Advanced Nursing Practice

1. Conduct a comprehensive and systematic assessment of health and illness parameters in complex situations, incorporating diverse and culturally sensitive approaches.
2. Design, implement, and evaluate therapeutic interventions based on nursing science and other sciences.
3. Develop and sustain therapeutic relationships and partnerships with patients (individual, family or group) and other professionals to facilitate optimal care and patient outcomes.
4. Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.
5. Guide, mentor, and support other nurses to achieve excellence in nursing practice.
6. Educate and guide individuals and groups through complex health and situational transitions.
7. Use conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal, and policy issues.
## NONPF Nurse Practitioner Core Competencies (2017)


<table>
<thead>
<tr>
<th>Competency Area</th>
<th>NP Core Competencies</th>
</tr>
</thead>
</table>
| **Scientific Foundation Competencies** | 1. Critically analyzes data and evidence for improving advanced nursing practice.  
2. Integrates knowledge from the humanities and sciences within the context of nursing science.  
3. Translates research and other forms of knowledge to improve practice processes and outcomes.  
4. Develops new practice approaches based on the integration of research, theory, and practice knowledge                                                                                                                          |
| **Leadership Competencies**            | 1. Assumes complex and advanced leadership roles to initiate and guide change.  
2. Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care teams, and policy makers) to improve health care.  
3. Demonstrates leadership that uses critical and reflective thinking.  
4. Advocates for improved access, quality and cost effective health care.  
5. Advances practice through the development and implementation of innovations incorporating principles of change.  
6. Communicates practice knowledge effectively, both orally and in writing.  
7. Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus.                                                                                                 |
| **Quality Competencies**               | 1. Uses best available evidence to continuously improve quality of clinical practice.  
2. Evaluates the relationships among access, cost, quality, and safety and their influence on health care.  
3. Evaluates how organizational structure, care processes, financing, marketing, and policy decisions impact the quality of health care.  
4. Applies skills in peer review to promote a culture of excellence.  
5. Anticipates variations in practice and is proactive in implementing interventions to ensure quality                                                                                                                                 |
| **Practice Inquiry Competencies**      | 1. Provides leadership in the translation of new knowledge into practice.  
2. Generates knowledge from clinical practice to improve practice and patient outcomes.                                                                                                                                                    |
| Technology and Information Literacy Competencies | 3. Applies clinical investigative skills to improve health outcomes.  
4. Leads practice inquiry, individually or in partnership with others.  
5. Disseminates evidence from inquiry to diverse audiences using multiple modalities.  
6. Analyzes clinical guidelines for individualized application into practice |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 1. Integrates appropriate technologies for knowledge management to improve health care.  
2. Translates technical and scientific health information appropriate for various users’ needs.  
   2.a: Assesses the patient’s and caregiver’s educational needs to provide effective, personalized health care.  
   2.b: Coaches the patient and caregiver for positive behavioral change.  
3. Demonstrates information literacy skills in complex decision making.  
4. Contributes to the design of clinical information systems that promote safe, quality and cost effective care.  
5. Uses technology systems that capture data on variables for the evaluation of nursing care. |
| Policy Competencies | 1. Demonstrates an understanding of the interdependence of policy and practice.  
2. Advocates for ethical policies that promote access, equity, quality, and cost.  
3. Analyses ethical, legal, and social factors influencing policy development.  
4. Contributes in the development of health policy.  
5. Analyses the implications of health policy across disciplines.  
6. Evaluates the impact of globalization on health care policy development.  
7. Advocates for policies for safe and healthy practice environments. |
| Health Delivery System Competencies | 1. Applies knowledge of organizational practices and complex systems to improve health care delivery.  
2. Effects health care change using broad based skills including negotiating, consensus-building, and partnering.  
3. Minimizes risk to patients and providers at the individual and systems level.  
4. Facilitates the development of health care systems that address the needs of culturally  

diverse populations, providers, and other stakeholders.
5. Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment.
6. Analyzes organizational structure, functions and resources to improve the delivery of care.
7. Collaborates in planning for transitions across the continuum of care.

| Ethics Competencies | 1. Integrates ethical principles in decision making.  
|                      | 2. Evaluates the ethical consequences of decisions.  
|                      | 3. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care. |

| Independent Practice Competencies | 1. Functions as a licensed independent practitioner.  
|                                  | 2. Demonstrates the highest level of accountability for professional practice.  
|                                  | 3. Practices independently managing previously diagnosed and undiagnosed patients.  
|                                  | 3.a: Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative, and end-of-life care.  
|                                  | 3.b: Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.  
|                                  | 3.c Employs screening and diagnostic strategies in the development of diagnoses.  
|                                  | 3.d: Prescribes medications within scope of practice.  
|                                  | 3.e: Manages the health/illness status of patients and families over time.  
|                                  | 4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making.  
|                                  | 4.a: Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.  
|                                  | 4.b: Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect. |
4.c: Incorporates the patient’s cultural and spiritual preferences, values, and beliefs into health care.
4.d: Preserves the patient’s control over decision making by negotiating a mutually acceptable plan of care.
4.e: Develops strategies to prevent one’s own personal biases from interfering with delivery of quality care.
4.f: Addresses cultural, spiritual, and ethnic influences that potentially create conflict among individuals, families, staff and caregivers.

5. Educates professional and lay caregivers to provide culturally and spiritually sensitive, appropriate care
6. Collaborates with both professional and other caregivers to achieve optimal care outcomes.
7. Coordinates transitional care services in and across care settings.
8. Participates in the development, use, and evaluation of professional standards and evidence-based care.

Academic Linkages to the Essentials and Core Competencies for Saint Mary’s College Doctor of Nursing Practice Program

|-----------------------------------------------|------------------------------------------|-------------------------------------------------|----------------------------------------------------------|
| The DNS is a learning community comprised of students, faculty, staff, and health care professionals who support each other in the preparation of competent nurses at all levels…... | 1. Synthesize and apply scientific evidence for the development, implementation, and evaluation of clinical interventions for advanced nursing practice.  
2. Demonstrate communication and collaboration skills within intra-professional and interprofessional teams to create change in health care and complex health care delivery systems. | I, II, V, VI, VIII | Scientific Foundation Competencies  
Quality Competencies  
Practice Inquiry Competencies  
Independent Practice Competencies |
<table>
<thead>
<tr>
<th>Who will assume leadership roles in the promotion of health and healing within diverse communities and health care systems.</th>
<th>4. Demonstrate leadership in the use of current and emerging health and data analytic technologies to evaluate and improve outcomes in health care delivery and organizational systems.</th>
<th>II, III, IV, V, VI, VII, VIII</th>
<th>Leadership Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Apply business and entrepreneurial strategies for meaningful quality improvement and efficient use of resources within healthcare environments.</td>
<td></td>
<td>II, III, IV, V, VI, VII, VIII</td>
<td>Quality Competencies</td>
</tr>
<tr>
<td>The learning community promotes scholarship, the use of critical thinking, spiritual inclusion, and ethical decision making in clinical practice,</td>
<td>1. Synthesize and apply scientific evidence for the development, implementation, and evaluation of clinical interventions for advanced nursing practice.</td>
<td>I, III, IV, V, VI, VIII</td>
<td>Practice Inquiry Competencies</td>
</tr>
<tr>
<td></td>
<td>3. Provide advanced evidence-based clinical care management within a collaborative, cultural and spiritual context for individuals, families and/or population</td>
<td>I, II, III, IV, V, VI, VIII</td>
<td>Technology and Information Literacy Competencies</td>
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<td>Health Delivery System Competencies</td>
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<td>Independent Practice Competencies</td>
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<td>Scientific Foundation Competencies</td>
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<td>Health Delivery System Competencies</td>
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<td>Ethics Competencies</td>
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Lifelong learning, and an obligation for social responsibility and service for vulnerable and underserved individuals, families, and communities.

5. Advocate for social justice, equity, and ethical policies in health systems, population health initiatives and evidence-based health policy initiatives through collaboration with other health professionals and stakeholders.

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<thead>
<tr>
<th>Independent Practice Competencies</th>
<th>Scientific Foundation Competencies</th>
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<tr>
<td>I, II, III, IV, V, VI, VII, VIII</td>
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<td>Leadership Competencies</td>
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<td>Technology and Information Literacy Competencies</td>
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<td>Policy Competencies</td>
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Curriculum and Academic Policies

DNP Core Faculty/Staff

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<thead>
<tr>
<th>Faculty</th>
<th>Role</th>
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<tbody>
<tr>
<td>Sue Anderson PhD, RN, FNP-BC</td>
<td>Associate Professor Director, Department of Nursing Science DNP Program Director</td>
<td><a href="mailto:sanderson@saintmarys.edu">sanderson@saintmarys.edu</a></td>
</tr>
<tr>
<td>Jennifer Bauer, DNP, FNP-C, RN</td>
<td>Assistant Professor</td>
<td><a href="mailto:jbauser@saintmarys.edu">jbauser@saintmarys.edu</a></td>
</tr>
<tr>
<td>Patricia Keresztes, PhD, CCRN, RN</td>
<td>Associate Professor</td>
<td><a href="mailto:pkereszt@saintmarys.edu">pkereszt@saintmarys.edu</a></td>
</tr>
<tr>
<td>Nicole Mentag, PhD, MSN, RN</td>
<td>Assistant Professor</td>
<td><a href="mailto:nmentag@saintmarys.edu">nmentag@saintmarys.edu</a></td>
</tr>
<tr>
<td>Kimberly Minich, DNP, FNP-C</td>
<td>Assistant Professor</td>
<td><a href="mailto:kminich@saintmarys.edu">kminich@saintmarys.edu</a></td>
</tr>
<tr>
<td>Linda Paskiewicz, Ph.D., CNM, RN</td>
<td>Professor</td>
<td><a href="mailto:lpaskie@saintmarys.edu">lpaskie@saintmarys.edu</a></td>
</tr>
<tr>
<td>Annette Peacock-Johnson, DNP, RN</td>
<td>Associate Professor</td>
<td><a href="mailto:ajohnson@saintmarys.edu">ajohnson@saintmarys.edu</a></td>
</tr>
<tr>
<td>Karla Bronicki</td>
<td>Administrative Assistant</td>
<td><a href="mailto:kbronick@saintmarys.edu">kbronick@saintmarys.edu</a></td>
</tr>
<tr>
<td>April Lane, MA</td>
<td>Professional Specialist</td>
<td><a href="mailto:alane@saintmarys.edu">alane@saintmarys.edu</a></td>
</tr>
</tbody>
</table>

About the Program

Primary and Acute Care Nurse practitioners provide holistic health care based on the best evidence with a strong focus on health promotion, disease prevention, diagnosis and treatment of disease. Nurse practitioners in both roles are experts at implementing education strategies that optimize the patient’s ability to heal.

The American Association of Colleges of Nursing (AACN) and the National Organization of Nurse Practitioner Faculties (NONPF) note that the scope of practice of these roles is not reflected in where care is delivered, but rather in the type of care that is delivered. The fundamental difference between primary care and acute care nurse practitioners is found in the type of relationship these providers have with their patients:

- **Primary care** is characterized by long-term, chronic, comprehensive, and continuous care that is holistic in nature. Primary care providers work in a collaborative and interprofessional environment as they facilitate referrals for additional services for patient needs that are beyond the provider’s area of expertise.
- **Acute care** is characterized by restorative care that occurs in time sensitive and rapidly changing clinical conditions for patients with unstable chronic conditions, complex acute illnesses, and critical illness. Acute care providers work in a collaborative and interprofessional environment as they facilitate referrals for additional services for patient needs that are beyond the provider’s area of expertise.
The DNP Program at Saint Mary’s College offers a unique, innovative, and state-of-the-art program of study that prepares students as clinical scholars in one of three clinical focus areas:

- **Family Nurse Practitioner:** Educated to provide continuous primary care to individuals and families across the lifespan. Focus is on family-centered care across the spectrum of wellness to illness, including preventive, chronic, and acute care.
- **Adult-Gerontology Primary Care Nurse Practitioner:** Educated to provide primary care services to individuals from adolescence (age 15) to frail adulthood. Focus is on primary care across the spectrum of wellness to illness, including preventive, chronic, and acute care.
- **Adult-Gerontology Acute Care Nurse Practitioner:** Educated to provide care to individuals from late adolescence (age 15) to frail older adults with acute, critical, and complex health problems. Focus is on individuals who are “physiologically unstable, technologically dependent, and/or highly vulnerable to complications” (AACN, 2012).

**Admissions Information**

Admission to the Doctor of Nursing Practice program is competitive. Applicants may apply for one of two tracks available: Post BSN to DNP or Post MSN to DNP.

**Requirements for Post BSN to DNP**

- All applicants must have a Bachelor’s Degree in Nursing from a nationally accredited (NLN or CCNE) college or university, or the international equivalent. Candidates are expected to have maintained at least a 3.0 cumulative GPA in undergraduate coursework.
- Submission of a completed NursingCAS application
- Recent statistics course.
- Official transcripts from all previously attended institution
- Unencumbered license or eligibility for RN licensure in the state where clinical course work hours will be completed
- Substantive personal essay statement that reflects on the DNP role and your desire to pursue the specific track for which you are applying.
- Three letters of recommendations from academic and/or other professionals. One letter must be from a former faculty member.
- A resume or current CV
- Personal interview(s) with faculty (if selected).

**Requirements for Post MSN to DNP**

- A MSN degree from a nationally accredited (CCNE or NLN) college or university, or the international equivalent. Candidates are expected to have maintained at least a 3.0 cumulative GPA in undergraduate and master’s coursework.
- Submission of a completed NursingCAS application
- Recent statistics course.
- Official transcripts from all previously attended institutions
• Advanced practice national certification for MS--DNP pathway (for current Nurse Practitioners only)
• Unencumbered RN license in the state where clinical course work hours will be completed.
• Substantive personal essay statement that reflects on the DNP role and your desire to pursue the specific track for which you are applying.
• Three letters of recommendations from academic and/or other professionals. One letter must be from a former faculty member.
• A current resume or CV
• Personal interview(s) with faculty (if selected for one)

**Application Process**

A complete application for graduate admission at Saint Mary’s College consists of the following requirements:

- Application form and application fee
- Official transcripts from all colleges and universities previously attended
- Three letters of recommendation (one must be from a former faculty member)
- Personal statement
- Resume
- Licensure/Certification Information
- Signed Essential Abilities Policy Form (Appendix A)

Application review of completed applications will begin as early as December and will continue until all applications have been reviewed. The application deadline is June 15.

**Application Form**

Saint Mary’s College uses the NursingCAS application system. Applications for the fall term open September 1.

Candidates must complete the application form, submit the application fee for NursingCAS (no additional fee is collected by Saint Mary’s), and provide all supporting documents through the NursingCAS application system.

**Transcripts**

Official transcripts are required from all undergraduate institutions attended by the applicant. Any transcripts that are not in English must be accompanied by certified translations and certified credit evaluations. During the application review process, transcripts and certified translations and evaluations provided through the NursingCAS system may be used to evaluate an applicant. If an applicant is admitted and matriculates, he/she must arrange for official transcripts, with degree conferral, to be sent directly to Saint Mary’s College. The Admission Committee may rescind an offer of admission if official transcripts provided for matriculation differ from those submitted at the time of review.
**Recommendations**

Three letters of recommendation are required. Letters providing the most value to the Admission Committee come from former faculty members, supervisors, or colleagues who have direct knowledge of the applicant’s intellectual ability, work ethic, motivation, and ability to be successful in this doctoral program. At least one letter must be from a faculty member who has direct knowledge of the candidate’s academic potential.

**Admission Testing Requirements**

Official TOEFL (80) or IELTS (6.5) scores are required for all applicants for whom English is a second language, unless the undergraduate degree was earned at an institution where English was the primary language of instruction.

The Doctor of Nursing Practice does not require any additional standardized tests.

**Personal Statement**

The personal statement is intended to help the Admission Committee understand each applicant’s academic interests, career goals, and past experiences as they relate to the program.

Applicants must reflect on the DNP role and the applicant’s desire to pursue the specific track for which he/she is applying in the personal statement.

**Admission Decisions**

A Graduate Admission Committee, made up of members of the faculty in the program, will review all applications and make admissions decisions. The Committee’s decisions will be reviewed by the Dean of Graduate Studies, who will resolve any concerns with the departmental committee before applicants are notified of the status of their application.

Applications may be:

- Held for additional information and reviewed once the information requested is received
- Accepted
- Accepted conditionally:
  - Pending successful completion of baccalaureate or master’s degree
  - Pending achievement of 80 on the TOEFL or 6.5 on IELTS.
  - Pending successful completion of prerequisite courses with a grade specified by the graduate program director.
- Denied
- Waitlisted

Admission decisions will be communicated electronically and via mail. Admission decisions will be communicated on a rolling basis.

All admission decisions are final and may not be appealed.
Matriculation
Accepted students must confirm their intention to enroll by submitting an enrollment deposit, typically by April 15. Students enrolling at Saint Mary’s College must have on file all official final transcripts showing proof of baccalaureate degree, all official final transcripts showing proof of completion of the Master’s Degree, if applicable, if applicable. These forms must be received no later than the end of the first semester. See the Bulletin for the updated policy. Enrollment deposits are not refundable.

The Office of Graduate Admission reserves the right to rescind an offer of admission if an application is found to be fraudulent or to include plagiarism. Offers of admission may also be rescinded if final grades from courses in progress at the time of admission are judged by the graduate program director to be significantly lower than the level of achievement presented in the rest of the academic record.

Retention of Records
All application documents submitted by applicants are imaged and indexed into the student information system. For matriculating students, paper documents when submitted, are given to the Graduate Programs Office (and the Office of the Registrar) at the beginning of the student’s first term and become part of his/her student record. Incomplete applications, as well as complete applications for students who are not accepted or did not enroll, are kept on file by the Graduate Admission Office for two years.

Deferrals
Upon request, Saint Mary’s may grant a deferral to accepted students whose plans change before they are able to enroll. It is assumed that the academic record will remain unchanged during the deferral period. Students who defer admission and complete prerequisite undergraduate or graduate level courses between the time of acceptance and deferred enrollment must reapply for admission. Requests for deferrals should be made in writing. Deferred student admission status will carry to the next admission cycle (for most applicants).

Transfer Admission
Saint Mary’s College allows applications from students who have already earned graduate school credits at another institution. Transcripts will be reviewed as part of the admission process, and the applicant will be notified at the point of admission if transfer credits will be applied toward the Saint Mary’s College degree. Only credits from accredited graduate programs, with a grade of B or better, will be reviewed for transfer. A student may transfer no more than six semester hours or its equivalent (within the last five-year period) from an unfinished graduate program. If a student has completed a master’s program, he or she may transfer up to nine semester hours into a Saint Mary’s master’s program. If a student has completed a master’s degree and is pursuing a doctoral degree at Saint Mary’s, he or she may transfer up to 50% of the total credits required for the Saint Mary’s degree.
Program Plan

BSN to DNP Curriculum: All Clinical Tracks Program Requirements:
78 credit hours
690 supervised clinical contact hours
400 DNP practicum hours
1,090 total supervised hours (clinical + practicum hours)

MSN to DNP Curriculum:
37 credit hours
600 hours of clinical contact hours (transferred in from clinical MSN Program)
400 DNP practicum hours
1,000 total supervised hours

Legend:
Didactic hours: 1 didactic hour = 1 class hour.
Every didactic hour requires a minimum of 4 hours of independent preparation. Therefore, a 3-hour didactic course will require a minimum of 12 hours per week of reading, thinking, and writing.
Clinical contact hours: 1 clinical hour = 60 direct patient care contact hours
DNP Practicum hours: 1 DNP practicum hour = 40 DNP Practicum hours

Track Key:
FNP: Family Nurse Practitioner
AG-PCNP: Adult-Gerontology Primary Care Nurse Practitioner
AG-ACNP: Adult-Gerontology Acute Care Nurse Practitioner

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<tr>
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<th>FIRST YEAR (18 Credits)</th>
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<td>Fall Semester</td>
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<tr>
<td></td>
<td>NURS 600 Communication and Relationship Centered leadership (3 cr)</td>
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<td>NURS 622 Statistics for Health and Biological Sciences (3 cr)</td>
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<tr>
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<th>SECOND YEAR (18 credits; 30 direct patient care hours)</th>
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<td>NURS 624 Evidence-based Practice II: Translation of Evidence for Practice (3cr)</td>
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<td></td>
<td>NURS 644 Advanced Physiology &amp; Pathophysiology (3cr)</td>
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### THIRD YEAR (21 credits: 180 direct patient care hours; 160 DNP practicum hours)

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<th>Fall Semester</th>
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<tr>
<td>NURS 701 DNP Practice Innovation I (1 cr: 40 DNP practicum contact hours). S/F grading</td>
<td>NURS 702 DNP Practice Innovation II (1 cr: 40 DNP practicum contact hours) S/F grading</td>
<td>NURS 703 DNP Practice Innovation III (2 cr: 80 DNP practicum contact hours) S/F grading</td>
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<tr>
<td>NURS 724 Advanced Clinical Studies: Population-based Mental Health Care Across the Lifespan (3cr: 2 didactic; 1 clinical =60 clinical contact hours)</td>
<td>NURS 725 Quality Effectiveness and Safety in Organizational Systems (3 cr)</td>
<td>NURS 682 Procedures for Advanced Practice Registered Nurses (1 cr)</td>
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<tr>
<td><strong>FNP Students:</strong> NURS 633 Health Promotion for Population Health (2 cr)</td>
<td><strong>All Students:</strong> NURS 722 Advanced Clinical Studies: Primary Care and Health Promotion for Adults I (5 cr: 3 didactic; 2 clinical =120 clinical contact hours)</td>
<td>NURS 718 Resource and Practice Management (3 cr)</td>
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<tr>
<td><strong>AG-ACNP, AG-PCNP Students:</strong> NURS 711 Population-based Gerontologic Health &amp; Wellness (2cr)</td>
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### FOURTH YEAR (21 credits; 480 direct patient care hours; 240 DNP practicum hours)

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<tr>
<th>Fall Semester</th>
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<tr>
<td>NURS 704 DNP Practice Innovation IV (2 cr: 80 DNP practicum contact hours) S/F grading</td>
<td>NURS 705 DNP Practice Innovation V (2 cr: 80 DNP practicum contact hours ) S/F grading</td>
<td>NURS 706 DNP Practice Innovation VI (2 cr: 80 DNP practicum contact hours ) S/F grading</td>
</tr>
<tr>
<td><strong>FNP, AG-PCNP Students:</strong> NURS 710 Advanced Clinical Studies: Primary Care and Health Promotion for Reproductive Health (5 cr: 3cr didactic; 2 cr clinical =120 clinical contact hours)</td>
<td><strong>FNP Students:</strong> NURS 730 Advanced Clinical Studies: Primary Care and Health Promotion of Children and Adolescents (5 cr: 3 cr didactic; 2 cr clinical = 120 clinical contact hours)</td>
<td><strong>FNP Students:</strong> NURS 770 Clinical Residency in Primary Care of Individuals and Family (5cr: 1 didactic; 4 cr clinical = 240 clinical contact hours)</td>
</tr>
<tr>
<td><strong>AG-ACNP Students:</strong> NURS 717 Advanced Clinical Care for Adults and Older Adults (5 cr: 3 didactic; 2 cr clinical =120 clinical contact hours)</td>
<td><strong>AG-ACNP Students:</strong> NURS 726 Advanced Clinical Studies: Trauma Care with Adults and Older Adults (5 cr: 3 cr didactic; 2 cr clinical = 120 clinical contact hours)</td>
<td><strong>AG-PCNP Students:</strong> NURS 772 Clinical Residency in Acute and Critical Care of Individuals and Families (5cr: 1 didactic; 4 cr clinical = 240 clinical contact hours)</td>
</tr>
<tr>
<td><strong>AG-PCNP Students:</strong> NURS 723 Advanced Clinical Studies: Primary Care of Adults and Older Adults II (5 cr: 3 cr didactic; 2 cr clinical = 120 clinical contact hours)</td>
<td><strong>AG-PCNP Students:</strong> NURS 723 Advanced Clinical Studies: Primary Care of Adults and Older Adults II (5 cr: 3 cr didactic; 2 cr clinical = 120 clinical contact hours)</td>
<td><strong>AG-PCNP Students:</strong> NURS 774 Clinical Residency in Primary Care of Adults and Older Adults and Families (5cr: 1 didactic; 4 cr clinical = 240 clinical contact hours)</td>
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# MSN to DNP Curriculum, Social Entrepreneurship Track

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<tr>
<td>NURS 600 Communication and Relationship Centered Leadership (3 cr)</td>
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<tr>
<td>NURS 622 Statistics for Health and Biological Sciences (3 cr)</td>
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<tr>
<td>NURS 701 DNP Practice Innovation I (1 cr: 40 DNP practicum contact hours)</td>
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<tr>
<td><strong>Spring Semester</strong></td>
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<tr>
<td>NURS 612 Social Entrepreneurship and the Business of Health Care (3 cr)</td>
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<tr>
<td>NURS 604 Evidence Based Practice I: Evidence for Synthesis for Practice (3 cr)</td>
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<tr>
<td>NURS 702 DNP Practice Innovation II (1 cr: 40 DNP practicum contact hours)</td>
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<td><strong>Summer Semester</strong></td>
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<tr>
<td>NURS 610 Healthcare Policy and Advocacy (3 cr)</td>
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<tr>
<td>NURS 703 DNP Practice Innovation III (2 cr: 80 DNP practicum contact hours)</td>
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<th>Year 2</th>
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<tbody>
<tr>
<td><strong>Fall Semester</strong></td>
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<tr>
<td>NURS 624 Evidence Based Practice II: Translation to Evidence for Practice (3 cr)</td>
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<tr>
<td>NURS 704 DNP Practice Innovation IV (2 cr: 80 DNP practicum contact hours)</td>
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<tr>
<td><strong>Spring Semester</strong></td>
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<tr>
<td>NURS 725 Quality Effectiveness &amp; Safety in Organizational Systems (3 cr)</td>
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<tr>
<td>NURS 670 Data Analytics and Outcomes Improvement (3 cr)</td>
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<tr>
<td>NURS 705 DNP Practice Innovation IV (2 cr: 80 DNP practicum contact hours)</td>
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<td><strong>Summer</strong></td>
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<tr>
<td>NURS 718 Resource &amp; Practice Management (3 cr)</td>
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<tr>
<td>NURS 706 DNP Practice Innovation VI (2 cr: 80 DNP practicum contact hours)</td>
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## Completion of the Doctor of Nursing Practice (DNP)

The DNP is a terminal degree in nursing and, as a clinical doctorate, emphasizes expert clinical practice. To qualify for the DNP degree, all students must successfully complete the required course work in their program of study:

**Post BSN to DNP:** Requires a minimum of 78 credits and a minimum of 1,090 supervised practicum hours that are completed in 12 semesters. The practicum hours include 400 DNP practicum hours and 690 supervised direct patient care hours. Additional time to complete the program is negotiable, up to 5 years, a time consistent with the college graduate program policies.

