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## Appendices

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The McAuley School of Nursing (MSON) Doctor of Nursing Practice (DNP) Scholarly Project Handbook provides the current policies and procedures that are unique to the DNP project at the University of Detroit Mercy. The purpose of this handbook is to provide students with guidelines for the doctoral project and to assist faculty with student advising and mentoring during the DNP Project. The Handbook is an evolving document that is revised and updated periodically. It is important to note that expectations outlined in this handbook apply to students in the year in which they begin their DNP Project Courses. It is designed to complement the MSON Graduate Handbook and the University of Detroit Mercy Graduate Catalog which provides detailed information regarding programs of study, course descriptions, and University Graduate Program policies and procedures. See Appendix A for DNP Program Objectives, Appendix B for DNP Essentials and Appendix C for DNP Project courses.

DOCTORAL PROJECT

The DNP program culminates in the successful completion of a faculty approved individual or group project that demonstrates synthesis of the student’s work and lays the groundwork for future scholarship. The DNP doctoral project is a tangible and deliverable academic product that is derived from the practice immersion experience and is reviewed and evaluated by a committee comprised of both academic and practice members. In this project students will engage in scholarly inquiry to analyze, evaluate, or transform a relevant aspect of clinical practice. This substantive project should make a significant, evidence-based contribution to existing nursing knowledge.

The doctoral project may take on many forms but will be unique to the student’s area of specialization and designed by the student in collaboration with their doctoral committee. The project should contribute to and provide evidence of the student’s achievement of the DNP program objectives and DNP Essential competencies. While a project may not capture all of the program objectives or DNP competencies, competencies that address leadership, collaboration, advocacy, quality improvement and evidence based advanced nursing practice are likely to be central to most projects.

DNP projects should:

a. Focus on change that impacts healthcare outcomes, either through direct or indirect care.

b. Have a systems (micro-, meso- or macro- level) or population/aggregate focus.

c. Demonstrate implementation in the appropriate arena or area of practice.

d. Include a plan for sustainability (financial, systems or political realities).

e. Include an evaluation of processes and/or outcomes (formative or summative). Clinical significance is as important in guiding practice as statistical significance is in evaluating research.

f. Provide a foundation for future practice scholarship.

Examples of doctoral projects include: a program needs assessment with program development, evaluation of an existing program, development of an assessment instrument/protocol, a cost/benefit analysis of program models, construction of a practice model or an innovation for practice, database creation to track direct care assessment or
outcome, implementation of an evidence based guideline for clinical practice, a quality improvement initiative, a policy project, or other scholarly project as approved.

A systematic approach is used in developing and completing the project. Ideally, students should be using DNP coursework to develop expertise in an area of practice that will lead to and inform the doctoral project. It is expected that the project is conducted in accordance with ethical standards and principles. Lastly, project findings or primary deliverables are disseminated professionally and publicly.

**STEPS IN THE DOCTORAL PROJECT PROCESS**

**Project Formation**

Identify a Topic for the Project. During the progression of coursework, the student begins to identify a general area of interest for the doctoral project and use their work in specific courses to develop different dimensions of this topic. In NUR 7800 (DNP Project Proposal) students identify the project site and develop a proposal and presentation with oversight by the course faculty/committee chair.

Most projects are individual, however, there may be an opportunity for group projects or sequential projects. Criteria may include:

1. Group consists of 2-3 students working on either a similar topic or components of a similar topic.
2. Group is overseen by the same faculty/chair
3. The project can be implemented in the same organization or separate organizations
4. The project is approved by the faculty/chair and the DNP Quality Team.
5. Sequential projects are developed/implemented based on the work of a prior DNP student.

Committee Development. The doctoral project is developed, reviewed and evaluated by a doctoral project committee. The doctoral project committee shall consist of two to three members.

Students are assigned a chair during NUR 7800 that is amenable to serve on the committee. The faculty/committee chair works with the student to identify the site for the project and the additional committee members. Once selection is complete, the student should submit the Committee Composition Form (See Appendix D) to the Chair for the electronic signature and to the DNP Quality Team. Also identified is the project site and the type of project that is being initiated. The original form should be placed in the student’s file and copies distributed to the chair, all committee members and the student. It is recommended that the committee be formed early in the NUR 7800 course.

**Committee Member Roles**

**Doctoral Project Chair.** The Project Committee Chair must be a doctorally-prepared faculty member of the MSON. The faculty selected for chair should have content or clinical expertise to
oversee the project from inception to completion. The chair will assist the student in the selection of committee members.

**Doctoral Project Organizational Expert.** The doctoral committee organizational expert contributes relevant clinical or content expertise to the student’s project. This representative/stakeholder is from the organization in which the student is conducting the project. Ideally, all members of the committee should be doctorally prepared, but a master’s prepared member is permitted in the case this committee member has expertise in a clinical topic or method relevant to the student’s topic. The organizational expert will participate in forming the project, evaluating student progress and the final project.

**Doctoral Project - Project Reader.** The doctoral committee project reader is a faculty member of the MSON or CHP or other faculty within Detroit Mercy that brings additional expertise. Ideally, all members of the committee should be doctorally prepared, but a master’s prepared member is permitted in the case this committee member has expertise in a clinical topic or method relevant to the student’s topic. This member agrees to foster student progress and evaluate the doctoral project. Ideally, the reader has a congruent clinical or research interest with the project’s focus. The project reader may also be a doctorally prepared faculty that is being mentored for a future chair position.