**Post MSN to DNP:** Requires a minimum of 35 credits in residence and a minimum of 1,000 supervised clinical hours that are completed in six (6) semesters. All post MSN students must submit verification of the number of supervised clinical practicum hours in their advanced practice educational programs (MSN/MS). Students are responsible for obtaining this documentation from the school in which the
program was completed and submitting it during the first semester of the DNP program. Faculty advisers and the program director use this documentation to determine how many hours of practicum the student will need in their plan of study for the post-master's DNP degree in order to meet the 1,000 practicum hour requirement.

All DNP students must complete their DNP practicum hours through a faculty-guided scholarly experience which is completed in the final semesters of the student’s doctoral program (see individual program plans). This culminating experience provides evidence of the student’s critical thinking and ability to translate evidence into practice through problem identification, proposal development, implementation, and evaluation. The DNP Practice Innovation Project encompasses the synthesis of coursework and practice application and results in a deliverable product that is reviewed and evaluated by a faculty advisor and a scholarly project team.

The DNP final project is discussed in Chapter 4 of this handbook and consists of:

- A scholarly comprehensive paper
- A public oral presentation
- The submission of an abstract for presentation at a regional or national meeting.

Failure to satisfy the program requirements will result in forfeiture of degree eligibility. In rare circumstances, and where a leave of absence is not appropriate, a student may petition the graduate program director and the Provost for one additional semester to complete the requirements for completion of the DNP program.

**Certification Examination**

Students graduating from this program are eligible to take the certification exam offered by the American Nurses Credentialing Center (ANCC) or the American Association of Nurse Practitioners (AANP). In addition to certification examinations offered by the AANP and ANCC, graduates of the Adult-Gerontology Acute Care Nurse Practitioner Track also are eligible to take the certification examination offered by the American Association of Critical Care Nurses (AACCN).

**The ANCC** offers certification examinations in nurse practitioner tracks offered by Saint Mary’s College: Family Nurse Practitioner, Adult-Gerontology Primary Care Nurse Practitioner, Adult-Gerontology Acute Care Nurse Practitioner. Candidates who pass this examination are designated as board certified nurse practitioners (e.g. FNP-BC). More information may be found at the ANCC Certification website: [ANCC Certification Information](#)

**The AANP** offers certification examinations in these nurse practitioner tracks offered by Saint Mary’s College: Family Nurse Practitioner and Adult-Gerontology Primary Care Nurse Practitioner. Candidates who pass this examination are designated as certified nurse practitioners (e.g. FNP-C). More information may be found at the AANP Certification website: [AANP Certification Information](#)
ACADEMIC POLICIES

Academic Standing

These policies are approved by the College Graduate Program Committee and the President’s Academic Advisory Council and are available in the Graduate component of the College Bulletin.

Good Academic Standing for Progression

A degree-seeking graduate student is in good academic standing if he or she: 1) meets the standards of quality of his or her academic program; 2) makes satisfactory progress toward completion of degree requirements within the established time limit; 3) meets the requirement regarding continuous registration; 4) meets the minimum required cumulative grade point average of 3.0.

Academic Probationary Status

A graduate student in the DNP program is expected to maintain a B average throughout his or her program of study (3.0/4.0 GPA). The student and his or her advisor will receive written notification of academic probationary status from the Program Director if:

- The student earns a grade lower than a B- in a course, or
- The student earns a single semester GPA lower than 3.0.

Written communication will be directed to the student’s permanent address on file with the college. A second course grade lower than a B- may result in dismissal from the program even if the cumulative GPA is above 3.0. Students may continue on academic probation for no more than two consecutive semesters. No grades below a B- may be counted as fulfilling degree requirements; such grades will be calculated into the grade point average. Grades below B- such as a C or D grade are awarded to graduate students and are used to calculate both semester and cumulative GPA. However, they will not be accepted for completion of graduate coursework. Students may be required to repeat courses to complete the degree.

The instructor has the jurisdiction in determining and assigning grades at the end of the semester. The criteria for assigning grades is determined by the faculty. The Department of Nursing Science supports the use of the College Grade scale to calculate the overall GPA (College Bulletin on page 394).

Normal Program Progression

The DNP Program at Saint Mary’s College is delivered in hybrid, year-round format over four years. Courses are offered once per year. The faculty of Saint Mary’s College recognize that life events happen that may impact progression in the program. This policy situations that often lead to a student being out of the normal program progression. Due to nursing regulatory issues, students are expected to graduate from the program in no more than five years from the time of admission. Extensions beyond this timeframe are granted by the DNP Program Director and only in situations of extenuating circumstances.
Out of normal progression:
A student becomes out of normal progression when one of the following events occur:

1. Requests a leave of absence for an extenuating circumstance.
2. Requests an alternate plan of study due to an extenuating circumstance.
3. Earns a grade lower than B- or an Unsatisfactory Grade in any course.

Financial Impact

It is the student’s responsibility to communicate with the Students Account Manager and the Financial Aid Office to determine if there will be any change to the tuition fee structure and financial aid.

Leave of Absence Policy

A leave of absence (LOA) is a time period during which a student remains in the intended graduate program but is inactive. Students do not take courses at Saint Mary’s College during a leave of absence or engage in academic or practicum activities that are part of their program of study. A leave of absence is not typically granted for more than one academic year.

Students wishing to take a leave of absence must notify the DNP Program Director and Advisor/Clinical Coordinator as soon as they are considering this option. A leave of absence is generally granted for one year for students who have extenuating circumstances, such as prolonged illness, serious injury, family circumstances, relocation, change in employment status, that would otherwise make remaining in progression impossible or difficult. Without prior approval from the Director of the Department of Nursing Science or the DNP Program Director, transfer credits will not be granted for courses taken elsewhere during a leave of absence.

In the written request for a leave of absence, the student should include the following:

1. Name, current address, telephone number, Saint Mary’s College email address.
2. Brief description of the nature of the circumstance leading to the request for a leave of absence. When appropriate, students also are encouraged to contact the Disabilities Resource Office (574-284-4262) to discuss possible accommodations.
3. The semesters in which the student wishes for the leave of absence to be effective.
4. The semester in which the student intends to return.

Once the leave of absence is granted, the student is responsible for petitioning for reinstatement to the program. In order to be reinstated the student must contact the DNP Program Director and the Advisor/Clinical Coordinator two (2) months before the anticipated return. In this reinstatement application, the student must include the following:

1. Name, current address, telephone number, Saint Mary’s College and alternate email addresses.
2. Resolution of the circumstances leading to the request for a leave of absence. When the Disabilities Resource Office (DRO) has developed accommodations for a graduate student, the DRO must send a letter outlining the specifics of the accommodations to faculty members. Accommodations are not granted without a letter from the DRO.
3. The semester the student intends to return and courses the student wishes to enroll in.
Students who do not qualify for or are not granted a leave of absence may transition to inactive status (See policy on Continuous Enrollment and Academic Standing: Inactive Academic Status). Inactive status does not require formal approval but does count against the maximum time to graduation. Students who qualify for a leave of absence beyond one year may be required to audit courses critical to safe patient care.

Request for an alternate progression plan
Students who have extenuating life circumstances may request an alternate progression plan to be prepared by the DNP Program Director. An alternate progression plan typically reduces the course load that the student enrolls in each semester, and therefore extends the time for graduation by one year. Alternate progression plans that delay graduation by more than one year are not permitted.

Grades lower than B- or Unsatisfactory Grade:
According to Saint Mary’s College policy, students who earn a grade lower than B- or earns a single semester GPA lower than 3.0 will be placed on academic probation status. As stated in The Bulletin: “Students may continue on academic probation for no more than two consecutive semesters. No grades below a B- may be counted as fulfilling degree requirements; such grades will be calculated into the grade point average. Grades below B- such as a C or D grade are awarded to graduate students and are used to calculate both semester and cumulative GPA; however, they will not be accepted for completion of graduate course work.”

Consistent with Saint Mary’s College policy, the minimum acceptable grade in DNP program courses is B-. In courses that are graded as Satisfactory/Unsatisfactory, the student must receive a satisfactory grade in order to progress in the program. Students who receive a grade lower than B- or an Unsatisfactory grade in a course must retake the course when it is offered the next year. According to Saint Mary’s College policy, a student who receives a second grade lower than B- or Unsatisfactory will be dismissed from the DNP Program at Saint Mary’s College.

Students must refer to the Bulletin, paying close attention to pre-requisite courses. Students may not take a course if a pre-requisite course was not successfully completed. In some circumstances, this means that the student may need to be out of classes for a semester or year.

In cases where a student receives a grade lower than B- or Unsatisfactory due to a disability, that student is strongly encouraged to contact the Disabilities Resource Office to discuss possible accommodations that will foster success upon the student’s return.

When a student receives a grade lower than B- or Unsatisfactory, the student:

1. Will receive a letter from the DNP Program Director notifying him or her of the grade and academic probationary status. The student also will receive a proposed plan of study for future semesters and recommendations for supplementary coursework if necessary.
2. Must contact the DNP Program Director and the Advisor/Clinical Coordinator two (2) months before the anticipated return with a statement of intent to return to the program. The student must be specific about the semester and courses that he or she will be enrolled in upon return to the program.
3. Must discuss the circumstances leading to the unsatisfactory performance in the course with a detailed plan for success.
4. Must provide evidence of completion of any required supplementary coursework and the outcome of that work.

Continuous Enrollment (Verbatim from the Bulletin)
Once admitted to a graduate degree program, graduate students must be registered for a minimum of one credit hour (not audit) or a zero credit hour “continuous enrollment” course during all phases of their graduate education. All students, including those who have completed all coursework, must register each semester until all degree requirements are met. Students are responsible for completing the registration process each semester. A student who does not maintain continuous enrollment must communicate with the director of the relevant graduate program prior to applying for reinstatement.

Those students who have completed all coursework and are writing a master’s thesis or preparing for a comprehensive exam should register for the corresponding course in their department of study for the purpose of continuing enrollment. Courses with grades of “V” (audit) are not considered valid registration for continuous enrollment purposes; students completing work for a course in which they received an “X” (incomplete) must maintain continuous enrollment in the following semester while completing all incomplete courses.

A student who does not meet the continuous enrollment requirement unless they have received an approved leave of absence, is considered inactive and not in good academic standing. Continuous enrollment may continue until the student’s length of continuous enrollment reaches the Maximum Time to Degree as determined in the policies of the program into which the student matriculated. If degree requirements are not completely met by the Maximum Time to Degree, the student is considered inactive.

Inactive Status
Students who do not maintain continuous enrollment are considered inactive. Please see the Reinstatement policy for more details.

Reinstatement
A student who has officially withdrawn from and wishes to return to a Saint Mary’s College graduate program must send a written request stating the reasons for seeking readmission to the Dean of Graduate Studies, who will forward a copy to the graduate program director (see continuous enrollment policy). The program director will ask the Graduate Admission Office to send the student an application for readmission. All transcripts and course descriptions for academic work completed during the intervening time must be submitted to the Graduate Admission Office. The application, along with any new academic information, will be reviewed by the DNS admission committee before the student receives a decision.

Correspondence:
When a student’s status changes to “out of normal progression” the student will receive an email and letter from the DNP Program Director. The letter will be sent via U.S. Mail to the address on file with the Registrar’s Office. It is the student’s responsibility to update the Registrar on any address changes. The email will be sent to the student’s official Saint Mary’s email address. It is the student’s responsibility to frequently check the email account for correspondence.
If the program has not received the required request to re-enter the program two months prior to the start of the next semester, the Advisor/Clinical Coordinator will send the student one courtesy email and letter via US Mail reminding the student of the request requirement. If the student does not respond to the reminder within 10 business days, the student will be administratively withdrawn from the DNP Program.

**Assignment of credit hours**

Saint Mary’s College operates under a semester credit hour system and defines credit hours based on the Carnegie unit. Each semester hour of credit represents one hour per week (15 weeks) of lecture or recitation and 3 to 4 hours of time spent in independent preparation (readings, papers, etc). The length of a clinical, laboratory, practicum, or internship period depends upon the requirement of the course. The DNP program uses a clinical hour to credit ratio of 1:60; for each one hour clinical credit students will have 60 supervised direct patient care clinical hours. The DNP program uses a DNP Practice Innovation Project Practicum to credit ratio of 1:40; for each one hour of DNP practicum credit, students will have 40 hours of supervised work toward the DNP Practice Innovation Project.

The assignment of credit policy applies equally to courses offered for less than 15 weeks, such as summer session courses. Such courses contain an equal or greater number of hours of direct instruction and independent preparation as the same course offered in the standard 15-week semester.

The assignment of credit policy applies equally to courses delivered through all modes of instruction including online courses. A course taught online in the DNP program has been reviewed and approved by the Teaching Learning Technology Roundtable. An online course is approved only once it has been determined that the course covers the same content and achieves the same outcomes as the same course taught on campus.

The Department of Nursing Science adheres to this policy as set forth and approved by the College Graduate Program Committee and the President’s Academic Affairs Committee that is published in the College Bulletin on page 390.

**Incomplete Grade**

All work for credit is expected to be completed within the term it is attempted including independent studies. This expectation of students also should guide faculty members who teach graduate courses. That is, faculty are obligated to evaluate and grade graduate work by the end of the term in which the course is offered.

An incomplete grade (X) should only be given when an emergency or other legitimate reason prevents a student, who has been passing the course, from completing some critical portion of the required work. An incomplete grade is not automatic and must be negotiated with the course instructor prior to the final exam week. If an incomplete is granted by the instructor, the student is generally expected to complete the course requirements within 30 days after the beginning of the next term. If no change has been made by the approved due date, the grade will convert to a grade of F. Extensions for incompletes beyond 30 days require formal approval from the Graduate Program Director.
**Title of DNP Student**

In all posters, presentations, and emails, students must identify themselves as “Doctor of Nursing Practice or DNP, {Clinical Track} Student. For example: Jane Smith, DNP-Family Nurse Practitioner student.

Students **may not** use the term DNP Candidate or DNPC in any communications, papers, posters, or presentations.

**American Nurses Association Code of Ethics**

Faculty and students of the Saint Mary's College Department of Nursing Science adhere to the ANA Code of Ethics for Nurses. The provisions of the ANA Code of Ethics are available from the ANA website: [ANA Code of Ethics](#)

Conduct by students in violation of the ethical provisions identified in the ANA Code of Ethics for Nurses is viewed as professional and academic misconduct and failure to meet program objectives.

**Academic Integrity and Academic Honesty**

The academic integrity and academic honesty policy provided in this handbook is congruent with the policies of the College Graduate Program and can be found in the College Bulletin on page 389.

Saint Mary’s College is dedicated to intellectual inquiry and the personal and professional growth of its students. Academic integrity is foundational to the vibrant academic life and social structure of the College and represents the mutual engagement in learning between students and faculty members. Academic integrity is grounded in certain fundamental values which include truth, honesty, respect, responsibility, and fairness that form the basis for a vibrant academic culture. The highest standards of academic integrity are expected of all graduate students and faculty members in academic coursework and research activities. Activities that compromise truth gleaned through the advancement of learning and knowledge development undermine intellectual effort.

Academic integrity, in all its forms, is an explicit value of the College. Academic honesty is a form of academic integrity. Academic honesty can be best understood by the ethical standards guiding faculty in their academic work. Specifically, an individual’s contributions, in terms of words and scholarly findings, are attributable to the individual scholar alone; no other individuals can honestly claim another’s ideas as their own. Furthermore, the integrity of scholarly knowledge rests on the accurate demonstration of the assumptions and reasoning that produced it. These standards are used as the implicit basis for teaching and learning in the College.

**Responsibilities for Academic Honesty**

Academic honesty consists of truth telling and truthful representations in all academic contexts. All members of the academic community have a responsibility to ensure that academic honesty is maintained.

**Faculty responsibilities include:**

- Upholding the College’s principles of academic honesty,
- Mitigating opportunities (where reasonable) for dishonesty,
- Promulgating this policy to graduate students by placing it in the course syllabi
• Protecting students’ privacy\(^1\), whether in confronting an individual suspected of dishonesty or receiving reports of dishonesty from others,
• Assigning appropriate grades to those who violate academic honesty as stipulated in the course syllabus
• Reporting instances of academic dishonesty to the designee of the Dean of Graduate Studies.

**Student responsibilities include, but are not limited to:**
• Refraining from violations of academic integrity.
• Completing individual assignments with their own work,
• Completing collaborative assignments by appropriate division of labor,
• Completing internship, clinical or practicum assignments including time of service with their own work,
• Refusing to participate in an act of academic dishonesty,
• Notifying instructors of dishonesty that is observed.

\(^1\)It is certainly the case that investigating alleged instances of dishonesty may require some dissemination of information about the original occurrence. Protection implies that we actively seek to limit this dissemination to only those who need to know as part of such a process or those to whom there is a legal obligation to provide such information.

Violations of academic integrity include, but are not limited to: cheating on assignments or exams, fabrication of data, tampering, sabotaging another student’s work, plagiarism, falsification of records and official documents, unauthorized access to computerized academic or administrative records or systems, and aiding and/or facilitating any such activities. It is assumed that all work submitted by a student represents the student’s own ideas and work. Verbatim copying, paraphrasing, adapting or summarizing the work of another, regardless of the source – whether books, journals, periodicals, websites, or other forms of media—must be properly cited. Any representation of the work of another that is not properly referenced is considered to be plagiarism. Ignorance of what constitutes plagiarism is not a defense to an allegation of a violation of the academic integrity policy. Any act that involves misrepresentation regarding the student’s academic work or that abridges the rights of other students to fair academic competition is unacceptable.

Any context in which students neglect or actively decline to be fully honest in academic work is academic dishonesty. Similarly, failure to report observations of academic dishonesty is considered to constitute a violation of academic integrity. The medium in which full honesty is ignored – whether electronic, print or verbal (e.g., verbally claiming responsibility for another person’s academic work) – is immaterial. Neither is it important whether the academic work in question is required for a course or optional, a quiz or a test, a term paper or an in-class essay, graded or ungraded, etc. Neither does it matter whether the student benefits directly or at all from the dishonesty.

**Procedure in Cases of Academic Dishonesty**

After a thorough investigation, a faculty member who has evidence of dishonesty notifies the student of the alleged misconduct. After discussing the evidence with the student, the faculty member will write to the student disconfirming or confirming the violation, and if the latter, will state the penalty as described in the course syllabus. The faculty member will forward this notice to the designee of the Dean of Graduate Studies. A wider
hearing may occur if the Dean’s designee discovers that the student has had multiple incidents of academic dishonesty reported to the Graduate Program Office or judges that aspects of the original charge merit a wider hearing. The Dean’s designee serve as the chair of an appointed disciplinary review committee comprised of three faculty members and one graduate student who are not members of the student’s program. A student’s first incident of academic dishonesty may result in immediate dismissal.

The Dean’s designee will inform the student of the Committee’s decision and of the right to an appeal.

The Office of the Dean of Graduate Studies is responsible for maintaining confidential records of all violations of the Academic Honesty Policy.

**Appeal of Academic Honesty Violation**

Graduate students have the right to appeal the charge of academic dishonesty and/or its penalty if the student believes the alleged incident of academic dishonesty to be unfounded, biased or capricious, or if the penalty is too severe. The student should submit a formal written appeal stating the grounds for appeal and documentation to the Dean of Graduate Studies within 10 working days of the decision being sent by the designee of the Dean of Graduate Studies. Upon receipt of the appeal, the Dean of Graduate Studies may convene a new committee comprised of three faculty members and one graduate student who are not members of the student’s program and have no prior knowledge of the case. The Dean and committee will conduct a review of the appeal materials, may seek additional information, and may consult with the student, faculty member (s) involved. The Dean will notify all parties involved of the decision. The decision is final, except in the cases of suspension or expulsion.

For actions of the Dean of Graduate Studies involving suspension or expulsion, students have the right to appeal to the Provost. A formal written appeal stating the grounds for appeal and available documentation is to be submitted to the Provost within 10 working days of the decision being sent by the Dean. The Provost will conduct a review of the appeal materials, may seek additional information, and may consult with the student, faculty, program director, and others. The Provost will notify the student and all parties involved of the decision. A copy of this decision will be kept in the Office of the Dean of Graduate Studies. The decision of the Provost is final.

**Complaint Procedure**

A formal complaint is one that is generated by a student or community member that is written and signed, received by the Director of the Department of Nursing Science or upper university administration. A formal complaint outlines perceived violations related to nursing, university, or Indiana State Board of Nursing policies and procedures.

A formal complaint also may express a complaint, resentment, or accusation lodged by a student about an academic circumstance such as grading, testing, and/or quality of instruction. Any complaint received is seriously considered by the DNS Director or university administration (as necessary). After careful consideration, the DNS Director may opt to take appropriate action or decide to take no action.
Students who have minor complaints, concerns, or misunderstandings about course curriculum or pedagogy must first request a meeting with the course lead faculty to discuss the issue. Minor complaints, concerns, and misunderstandings often are rectified during a direct discussion between the student and faculty. Issues that are not resolved may be brought to the attention of the DNS Director or DNP Program Director for further discussion.

SMC uses the Maxient System to record complaints and their resolution.

**Student Success**

Saint Mary’s College believes that all students should be successful in their program of study. Students who are having difficulty as evidenced by missed classes, incomplete or unsatisfactory coursework, or other behaviors that are concerning will first meet with course faculty, who will document the behavior and develop a mutually-agreed upon Plan for Success in the course. This plan will be kept in the student’s private file. When patterns of concerning behavior are noted, the DNS Director, Program Track Coordinator, and student will develop a written Plan for Success, noting behaviors, objectives, and actions that the student must adhere to. Students who do not adhere to the Plan for Success will face consequences that may range from course failure to program dismissal.

**Academic Appeals**

The Department of Nursing Science adheres to the Grade and Dismissal Appeals approved by the College Graduate Program Committee and the President’s Academic Affairs Committee that can be found on Page 388 of the College Bulletin.

Grade Appeals and Dismissal Appeals information is available in the Graduate Academic Policy component of the college Bulletin on page 388.

**Statement of Non-Discrimination**

Saint Mary’s College graduate programs follow the College’s non-discrimination policy. Non-urgent incidents of bias may be reported to the Office of Academic Diversity, Equity, and Inclusion by following the appropriate “Report an Incident” link on MySaintMarys home page.

**Equal Opportunity and Nondiscrimination Policy**

All College policies, practices, and procedures are administered in a manner consistent with our Catholic identity. With the foregoing understanding, Saint Mary's College will not engage in discrimination based on sex, race, color, national origin, religion (except where religion is a bona fide occupational qualification), age, disability, citizenship status, genetic information, veteran status, or any other characteristic protected by law. Based on our Catholic values, the College also prohibits discrimination based on sexual or political orientation. In the areas of undergraduate admission, academic year housing, and varsity athletics, Saint Mary’s College will remain exclusive in respect to sex, but not as to any of the other above-mentioned characteristics. Student complaints regarding discrimination should be filed using the following reporting mechanism: https://publicdocs.maxient.com/incidentreport.php?SaintMarysCollege.
Reports will be directed to the appropriate vice president for review. Title IX Coordinator All inquiries concerning the application of Title IX and its implementing regulations may be referred to the College’s Title IX Coordinator. The College’s Title IX Coordinator is: Kris Urschel, Director of Human Resources, College Counsel and Title IX Coordinator Facilities Building (574)284-4777 titleix@saintmarys.edu

Sigma Theta Tau
Sigma Theta Tau International Honor Society of Nursing is the international honor society for nursing. The mission of Sigma Theta Tau International is to improve the health of people world-wide through the development of nurse leaders and nursing knowledge. The society provides its members with opportunities to contribute to the accomplishment of its mission and challenges its members with the responsibility to do so. The purposes of Sigma Theta Tau International are to:

• Recognize superior achievement
• Recognize and develop leadership qualities
• Foster high professional standards
• Encourage creative work
• Strengthen commitment to the ideals and purposes of the profession

Students who are eligible for induction into Sigma Theta Tau will be invited to join the Nu Omicron--At--Large chapter. Graduate students who have not been previously been inducted into Sigma Theta Tau will be invited to become a member during their fourth semester in the DNP program.
CHAPTER 3

DNP Clinical Policies and Requirements
DNP Clinical Policies and Requirements

Orientation and Immersion Policy:

Orientation
Orientation is an on-campus event that is intended to introduce new students to Saint Mary’s College, DNP program faculty, course and clinical expectations, and how to access and use BlackBoard. The information provided during Orientation is intended to foster student success in this online DNP program.

Orientation is generally scheduled for early August. New students will be notified in advance of the orientation schedule. **Attendance for the full orientation is mandatory.** Students who miss orientation are responsible for obtaining all missed information prior to the beginning of class.

Immersion
Immersions are an on-campus event that are intended to enhance student learning, promote networking among students, allow face-to-face interactions with faculty, and to immerse the student in their educational process through in-class experiences and testing. Immersions are scheduled three times per year, generally from a Friday afternoon until Sunday afternoon. The start and end time of these events will vary depending on scheduled events.

Attendance at Immersions is mandatory for the entire event. Students who cannot attend the entire Immersion must discuss the compelling reason (personal health issue or marriage, immediate family health concerns, wedding, or funeral) for missing the Immersion with the DNP Program Director and course faculty. In an email sent prior to the Immersion, the student must explain the reason for missing the event and provide any requested documentation. Students who do not have a compelling reason to miss an Immersion will have an unexcused absence and will therefore earn a grade deduction in each course that the student is enrolled in.

Declaring clinical major:

Students must declare their clinical major (Family Nurse Practitioner, Adult-Gerontology Acute Care Nurse Practitioner, Adult-Gerontology Primary Care Nurse Practitioner) upon acceptance to the DNP program. Students may change their clinical major until midterm of the 6th semester of study. Those wishing to change their clinical focus must complete the Graduate Change of Track Form (A and in DNP Student Resources on BlackBoard) as provided by Academic Advisor and Clinics Coordinator April Lane by midterm of the 6th semester.

Annual in-service requirements

HIPAA Training *(documentation must include student’s name on the completion document)*
Students are required to engage in yearly HIPAA training. If this is completed as part of employment, the completion certificate may be used as proof of training. Students submitting HIPAA training as part of their work must have documentation that includes the student’s name and date of completion. Students who do not complete HIPAA training as a part of their employment may do so through CastleBranch. The cost for completing this training through CastleBranch
Bloodborne Pathogens Training (documentation must include student’s name on the completion document)

Students are required to engage in yearly Bloodborne Pathogens training. If this is completed as part of the student’s employment, the completion certificate may be used as proof of training. Students submitting bloodborne pathogens training as part of their work must have documentation that includes the student’s name and date of completion. Students who do not complete this training as part of their employment may complete it through CastleBranch. The cost for completing this training through CastleBranch (https://www.castlebranch.com/online_submission/package_code.php) is $10 and may be purchased by using the code IJ29OSHA module only.

Required Equipment, Resources, Professional Membership & Testing

**Equipment**

- NURS 688, 6th Semester, Summer 2: Cardiology stethoscope with neonatal, pediatric, and adult chestpiece, otoscope/ophthalmoscope, tuning fork and reflex hammer: $420. Kit without stethoscope: $305. Purchased from the DNS
- NURS 682, Summer 3, Semester 9: Suturing and biopsy practice kit, approximately $120
- Laptop computer, software platform such as Office
- Internet access

**Resources**

- Shadow Health: NURS 651, 5th Semester, Spring 2: Advanced Pharmacology; NURS 688, 6th Semester, Summer 2: Advanced Physical Assessment: $99 for first package; $89 for second package
- Epocrates (or other evidence-based prescribing reference): ~$150/year. Discounted pricing is often offered to students. NURS 688, 6th Semester, Summer 2. Used in coursework through Semester 12.
- Typhon: One-time fee of $90, includes access to data for up to five years after graduation. First semester of program, used throughout.

**Professional Membership**

- American Association of Nurse Practitioners student membership: $55/year. [https://www.aanp.org/membership#student](https://www.aanp.org/membership#student)

**Preceptor Fees:**

- Students are financially responsible for all fees associated with finding a clinical preceptor and any other fees required by the preceptor or health system.

**HESI Testing**

The schedule for testing is:

- HESI Pathophysiology Exam (50 questions). Taken with NURS 644 ($54)
- HESI Pharmacology Exam (50 questions). Taken with NURS 651
- HESI Physical Assessment Exam (50 questions). Taken with NURS 688
• HESI Exit Exam (100 questions). Taken with NURS 770, 772, or 774
• The pathophysiology, pharmacology, and physical assessment exams cost $54 each with an added fee for Proctor U. The exit exam is $80 with an added fee for Proctor U. These fees are subject to change.

HESI exams are standardized exams intended to help students prepare for the certification exam. Beginning with Spring Semester, 2021, these exams will be administered online at the end of the semester. As with any other exam in this program, the academic honesty policy applies. The score on this exam will count toward the final grade in the course. It is up to the course faculty member to determine how much this score contributes to the final grade. All students are encouraged to review their summary report and engage in the appropriate remediation. Students are responsible for paying the cost of each of these examinations.

Health, Licensure, Safety, and Professional Behavior Requirements:

Health Requirements

Student personal, health, and immunization records are maintained in the Department of Nursing Sciences Student. It is the responsibility of each student to assure the documents are current. It is also the responsibility of each student to provide his/her own health insurance. Licensure and proof of health insurance must be uploaded at the beginning of the first semester of the doctoral program. All other required documentation must be uploaded to Typhon or submitted to April Lane (alane@saintmarys.edu) no later than March 1 of the fifth semester of the program. This timing will ensure that all students will be able to begin the clinical requirements for NURS 688 Advanced Health Assessment offered during the summer semester (6th semester). All documentation must include the student’s name on the actual document.

Required health documentation

1. Physical Exam (Appendix C): A physical examination is required and results returned to the Department of Nursing. Arrangement for this exam may be made through your family health care provider or through Health and Wellness Services at Saint Mary’s College. The form is found in Appendix C of this handbook and is located on BlackBoard in the DNP Student Resources site. (Due March 1 of the 5th semester).
2. Health insurance: Students must upload to Typhon proof of health insurance at the beginning of their first semester in the doctoral program and updated yearly if the health insurance changes. (Due September 1 of 1st semester).

Immunizations and Tuberculosis (TB) Testing (Due March 1, 5th semester): Appendix D

Tuberculosis Testing Policy 2020

The Department of Nursing Science and health care systems require students to be tested for tuberculosis (TB) prior to attending any clinical experiences. The two Interferon Gamma Release Assay (IGRA) blood tests that have been approved by the U.S. Food and Drug Administration (FDA) to test for TB infection are the QuantiFERON®-TB Gold In-Tube test (QFT-GIT) and the T-SPOT TB® test (T-Spot). The student may choose either blood test.
A positive result from an IGRA test requires a physical examination by a qualified health care provider and a chest x-ray. In addition, a letter outlining the diagnosis and plan of care must be submitted to the Nursing Department before a student attend any clinical experiences.

**Tuberculosis Risk Assessment Form:** A tuberculosis risk assessment form must be completed by each student annually and when the student has traveled outside of the United States. Students who have traveled to TB endemic areas as described by the Centers for Disease Control and Prevention may be required to undergo additional testing.

TB screening policies may vary by clinical agency. Students must comply with agency policy.

**3. Proof of immunity to the following communicable diseases**

   a. Proof of one (1) rubella immunization or rubella titer (may be MMR).
   b. Proof of two (2) rubeola vaccines or rubeola titer (may be MMR).
   c. Verbal history of chicken pox or varicella zoster titer.

Immunization dates may be verified by your family health care provider. Titers may be drawn by family health care provider or done through Health and Wellness Services. Students are responsible for the costs of the titers.

**4. Influenza Vaccine (Due no later than October 31):** Each fall, students must submit proof of obtaining a yearly influenza vaccine.

**5. Hepatitis B Vaccination:** The Department of Nursing in collaboration with clinical agencies, requires that nursing students receive the Hepatitis B vaccine. Hepatitis B vaccine may be obtained from your family health care provider or through Health and Wellness Services. The vaccination consists of a series of three injections. Students must begin the injections at least one month prior to beginning clinical; the second injection will follow in one month. The final injection is to be given six months after the first injection. It is not necessary that the series be completed at one location. The Hepatitis B series is available for a fee from Health and Wellness Services. If the series is started with the family health care provider, students may receive the other injections from Health and Wellness Services. If for some medical, religious, or philosophical reason the student elects not to receive the vaccine, a letter stating such must be signed, dated and submitted by the student prior to clinical practicum. Failure to either receive the vaccine or sign a declination form will result in dismissal from the program.

**6. An updated tetanus, diphtheria, pertussis (Tdap) booster:** Vaccination is strongly advised if it has been 10 years since the last tetanus vaccination.

**7. COVID-19 Immunization:** At this point, the COVID-19 vaccine is not required. The DNP program will follow agency policy. If the agency requires it prior to a student’s clinical experience, the student must ensure she or he has this immunization. Students who have received two doses of the vaccine may upload their completion certificate to Typhon.
Licensure

Students must upload to Typhon a copy of their current license as a Registered Nurse in all states where the student will engage in clinical rotations. RN licenses must be uploaded in the student’s first semester and must be updated when licenses are renewed. (Due September 1 of the first semester; updated with renewal).

Safety Requirements

CPR Certification (Due March 1, 5th semester, updated with renewal)

The Department of Nursing Science requires all nursing students to be CPR certified prior to entry into clinical practices. The CPR course should be two year certification from the American Heart Association or American Red Cross and must be a course for Health Care Providers (not a HeartSaver course). The course must include CPR and choking techniques for infants, children, adults and use of AED. CPR needs to be current throughout your clinical courses.

ACLS Certification (Due March 1, 5th semester, updated with renewal)

In addition to the CPR requirement, the Department of Nursing Science requires all nursing students enrolled in the acute care nurse practitioner track to be ACLS certified prior to entry into clinical practices.

Drug Screening (Due March 1, 5th semester)

To provide a safe working environment, hospitals and other clinical agencies require individuals who provide care to patients to undergo drug testing. Students are required to have a negative drug screen, minimum 9-panel, prior to engaging in any clinical activity. The student is responsible for the cost of the drug screening, which must be submitted as indicated by the DNS.

Drug Screening Results

A student’s ability to engage in clinical experiences is contingent upon drug screen results that demonstrate no evidence of illicit drug use. Students who test positive for a drug specifically prescribed for a medical condition (eg. ADHD) must submit documentation from the health care prescriber that includes the name of the drug, dosing schedule, and reason for the prescribed medication.

Students who test positive for illegal substances will be required to have blood or hair follicle testing to confirm the positive urine drug test. The results of the positive drug screening will be reported to the student’s state Board of Nursing. The student will be required to complete any mandated programs by the BON prior to resuming any clinical activities. If the student is permitted to resume clinical activities, the student will be required to submit a minimum of three random urine drug tests throughout the year. The consequence for any subsequent positive results for illegal substances is immediate dismissal from the program. All testing will be done at the student’s expense.
Criminal Background Check (Due March 1, 5th semester)

Criminal history background checks are required of all nursing students in compliance with state and federal (House Bill 1633) regulations for individuals in clinical settings and when working with patients or individuals who are minors or vulnerable. All clinical agencies require a criminal background check. Additionally, a past criminal history may have a negative impact on a nursing graduate’s ability to obtain a license to practice nursing. Current Indiana law states that individuals who have convicted of certain crimes may not be employed by or operate a home health facility or work in the Indiana public school system.

The student is responsible for the cost of the criminal background check. Further, students will be asked to complete a Criminal History Disclosure Statement Form on an annual basis. The student is responsible for reporting any criminal arrest or situation (including operating while impaired--OWI) which occurs during the academic year to the Director of the Nursing program before the next clinical day.

Violation of the above policies, even for the first offense, may subject the individual to disciplinary action up to and including dismissal from the program.

Criminal Background Check and Drug Test Procedure

1. Go to https://portal.castlebranch.com/IJ29
2. At the Red Bar, choose “Place Order”
3. Under “Please Select”, choose one of the following codes:
   • IJ29bg-Background only: $56
   • IJ29dt-Drug Test only: $32
   • IJ29-Background, Drug Test, and Compliance Tracker (Full package). Students who will enter clinical coursework in the Summer of 2021 must choose this package. $123
4. Follow directions to set up an account and start the order.
5. When the background check result is available, print only the one-page “Results Summary” and turn the “Results Summary” page into the nursing office by the March 1 submission deadline.
6. When your Drug Test Result is available, Print only the one-page drug test result and turn the “Drug Screening Results” page into the nursing office by the March 1 submission deadline.

For questions or troubleshooting help, please contact the Castle Branch service desk at 888.723.4263, x7196 or https://mycb.castlebranch.com/help

Students must complete a Criminal History Disclosure Statement Form annually after first criminal background check. The student must report any criminal arrest or situation (including operating while impaired) which occurs during the academic year to the Director of Nursing before the next clinical day.

Essential Abilities
All students are required to read, sign, and adhere to the Essential Abilities policy statement upon admission and/or prior to beginning coursework. (Appendix A).
Due Dates and Non-Compliance Consequences

Prior to engaging in any clinical activity, it is a legal, university, and clinical institutional requirement and professional obligation that the following steps are completed before students engage in clinical activity. This is a summary of requirements that MUST be completed prior to engaging in clinical activity:

- Before beginning coursework, Essential Abilities (Appendix A) statement must be read, signed, and submitted to April Lane.
- By September 1 of first semester in the program: Submit active Registered Nurse license and proof of health insurance to April Lane.
- By March 1 of the fifth semester in the program: Submit all required documentation, which includes physical exam, BLS CPR, ACLS (AG-ACNP students only) record of up-to-date immunizations (MMR or titers, TdAP, Varicella immunization or history of chicken pox infection, Hepatitis B), TB skin test, criminal background check, and urine drug screen.
- By October 31, annually: Submit proof of Influenza immunizations.
- The required information must be uploaded to Typhon.

Submission of all required documentation is a professional responsibility. Students who need more than one reminder to submit this information to April Lane will be suspended from clinical course work until it is turned in. Students who engage in any clinical time prior to completion of these steps will not be able to count that time toward course completion and will need to make up this time.

Clinical agencies often request proof that all of the required health and safety requirements have been met. In order to do this, students are required to sign the Release of Information form found in Appendix F.

Student Health/Pregnancy

Title IX Rights of Pregnant and Parenting Students

Compliance

a. Reporting: Any member of the Saint Mary’s College community may report a violation of this Policy to any supervisor, manager, or to the Title IX Coordinator. All mandated reporters are responsible for promptly forwarding such reports to the Title IX office. The Title IX Coordinator is responsible for overseeing complaints of discrimination involving pregnant and parenting students.

The Title IX Coordinator for Saint Mary’s College is:
Kris Urschel, Director of Human Resources
106 Facilities Building
titleix@saintmarys.edu
574-284-4777
Complaints may also be filed with the U.S. Department of Education, Office for Civil Rights at:

Office for Civil Rights (OCR)
North Central Regional Office
500 W. Madison Street, Suite 1414
Chicago, IL 60661
(312) 730-1630
Email: OCR@ed.gov
Web: http://www.ed.gov/ocr

Complaints may be filed online, using the form available at: http://www.ed.gov/ocr/complaintintro.html

Policy Statement

Saint Mary’s College is committed to creating and maintaining a community where all individuals enjoy freedom from discrimination, including discrimination on the basis of sex, as mandated by Title IX of the Education Amendments of 1972 (Title IX). Sex discrimination, which can include discrimination based on pregnancy, marital status, or parental status, is prohibited and illegal in admissions, educational programs and activities, hiring, leave policies, employment policies, and health insurance coverage. Saint Mary’s College hereby establishes a Policy and associated procedures for ensuring the protection and equal treatment of pregnant individuals, persons with pregnancy-related conditions, and new parents.

Under the Department of Education’s (DOEd) Title IX regulations, an institution that receives federal funding “shall not discriminate against any student, or exclude any student from its education program or activity, including any class or extracurricular activity, on the basis of such student’s pregnancy, childbirth, false pregnancy, termination of pregnancy or recovery therefrom.” According to DOEd, appropriate treatment of a pregnant student includes granting the student leave “for so long a period of time as is deemed medically necessary by the student’s physician,” and then effectively reinstating the student to the same status as was held when the leave began.

This generally means that pregnant students should be treated by Saint Mary’s College the same way as someone who has a temporary disability, and will be given an opportunity to make up missed work wherever possible. Extended deadlines, make-up assignments (papers, quizzes, tests, and presentations), tutoring, independent study, online course completion options, and incomplete grades that can be completed at a later date, should all be employed, in addition to any other ergonomic and assistive supports typically provided by Disability Services. To the extent possible, Saint Mary’s College will take reasonable steps to ensure that pregnant students who take a leave of absence or medical leave return to the same position of academic progress that they were in when they took leave, including access to the same course catalog that was in place when the leave began. The Title IX Coordinator has the authority to determine that such accommodations are necessary and appropriate, and to inform faculty members of the need to adjust academic parameters accordingly.

As with disability accommodations, information about pregnant students’ requests for accommodations will be shared with faculty and staff only to the extent necessary in order to provide the reasonable accommodation. Faculty and staff will regard all information associated with such requests as private and will not disclose this
information unless necessary. Administrative responsibility for these accommodations lies with the Title IX Coordinator, who will maintain all appropriate documentation related to accommodations. In situations such as clinical rotations, performances, labs, and group work, the institution will work with the student to devise an alternative path to completion, if possible. In progressive curricular and/or cohort-model programs, medically necessary leaves are sufficient cause to permit the student to shift course order, substitute similar courses, or join a subsequent cohort when returning from leave.

Students are encouraged to work with their faculty members and Saint Mary’s College support systems to devise a plan for how best to address the conditions as pregnancy progresses, anticipate the need for leaves, minimize the academic impact of their absence and get back on track as efficiently and comfortably as possible. The Title IX Coordinator will assist with plan development and implementation as needed.

Scope of Policy

This Policy applies to all aspects of Saint Mary’s College program, including, but not limited to, admissions, educational programs and activities, extra-curricular activities, hiring, leave policies, employment policies, and health insurance coverage. This policy includes all undergraduate and graduate programs and students.

Definitions

a. Caretaking: caring for and providing for the needs of a child.

b. Medical Necessity: a determination made by a health care provider (of the student’s choosing) that a certain course of action is in the patient’s best health interests.

c. Parenting: the raising of a child by its parents in the reasonably immediate post-partum period.

d. Pregnancy and pregnancy-related conditions: include (but are not limited to) pregnancy, childbirth, false pregnancy, termination of pregnancy, conditions arising in connection with pregnancy, and recovery from any of these conditions.

e. Pregnancy discrimination: includes treating an individual affected by pregnancy or a pregnancy-related condition less favorably than similar individuals not so affected, and includes a failure to provide legally mandated leave or accommodations.

f. Pregnant student/Birth-parent: refers to the student who is or was pregnant. This Policy and its pregnancy-related protections apply to all pregnant persons regardless of gender identity or expression.

g. Reasonable accommodations: (for the purposes of this Policy) changes in the academic environment or typical operations that enable a pregnant student or student with a pregnancy-related condition to continue to pursue their studies and enjoy the equal benefits of the College.

Reasonable Accommodation of Students Affected by Pregnancy, Childbirth, or Related Conditions

a. Saint Mary’s College and its faculty, staff, and other employees will not require a student to limit their studies as the result of pregnancy or pregnancy-related conditions.

b. The benefits and services provided to students affected by pregnancy will be no less than those provided to students with temporary medical conditions.
c. Students with pregnancy-related disabilities, like any student with a short-term or temporary disability, are entitled to reasonable accommodations so that they will not be disadvantaged in their courses of study or research, and may seek assistance from the Title IX office.

d. No artificial deadlines or time limitations will be imposed on requests for accommodations, but the [School] is limited in its ability to impact or implement accommodations retroactively.

e. Reasonable accommodations may include, but are not limited to:
   1. Accommodations requested by the pregnant student to protect the health and safety of the student and/or the pregnancy (such as allowing the student to maintain a safe distance from hazardous substances);
   2. Modifications to the physical environment (such as accessible seating);
   3. Mobility support;
   4. Extending deadlines and/or allowing the student to make up tests or assignments missed for pregnancy-related absences;
   5. Providing remote learning options;
   6. Excusing medically-necessary absences (this must be granted, irrespective of classroom attendance requirements set by a faculty member, department or division)
   7. Breastfeeding students must be granted reasonable time and space to pump breast milk in a location that is private, clean, and reasonably accessible. Bathroom stalls do not satisfy this requirement.

Nothing in this policy requires modification to the essential elements of any academic program. Pregnant students cannot be channeled into an alternative program or school against their wishes.

**Modified Academic Responsibilities Policy for Parenting Students**

a. Students with child caretaking/parenting responsibilities who wish to remain engaged in their coursework while adjusting their academic responsibilities because of the birth or adoption of a child or placement of a foster child may request an academic modification period during the first three (3) months from the time the child has entered the home. Extensions may be granted where additional time is required by medical necessity or extraordinary caretaking/parenting responsibilities.

b. During the modification period, the student’s academic requirements will be adjusted and deadlines postponed as appropriate, in collaboration among the Title IX office, the student’s academic advisor and the appropriate academic department(s).

c. Students seeking a period of modified academic responsibilities may consult with their academic advisor or with the Title IX office to determine appropriate academic accommodations requests. The Title IX office will communicate all requests under this policy to the student’s academic advisor and coordinate accommodation-related efforts with the advisor unless the student specifically requests that the advisor be excluded. The student is encouraged to work with their advisor and faculty members to reschedule course assignments, lab hours, examinations, or other requirements and/or to reduce the student’s overall course load, as appropriate, once authorization is received from the Title IX office. If, for any reason, caretaking/parenting students are not able to work with their advisor/faculty to obtain appropriate modifications, students should alert the Title IX office as soon as possible, who will help facilitate needed accommodations and modifications.
d. In timed degree, certification or credentialing programs, a student who seeks modifications upon the birth or placement of their child will be allowed an extension of up to three (3) months to prepare for and take preliminary and qualifying examinations, and an extension of up to six (6) months toward normative time to degree while in candidacy, to the extent those deadlines are controlled by Saint Mary’s College. Longer extensions may be granted in extenuating circumstances.

e. A student can request modified academic responsibilities under this Policy regardless of whether the student elects to take a leave of absence.

f. While receiving academic modifications, the student will remain registered and retain benefits accordingly.

Leave of Absence

a. As long as a student can maintain appropriate academic progress, faculty, staff, or other Saint Mary’s College employees will not require a student to take a leave of absence, or withdraw from or limit their studies as the result of pregnancy, childbirth, or related conditions, but nothing in this policy requires modification of the essential elements of any academic program.

b. An enrolled student may elect to take a leave of absence for up to six (6) months because of pregnancy and/or the birth, adoption, or placement of a child. The leave term may be extended in the case of extenuating circumstances or medical necessity.

c. A student taking a leave of absence under this Policy will provide notice of the intent to take leave thirty calendar days prior to the initiation of leave, or as soon as practicable.

d. Intermittent leave may be taken with the advance approval of the Title IX office and the student’s academic department(s), when medically necessary.

e. Students who elect to take leave under this Policy may register under an “on leave” etc. status to continue their eligibility for certain benefits. While registered under that status, students who choose to take a leave of absence under this Policy can elect to keep their health insurance coverage and continue residing in university housing, subject to the payment of applicable fees.

f. To the extent possible, Saint Mary’s College will take reasonable steps to ensure that upon return from leave, the student will be reinstated to their program in the same status as when the leave began, with no tuition penalty.

g. Continuation of a student’s scholarship, fellowship, or similar Saint Mary’s College sponsored funding during the leave term will depend on the student’s registration status and the policies of the funding program regarding registration status. Students will not be negatively impacted by or forfeit their future eligibility for their scholarship, fellowship, or similar Saint Mary’s College supported funding by exercising their rights under this Policy.

h. The Title IX office can and will advocate for students with respect to financial aid agencies and external scholarship providers in the event that a leave of absence places eligibility into question.

Retaliation and Harassment

a. Harassment of any member of the Saint Mary’s College community based on sex, gender identity, gender expression, pregnancy, or parental status is prohibited.

b. Faculty, staff, and other Saint Mary’s College employees are prohibited from interfering with a student’s right to take leave, seek reasonable accommodation, or otherwise exercise their rights under this Policy.

c. Faculty, staff, and other Saint Mary’s College employees are prohibited from retaliating against a student for exercising the rights articulated by this Policy, including imposing or threatening to impose
negative educational outcomes because a student requests leave or accommodation, files a complaint, or otherwise exercises their rights under this Policy.

**Housing Related Accommodations**

Pregnant students’ on-campus housing status will not be altered based on pregnancy status unless requested by the pregnant student. A parenting student’s access to housing is governed by Residence Life policies.

**Dissemination of the Policy and Training**

A copy of this Policy will be made available to faculty, staff, and employees in annually required training and posted on the Saint Mary’s College website. Saint Mary’s College will alert all new students to this Policy and the location of this Policy as part of orientation. The Title IX office will make educational materials available to all members of the Saint Mary’s College community to promote compliance with this Policy and familiarity with its procedures.

Revised 12/8/17

**Student Health: Illness/Injury During Clinical**

1. In a medical emergency, sharps injury, or other clinical injury as defined by the clinical preceptor, the student should be seen in the agency's emergency room, or if none, sent to the nearest emergency room. The student will be responsible for any bills incurred for these events. The preceptor and student will immediately notify the nursing faculty of any such events.

2. In non–emergency situations, the student may verbally tell the nursing faculty that they elect to seek care from a private health care provider/clinic. Any costs incurred will be the responsibility of the student. The student and/or preceptor will notify the nursing faculty of any of these events as soon as possible.

3. Documentation of an injury requires the completion of the form contained in the Appendix G. The student is responsible for completing the form and obtaining the comments of the preceptor or agency representative. The student is responsible for forwarding the completed form to the course nursing faculty as soon as possible following the incident. The nursing faculty will review the information and make appropriate recommendations. The document will be filed in the student's personal file in Student Services.
Student Impairment and Criminal Background Disclosure Policies

Impaired Student Policy: Perception of Impairment

Should the preceptor, nursing faculty, or other nursing students perceive that a student is mentally or physically impaired, immediate action must be taken to relieve the student of his/her duties and place the student in a safe area away from the clinical setting. The immediate goal is to provide for the safety of patients, the public, other students, and the student who is suspected of being impaired.

Procedure for Removing a Student Who is Suspected of Being Impaired from an Educational/Clinical Setting

Although this policy is directed toward preceptors, students have a responsibility to know the consequences of impaired behavior. If the student is perceived to have the odor of alcohol, or marijuana, or observed behaviors such as, but not limited to, slurred speech, unsteady gait, confusion, sharp mood swings/behavior especially after an absence from clinical experience, lack of manual dexterity, excessive health problems, increased absenteeism, tardiness or irritability, severe weight loss, needle track marks especially in the inner elbow, carelessness in appearance and hygiene, or euphoria, which causes the preceptor to suspect the student could be impaired by a substance, the preceptor must:

1. Immediately inform the student as to why actions are being taken to relieve the student of his/her duties.
2. Immediately notify the SMC Faculty for further action.
3. Under no circumstances is an impaired student permitted to drive away from the facility. The student may only leave if using public transportation (e.g. taxi). The student is responsible to pay this cost.

Any evidence of impairment due to such factors as sleep deprivation or the effects of medications (prescribed or non-prescribed) is not in keeping with professional behavior. In addition, students must abide by the Saint Mary’s College Drug Policy (see Saint Mary’s College Bulletin)

Professional Behavior Requirements

Communication

The Saint Mary’s College email system is the official method for communicating electronically with faculty members. It is a professional obligation that students check their Saint Mary’s College email and BlackBoard on a daily basis. The student is responsible for frequently monitoring these communication channels and responding in a timely manner.

Faculty members make every effort to respond to emails within 48 hours. If a student does not receive a reply within this timeframe, the student is encouraged to send another email as a courtesy to the faculty member. Non-emergent emails that are received by faculty during the weekend may not be answered until the next standard working day.
If a faculty member provides a cell phone number and permits students to call or text message, this communication should only pertain to clinical or course issues and be within the standard working day, Monday through Friday, 8 a.m. to 5 p.m., or during approved clinical course times outside of these hours. Course or clinical emergency calls or text messages are permitted outside of these hours. Exceptions to this guideline may be granted at the discretion of individual faculty members.

**Lines of communication:**

Students who have questions about or issues with a class, must first contact the faculty member of that course. When discussing the issue with the faculty member, remember the following:

1. Professionalism requires that you discuss the issue first with the course faculty member.
2. Be professional – state the issue without making accusations.
3. Be clear when you state your case – include specific information about the issue and what you believe should be done about it.
4. Avoid negative or emotional outbursts in person, over the phone, or in an e-mail.
5. Give the faculty involved a chance to present her or his side of the story.

Students who have issues with clinical placements and appropriateness of a preceptor should first contact their faculty member. Questions about affiliation agreements, registration, required courses, or college policies and procedures should contact April Lane.

Students who have unresolved issues with a course, feel harassed or bullied, have life/work/school balance issues, or any other program questions or issues should contact the DNP Program Director, Dr. Sue Anderson.

**Civility**

Consistent with the values of Saint Mary’s College, the American Nurses’ Association Code of Ethics for Nurses, and the Essential Abilities, all communication with students, faculty, preceptors, clinic staff, and patients must reflect professional standards. This means communication must be clear, concise, civil, and professional. Harassment and demeaning communication are not tolerated. Students violating this policy will receive one written warning. Subsequent violations are subject to disciplinary action.

**Responsible use of Social Media**

The following guidelines are intended to minimize the risks of using social media:

- First and foremost, nurses must recognize that they have an ethical and legal obligation to maintain patient privacy and confidentiality at all times.
- Nurses are strictly prohibited from transmitting by way of any electronic media any patient-related image. In addition, nurses are restricted from transmitting any information that may be reasonably anticipated to violate patient rights to confidentiality or privacy, or otherwise degrade or embarrass the patient.
• Do not share, post or otherwise disseminate any information, including images, about a patient or information gained in the nurse–patient relationship with anyone unless there is a patient care related need to disclose the information or other legal obligation to do so.
• Do not identify patients by name or post or publish information that may lead to the identification of a patient. Limiting access to postings through privacy settings is not sufficient to ensure privacy.
• Do not refer to or about patients in a disparaging manner, even if the patient is not identified.
• Do not take photos or videos of patients on personal devices, including cell phones. Follow employer policies for taking photographs or video of patients for treatment or other legitimate purposes using employer–provided devices.
• Maintain professional boundaries in the use of electronic media. Like in–person relationships, the nurse has the obligation to establish, communicate and enforce professional boundaries with patients in the online environment. Use caution when having online social contact with patients or former patients. Online contact with patients or former patients blurs the distinction between a professional and personal relationship. The fact that a patient may initiate contact with the nurse does not permit the nurse to engage in a personal relationship with the patient.
• Consult employer policies or your preceptor or leader within the clinical agency or organization for guidance regarding work related postings.
• Promptly report any identified breach of confidentiality or privacy.
• Be aware of and comply with employer policies regarding use of employer–owned computers, cameras and other electronic devices and use of personal devices in the work place.
• Do not make disparaging remarks about employers or co–workers. Do not make threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic or other offensive comments.
• Do not post content or otherwise speak on behalf of the employer unless authorized to do so and follow all applicable policies of the employer.


Clinical Policies

Student Clinical Responsibilities

The National Organization of Nurse Practitioner Faculties (NONPF) (2017) Core Competencies, The Doctoral Essentials, and DNP program outcomes guide the development of course content and outcomes, clinical evaluation, and preparation for professional practice as an FNP, AG-PCNP, or AG-ACNP

Student Progress and expected outcomes:

• **First clinical course:** 30 Direct Patient Care Clinical Hours.NURS688 Advanced Health Assessment and Diagnostic Reasoning. In this clinical course, students will require close preceptor guidance as they gain competence and confidence with gathering a patient history, performing hands-on physical assessment skills, and begin to critically think about the subjective and objective data that were gathered. Students in this course will develop and refine their documentation skills and begin to develop diagnostic reasoning skill.
• **Second clinical course:** 60 Direct Patient Care Clinical Hours. NURS 724 Advanced clinical studies: Population based Mental Health Care Across the Lifespan (FNP, AG-PCNP, AG-ACNP): Students in this clinical course will require close preceptor guidance but should demonstrate an increased level of competence in caring for individuals with mental health issues. They should focus on diagnostic reasoning and decision-making, communication skills, documentation, appropriate consultation and referral, and professional role development. Students should translate knowledge of pharmacology into medication management of individuals with chronic or acute needs. Students should be able to practice acute/ and follow up histories and focused physical assessment, complete physical exams, skills, and procedures when able.

• **Third clinical course:** 120 Direct Patient Care Clinical Hours. NURS 722: Advanced clinical studies: Primary Care management of adults and older adults (FNP, AG-PCNP, AG-ACNP): In their third clinical course, students are expected to transfer new knowledge from their theory courses into their clinical practice. For example, the student should be able to assess and communicate mental health issues of their patients. They will continue to need close preceptor guidance as they again focus on diagnostic reasoning and decision-making, communication skills, documentation, appropriate consultation and referral, and professional role development. Students should be able to demonstrate increasing independence, comprehensiveness and proficiency in caring for an adult population with minor acute and chronic illness. Students should be able to transfer their knowledge of pharmacology and pathophysiology in their assessment and management plan based on developmental needs of the patient.

• **Fourth clinical course:** 120 Direct Patient Care Clinical Hours NURS 710 Advanced clinical studies: Primary care management of reproductive health (FNP, AG-PCNP) and NURS 717 Advanced clinical studies: Advanced clinical care for adults and older adults (FNP, AG-PCNP, AG-ACNP): Students are expected to transfer their knowledge of mental health concerns, pharmacology, physiology, and primary care of adults and demonstrate a progressive and integrated level of independence, depth in assessment, and management and evaluation of patient and family related problems. Students in the primary care tracks will require preceptor guidance as they acquire new skills required for women’s health care. Students in the acute care track will require preceptor guidance as they acquire new skills required for adults and older adults in various clinical settings.

• **Fifth clinical course:** 120 Clinical Hours. NURS 730 Advanced clinical studies: Primary Care of children and adolescents (FNP); NURS 722 Advanced Clinical Studies: Primary Care of Adults and Older Adults II (AG-PCNP); NURS 726 Advanced Clinical Studies: Trauma Care with Adults and Older Adults (AG-ACNP): Students are expected to transfer their knowledge of mental health concerns, pharmacology, pathophysiology, communication, to the assessment and care of children and their families. Students are expected to demonstrate increased competency and independence in patient assessment and management plan development appropriate for the age of the child, adult, or older adult. Students are expected to demonstrate competence as a member of an interprofessional team.

• **Sixth Clinical Course:** 240 Clinical Hours. NURS 770 Clinical Residency in Primary Care of Families (FNP); NURS 774 Clinical Residency in Primary Care of Adults, Older Adults and Families AG-PCNP) and NURS 772 Clinical Residency in Acute and Critical Care of Individuals and Families (AG-ACNP): Students should demonstrate a synthesis of clinical knowledge and skills acquired in in their five major clinical courses that prepare them to care for patients of all ages. They should demonstrate a level of independence, depth, competence and proficiency in clinical skills, communication skills, and the management of patient related problems of a novice nurse practitioner. Students should demonstrate the use of best practices and evidence to support their plan of care and evaluate patient outcomes.
Clinical Experience before Clinical Coursework Requirement

Students are required to have a minimum of 2 years or 2,000 hours of clinical experience as a Registered Nurse prior to beginning a clinical rotation. Students who are in the Adult-Gerontology Acute Care Nurse Practitioner Program must have a minimum of 2,000 hours of clinical experience as a Registered Nurse and at least 1,000 of those hours must be in an in-patient acute care clinical setting. Work experience documentation may be provided by nursing supervisors or the human resources department.

Clinical Experiences

Students may only engage in clinical experiences during the academic semesters (Fall, Spring, Summer). Students may not engage in clinical experiences prior to the beginning of the semester nor after the last day of classes. In special circumstances, which must be preapproved, students may engage in clinical activities during finals week. When considering such requests, the student should have less than 10% of required direct care hours to complete and there was an extenuating situation that contributed to not meeting the required number of hours during the semester. Students must keep the course and clinical faculty apprised of extenuating circumstances and request final-exam week clinical time well in advance. This permission is granted at the discretion of the course lead faculty and program track director.

Clinical Sites

Clinical sites must support learning outcomes for their clinical track. The National Task Force on Quality Nurse Practitioner Education: Criteria for Evaluation of Nurse Practitioner Programs 2016 (5th Edition) (NTF Criteria) notes that “student clinical experiences at the student’s site of employment need to be faculty-guided learning experiences and outside the student’s employment expectations/responsibilities.”

Students are responsible for selecting a preceptor and an appropriate clinical site for clinical courses while completing a minimum of 690 supervised clinical hours. It is preferred that the student complete hours with a nurse practitioner with population-focused expertise in primary care or acute care settings. Physicians also may serve as preceptors. Course faculty will provide guidance and work with clinical preceptors throughout the course.

Clinical Preceptors

According to the NTF Criteria, preceptors must:

- Be a nurse practitioner with a minimum of a Master’s Degree or extensive clinical experience in the content area in which he/she provides clinical supervision; or a physician (MD or DO); and be nationally certified in the clinical practice area.
- Engage in patient care that is consistent with the program’s mission: Primary care across the lifespan (FNP); Primary care of adolescents, adults, and older adults (AG-PCNP); Acute care of adolescents, adults, and older adults (AG-ACNP).
  - Preceptors for half of the required hours in NURS 724 Advanced Clinical Studies: Population-based Mental Health Care Across the Lifespan may be a licensed psychologist or social worker. It is desirable that students in this course spend some time with a prescriber of psychotropic medications (e.g.
Advanced Practice Nurse or Psychiatric-Mental Health Nurse Practitioner (PMH-NP), psychiatrist or physician who practices in the psychiatric-mental health clinical area) when possible.

- Have an unrestricted license to practice in the state where the clinical experiences are completed.
- Have clinical practice experience: a minimum of one year of clinical experience in the population-focused practice area prior to engaging in clinical supervision.
- Engage in clinical practice consistent with the population focus of specialty courses i.e. mental health, pediatric, gender health, adult and geriatric patients.
- Be willing to:
  - Precept the student by facilitating the educational process for the required number of clinical hours;
  - Engage in formative and summative evaluation with the student in person and complete an online evaluation; and
  - Communicate with and meet with the faculty member throughout the semester.
- In order to foster the best learning experience, students may not use family members or close friends as preceptors.

**Student Responsibilities for Obtaining Preceptors**

Clinical sites must be role and scope-of-practice appropriate. This means that Primary Care clinical track students must engage in clinical experiences within the primary care setting. Acute Care clinical track students must engage in clinical experiences within the acute care setting. Students must consult with course lead faculty there is any confusion about the appropriateness of a clinical site.

Students are required to be actively involved in securing clinical preceptors, as most students have contacts within their communities that they plan to work with. However, in cases where students have cannot find a preceptor, the DNP Program Director and Academic Advisor and Clinics Coordinator April Lane are willing to assist the student. The following tips have been helpful for students searching for a clinical preceptor:

1. Most health systems will only accept their employees for precepted clinical experiences. Therefore, it is best to begin the search for preceptors within the health system in which the student is employed. Many health systems will even allow precepted clinical experiences for nurses who are in PRN positions.
   - Health systems generally have a preceptor procedure and one person who coordinates precepted clinical experiences for nurse practitioner students. It is the student’s responsibility to find out what the procedure is for securing preceptors and who the preceptor coordinator is within the system. The student should then contact that person via phone and email in order to secure a preceptor.
   - Some health systems allow students to contact providers directly to arrange for precepted experiences. It is the student’s responsibility to ask about and follow the health system’s procedure for precepted clinical experiences.
   - Students may need to look outside of their area for preceptors. It is advisable to widen the search to a 90-mile radius. Some agencies to consider are urban and rural areas; providers in solo practice not associated with large health systems; critical access hospitals; federally qualified health centers; community health centers that serve an indigent population; health centers that serve cultural
communities; state and federal prison systems; and clinics associated with a particular age groups (i.e. women’s health, pediatric clinics, geriatric clinics).

2. Students are required to join the American Association of Nurse Practitioners and are strongly encouraged to join nurse practitioner organizations in their state and local area. It is wise to attend meetings of the national, state, and local organizations to begin networking with nurse practitioner colleagues. Networking is a very important element in finding willing preceptors.

3. Saint Mary’s College has a very strong alumni network. Students are encouraged to reach out to Saint Mary’s College nursing alumnae in their area and ask for help. To access this system:
   - Click First Time Login at the top.
   - When prompted for your temporary password, use your student ID number.
   - Create a username and password for your account.

4. Review the preceptor and clinical site directory in Typhon. This directory includes all past preceptors who have worked with Saint Mary’s College students.


When a student cannot find a preceptor, the student must do the following:

1. Notify the DNP Program Director and Academic Advisor and Clinics Coordinator April Lane immediately.
2. Provide both of them with the name and contact information for the person within the student’s health system that coordinates precepted experiences for nurse practitioner students.
3. The DNP Program Director will brainstorm with the student on potential clinical placements. She is willing to make calls to the health system in which the student is employed and other facilities within the student’s area.
4. In the event that a precepted clinical experience cannot be secured in the student’s home area, and to avoid having the student fall behind in the DNP Program, the DNP Program Director will attempt to secure that experience within the South Bend/Southwest Lower Michigan, Chicago area. If this happens, it is up to the student to obtain a Registered Nurse license in the state where the clinical experience will occur and pay for all related expenses while the student is completing the clinical.
5. Students residing in states that prohibit precepted clinical experiences while enrolled in an out-of-state online program or in states where it is nearly impossible to find preceptors will need to discuss their plans for these experiences with the DNP Program Director.
6. Students are responsible for any costs associated with finding a preceptor or fees required by agencies for working with a preceptor.

Contracting with a Preceptor

- Students must provide the Preceptor Information Form (Appendix J and in DNP Student Resources in BlackBoard) to either the health system designee who coordinates clinical placements and/or the preceptor. This form must be completed and then sent to April Lane at least 120 days prior to the
beginning of the clinical semester in order to initiate the contract process with the agency. Students may not engage in any clinical activity until the contracting process is complete. Questions about this process may be directed to Miss Lane or Dr. Sue Anderson.

- Students must provide preceptors with a completed Student Profile (Appendix H and on BlackBoard in DNP Student Resources) and Clinical Skills Inventory (Appendix I and on BlackBoard in DNP Student Resources)
- Students must negotiate the days and times that they plan to be in the clinical setting with the preceptor. Once this schedule has been created, the student must inform the clinical faculty of the clinical schedule.

**Preceptor Responsibilities for the Student**

Nurse practitioner clinical education occurs through strong collaboration between Saint Mary’s College nurse practitioner faculty and qualified preceptors. Preceptors provide direct clinical supervision by being physically present and being actively engaged in the teaching/learning process as the student provides direct care for patients.

It is expected that preceptors are willing to:

- Be physically present when the student is engaged in a clinical practicum experience.
- Serve as a mentor and role model.
- Teach.
- Create a clinical schedule that enables students to meet course objectives and achieve the required number of direct patient care hours.
- Assist the student in learning to navigate the health system and clinical site.
- Demonstrate and help student refine assessment skills, sharpen diagnostic reasoning and clinical decision making, document with clarity and precision, engage in pertinent patient education.
- Challenge the student to sharpen interpersonal skills when communicating with staff, members of the interprofessional team, and patients. This includes clearly describing the format in which the preceptor expects the student to provide a report for patient interactions.
- Provide the opportunity for the student to engage in direct patient care. This means that beyond very limited time in initial observation which enables the student to understand office flow, students should actively be involved in:
  - gathering subjective data which includes all elements of the patient history;
  - engaging in hands-on physical assessment of the patient, which includes comprehensive and focused visits;
  - learning to perform routine procedures within the clinical scope of practice;
  - suggesting and interpreting the results of appropriate laboratory testing and imaging studies;
  - deriving logical differential diagnoses based on subjective and objective data;
  - suggesting pharmacological options which includes drug class, evidence supporting prescription, dosing (including pediatric calculations), refills;
  - suggesting non-pharmacological options based on best evidence;
  - providing pertinent, culturally appropriate, evidence-based, and relevant patient education;
  - suggesting a plan for referrals within the interdisciplinary team when appropriate;
o suggesting a logical plan for follow up visits;
o Documenting data clearly and in accordance with Centers for Medicare and Medicaid Services guidelines. If electronic health record documentation is not permitted by organizational policy, the student should provide sample documentation for selected patients. The student will document all patient encounters in Typhon. Clinical faculty, rather than clinical preceptors, are responsible for reviewing these data.
o Providing appropriate ICD-10 and E&M coding options.

• Provide formative and summative evaluation,
• Determine if the student’s learning objectives have been achieved,
• Adhere to professional standards and ethical principles; practice in a legal and safe manner.
• Discuss the student’s progress with the faculty member at midterm and the end of the semester.
• Immediately contact the student’s clinical faculty member with any concerns.
• Review time logs and patient cases if requested by clinical faculty.

Ultimately, evaluation of student performance is the responsibility of the NP faculty member with input from the preceptor.

Direct Patient Care
Students enrolled in the Saint Mary’s College DNP Program Advanced Practice Nursing clinical tracks are required to engage in a minimum of 690 hours of direct patient care. Direct patient care is defined as “care that involves assessment, diagnosis, treatment, and evaluation of real clients or patients” (National Task Force on Quality Nurse Practitioner Education, 2016, p. 19).

Direct patient care for Saint Mary’s students is defined as the time spent in direct, face-to-face contact and care of the patient in the clinical setting. This includes collecting subjective and objective data, deriving diagnosis/diagnoses, developing a care plan, and documenting findings in the patient chart (if permitted). If students are not permitted to document care in the clinical setting, they may claim up to 1 hour per clinical day for documenting patient case logs in the clinical documentation system (Typhon). Direct patient care may include activities such as rounding in facilities; and researching medical conditions, standards of care, medications, and reviewing medical records related to care of each patient.

Preparation and research that occurs outside of the clinical setting is not counted as direct patient care. Clinical course faculty and preceptors should always be consulted if there is a question about what clinical activities constitute direct patient care.

Prior to beginning any clinical activity, the supervising clinical faculty must be provided with a detailed schedule of when the student will be at the clinical setting. This includes dates, start and stop times. The supervising clinical faculty must be notified immediately per phone call and email that there has been a change in the clinical setting, such as a late start, early leave, or sick day. Sick or missed days must be entered in Typhon Time Logs as such.

Documentation Requirements in Typhon
Students are strongly advised to review the Typhon Training Guide (Appendix K and on BlackBoard) and view the videos that are provided on BlackBoard in the DNP Student Resources. Help with Typhon is located in a
Help link in Typhon, which includes instructions, video tutorials, and FAQs. Students who need further assistance with Typhon must contact Dr. Sue Anderson.

For each clinical day, students are required to create the following data entries in Typhon:

- **A time log:**
  - **Shift time:** This is a simply a clock in/clock out time function. Typhon gives students the option of clocking out for lunch. Students should clock out if they leave the clinical site to eat lunch; they do not need to clock out for lunch if they have a working lunch with the preceptor at the clinical site, discussing patient cases or research. Students should use the appropriate check boxes if they were at the clinical site but no patients were seen or if they were ill on a scheduled clinical day. Please note that shift time does not constitute the required clinical time.
  - **Other activities:** Activities that are not captured in a patient case log are entered in the time log. (Please see the next section about calculation of clinical time.)

- **A new case log:**
  - **Patient case log:** Students are responsible for entering a case log for each patient seen during each clinical day. Please review the Typhon Training Guide for more information about how to create case logs.
  - **Note:** Students must note their level of involvement in the patient contact and decision making: independent, <50%, >50% of care. Early in the semester, students often “shadow” or “observe” preceptors. This time must be kept to a minimum, usually no more than a day or two, as students are expected to be actively involved in direct patient care. Students must notify their clinical faculty if they are not permitted to be actively involved in direct patient care.

Clinical faculty are responsible for reviewing case and time logs within one week. Faculty will either “approve” or “not approve” each entry. Students will receive an email notifying them of cases that were not approved and will have 2 days to provide the required information. Clinical preceptors may be asked to verify data entries.

Case and time log data entry after seven days is not permitted, and students forfeit that clinical time. This means that forfeited clinical time must be made up. Falsification of clinical time and/or activities may result in course failure, immediate suspension, and possible dismissal from the program.

**Calculation of Clinical Time**

Clinical time is based on time spent delivering direct patient care rather than shift time. Clinical time is calculated in Typhon through the following data entry points:

- **Time with patient:** This is entered in Typhon when creating a patient case log. This is the time the student spends with the patient in person or through telephone or other telehealth technologies. It includes the time spent gathering subjective/objective data, discussing issues such as lab results, answering questions, gathering more information, follow up instructions, education and anticipatory guidance, referrals, and documentation in the clinical electronic health record. Entries of time with patient must be exact, neither estimated nor rounded.

- **Consult with preceptor:** This also is entered in Typhon when creating a patient case log. Preceptor consultation is defined as the time spent discussing a specific patient with the preceptor or other members of
the inter-professional team. Consultation time with a preceptor may occur in person, over the telephone, or via telehealth. This time must be linked with a patient case log and must be the exact amount of time spent with the preceptor.

- **Other activities:** This is entered in Typhon when creating a time log (see previous section). Students may keep track of patient care activities that may not be captured in patient case logs. When claiming time for any of the following categories, a brief note should be included in the time log.
  - Documentation: Students who are not permitted to document in the clinical setting may claim 1 (one) hour for each clinical day for Typhon documentation.
  - Lab review: Includes review of lab findings or imaging studies for patients who were not seen in the clinic.
  - Patient call back: The time spent talking to patients on the telephone answering questions, or gathering or relaying information.
  - Patient record review: Preceptors often have interesting case studies that they share with students. Students may claim this as clinical time if it contributed to their clinical knowledge development.
  - Clinical review/research (at clinic only): Includes time spent looking up pathophysiology, pharmacology, guidelines, referrals, resources, etc.
  - Patient no-show preparation: Enables students to claim time for preparation for a patient who did not present for an appointment.

A majority of achieved clinical time (approximately 80%) must be from time spent in face-to-face contact with the patient and consulting with the preceptor. The remainder of achieved clinical time may be from the “other activities” category.

**Clinical Evaluation requirements**
Professional learning includes periodic evaluation of role performance from the preceptor and clinical faculty. Students also must engage in self-evaluation of their clinical experiences.

- **Formative evaluation:** Ongoing evaluation of the student’s role performance. This is provided by frequent feedback from preceptors and clinical faculty. This feedback should include areas in which the student performs well, and areas in which the student needs to improve. Students should pay particular attention to this feedback and use it as a way to improve knowledge and skill. Specific feedback from the preceptor and faculty that will enhance clinical knowledge and performance should be noted in the midterm and final evaluations.

- **Summative evaluation:** Evaluation that occurs at the mid-point and end of the clinical practicum and is based on criteria identified in the clinical evaluation tool. Students are not expected to master all performance criteria immediately, it is expected that they demonstrate progression and improvement of skills and competency throughout the semester. This feedback includes numeric scoring and written feedback, both of which are extremely important for student learning and progression. Written feedback should include specific examples and a plan for remediation if necessary.

Students are required to complete summative self-evaluation at midterm and formative self-evaluation at the end of the semester in Typhon.

Preceptors will receive a link to complete the summative midterm and final evaluation via email. Students should alert the preceptor that the link has been sent and ensure that it has been completed.
Supervised Clinical Practicum

This section is intended to help students understand their responsibilities for all supervised clinical courses. The specific learning outcomes for each of the didactic, clinical and practice innovation courses are contained in the course syllabi that are provided at the start of each class. It is the student’s responsibility to read the Preceptor Handbook to gain an understanding of the scope of the selection and role of clinical preceptors.

The student’s role and responsibilities include the following for all clinical agencies used during the program of study.

1. Adhere to all clinical agency policies and procedures.
2. Adhere to all of Saint Mary’s College Department of Nursing Science (DNS), and Indiana State Board of Nursing policies and procedures, ANA Standards of Practice, ANA Code of Ethics, and the Nurse Practice Act of the state within which the clinical experience is occurring. Failure to exhibit integrity, ethical conduct, professional standards, or any violation of the responsibilities listed herewith may result in a failing grade and/or dismissal from the nursing program and the College.
3. Comply with all health documentation and other professional requirements of the clinical agency prior to the start of the clinical experience.
4. Dress in a professional manner as required by the DNS, course syllabi, and clinical agency dress code policy. Student will wear an official SMC student name tag at all times while at the clinical site.
5. Maintain patient confidentiality. Under no circumstance may records be removed from the agency. Comply with HIPAA standards per clinical agency and course syllabi policy.
6. Student conduct in the clinical setting must be in a manner that demonstrates safety, adherence to professional standards, and reflects positively upon the DNS.
7. Be prepared to work the day(s) and hours of the preceptor, and as agreed upon between the student, the preceptor, and the nursing faculty.
8. Provide preceptor with DNS Preceptor Handbook and all relevant clinical documents from SMC including a student profile, a brief resume of your educational and professional background, a clinical skills inventory, and a learning contract.
9. Establish with the preceptor a schedule of clinical experiences and maintain clinical logs per course syllabi.
10. Attend all scheduled clinical days, or notify the nursing faculty and the clinical preceptor if an absence is necessary. Arrange for make-up time.
11. Collaborate with the clinical preceptor, and course faculty, to develop specific learning goals for this clinical experience.
12. Students must demonstrate competence of APN skills to the preceptor prior to performing these alone.
13. Maintain the student APN/DNP role. At no time is the student to assume a fully independent role in seeing patients without appropriate collaboration and reporting to the preceptor per the course syllabi.
14. Arrange appointments, either in person or electronically, with the course faculty to discuss progress toward goal achievement.
15. Document and notify the nursing faculty immediately of any unprofessional behavior or breach of contract by the preceptor.
16. Maintain clinical logs per course policies and according to the course objectives. Participate in scheduled clinical site visits and clinical conferences with nursing faculty and/or preceptor. SMC DNS utilizes an online patient encounter documentation system for students to maintain their clinical logs.
17. Complete the Student Evaluation of Preceptor form in the online patient encounter documentation system at the end of the semester.
18. Ensure that all preceptors have received and completed a Preceptor Evaluation of Student form at the end of the semester.

Preceptors must be physically present in the clinic setting when the student is engaging in clinical practicum experiences. Each provider in a clinical practice who is working with the student must complete the Preceptor Information Form and be properly vetted.

**Clinical Incidents**
When a clinical incident occurs, students must immediately notify their clinical supervising faculty. Within one day of the event, the student must complete the Clinical Incident Report Form (Appendix L and in DNP Student Resources in BlackBoard) and send it to the clinical supervising faculty member and the Graduate Program Director. A clinical incident is any unexpected patient incident related to patient care (errors, safety hazard, injury, sentinel event) that occurs when the student is engaging in Saint Mary’s College DNP Program clinical activity. The reporting requirement includes incidents in which there was no adverse patient outcome.

**References**

Chapter 4

Practice Innovation Practicum, Project and Portfolio
Practice Innovation Practicum, Project, and Portfolio

DNP Practice Innovation Practicum

The Practice Innovation Project is the capstone deliverable product that reflects synthesis and integration of all of the skills and knowledge gained in the doctoral program. This project is developed throughout sequential DNP Practicum courses that highlight the student’s doctoral level skill and thinking in the areas of collaboration, communication, creativity and innovation, critical thinking, interprofessional teamwork, and the use of evidence to support sustainable change serve as a catalyst for improved healthcare outcomes.

The following courses provide a foundation for work in the DNP Practice Innovation Project Courses:

- NURS 600: Communication and Relationship–Centered Leadership;
- NURS 612: Social Entrepreneurship and the Business of Healthcare;
- NURS 670: Data Analytics and Outcomes Improvement;
- NURS 604 Evidence Based Practice 1 and NURS 624, Evidence Based Practice 2;
- NURS 622: Statistics for Health and Biological Sciences;
- NURS 633 Health Promotion for Population Health;
- NURS 725: Quality Effectiveness and Safety in Organizational Systems

DNP Practicum Hours

Students must complete 400 DNP Practicum hours in the DNP Practicum courses (NURS 701, 702, 703, 704, 705, 706). These courses prepare doctoral students to develop, deliver, evaluate and disseminate the findings from the Practice Innovation Project. Each DNP Practicum course provides specific outcomes that are planned to support the progress, completion, and dissemination of the findings from the project.

Students are required to record all activities done in completion of the required 400 DNP practicum hours in the Typhon Conference Logs (found under “Other Activities & Reports on the Typhon homepage). When recording the hours in conference logs students must include the following:

- The date of when the activity was completed.
- A descriptive topic name for the activity (e.g. Library, CITI Program completion).
- A speaker only if the activity included talking to someone about the project. If it did not include a conversation about the project (i.e. library research), the student should write N/A in the required speaker field.
- A description of the activities, including which course and program outcomes were met by doing the activity and a brief reflection on how the activity contributed to the Practice Innovation Project.
- The number of hours that the student engaged in the activity on that particular day.
- Typhon asks if the activity was awarded CME/CEU Credit. Students should choose “no.”
- The appropriate associated course (NURS 701, 702, 703, 704, 705, 706) in which the activity was completed.
DNP Practice Innovation Project and DNP Portfolio

The DNP Practice Innovation Project is completed in two phases: Proposal and Final Project. In order to graduate from the DNP Program, students must successfully complete both phases of the project and maintain required documentation in the DNP Portfolio.

DNP Practice Innovation Project Team

DNP Team: Must have at least two, and may have up to three members:

- **Faculty Team Leader**: Doctorally prepared (PhD, DNP) Saint Mary’s College faculty member. This member serves as the lead faculty mentor on the project and must have some level of expertise in the student’s topic. Typically, the faculty team leader is the person who teaches the NURS 700 courses.

- **Content/Method Expert**: This member is typically a faculty member of Saint Mary’s College, but may be any other content expert who contributes to the project in a substantive manner. This member may be a physician, Master’s prepared SMC nurse faculty, nurse practitioner from the student’s clinical track, or other person who adds expertise to project.

- **Community Key Stakeholder**: This member serves as the student’s local mentor for the project and should have some level of expertise and involvement in the student’s topic.

Students must have each member sign the Project Team Approval Form (Appendix M). The team composition must be approved by the Department of Nursing Science Chair or clinical track coordinator. The Approval form must be uploaded to Typhon External Documents.

DNP Practice Innovation Project Focus

- **Primary care Nurse Practitioner tracks**: Focus must be well situated within the scope of practice of a Primary Care Nurse Practitioner with the aim to promote health and treatment of disease states, improve quality of health care, or increase access to health/healthcare for patients in that setting.

- **Acute care Nurse Practitioner tracks**: Focus must be well situated within the scope of practice of an Acute Care Nurse Practitioner with the aim to promote health and treatment of disease states, improve quality of health care, or increase access to health/healthcare for patients in that setting.

Topic areas may include, but are not limited to:

- Evidence-to-practice translation
- Quality improvement
- Practice-based or clinical inquiry
- Program development and evaluation
- Policy
DNP Practice Innovation Project Requirements

A Project Proposal Paper and Presentation (graded by the Project faculty members)

The Project Proposal Phase includes the following:

- A scholarly paper that successfully reflects the requirements of the DNP Practice Innovation Project Proposal rubric (Appendix N).
- A proposal presentation (Appendix O) with the Faculty Team Leader in which the student summarizes the plans for the project and responds to any questions posed. The student should plan at least one hour for this meeting.
- Students who successfully complete the Project Proposal Phase must have all Team members sign the Proposal Approval form (Appendix R) and upload it to Typhon External Documents.

Institutional Review Board Approval

After successfully completing the proposal defense, students must submit their project for approval to the Saint Mary’s College and health system (if required) Institutional Review Board before any data are collected. There are no exceptions for this policy. The IRB approval form must be uploaded to Typhon and included in the final project paper appendices.

Final Practice Innovation Project Paper

The final Practice Innovation Project product consists of a scholarly paper and public presentation completed via a poster presentation at an Immersion weekend. The grading rubric for the final paper is found in Appendix P. The final paper will be graded by two Saint Mary’s College graduate level faculty members.

After successful completion of the final project, the signed Practice Innovation Project Completion form (Appendix S) must be included as the first page of the paper.

A Final Public Presentation

A poster presentation at a DNP Immersion will serve as the final public defense. The rubric for the presentation is found in Appendix P. The poster must include a summarization of the Project. After the public presentation of the poster. The poster must be submitted for presentation at a national or regional conference. Students are encouraged to submit their work for publication. Students must complete the Practice Innovation Project Completion Form (Appendix S and in DNP Student Resources on BlackBoard).

DNP Practice Innovation Proposal and Final Project Due Dates and Possible Outcomes

Due Dates:

- To ensure adequate faculty reading time and to allow for any revisions, the proposal and final project are due six weeks before the end of the semester. Students have a maximum of two weeks to submit revisions. Revisions must be satisfactorily completed before the oral presentation. Proposals and final projects submitted after the due date will not be read until the following semester. Students who do not complete the project in the final semester will be required to enroll in a variable credit, 1-3 credit hour independent study course in subsequent semesters until the project is completed. Degree conferral will not happen until the Practice Innovation Project is finalized and approved by the project team.
• Ideally, oral proposal presentations will be completed during an immersion, but may be scheduled at the convenience of the faculty and student.
• Final Practice Innovation Project Presentations (poster) are completed during an immersion weekend. Students who have not completed data collection may not present the project and must come to an immersion weekend in the semester in which the project is completed.

Possible Outcomes:

• **Pass with or without minor revisions: Average score between 87-100%**
  o Proposal phase: The student may proceed with development and submission of required documentation to the Saint Mary’s College and/or health system Institutional Review Board (IRB). Revisions must be completed within two weeks after receiving feedback.
  o Final project phase: The student has successfully completed the written paper, presentation, and portfolio requirements. Revisions must be completed within two weeks after receiving feedback.

• **Pass with revisions: Average score between 86-80%**
  o Proposal phase: The student must address all recommendations within two weeks after receiving feedback and prior to proceeding with IRB document development and submission.
  o Final project phase: Student must address all recommendations within two weeks after receiving feedback.

• **Fail: Average score below 80%**
  o Proposal phase: The student may not proceed with the project until deficiencies are addressed and corrected. In this case, the student will have one more opportunity to repeat the proposal defense. A second failure means the student must meet with her/his team and the program director.
  • Final project phase: Student must meet with her/his team and the program director.

**DNP Portfolio**

All students must maintain current documentation in the DNP Portfolio. The portfolio serves to highlight scholarly development as students’ progress through the DNP Program. The portfolio includes a repository of student work throughout the program. Students are responsible for uploading to the appropriate External Documents Folder in Typhon:

• Major graded papers and presentations from each course in the DNP Program.
• An updated resume or CV each year.
• Project Team Approval Form (Appendix M)
• Evidence of completion of the CITI Program (done in NURS 701).
• Proposal Paper and Presentation
• Proposal Approval Form (Appendix R)
• Project Completion Form (Appendix S)
• Final project paper
Appendices
Appendix A: Essential Abilities

Saint Mary’s College
Department of Nursing Science
Essential Abilities

The American Nurses Association Code of Ethics calls for competent and ethical care of patients and charges nurse educators to ensure that the skills of the nurse or nursing student are appropriate in order to provide safe nursing care to assigned patients. Patient and student safety is a priority for the faculty of the Department of Nursing Science.

For a student to be admitted to any of the nursing programs at Saint Mary’s College, the student must:
1. Meet all prerequisite admission standards as defined by the College and the Department of Nursing Science.
2. Be able to demonstrate the essential abilities for participation in the nursing program with or without reasonable accommodation.

Title III of the Americans with Disabilities Act prohibits discrimination of a “qualified individual with a disability.” Title III defines disability as “a physical or mental impairment that substantially limits one or more major life activities of (an) individual.” A qualified individual with a disability is defined as an individual who, with or without reasonable accommodations, meets the essential eligibility requirements for participation in a program.

There are skills and attributes that the faculty of Saint Mary’s College Department of Nursing Science have determined as essential to safe nursing care. These Essential Abilities apply to all students in the undergraduate and graduate nursing program.

Attendance:
Regular attendance in all classroom and clinical experiences serves as the foundation for learning to provide safe nursing care.

Essential Physical and Environmental Abilities:
The nursing student:
- Is able to fully and safely function in an environment that may have allergens; infectious and/or communicable diseases; and chemicals.
- Has fine motor control, hand-eye coordination, physical health, and stamina to perform necessary nursing skills consistent with scope of practice. This may include, but is not limited to safely preparing and administering medications; lifting, bending, twisting; pushing and pulling patients and equipment; performing CPR (move patient, perform chest compressions, manually ventilate the patient), walking and standing for prolonged periods; working 8-to-12 hour shifts.
Essential Communication Abilities:
The nursing student:
Has the sensory skills to interact appropriately and communicate effectively with patients from diverse backgrounds. This includes verbal, nonverbal, and written abilities, including the use of computing and information technology. The student must be able to communicate effectively and spontaneously, verbally and in writing, with fellow students, faculty, patients and all members of the health care team.

Essential Intellectual/Cognitive Abilities:
The nursing student:
Must be able to identify, assess, and comprehend conditions surrounding patient situations in such a manner that the student is able to derive appropriate conclusions. Must be able to use subjective and objective data to appropriately problem solve and develop a competent and safe course of action consistent with the student’s level of education. This includes having math computational skills, the ability to reason, measure, calculate, analyze, synthesize, and evaluate situations to competently engage in safe nursing care.

Essential Sensory Abilities:
The nursing student:
Has the ability to use the senses of vision, touch, hearing, and smell to safely assess and provide care for patients. This includes but is not limited to:
- Vision: Ability to gather visual information about the patient and environment; see well enough to read all materials related to classroom work and patient care.
- Touch: Ability to interpret information gained through touch during a physical assessment which includes but is not limited to differentiation of textures, density, and vibration.
- Hearing: Ability to accurately hear conversation spoken in usual conversational tone and calls for help if not in a patient room; able to engage in telephone conversations; detect normal and abnormal body sounds (including subtle high and low-frequency sounds) through a stethoscope; hear all alarms emitted by monitoring and other equipment.
- Smell: Ability to detect odors exhibited by bodily functions and fluids that may indicate infectious, emergent conditions, or other disease states; and environmental smells such as smoke or natural gas.

Essential Behavioral/Emotional Health Abilities:
The nursing student:
Must possess the emotional health required to make safe and appropriate clinical judgments. Must function effectively in stressful situations and adapt to an environment that changes rapidly and often in unpredictable ways without warning, and respond to emergencies with precise and prompt actions. Students must adhere to the College policy regarding addiction and substance impairment when in the classroom and clinical setting.

Essential Ethical Abilities:
The nursing student:
Must adhere to legal, ethical, and moral standards within the scope of nursing practice; demonstrate honesty and integrity in all interactions within the classroom, clinical, and community settings. Must demonstrate accountability and responsibility in all classroom and clinical situations. Provide care that is compassionate, respectful, non-judgmental, dignified, and altruistic for individuals, families, and
communities. Students must be able to reason morally and practice nursing in a legal and ethical manner.

**Essential Judgment Abilities:**

The nursing student:

Must be able to gather, evaluate, and apply information and engage in critical thinking in the classroom, clinical, and research settings. Students must be able to prioritize workload demands and patient findings in usual and emergent conditions in order to provide safe and effective care.

**Essential Abilities Procedure:**

1. Essential Abilities criteria will be provided on the Saint Mary’s College Department of Nursing Sciences website and to all students.
2. Students admitted to Saint Mary’s College nursing programs and applicants who accept an offer of admission to any of the Saint Mary’s College nursing programs must sign a letter of agreement that indicates the student has read and understands that the ability to meet the Essential Abilities criteria, with or without reasonable accommodations, is a requirement. Students who question their ability to meet the criteria should contact the Disabilities Resource Office.
3. Title III of the Americans with Disabilities Act prohibits faculty from asking about disabilities. It is the student’s responsibility to contact the Disabilities Resource Office for help with accommodations and to comply with the policies and procedures of the Disabilities Resource Office.
4. Accommodations become effective on the date requested by the Disabilities Resource Office and are not retroactive.
5. Accommodations beyond those requested by the Disabilities Resource Office are not permitted.
6. Faculty are responsible to determine whether a student demonstrates the Essential Abilities criteria. Faculty may request consultation from recognized experts as deemed appropriate. Students are responsible for the cost of all consultations.
7. Students who do not meet the Essential Abilities criteria, with or without reasonable accommodations, at any point in their academic program may have their progress interrupted until they have demonstrated their ability to meet Essential Abilities within a specified timeframe.
8. A student who is unable to meet the Essential Ability criteria, with or without reasonable accommodations, shall be dismissed from the program.
9. A student who is dismissed based on the inability to demonstrate these Essential Abilities criteria may appeal the decision in accordance with the Saint Mary’s College appeals policy.

I certify that I have read and understand the Saint Mary’s College Department of Nursing Science Essential Abilities and I believe I meet these Technical Standards/Essential Abilities with or without reasonable accommodation.

______________________________________________________________________________ Signature

Date

______________________________________________________________________________ Printed Name

Rev. 1/2019
Appendix B: Graduate Change of Track

SAINT MARY’S COLLEGE
GRADUATE CHANGE OF TRACK

Please print

SMC ID ___________________________ Name ___________________________ Class of __________

Last name: ___________________________ First name: ___________________________

INSTRUCTIONS: Check appropriate change and complete all information in that section. Return completed form to the Office of Academic Affairs and First Year Studies, 121 Le Mans.

☐ CHANGE TRACK

Current Track ______________________________________________________________

Degree: ☐ D.N.P. ☐ M.S. ☐ M.A.S.

New Track _______________________________________________________________

Department Chair ☐ Accept, no reservations ☐ Accept conditionally (add comments below)

Signature ___________________________ Date ___________________________

Name of Advisor ___________________________

Comments ______________________________________________________________

Student Signature ___________________________ Date ___________________________

Rev 01:13
Appendix C: Physical Examination Form

Saint Mary’s College
Department of Nursing Science

Name: __________________________ Date of Birth: __________________________
Home Address: __________________________
South Bend Address: __________________________
Cell phone number: __________________________ Emergency phone number: __________________________
Insurance Company: __________________________ ID Number: __________________________
Group Number: __________________________ Employer: __________________________

INSTRUCTIONS TO EXAMINING PROVIDER
Your cooperation in furnishing a complete history and accurate appraisal of the applicant’s physical condition will be of great assistance. This is particularly important when completing information on immunizations. Indiana law requires that nursing students must have listed immunizations and Mantoux (blood work, if applicable). Incomplete records will delay clinical placements for students. When applicable, copies of reports should be attached.

MEDICAL HISTORY

Serious Illness/injuries (give details)
Chronic Diseases/Illnesses/ Disorders
Operations (describe)
Allergy history (medications, foods, environmental)

GENERAL PHYSICAL EXAMINATION

Height: _______ Weight: _______
Build: Slender Medium Heavy Obese
Distant vision: Right: 20/____ Left: 20/____ Corrected vision: Right: 20/____ Left: 20/____
Hearing: Right: Intact Decreased Hearing Aid Left: Intact Decreased Hearing Aid
Chest/lungs: __________________________ Chest X-ray (if Mantoux positive): __________________________
Blood pressure: __________________________ Heart: __________________________ Rate/Rhythm of pulse: __________________________
Review of other systems:
Disabilities (conditions that may interfere with nursing activities): __________________________
Physical findings: Normal If abnormal, explain: __________________________

Signature: __________________________, MD/NP Date of Exam: __________________________
Address: __________________________

Report may be mailed to: Department of Nursing Science, Saint Mary’s College, One Havican Hall, Notre Dame, IN 46556 or faxed to 574-284-4810
Appendix D: Immunizations form

Saint Mary’s College
Department of Nursing Science

Patient’s Name: ________________________________

<table>
<thead>
<tr>
<th></th>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR Immunization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella Immunization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella Titer</td>
<td></td>
<td>Results</td>
</tr>
<tr>
<td></td>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>MMR Immunization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella Immunization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella Titer</td>
<td></td>
<td>Results</td>
</tr>
<tr>
<td>Chickenpox/varicella</td>
<td></td>
<td></td>
</tr>
<tr>
<td>verbal history of disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella Zoster titer</td>
<td></td>
<td>Results</td>
</tr>
<tr>
<td></td>
<td>Date</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td>Hepatitis B Vaccine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B Surface</td>
<td></td>
<td>Results</td>
</tr>
<tr>
<td>Antibody Titer</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Step 1 Date</td>
<td>Read</td>
</tr>
<tr>
<td>2 – Step TB</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

|                                 | Date | Date |
| Tetanus & Diphtheria (Tdap)     |      |      |
|                                 | Date |      |

Influenza Vaccine

Signature: ________________________________ M.D. / Nurse Practitioner Date __________________________

Report may be mailed to: Department of Nursing Science, Saint Mary’s College, One Hesican Hall, Notre Dame, IN 46556
or faxed to: Department of Nursing Science, 574.284.6910. (Rev. 8/14)
Appendix E: Tuberculosis Risk Assessment Questionnaire

Saint Mary’s College
Department of Nursing Science

Tuberculosis Risk Assessment

Name __________________________ Date: __________________________

Please complete the following tuberculosis risk assessment form.

During the last 12 months, have you had the following?

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>No</th>
<th>Yes</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cough lasting longer than 3 weeks, with or without sputum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coughing up blood</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unexplained fever</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unexplained night sweats</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest pain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shortness of breath</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unexplained loss of appetite</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unexplained/untended weight loss</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swollen or tender lymph nodes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unexplained fatigue</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please answer the following questions.

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you been told your immune system is weakened?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you been exposed to TB in the past 12 months?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had a positive skin test?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever received BCG (TB vaccine given in other countries)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever taken medication for TB?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, when ________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you been in a homeless shelter or correctional facility for more than 72 hours in the past 12 months?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you been out of the country in the last 12 months? If yes, please list the country under “comment”</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Country ____________

All of the above information is true and correct to the best of my knowledge.

I understand that if I travel out of the country, I must inform nursing faculty before beginning clinical.

Signature: __________________________ Date: __________________________
Appendix F: Release of Information form

Saint Mary's College
Department of Nursing Science

RELEASE OF INFORMATION

I hereby authorize Saint Mary's College, Department of Nursing Science to release the following personal and academic information:

I. All permanent record information (includes the following as deemed pertinent):
   - Date of Birth
   - Last 4#s only of SSN
   - Medical Records (immunizations, TB, etc.)
   - Background Check
   - Letters of recommendation
   - Personal reference forms
   - Curriculum plan and courses completed with grades
   - Verification of enrollment

II. The above records may be released to:
   - Clinical Agencies
   - Potential Employers
   - State Boards of Nursing
   - Graduate Schools for Application
   - Administrative Personnel for academic research

It is understood that records may be released for the following reasons: Participation in clinicals; Access to clinical agencies' databases; Employment; Admission to graduate programs; Verification of attendance; Licensing or certification; Scholarship and/or grant applications and Research purposes.

I hereby authorize the Department of Nursing Science to request and obtain information from a future employer for purposes of program evaluation.

I, also, hereby authorize the Department of Nursing Science to release, after graduation, my email and cell phone information to current nursing students seeking after-graduation employment information and advice.

SIGNATURE:  

PRINT NAME:  

DATE:  

Scan to Email at: alane@saintmarys.edu
Or Fax to: 574.284.4810
Or Mail to: April Lane
Saint Mary’s College
Department of Nursing Science
Notre Dame, IN 46556
Appendix G: Documentation of Injury

Saint Mary's College
Department of Nursing

DOCUMENTATION OF INJURY

STUDENT:___________________________________________________________________

CLINICAL SITE : ____________________________________________________________

DATE:____________________ TIME OF INCIDENT:___________________________

NARRATIVE DESCRIPTION OF INCIDENT:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

STUDENT:_____________________________________________________________

Date      Student Signature

______________________________________________________________________________

Date      Faculty Signature

______________________________________________________________________________

Date      Chair, Department of Nursing Science

rev. 1/22/2017
Appendix H: DNP Student Profile

Saint Mary’s College
Department of Nursing Science
DNP Program
DNP Student Profile

Instructions: Students must give the completed form to their clinical preceptor before the beginning of the semester.

Student’s name and year in program:

1. List major clinical experiences completed:

2. Clinical interests, including past nursing experience prior to the DNP program. What aspects of health care do you find most interesting?

3. What are your major career interests (Primary care? Specialty? Undecided?)

4. How do you best learn (reading, hearing, hands-on)?

5. What are your responsibilities as a student?

6. What are your goals for this course?
Appendix I: Clinical Skills Inventory

Student:

Saint Mary’s College
Department of Nursing Science DNP Program

Clinical skills inventory

Please rate your competency with the following skills and procedures. Please circle one.
0 = No previous experience, skill or competence 1 = Some experience, but still require supervision
2 = Much experience, require little or no supervision

<table>
<thead>
<tr>
<th>No Experience</th>
<th>Some Experience</th>
<th>Much Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic interview</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Cross-cultural communication</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Developmental assessment</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Family assessment</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Occupational history</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Risk assessment</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Sexual history</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Suicidality lethality assessment</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>STD/HIV screening</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SBIRT and motivational interviewing</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Child maltreatment</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Intimate partner violence</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Psychiatric assessment tools</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Gun safety</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Procedures</td>
<td>No Experience</td>
<td>Some Experience</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>---------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Abscess inc./drain</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>CPR</td>
<td>0</td>
<td>1</td>
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<tr>
<td>Foreign body removal</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Gram stain, interpretation</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Growth chart</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Hematocrit</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Injection</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>KOH, skin/vaginal</td>
<td>0</td>
<td>1</td>
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<tr>
<td>Laryngoscopy</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Pap smear</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Rapid strep</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Stool test, blood</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Suturing</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Sut/staples removal</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Telephone referral</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Throat culture</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Urinalysis</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Venipuncture</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>X-ray interpretation, chest</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>X-ray interpretation, extremities</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Wet mount, vaginal</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Write referral</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Write prescription</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Examination (Lifecycle stage)</th>
<th>No Experience</th>
<th>Some Experience</th>
<th>Much Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prenatal</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Newborn</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Postpartum</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Infant</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Child</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4 Examination (Components)</td>
<td>Experience</td>
<td>Experience</td>
<td>Experience</td>
</tr>
<tr>
<td>---------------------------</td>
<td>------------</td>
<td>------------</td>
<td>------------</td>
</tr>
<tr>
<td>Adolescent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Geriatric</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEENT</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Heart</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Lung</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Chest</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Breast</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Abdomen</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Back</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Genitourinary</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Extremities</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Neurologic</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Developmental (pediatrics)</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Functional (adult)</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Mental status</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Are there other areas in which you would like specific instruction?
Appendix J: Preceptor Information Form

Saint Mary’s Department of Nursing Science
Preceptor Information Form

Please complete this form and return it by email to alane@saintmarys.edu or by fax 574-284-4810

Student should complete this information:
Year/semester for precepting: _______________________________________________________
Student’s name:______________________________________________________________
Course name:______________________________________________________________

Preceptor or designee should complete the following information:

Preceptor:
First name: _____________________ Last name: __________________________ Middle initial:____
Cell phone:_______________________________ email: ________________________
Preferred contact method: Phone email
Credentials:______________________________________________________________
State license number(s) and expiration:
1: _________________________________________________________________________
2: _________________________________________________________________________
Clinical education: Highest degree earned, institution, and year graduated:____________

____________________________________________________________________________
Specialty/Certification board(s), number of years certified and expiration dates:

____________________________________________________________________________
Practice specialties:
Number of years in practice as NP, MD, or DO: _______________________________________
Have you had previous preceptor training? Yes No
Do you have previous experience precepting a Saint Mary’s student? Yes No
Are you currently precepting other graduate students: Yes How many? No

Clinical agency:
Name and address of clinical agency?_______________________________________________

____________________________________________________________________________
Office manager’s name:___________________________________________________________
Office manager’s email and phone:_______________________________________________
Health system:
Parent health system: _______________________________________________________________
System contact person for affiliation agreements: _______________________________________
System contact person’s email and phone: ____________________________________________

Site classification: Circle all that apply:
Urban     Rural     Rural Health Clinic (RHC)     Medically Underserved Area (MUA)
Federally Qualified Health Center (FQHC)     Health Professional Shortage Area
Migrant health center     Tribal health center

Experiences available in your agency: Circle all that apply:
Acute care     Home health     Public health/school health
Adult health     Mental health     Rehabilitation
Community     Neonatal     Women’s health
Endocrinology     Oncology     Other:
Family Practice     Obstetrics
Gerontology     Pediatrics

The student has provided you with:
__________________ A student introduction profile
__________________ A clinical skills inventory

Preceptor’s printed name: __________________________________________________________
Preceptor’s signature: ____________________________ Date: ________________________
Student’s signature: ____________________________ Date: ________________________
Appendix K: Typhon Training Guide

Typhon Clinical Management Program

Important Information:
Web address: typhongroup.net
Login page: NPST Advanced Practice login link
Account number: 3156
Login type: Student Data Entry Login
Typhon Administrator: Sue Anderson PhD, RN, FNP-BC sanderson@saaintmarys.edu

HIPAA Statement:
Patient related information cannot be removed from the clinical unit. Charts may not be photocopied. Clinical information system printed items cannot be taken from the clinical facility. Any notes and or written assignments must not contain any of the following 18 Data Elements for HIPAA de-identification:
1. Names
2. Geographic subdivisions
3. All elements of dates
4. Telephone #
5. Fax #
6. Electronic mail addresses
7. Social security #
8. Medical record #
9. Health plan beneficiary #
10. Account #
11. Certificate/license #
12. Vehicle identifiers and serial #
13. Device identifiers & serial #
14. Web Universal Resource Locators (URLs)
15. Internet Protocol (IP) address #
16. Biometric identifiers, including finger and voice prints
17. Full face photographic images and comparable images
18. Any other unique identifying number, characteristic code

Getting Started:
   Information & Setup: Located on right side of home page

Modify Account Information:

Required information includes phone number, address, emergency contact information, and Student ID number. A professional photo should be uploaded. This does not need to be professionally taken. As this picture may be seen by faculty, preceptors, and clinical agencies it should represent the student and the university in a positive and professional manner. A head and shoulders picture is preferred.

Students are responsible for uploading supporting documentation for the most current nursing license(s) and updated BLS card. Please note that students wishing to engage in clinical activity
in their state(s) of residence must have a current and unencumbered license to practice as a Registered Nurse.

The Department of Nursing Science will update immunization and criminal background check information.

Students may not attend any clinical rotation:

- Until all documentation pertaining to program requirements (health exam, immunizations including yearly influenza, criminal background check, TB testing) is entered into Typhon.
- If there is a lapse in licensing or BLS training.
- All required forms (agency contract and preceptor information) has been turned in and that information entered into Typhon.

Setup Default Choices

At the beginning of each semester, students must change default settings to the current semester, course, preceptor, and clinical sites. If students are at more than one clinical setting or with more than one preceptor, this must be changed manually.

Students are encouraged to use the optional default settings as needed.

Directories:

Student, clinical site, and preceptor directories will be updated throughout the year.

Downloads:

Students are encouraged to print copies of the blank case log worksheet; this includes the exact information that will be logged into Typhon. Students will need one worksheet per patient seen in the clinical setting.

Typhon also includes a download of the most common ICD/CPT codes.

Program documents, such as the preceptor information form and clinical agreement forms for each clinical management course can be downloaded from Typhon.

Help:

Students are required to read Typhon instructions and to view the video tutorials. Students should not contact Typhon Group with questions. Rather, they should contact Sue Anderson PhD, RN, FNP-BC at 574-284-4682, Havican Hall Room 15A, or at sanderson@sanitmarys.edu with any issues or questions. If she cannot help you work through the issue, she will contact Typhon Group on your behalf.

Case Log Management, located on the left side of the home screen

Add a new case log:
This is the area where students will log each patient case. After selecting “Add a new case log” students will be taken to “Date of Encounter.” The “Date of Encounter” is the day you were at the clinical site seeing the patient, not the day that the case was entered. A calendar is provided to the left of the entry box to choose the date. After the clinical date is chosen, choose save data.

The next screen is where all patient encounters are entered. Typhon denotes required information fields with a red marker and includes student information, patient demographics, clinical information, ICD-10 Diagnosis codes, and CPT billing codes. Student information and patient demographics information is self-explanatory. Please note that it is the student’s responsibility to ensure that the correct preceptor and clinical site are chosen for each clinical day.

**Under Patient Demographics:**

Group encounter can be checked if the student engaged in a clinical experience with a group, rather than an individual. An example of this might be a group therapy session.

The remainder of patient demographics is self-explanatory.

It is important to note that in the “Age” box, Typhon does not allow entry of a patient’s age if the person is older than 89. This is because patient ages older than 89 years old is considered to be “protected health information” and is therefore HIPAA protected.

**Under Clinical Information:**

- **Time with patient:** This is the time that the student spends directly interacting with the patient collecting subjective and objective data. The exact time spent with the patient must be entered. Do not round or estimate this time.
- **Consult with preceptor:** This is the time that the student spends talking to the preceptor about the case. This might include preparation before entering the room and giving report to the preceptor after the interaction. The time entered must be exact. Do not estimate or round this time.
- **In the field “Type of Decision Making” the dropdown menu will give the option of “straightforward” or Low, Moderate, or High complexity. The student should discuss this with the preceptor.**
- **In the field “Student Participation” dropdown menu choices include observation, less than shared, shared (50/50), or primary (>50). Students must determine this for themselves. It is expected that there will be some observation when a student is in the earlier stages of the program or for the first day or so of a semester. However, students are required to be fully engaged in the clinical process rather than observing the process.**
- **Reason for visit, chief complaint, encounter number are self-explanatory.**
- **Encounter # means how many times the student has documented a visit with this patient.**
- **Students should consult with their preceptor about the type of H&P. The choices are problem focused, expanded problem focused, detailed, and comprehensive.**

**Under Procedures/Skills**

- Select the Procedures/Skills link to open the menu.
- Select all procedures and skills that were observed, assisted with, or performed.
ICD-10 Diagnosis Codes and CPT Billing Codes

Students must include at least one ICD-10 and CPT code. Search functions for these codes are found to the left of the entry field. After entering the diagnosis and billing codes, students must use the “validate codes” function to eliminate coding errors. Students must correct any message that is highlighted in red denoting “XXX is not a valid ICD or CPT code.”

Medications:

Students are required to include any social problems addressed and complete the medications fields. These fields include information about the number of OTC and prescription medications taken, any new medications and refills done at the visit, types of medications prescribed and refilled and any medication adherence issues.

Other questions about this case:

Select all choices that are applicable to the patient case.

Clinical Notes:

Students are required to enter a very brief description of the encounter. Typically this is written in one paragraph, in SOAP format. Prescriptions should be written in proper format, including correct dosing for children. Also, include any pertinent educational or non-pharmacological treatment that was provided during the patient encounter.

Faculty Review of Case Logs:

Supervising clinical faculty will review all student case and time logs on a weekly basis, having the option to “Approve” or “Not Approve” each entry. Case and time logs that are marked as “Approve” will be locked and may not be edited by the student. Case logs that are marked as “Not Approve” will result in an e-mail to the student and will include a note from the supervising clinical faculty about what needs to be changed. Students must make necessary changes to the case log within 24 hours.

Case Log Reports

These reports are used by students and faculty to get a clear idea of the number and types of patients seen. Students are encouraged to run a report at the end of each semester, export to PDF, print and save to a file.

Other Activities & Reports

My Time Logs

For each day that a case log report has been entered, the student also must create a time log. Case logs entered without a corresponding time log will result in lost clinical time (think of it as not clocking into a shift – you may work without clocking in, but you most likely will not be paid).

Required information in Time Logs includes:

- Choose the “Add a daily time log” link.
- Enter the date of the clinical experience (not the date that the experience is documented). Remember, this MUST be entered within 7 days of the clinical experience.
- Default options chosen (semester, clinical site, preceptor) are displayed under the “Date of Time Log” link.
- Choose the “Display patient, consult & conference time” option.
- Shift time is entered using military time. Students should clock in and out. Typhon provides two clock in areas to allow students to clock out for lunch. Lunches are not included in shift time, unless the student engages in clinical activities during lunch. This may include time spent talking to preceptors about clinically-related topics.
- Some time is automatically calculated by Typhon. This includes patient time and preceptor consult time that was entered in each case log. Case log time constitutes direct patient care time. Direct patient care activities include those activities spent with the patient collecting subjective and objective data, deriving diagnosis/diagnoses, developing a care plan, and consulting with the preceptor about the patient encounter.
- Students have an opportunity to have other clinical activities count as clinical time. The time entered for these activities is done in time logs under other activities, and must be exact. Do not estimate or round this time. Other activities where students earn clinical time are:
  a. Documentation: The student may claim one hour for each clinical day for entering information in Typhon.
  b. Lab review: Students may claim time in this category for reviewing labs not directly associated with a patient seen that day. Lab review for patients who are seen should be included in direct patient care.
  c. Patient call back: Activities in which the student responds to patient telephone messages or calls patients with results of diagnostic testing.
  d. Patient record review: Activities that involve the review of lab, imaging, pathology or other patient care records/documents. This also may include time spent preparing for a patient who did not arrive for a scheduled appointment.
  e. Clinical review/research: Learning activities that occur within the clinical setting in which the student spends time researching particular disease processes, pathophysiology, diagnostic testing options or meaning of results, medication choices, treatment options, and evidence-based treatment plans. This may also include preceptor-led discussions of patient cases that the student was not directly involved with. Time spent reviewing and preparing at home does not count for this category.
- After time is entered, students should choose the option “case logs complete.” Logically, all case logs for the day should be complete prior to selecting this option.
- Typhon includes a “Notes” section that the student may use as needed to explain any unusual time or schedule variations.

Faculty Review of Time Logs
Supervising clinical faculty will review student time logs each week and mark them as locked after 7 days.

My conference logs
Conference logs will be used to document time spent in activities related to DNP clinical hours.

My External Documents:
Each semester, students are required to upload to Typhon at least two papers or assignments from each class as designated by their faculty member. Students are responsible for scanning and uploading documents. Typhon accepts the following document types: doc/docx, ppt/pptx,xls/xlsx, rtf, txt, PDF, GIF, or JPG/JPEG document types.

Required program documents for upload include signed Preceptor Information forms. Please note that the Preceptor Information form must be signed by the student, preceptor, and faculty member.

To upload an external document, choose “Add a document.” At the next screen, choose the document date. The category pull-down menu has a folder for each course — please choose the correct course. Include a brief description of the document and the related clinical site if applicable. If students are required to upload SOAP or other clinical notes into an external document folder, they must choose the “Linked to Case ID#” option and select the corresponding case identification number.

My Evaluations & Surveys

Written formative (midterm) and summative (final) evaluations will done using the EASI function of Typhon. It is the student’s responsibility to check in “My Evaluations & Surveys” and ensure that the following required evaluations are completed each semester:

- Faculty evaluation of student, done at midterm and final.
- Preceptor evaluation of student, done at midterm and final.
- Student evaluation of the preceptor/clinical site, done at the end of the semester.

Faculty Responsibility for Evaluations and Surveys:

Supervising clinical faculty must:

- Complete an evaluation for each student using the EASI function at midterm and final.
- Review (and mark as reviewed) preceptor evaluations of each student. Any issues identified during this review should immediately be brought to the course lead faculty’s attention.
- Ensure that each student completes a preceptor/clinical site evaluation.

Typhon Policies:

Clinical time is calculated by time spent in direct patient care rather than shift time. It is important that students accurately record their activities in Typhon.

Case and time logs must be entered within 7 days of the clinical event. A time log must be created for every day that case logs are entered. Students may not enter “place holders” for patient entries and edit them after 7 days. Typhon entries are locked after 7 days and will not be reopened to accommodate late entries. It is at the instructor’s discretion to allow “late entries” for case and time logs. Students must consider that case and time logs not entered on within 7 days of the experience constitutes lost clinical time and must be made up.

All data entered in Typhon is legal, medical documentation. Therefore, students are professionally responsible for everything entered in Typhon. All information must be true and accurate. Falsification of any data constitutes academic misconduct and may result in course failure.
Although documenting a clinical day in Typhon may result in more than one hour per clinical day, students may only claim one hour per day for documentation activities.

This is a “living document” and may be updated at any time. Students are required to adhere to all updates in procedure and policy.
### Student Incident Report Form

**Saint Mary’s College**  
**Department of Nursing Science**  
**DNP Program**  
**Student Incident Report**

<table>
<thead>
<tr>
<th>Date of Incident:</th>
<th>Time of incident:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semester:</td>
<td>Course:</td>
</tr>
</tbody>
</table>

**Student’s Account of Incident:**

**Signature of Student:**
Appendix M: Project Team Approval Form

SAINT MARY’S COLLEGE
DEPARTMENT OF NURSING SCIENCE
Doctor of Nursing Science
Project Team Approval Form
(Uploaded to Typhon External Documents)

The following people have agreed to serve on ______________________________________

Practice Innovation Project Team in the following capacities:

_________________________________________ Date: ____________________________
Team Chair

_________________________________________ Date: ____________________________
Second faculty: Content expert

_________________________________________ Date: ____________________________
Community Key Stakeholder
Appendix N: DNP Practice Innovation Project Proposal Rubric

Saint Mary’s College
DNP Program
DNP Practice Innovation Project Proposal Grading Sheet

Student: ____________________________________________________________

Clinical Track: ________________________________

Faculty Team Leader and Second Faculty Reader:

DNP Practice Innovation Proposal and Final Project Due Dates and Outcomes

Due Dates:

- To ensure adequate faculty reading time and to allow for any revisions, the proposal and final project are due six weeks before the end of the semester. Students have a maximum of two weeks to submit revisions. Revisions must be satisfactorily completed before the oral presentation. Proposals and final projects submitted after the due date will not be read until the following semester. Students who do not complete the project in the final semester will be required to enroll in a variable credit, 1-3 credit hour independent study course in subsequent semesters until the project is completed. Degree conferral will not occur until the DNP Practice Innovation Project is finalized and approved by the project team.
- Ideally, oral proposal presentations will be completed during an immersion, but may be scheduled at the convenience of the faculty and student.
- Final Practice Innovation Project Presentations (poster) are completed during an immersion weekend. Students who have not completed data collection may not present the project and must come to an immersion weekend in the semester in which the project is completed.

Possible Outcomes:

- **Pass (with or without) minor revisions**: Average score between 87-100%
  - Proposal phase: The student may proceed with development and submission of required documentation to the Saint Mary’s College and/or health system Institutional Review Board (IRB). Minor revisions must be completed within two weeks after receiving feedback.
  - Final project phase: The student has successfully completed the written paper, presentation, and portfolio requirements. Minor revisions must be completed within two weeks after receiving feedback.
• **Pass with revisions:** Average score between 86-80%
  o Proposal phase: The student must address all recommendations within two weeks after receiving feedback and prior to proceeding with IRB document development and submission.
  o Final project phase: Student must address all recommendations within two weeks after receiving feedback.

• **Fail:** Average score below 80%
  o Proposal phase: The student may not proceed with the project until deficiencies are addressed and corrected within the timeframe provided by faculty project team leader. In this case, the student will have one more opportunity to repeat the proposal defense. A second failure means the student must meet with her/his team and the program director to discuss progression in the program.
  o Final project phase: Student must meet with her/his team and the program director.

**Note to faculty reviewers:** Ideally the graded paper is returned to the student no more than 10 business days after submission. Include edits and comments directly into the paper and circle the appropriate category for each criterion on this grading sheet. Overall comments may be entered at end of grading sheet.

**Definition of terms:**

<table>
<thead>
<tr>
<th>Excellent A, A- grade range</th>
<th>Superior evidence of effort, critical thinking, and ability consistent with the highest level of doctoral education. Reflects state-of-the-science synthesis and integration of evidence.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfactory B+, B grade range</td>
<td>Acceptable evidence of an adequate level of effort, critical thinking, and ability which is sufficient for doctoral level work. Reflects acceptable level of synthesis and integration of evidence.</td>
</tr>
<tr>
<td>Marginal B- grade range</td>
<td>Inadequate or very limited evidence of effort, critical thinking, and ability at the doctoral level. Consistent with work below the doctoral level. Reflects minimal level of synthesis and integration of evidence. Any section that receives a marginal rating must be re-written and resubmitted. Three or more sections receiving a marginal rating warrants a meeting with the faculty project team leader.</td>
</tr>
<tr>
<td>Unsatisfactory C+ or lower grade range</td>
<td>No evidence of effort, critical thinking and ability. Insufficient evidence of work consistent with the doctoral level. No indication of synthesis and integration of evidence. <strong>Unsatisfactory performance on any part of the project requires a meeting with the faculty project team leader and DNP Program Director. A plan for remediation will be developed for a one-time resubmission of the project. The remediation plan will include a timeline for resubmission. A student who earns a subsequent unsatisfactory grade on any part of the project will be awarded a failing grade and is subject to dismissal from the program.</strong></td>
</tr>
</tbody>
</table>

**Notice:** The DNP Practice Innovation Project relies on a wide-ranging review of literature and source of evidence. Students must be prepared to search multiple databases for sources of evidence. APA style requires that credit is attributed to the sources of information that inform this work. “Plagiarism is the act of presenting the words, ideas, or images of another as your own; it denies authors or creators of content the credit they are due. Whether deliberate or unintentional, plagiarism violates the ethical standards in scholarship” (American Psychological Association, 2020, p.254). **Plagiarism is not tolerated and will result in course failure and possible program dismissal.**
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Excellent 100-90 A, A- grade range</th>
<th>Satisfactory 89-84 B+, B grade range</th>
<th>Marginal 83-80 (requires section rewrite) B- grade range</th>
<th>Unsatisfactory 79 or less (requires meeting, remediation, 1 chance to rewrite) C+ or lower grade range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cover page, abstract, table of contents</td>
<td>Cover page, abstract, table of contents included, APA format is correct.</td>
<td>Three to four paragraphs that satisfactorily presents the problem and why it matters.</td>
<td>More than four paragraphs with minimal and un compelling discussion of the problem. Problem poorly defined, little discussion of why it matters.</td>
<td>Cover page, abstract, table of contents not included, APA format incorrect.</td>
</tr>
<tr>
<td>Introduction</td>
<td>One to two concise and compelling paragraphs that present a clear overview of the problem and why it matters.</td>
<td>Three to four paragraphs that satisfactorily presents the problem and why it matters.</td>
<td>More than five paragraphs. Background and context of problem minimally discussed. Data presented are not compelling. Includes only one of the following: definition of phenomenon key indicators, magnitude of the problem, issues leading to the problem, population characteristics, attitudes/behaviors/cultural characteristics contributing to the problem.</td>
<td>Introduction not attempted. No clear problem defined. Rambling.</td>
</tr>
<tr>
<td>Background</td>
<td>1-3 paragraphs. Detailed evidence of the problem that builds the case for the project. Includes clear definition of phenomenon, key indicators, magnitude of the problem, issues leading to the problem, population characteristics, attitudes/behaviors/cultural characteristics contributing to the problem. Supported with relevant statistics. Excellent discussion of how the problem/project fits within the domain of nursing and the role of the APRN.</td>
<td>4-5 paragraphs. Presents satisfactory evidence of the problem that builds the case for the project. Includes most of the following: clear definition of phenomenon key indicators, magnitude of the problem, issues leading to the problem, population characteristics, attitudes/behaviors/cultural characteristics contributing to the problem. Supported with relevant statistics. Satisfactory discussion of how the problem/project fits within the domain of nursing and the role of the APRN.</td>
<td>More than five paragraphs. Background and context of problem minimally discussed. Data presented are not compelling. Includes only one of the following: definition of phenomenon key indicators, magnitude of the problem, issues leading to the problem, population characteristics, attitudes/behaviors/cultural characteristics contributing to the problem. Few supporting statistics. Little discussion about the domain of nursing and the APRN role.</td>
<td>More than six paragraphs. Background and context of problem not discussed. No supporting evidence (definition of phenomenon key indicators, magnitude, issues, population characteristics, attitudes/behaviors/cultural characteristics). Not linked to domain of nursing and the APRN role.</td>
</tr>
<tr>
<td>Problem statement</td>
<td>Excellent presentation of the following: Synthesis statement from introduction and background that summarizes significance of problem to population, healthcare and nursing; how the project will address the problem and contribute to nursing knowledge. Two compelling paragraphs.</td>
<td>Satisfactory presentation of the following: Synthesis statement from introduction and background that summarizes significance of problem to population, healthcare and nursing; how the project will address the problem and contribute to nursing knowledge. Three to four paragraphs.</td>
<td>Unclear presentation of the following: Synthesis statement from introduction and background that summarizes significance of problem to population, healthcare and nursing; how the project will address the problem and contribute to nursing knowledge. Five paragraphs or more.</td>
<td>Not attempted: Synthesis statement from introduction and background that summarizes significance of problem to population, healthcare and nursing; how the project will address the problem and contribute to nursing knowledge.</td>
</tr>
<tr>
<td>PICO(T) and objectives</td>
<td>PICO(T) question and two to three objectives clearly reflects introduction, background and problem statement.</td>
<td>PICO(T) question and two to three objectives satisfactorily reflects introduction, background and problem statement.</td>
<td>PICO(T) question marginally reflects introduction, background and problem statement. Includes four or more objectives that are loosely tied to this project.</td>
<td>PICO(T) question and objectives not included or do not reflect introduction, background and problem statement.</td>
</tr>
<tr>
<td>Literature review</td>
<td>Relevant literature/evidence review reflects state of the science, clearly relates to and supports introduction, background, problem statement and PICO(T) question. Excellent presentation of sections that: 1. defines terms and 2. Describes and links major concepts to the problem and project. 3. Description of intervention that is clear and well supported by evidence. Concept map logically shows clear connections between concepts and the problem. Relevance of evidence discussed with clarity and critical thinking.</td>
<td>Literature review satisfactorily supports introduction, background, problem statement and PICO(T). Satisfactory presentation of sections that 1. defines terms and 2. Describes and links major concepts to the problem and project. 3. Description of intervention that is clear and well supported by evidence. Concept map logically shows clear connections between concepts and the problem. Satisfactory discussion of relevance of evidence. Strengths, limitations, and gaps in literature satisfactorily discussed.</td>
<td>Literature review marginally supports introduction, background, problem statement and PICO(T). Marginal presentation of sections that 1. defines terms and 2. Describes and links major concepts to the problem and project. 3. Description of intervention that is clear and well supported by evidence. Concept map does not logically show clear connections between concepts and the problem. Marginal discussion of relevance of evidence.</td>
<td>Minimal to no effort given to review literature. No discussion about terms and concepts. Evidence not provided and/or does not link to previous sections at all. Concept map not provided. No discussion of relevance, strengths, limitations and gaps of literature.</td>
</tr>
</tbody>
</table>

**Acceptable:** Peer-reviewed journal articles current within 5 years or sentinel articles. Government websites sparingly. No lay websites! No more than 2 direct quotes.
<table>
<thead>
<tr>
<th>Category</th>
<th>Excellent</th>
<th>Satisfactory</th>
<th>Marginal</th>
<th>No Discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengths, limitations, and gaps in literature</td>
<td>Clearly discussed.</td>
<td>Satisfactorily described.</td>
<td>Minimally described.</td>
<td>Concept not discussed.</td>
</tr>
<tr>
<td>Theoretical and implementation models</td>
<td>Concepts of nursing theoretical framework are clearly described and linked to the problem. Implementation model is clearly described; usefulness to project is clearly discussed.</td>
<td>Concepts of nursing theoretical framework are satisfactorily described and linked to problem. Implementation model description and usefulness discussion is satisfactory.</td>
<td>Concepts of nursing theoretical framework are minimally described, not clearly linked to problem. Implementation model description and usefulness discussion is minimally discussed.</td>
<td>Theoretical framework and implementation model were not discussed.</td>
</tr>
<tr>
<td>Social entrepreneurship, innovation, and sustainability</td>
<td>Excellent presentation of how the concepts of social entrepreneurship and innovation are linked to project. Excellent definition of project sustainability and how this project will serve nursing and the population/problem in the future.</td>
<td>Satisfactory presentation of how the concepts of social entrepreneurship and innovation are linked to project. Satisfactory definition of project sustainability and how this project will serve nursing and the population/problem in the future.</td>
<td>Marginal presentation of how the concepts of social entrepreneurship and innovation are linked to project. Marginal definition of project sustainability and how this project will serve nursing and the population/problem in the future.</td>
<td>Concepts of social entrepreneurship, innovation and sustainability are not discussed and linked to project.</td>
</tr>
<tr>
<td>Ethical considerations</td>
<td>Excellent discussion of: 1. Risks and benefits of project 2. Description of risks and measures taken to minimize risk 3. Description of what measures will be taken to maintain anonymity or confidentiality, who will see data or reports of data. 4. Informed consent procedure and participant compensation. 5. Plan for data collection and security.</td>
<td>Satisfactory discussion of: 1. Risks and benefits of project 2. Description of risks and measures taken to minimize risk 3. Description of what measures will be taken to maintain anonymity or confidentiality, who will see data or reports of data. 4. Informed consent procedure and participant compensation. 5. Plan for data collection and security.</td>
<td>Marginal discussion of: 1. Risks and benefits of project 2. Description of risks and measures taken to minimize risk 3. Description of what measures will be taken to maintain anonymity or confidentiality, who will see data or reports of data. 4. Informed consent procedure and participant compensation. 5. Plan for data collection and security.</td>
<td>No discussion of ethical considerations</td>
</tr>
</tbody>
</table>
### Methods

**Note:**
Appendices must include a copy of all documents and materials that will be used to implement the project. This includes recruitment flyer, demographic questionnaire, qualitative data collection sheet, survey instruments and method to compile results, educational handouts, presentations, etc.

See appendices section for further requirements.

<table>
<thead>
<tr>
<th>Excellent presentation that is well supported by evidence of the following:</th>
<th>Satisfactory presentation that is mostly supported by evidence of the following:</th>
<th>Marginal presentation that is not well supported by evidence of the following:</th>
<th>Incomplete and unsatisfactory discussion of methods. Project design does not support identified problem and project aims</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Discussion of who the key stakeholders are and how they are linked to the project.</td>
<td>1. Discussion of who the key stakeholders are and how they are linked to the project.</td>
<td>1. Discussion of who the key stakeholders are and how they are linked to the project.</td>
<td></td>
</tr>
<tr>
<td>2. Description of population/participants that includes why they are being asked to participate, inclusion/exclusion criteria, recruitment strategy, setting for data collection.</td>
<td>2. Description of population/participants that includes why they are being asked to participate, inclusion/exclusion criteria, recruitment strategy, setting for data collection.</td>
<td>2. Description of population/participants that includes why they are being asked to participate, inclusion/exclusion criteria, recruitment strategy, setting for data collection.</td>
<td></td>
</tr>
<tr>
<td>3. Intervention plan clearly described in detail, including a step-by-step outline of implementation process.</td>
<td>3. Intervention plan clearly described in detail and includes a step-by-step outline of implementation process.</td>
<td>3. Intervention plan clearly described in detail and includes a step-by-step outline of implementation process.</td>
<td></td>
</tr>
<tr>
<td>4. Discussion of the following: Demographic data, qualitative data that will be collected (i.e. questions for participants to answer); quantitative data collection plan including evidence-based survey tools (with discussion of reliability and validity, applicability to project, outcomes measurements); any educational handouts or presentations with discussion of evidence to support their use.</td>
<td>4. Discussion of the following: Demographic data, qualitative data that will be collected (i.e. questions for participants to answer); quantitative data collection plan including evidence based survey tools (with discussion of reliability and validity, applicability to project, outcomes measurements); any educational handouts or presentations with discussion of evidence to support their use.</td>
<td>4. Discussion of the following: Demographic data, qualitative data that will be collected (i.e. questions for participants to answer); quantitative data collection plan including evidence based survey tools (with discussion of reliability and validity, applicability to project, outcomes measurements); any educational handouts or presentations with discussion of evidence to support their use.</td>
<td></td>
</tr>
<tr>
<td>5. Timeline. Gantt Chart included in appendices.</td>
<td>5. Timeline. Gantt Chart included in appendices.</td>
<td>5. Timeline. Gantt Chart included in appendices.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Project design clearly supports identified problem and project aims.</td>
<td>Project design satisfactorily supports identified problem and project aims.</td>
<td>Project design marginally supports identified problem and project aims.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Data analysis</td>
<td>Excellent presentation of data analysis plan which includes: Description of statistical measures for quantitative data analysis Analysis plan for qualitative data analysis. Data analysis plan must be appropriate to question and methodology.</td>
<td>Satisfactory presentation of data analysis plan which includes: Description of statistical measures for quantitative data analysis Analysis plan for qualitative data analysis. Data analysis plan must be appropriate to question and methodology.</td>
<td>Marginal presentation of data analysis plan which includes: Description of statistical measures for quantitative data analysis Analysis plan for qualitative data analysis. Data analysis plan must be appropriate to question and methodology.</td>
</tr>
<tr>
<td>Conclusion</td>
<td>Conclusion succinctly summarizes project. 1-2 paragraphs.</td>
<td>Conclusion satisfactorily summarizes project. 3-4 paragraphs.</td>
<td>Conclusion loosely summarizes project. 5 paragraphs</td>
</tr>
<tr>
<td>Appendices</td>
<td>Appendices formatted correctly and included in table of contents. Required elements include: • CITI Completion document. • Literature synthesis table Recruitment material/flyer(s) • Demographic questionnaire, Qualitative data sheet • Survey instrument and sheets developed to compile data • Educational handouts and presentations • Other appropriate documents as needed.</td>
<td>Appendices formatted correctly and included in table of contents. Required elements include: • CITI Completion document. • Literature synthesis table Recruitment material/flyer(s) • Demographic questionnaire, Qualitative data sheet • Survey instrument and sheets developed to compile data • Educational handouts and presentations • Other appropriate documents as needed.</td>
<td>Appendices formatted incorrectly and included in table of contents. Missing some required elements. • CITI Completion document. • Literature synthesis table Recruitment material/flyer(s) • Demographic questionnaire, Qualitative data sheet • Survey instrument and sheets developed to compile data • Educational handouts and presentations • Other appropriate documents as needed.</td>
</tr>
<tr>
<td></td>
<td>Data analysis plan not discussed.</td>
<td>Data analysis plan not discussed.</td>
<td>No conclusion attempted or does not reflect project.</td>
</tr>
<tr>
<td>Writing mechanics</td>
<td>APA style (6th ed. or current) is followed throughout paper. Written in future tense. Spelling, grammar, and critical thinking consistent with highest-level of doctoral education. Reference page matches in-text citations. 30-35 pages or less (excluding title page, table of contents, references, appendices).</td>
<td>APA style (6th ed or current) is satisfactorily followed throughout paper. Written in future tense. No more than five errors in spelling and grammar. Thinking reflects graduate level work. Reference page matches in-text citations. 36-40 pages in length (excluding title page, table of contents, references, appendices).</td>
<td>APA style is not consistently used throughout paper. Written in past and future tense. Five to 10 errors in spelling and grammar. Thinking minimally reflects graduate level work. Reference page does not match in-text citations. 41-45 pages in length (excluding title page, table of contents, references, appendices).</td>
</tr>
</tbody>
</table>

To be completed by faculty readers: Score and Comments:
Appendix O: DNP Practice Innovation Project Proposal Presentation Guideline

DNP Practice Innovation Project Presentation Requirements

The student will present the project to the Faculty Team Leader and a second faculty member recruited by the student and/or Team Leader. These faculty members will serve as graders for the presentation. Team members who are not Saint Mary’s College faculty members are welcome to attend the presentation but will not be asked to serve as graders.

The proposal PowerPoint presentation may be done via Collaborate and will last approximately 20 to 30 minutes and must cover the following:

1. Statement of the problem, including the background of the issue.
2. Discussion of significance of the problem to healthcare and nursing.
3. Discussion of how the problem is within the scope of practice of the APRN.
4. PICOT question with purpose and objectives statements.
5. Definition of major concepts.
6. Pertinent synthesis of literature and discussion of practice gaps.
7. Theoretical framework and implementation model.
8. Integration of social entrepreneurship principles and innovation.
9. Methods: Project design, implementation plan, description of setting, sampling plan, data collection process, data analysis plan, timeline, budget, ethical considerations.

The presentation should include approximately 15 slides, excluding title and references. Students should practice the presentation several times before the meeting, dress professionally, and ensure that they do not exceed the 30-minute timeframe.
Appendix P: DNP Practice Innovation Project Final Paper & Poster Grading Rubric

Saint Mary’s College
DNP Program
DNP Practice Innovation Project Final Grading Sheet

Student: ________________________________________________________________________________

Clinical Track: ____________________________

Faculty Team Leader and Second Faculty Reader:

DNP Practice Innovation Proposal and Final Project Due Dates and Outcomes

**Due Dates:**

- To ensure adequate faculty reading time and to allow for any revisions, the proposal and final project are due six weeks before the end of the semester. Students have a maximum of two weeks to submit revisions. Revisions must be satisfactorily completed before the oral presentation. Proposals and final projects submitted after the due date will not be read until the following semester. Students who do not complete the project in the final semester will be required to enroll in a variable credit, 1-3 credit hour independent study course in subsequent semesters until the project is completed. Degree conferral will not occur until the DNP Practice Innovation Project is finalized and approved by the project team.
- Ideally, oral proposal presentations will be completed during an immersion, but may be scheduled at the convenience of the faculty and student.
- Final Practice Innovation Project Presentations (poster) are completed during an immersion weekend. Students who have not completed data collection may not present the project and must come to an immersion weekend in the semester in which the project is completed.

**Possible Outcomes:**

- **Pass (with or without) minor revisions:** Average score between 87-100%
  - Proposal phase: The student may proceed with development and submission of required documentation to the Saint Mary’s College and/or health system Institutional Review Board (IRB). Minor revisions must be completed within two weeks after receiving feedback.
  - Final project phase: The student has successfully completed the written paper, presentation, and portfolio requirements. Minor revisions must be completed within two weeks after receiving feedback.
- **Pass with revisions:** Average score between 86-80%
  - Proposal phase: The student must address all recommendations within two weeks after receiving feedback and prior to proceeding with IRB document development and submission.
  - Final project phase: Student must address all recommendations within two weeks after receiving feedback.

- **Fail:** Average score below 80%
  - Proposal phase: The student may not proceed with the project until deficiencies are addressed and corrected within the timeframe provided by faculty project team leader. In this case, the student will have one more opportunity to repeat the proposal defense. A second failure means the student must meet with her/his team and the program director to discuss progression in the program.
  - Final project phase: Student must meet with her/his team and the program director.

**Note to faculty reviewers:** Ideally the graded paper is returned to the student no more than 10 business days after submission. Include edits and comments directly into the paper and circle the appropriate category for each criterion on this grading sheet. Overall comments may be entered at end of grading sheet.

**Definition of terms:**

<table>
<thead>
<tr>
<th>Excellent A, A- grade range</th>
<th>Superior evidence of effort, critical thinking, and ability consistent with the highest level of doctoral education. Reflects state-of-the-science synthesis and integration of evidence.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfactory B+, B grade range</td>
<td>Acceptable evidence of an adequate level of effort, critical thinking, and ability which is sufficient for doctoral level work. Reflects acceptable level of synthesis and integration of evidence.</td>
</tr>
<tr>
<td>Marginal B- grade range</td>
<td>Inadequate or very limited evidence of effort, critical thinking, and ability at the doctoral level. Consistent with work below the doctoral level. Reflects minimal level of synthesis and integration of evidence. Any section that receives a marginal rating must be re-written and resubmitted. Three or more sections receiving a marginal rating warrants a meeting with the faculty project team leader.</td>
</tr>
<tr>
<td>Unsatisfactory C+ or lower grade range</td>
<td>No evidence of effort, critical thinking and ability. Insufficient evidence of work consistent with the doctoral level. No indication of synthesis and integration of evidence. <strong>Unsatisfactory performance on any part of the project requires a meeting with the faculty project team leader and DNP Program Director. A plan for remediation will be developed for a one-time resubmission of the project. The remediation plan will include a timeline for resubmission. A student who earns a subsequent unsatisfactory grade on any part of the project will be awarded a failing grade and is subject to dismissal from the program.</strong></td>
</tr>
</tbody>
</table>

**Notice:** The DNP Practice Innovation Project relies on a wide-ranging review of literature and source of evidence. Students must be prepared to search multiple databases for sources of evidence. APA style requires that credit is attributed to the sources of information that inform this work. “Plagiarism is the act of presenting the words, ideas, or images of another as your own; it denies authors or creators of content the credit they are due. Whether deliberate or unintentional, plagiarism violates the ethical standards in scholarship” (American Psychological Association, 2020, p.254). **Plagiarism is not tolerated and will result in course failure and possible program dismissal.**
| Criteria | Excellent  
100-90  
A, A- grade range | Satisfactory  
89-84  
B+, B grade range | Marginal  
83-80 (requires section rewrite)  
B- grade range | Unsatisfactory  
79 or less  
(requires meeting, remediation, 1 chance to rewrite)  
C+ or lower grade range |
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cover page, abstract, table of contents</td>
<td>Cover page, DNP Project Completion Form (signed after final project approval), abstract, table of contents, APA format is correct.</td>
<td></td>
<td></td>
<td>Cover page, DNP Project Completion Form (signed after final project approval), abstract, table of contents not included, APA format incorrect.</td>
</tr>
<tr>
<td>Introduction</td>
<td>One to two concise and compelling paragraphs that present a clear overview of the problem and why it matters.</td>
<td>Three to four paragraphs that satisfactorily presents the problem and why it matters.</td>
<td>More than four paragraphs with minimal and un compelling discussion of the problem. Problem poorly defined, little discussion of why it matters.</td>
<td>Introduction not attempted. No clear problem defined. Rambling.</td>
</tr>
<tr>
<td>Background</td>
<td>1-3 paragraphs. Detailed evidence of the problem that builds the case for the project. Includes clear definition of phenomenon, key indicators, magnitude of the problem, issues leading to the problem, population characteristics, attitudes/behaviors/cultural characteristics contributing to the problem. Supported with relevant statistics. Excellent discussion of how the problem/project fits within the domain of nursing and the role of the APRN.</td>
<td>4-5 paragraphs. Presents satisfactory evidence of the problem that builds the case for the project. Includes most of the following: clear definition of phenomenon key indicators, magnitude of the problem, issues leading to the problem, population characteristics, attitudes/behaviors/cultural characteristics contributing to the problem. Supported with relevant statistics. Satisfactory discussion of how the problem/project fits within the domain of nursing and the role of the APRN.</td>
<td>More than 5 paragraphs. Background and context of problem minimally discussed. Data presented are not compelling. Includes only one of the following: definition of phenomenon key indicators, magnitude of the problem, issues leading to the problem, population characteristics, attitudes/behaviors/cultural characteristics contributing to the problem. Few supporting statistics. Little discussion about the domain of nursing and the APRN role.</td>
<td>More than 6 paragraphs. Background and context of problem not discussed. No supporting evidence (definition of phenomenon key indicators, magnitude, issues, population characteristics, attitudes/behaviors/cultural characteristics). Not linked to domain of nursing and the APRN role.</td>
</tr>
<tr>
<td>Problem statement</td>
<td>Excellent presentation of the following: Synthesis statement from introduction and</td>
<td>Satisfactory presentation of the following: Synthesis statement from introduction and</td>
<td>Unclear presentation of the following: Synthesis statement from introduction and</td>
<td>Not attempted: Synthesis statement from introduction and background that summarizes</td>
</tr>
<tr>
<td>PICO(T) and objectives</td>
<td>PICO(T) question and two to three objectives clearly reflects introduction, background and problem statement.</td>
<td>PICO(T) question and two to three objectives satisfactorily reflects introduction, background and problem statement.</td>
<td>PICO(T) question marginally reflects introduction, background and problem statement. Includes four or more objectives that are loosely tied to this project.</td>
<td>PICO(T) question and objectives not included or do not reflect introduction, background and problem statement.</td>
</tr>
<tr>
<td>------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Literature review</td>
<td>Relevant literature/evidence review reflects state of the science, clearly relates to and supports introduction, background, problem statement and PICO(T) question. Excellent presentation of sections that: 1. defines terms and 2. Describes and links major concepts to the problem and project. 3. Description of intervention that is clear and well supported by evidence. Concept map logically shows clear connections between concepts and the problem. Relevance of evidence discussed with clarity and critical thinking. Strengths, limitations, and gaps in literature satisfactorily discussed.</td>
<td>Literature review satisfactorily supports introduction, background, problem statement and PICO(T). Satisfactory presentation of sections that 1. defines terms and 2. Describes and links major concepts to the problem and project. 3. Description of intervention that is clear and well supported by evidence. Concept map logically shows clear connections between concepts and the problem. Satisfactory discussion of relevance of evidence. Strengths, limitations, and gaps in literature satisfactorily discussed.</td>
<td>Literature review marginally supports introduction, background, problem statement and PICO(T). Marginal presentation of sections that 1. defines terms and 2. Describes and links major concepts to the problem and project. 3. Description of intervention that is clear and well supported by evidence. Concept map does not logically show clear connections between concepts and the problem. Marginal discussion of relevance of evidence. Marginal discussion of strengths, limitations, and gaps in literature.</td>
<td>Minimal to no effort given to review literature. No discussion about terms and concepts. Evidence not provided and/or does not link to previous sections at all. Concept map not provided. No discussion of relevance, strengths, limitations and gaps of literature.</td>
</tr>
<tr>
<td>Theoretical and implementation models</td>
<td>Concepts of nursing theoretical framework are clearly described and linked to the problem. Implementation model is clearly described; usefulness to project is clearly discussed.</td>
<td>Concepts of nursing theoretical framework are satisfactorily described and linked to the problem. Implementation model description and usefulness discussion is satisfactory.</td>
<td>Concepts of nursing theoretical framework are minimally described, not clearly linked to the problem. Implementation model description and usefulness is minimally discussed.</td>
<td>Theoretical framework and implementation model were not discussed.</td>
</tr>
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<td>--------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Social entrepreneurship, innovation, and sustainability</td>
<td>Excellent presentation of how the concepts of social entrepreneurship and innovation are linked to project. Excellent definition of project sustainability and how this project will serve nursing and the population/problem in the future.</td>
<td>Satisfactory presentation of how the concepts of social entrepreneurship and innovation are linked to project. Satisfactory definition of project sustainability and how this project will serve nursing and the population/problem in the future.</td>
<td>Marginal presentation of how the concepts of social entrepreneurship and innovation are linked to project. Marginal definition of project sustainability and how this project will serve nursing and the population/problem in the future.</td>
<td>Concepts of social entrepreneurship, innovation and sustainability are not discussed and linked to project.</td>
</tr>
<tr>
<td>Ethical considerations</td>
<td>Excellent discussion of: 6. Risks and benefits of project 7. Description of risks and measures taken to minimize risk 8. Description of what measures will be taken to maintain anonymity or confidentiality, who will see data or reports of data. 9. Informed consent procedure and participant compensation. 10. Plan for data collection and security.</td>
<td>Satisfactory discussion of: 6. Risks and benefits of project 7. Description of risks and measures taken to minimize risk 8. Description of what measures will be taken to maintain anonymity or confidentiality, who will see data or reports of data. 9. Informed consent procedure and participant compensation. 10. Plan for data collection and security.</td>
<td>Marginal discussion of: 6. Risks and benefits of project 7. Description of risks and measures taken to minimize risk 8. Description of what measures will be taken to maintain anonymity or confidentiality, who will see data or reports of data. 9. Informed consent procedure and participant compensation. 10. Plan for data collection and security.</td>
<td>No discussion of ethical considerations</td>
</tr>
<tr>
<td>Excellent presentation that is well supported by evidence of the following:</td>
<td>Satisfactory presentation that is mostly supported by evidence of the following:</td>
<td>Marginal presentation that is not well supported by evidence of the following:</td>
<td>Incomplete and unsatisfactory discussion of methods. Project design does not support identified problem and project aims</td>
<td></td>
</tr>
<tr>
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</tr>
<tr>
<td>1. Discussion of who the key stakeholders are and how they are linked to the project. 2. Description of population/participants that includes why they are being asked to participate, inclusion/exclusion criteria, recruitment strategy, setting for data collection. 3. Intervention plan clearly described in detail, including a step-by-step outline of implementation process. 4. Discussion of the following: Demographic data, qualitative data that will be collected (i.e. questions for participants to answer); quantitative data collection plan including evidence-based survey tools (with discussion of reliability and validity, applicability to project, outcomes measurements); any educational handouts or presentations with discussion of evidence to support their use. 5. Timeline. Gantt Chart included in appendices. 6. Budget described and realistic.</td>
<td>1. Discussion of who the key stakeholders are and how they are linked to the project. 2. Description of population/participants that includes why they are being asked to participate, inclusion/exclusion criteria, recruitment strategy, setting for data collection. 3. Intervention plan clearly described in detail and includes a step-by-step outline of implementation process. 4. Discussion of the following: Demographic data, qualitative data that will be collected (i.e. questions for participants to answer); quantitative data collection plan including evidence-based survey tools (with discussion of reliability and validity, applicability to project, outcomes measurements); any educational handouts or presentations with discussion of evidence to support their use. 5. Timeline. Gantt Chart included in appendices. 6. Budget described and realistic.</td>
<td>1. Discussion of who the key stakeholders are and how they are linked to the project. 2. Description of population/participants that includes why they are being asked to participate, inclusion/exclusion criteria, recruitment strategy, setting for data collection. 3. Intervention plan clearly described in detail and includes a step-by-step outline of implementation process. 4. Discussion of the following: Demographic data, qualitative data that will be collected (i.e. questions for participants to answer); quantitative data collection plan including evidence-based survey tools (with discussion of reliability and validity, applicability to project, outcomes measurements); any educational handouts or presentations with discussion of evidence to support their use. 5. Timeline. Gantt Chart included in appendices. 6. Budget described and realistic.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:**

Appendices must include a copy of all documents and materials that will be used to implement the project. This includes recruitment flyer, demographic questionnaire, qualitative data collection sheet, survey instruments and method to compile results, educational handouts, presentations, etc.

See appendices section for further requirements.
<table>
<thead>
<tr>
<th>Category</th>
<th>Project design clearly supports identified problem and project aims.</th>
<th>Project design satisfactorily supports identified problem and project aims.</th>
<th>Project design marginally supports identified problem and project aims.</th>
<th>Data analysis plan not discussed.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Data analysis</strong></td>
<td>Excellent presentation of data analysis plan which includes: Description of statistical measures for quantitative data analysis Analysis plan for qualitative data analysis. Data analysis plan must be appropriate to question and methodology.</td>
<td>Satisfactory presentation of data analysis plan which includes: Description of statistical measures for quantitative data analysis Analysis plan for qualitative data analysis. Data analysis plan must be appropriate to question and methodology.</td>
<td>Marginal presentation of data analysis plan which includes: Description of statistical measures for quantitative data analysis Analysis plan for qualitative data analysis. Data analysis plan must be appropriate to question and methodology.</td>
<td>Data analysis plan not discussed.</td>
</tr>
<tr>
<td><strong>Results</strong></td>
<td>Results and interpretation of data analysis is clear, concise and correct. Display of results (tables, charts, etc.) and discussion clearly related to the PICOT question.</td>
<td>Satisfactory discussion of results and interpretation of data analysis. Display of results (tables, charts, etc.), and discussion satisfactorily related to the PICOT question.</td>
<td>Marginal discussion of results and interpretation of data analysis. Display of results not appropriate. Not clearly related back to the problem.</td>
<td>Discussion of results and interpretation of data analysis is insufficient. No discussion about how results relate to the problem.</td>
</tr>
<tr>
<td><strong>Discussion</strong></td>
<td>Clear discussion of results which includes the implications for clinical practice, healthcare policy, quality and safety, and education. Strengths and limitations of project are clearly identified and logically discussed. Plan for future study and scholarship is logical and achievable. Demonstrates critical thinking at doctoral level.</td>
<td>Adequate discussion of results, including implications for clinical practice, healthcare policy, quality and safety, and education. Strengths and limitations of project are satisfactorily identified and logically discussed. Plan for future study and scholarship is satisfactory and achievable. Satisfactorily reflects critical thinking at doctoral level.</td>
<td>Discussion of results and implications for clinical practice, healthcare policy, quality and safety, and education is inadequate. Strengths and limitations of project are marginally identified and minimally discussed. Plan for future study and scholarship lacks depth. Not reflective of graduate level thought.</td>
<td>No discussion of results and implications for clinical practice, healthcare policy, quality and safety, and education. No discussion of strengths and limitations. Plan for future study and scholarship unacceptable. No evidence of critical thinking.</td>
</tr>
<tr>
<td>Conclusion</td>
<td>Conclusion succinctly summarizes project. 1-2 paragraphs.</td>
<td>Conclusion satisfactorily summarizes project. 3-4 paragraphs.</td>
<td>Conclusion loosely summarizes project. 5 paragraphs</td>
<td>No conclusion attempted or does not reflect project.</td>
</tr>
<tr>
<td>------------</td>
<td>-------------------------------------------------------------</td>
<td>-------------------------------------------------------------</td>
<td>-------------------------------------------------------------</td>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td>Appendices</td>
<td>Appendices formatted correctly and included in table of contents. Required elements include: • CITI Completion document. • Signed DNP Proposal Defense Completion form. • Literature synthesis table Recruitment material/flyer(s) Demographic questionnaire, Qualitative data sheet • Survey instrument and sheets developed to compile data • Educational handouts and presentations • Other appropriate documents as needed.</td>
<td>Appendices formatted correctly and included in table of contents. Required elements include: • CITI Completion document. Signed DNP Proposal Defense Completion form. • Literature synthesis table Recruitment material/flyer(s) Demographic questionnaire, Qualitative data sheet • Survey instrument and sheets developed to compile data • Educational handouts and presentations • Other appropriate documents as needed.</td>
<td>Appendices formatted incorrectly and included in table of contents. Missing some required elements. • CITI Completion document. • Signed DNP Proposal Defense Completion form. • Literature synthesis table Recruitment material/flyer(s) Demographic questionnaire, Qualitative data sheet • Survey instrument and sheets developed to compile data • Educational handouts and presentations • Other appropriate documents as needed.</td>
<td>Appendices missing all or many of the required elements.</td>
</tr>
<tr>
<td>Writing mechanics</td>
<td>APA style (6th ed. or current) is followed throughout paper. Written in past tense when appropriate. Spelling, grammar, and critical thinking consistent with highest-level of doctoral education. Reference page matches in-text citations.</td>
<td>APA style (6th ed or current) is satisfactorily followed throughout paper. Written in past tense when appropriate. No more than five errors in spelling and grammar. Thinking reflects graduate level work. Reference page matches in-text citations. 51-55 pages in length (excluding title page, table of</td>
<td>APA style is not consistently used throughout paper. Written in future tense. Five to 10 errors in spelling and grammar. Thinking minimally reflects graduate level work. Reference page does not match in-text citations.</td>
<td>APA style is not followed. Many (&gt;10) spelling and grammar errors. No consideration of tense. Not at all a reflection of graduate level thinking. Reference page does not match in-text citations.</td>
</tr>
</tbody>
</table>
| Pages Description                                                                 | \hline
| 45-50 pages or less (excluding title page, table of contents, references, appendices) | contents, references, appendices). |
| contents, references, appendices).                                                                 | contents, references, appendices). |
| More than 60 pages (excluding title page, table of contents, references, appendices).                     | \hline

To be completed by faculty readers: Score and Comments:
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Excellent 100-94</th>
<th>Satisfactory 93-87</th>
<th>Marginal 86-80 (requires section rewrite)</th>
<th>Unsatisfactory Less than 80 (requires rewrite)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstract</td>
<td>Follows APA guidelines and conference requirements. Authorship correctly recognizes those who contributed meaningfully to the project.</td>
<td></td>
<td></td>
<td>Does not follow APA guidelines and conference requirements. Authorship fails to recognize those who contributed meaningfully to the project.</td>
</tr>
<tr>
<td>Conference submission</td>
<td>Submitted for presentation at local, state, or national nursing conference.</td>
<td></td>
<td></td>
<td>Not submitted for presentation at local, state, or national nursing conference.</td>
</tr>
<tr>
<td>Summary of project</td>
<td>Poster clearly reflects relevant aspects of the project.</td>
<td>Poster satisfactorily reflects relevant aspects of the project.</td>
<td>Poster loosely reflects relevant aspects of the project.</td>
<td>Poster does not at all reflect relevant aspects of the project.</td>
</tr>
<tr>
<td>Presentation</td>
<td>Poster visually appealing and easy to read. Student dressed professionally and able to answer all questions.</td>
<td>Poster satisfactorily visually appealing and easy to read. Student dressed professionally and able to answer most questions.</td>
<td>Poster not visually appealing and difficult to read. Student dress is not fully professional. Unable to answer all questions.</td>
<td>Poster poorly constructed, impossible to read. Student not dressed professionally and unable to answer any questions.</td>
</tr>
</tbody>
</table>

Score and Comments:
Appendix Q: DNP Practice Innovation Proposal and Final Project Due Dates and Possible Outcomes

Due Dates:

- To ensure adequate faculty reading time and to allow for any revisions, the proposal and final project are due six weeks before the end of the semester. Students have a maximum of two weeks to submit revisions. Revisions must be satisfactorily completed before the oral presentation. Proposals and final projects submitted after the due date will not be read until the following semester. Students who do not complete the project in the final semester will be required to enroll in a variable credit, 1-3 credit hour independent study course in subsequent semesters until the project is completed. Degree conferral will not occur until the DNP Practice Innovation Project is finalized and approved by the project team.
- Ideally, oral proposal presentations will be completed during an immersion, but may be scheduled at the convenience of the faculty and student.
- Final Practice Innovation Project Presentations (poster) are completed during an immersion weekend. Students who have not completed data collection may not present the project and must come to an immersion weekend in the semester in which the project is completed.

Possible Outcomes:

- **Pass (with or without) minor revisions: Average score between 87-100%**
  - Proposal phase: The student may proceed with development and submission of required documentation to the Saint Mary’s College and/or health system Institutional Review Board (IRB). Minor revisions must be completed within two weeks after receiving feedback.
  - Final project phase: The student has successfully completed the written paper, presentation, and portfolio requirements. Minor revisions must be completed within two weeks after receiving feedback.

- **Pass with revisions: Average score between 86-80%**
  - Proposal phase: The student must address all recommendations within two weeks after receiving feedback and prior to proceeding with IRB document development and submission.
  - Final project phase: Student must address all recommendations within two weeks after receiving feedback.

- **Fail: Average score below 80%**
  - Proposal phase: The student may not proceed with the project until deficiencies are addressed and corrected within the timeframe provided by faculty project team leader. In this case, the student will have one more opportunity to repeat the proposal defense. A second failure means the student must meet with her/his team and the program director to discuss progression in the program.
  - Final project phase: Student must meet with her/his team and the program director.
Appendix R: Proposal Approval form

SAINT MARY’S COLLEGE
DEPARTMENT OF NURSING SCIENCE
Doctor of Nursing Science
Practice Innovation Project Proposal Form
(Uploaded to Typhon External Documents)

As members of the Practice Innovation Project Team, we certify that
_________________________________________ has successfully completed the proposal
process by writing a scholarly paper and completing an oral presentation. Completion of the
Proposal is required for _______________________________ to begin the Institutional Review
Board approval process at Saint Mary’s College.

The following signatures indicate that all members have read the proposal paper and agree that
the student satisfactorily performed during the oral defense. The student is approved to proceed
through the IRB process.

_________________________________________ Date:____________________________
Faculty Team Leader

_________________________________________ Date:____________________________
Second Faculty Member
Appendix S: Practice Innovation Project Completion Form

SAINT MARY’S COLLEGE
DEPARTMENT OF NURSING SCIENCE
Doctor of Nursing Science
Practice Innovation Project Completion Form (1st page of completed project)

As members of the Practice Innovation Project Team, we certify that we have read the paper that
was prepared by ____________________________, and entitled ____________________________
and recommend that it be accepted as fulfilling the Practice Innovation Project requirement for the Doctor of Nursing Practice Degree.

____________________________________  Date: ______________________________
Faculty Team Leader

____________________________________  Date: ______________________________
Second Faculty Member

I hereby certify that I have read this project prepared under my direction and recommend that it be accepted as fulfilling the Practice Innovation Project requirement.

____________________________________  Date: ______________________________
Faculty Team Leader