**Responsibilities of the Committee**

The project committee is responsible to approve the proposed clinical project, supervise the project development and implementation and evaluate the written and oral project report. Both committee members (if 2) or two of the three committee members (if three on the committee) must agree on the project’s success status (pass, fail).

**Changes in Committee**

The doctoral project may change before the final committee is established. No written approval is required. However, once the project has begun and a committee change is necessary, a formal written request for approval must be submitted to the DNP program track coordinator for consideration.

**Developing the Proposal.** The specific components of the proposal may be adapted to meet the purpose of the project. For example, a clinical inquiry proposal may look slightly different than a quality improvement or program development and evaluation proposal. Decisions on the proposal format will be made by the project committee. The proposal should be written in APA format. Students will use work initiated during NUR 7800 to develop the proposal first with their chair. When the student and chair have completed a workable draft, it will be sent to the rest of committee for review and input. All committee members will have an opportunity to approve the proposal prior to IRB submission.

**Components of the Proposal**

The recommended components of the written proposal will be based on the purpose of the proposal. A typical format should include a

- Title Page
- Introduction with Problem Statement, - the problem or issue should be introduced
- Background and Significance summary to include prevalence, negative health outcomes, costs
- Definition of terms

- Review/synthesis of Evidence surrounding the Clinical Practice Issue,
  - Appraisal of the most relevant and current scientific work that relates to the
    purpose of the project
  - If possible, exemplars of current evidence from the literature on programs,
    interventions and outcomes
  - Highlight other agencies that have tested/implemented this practice change if
    available
  - Include existing evidence from other similar projects that would support the idea
    that the project has potential at the chosen site

- Local Problem
  - Data from local context – individual, community, system level
  - SWOT analysis
  - Micro/Macrosystem analysis

- Purpose of the Project (Goals/Aims)

- Theoretical Model/Framework

- Implementation components – who, what, where, how,
  - timeline
  - IRB plan if indicated

- Methods (quantitative, qualitative, quality improvement, program evaluation),
  (See Appendix E)
  - Design
  - Sample
  - Population/Site
  - Measures (Outcomes)
  - Budget (if applicable)
  - Data Collection
  - Data Analysis Plan

- Deliverables/Dissemination/Discussion
  - What the agency will receive
  - Committee expectations clarified (may be same as agency)
  - Information dissemination plan
  - Sustainability

- References.

Other formats are included here:

**Recommended DNP Project Formats**

- *Reports of Randomized Controlled Trials*
  Consolidated Standards of Reporting Trials (CONSORT) statement

- *Reports of Non-Randomized Educational, Behavioral and Public Health Interventions*
  Transparent Reporting of Evaluations with Non-randomized Designs (TREND) statement
  [http://www.cdc.gov/trendstatement](http://www.cdc.gov/trendstatement)

- *Reports of Observational Studies*
  Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) statement
Reports of Quality Improvement Interventions or Programs
Standards for Quality Improvement Reporting Excellence (SQUIRE)
http://www.squire-statement.org

Reports of Qualitative Research
Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist

Reports of Systematic Reviews
Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA)
http://www.prisma-statement.org/

Write and Defend Project Proposal. The student should work closely with the Committee Chair during the development of the project proposal. The written project proposal is then disseminated to the committee members for review and a proposal defense meeting is scheduled within 2-3 weeks of the distribution of the paper. The proposal defense includes a powerpoint presentation summarizing the main components of the project. Once the proposal is approved as acceptable by all committee members, the student will present with the chair to the DNP Quality Team for any further recommendations. A student who does not successfully defend the doctoral project proposal may present a revised proposal for a second time (no earlier than 6 weeks and no later than 26 weeks) and if necessary, a third time anytime within an additional 26 week period. Failure to pass on the third attempt may result in dismissal from the program.

Project Implementation Phase

Human Subjects. In this phase of the project, students will need to meet the required human subjects or quality improvement approval processes of the University of Detroit Mercy and if applicable, the clinical agency in which the project is conducted. Students will need to meet the Human Subject requirements of both organizations (ie Modules on Research ethics, Data security, Confidentiality, etc). If the site does not have a formal IRB process, a letter of support will be needed for the University IRB. Projects can begin ONLY after all required approvals are received from the university and appropriate agencies. This phase of the project weaves into NUR 7900 Practicum and Project Implementation course.

Conduct Project. During this phase, the student will work in close contact with the committee chair and clinical consultant member to carry out the project activities.

Project Evaluation and Dissemination Phase

Develop Written Product for Presentation and Defense. The final written output of the doctoral project is a summative report of the work. The final written project should include the project proposal plan and an account of the project implementation, data analysis with results and outcomes, cost/benefit analysis if applicable, conclusions and implications for nursing practice, policy or future research. The final written product should be presented using the template
agreed upon by the project committee that best captures the design of the student project. This phase also weaves into NUR 7920 to complete data analysis and prepare for presentation.

**Develop and Publicly Present Project Findings.** When the committee chair believes the student’s project is approaching completion (i.e., the written paper is complete), the student schedules a meeting to assure that all members agree that it is ready for presentation. When all members agree, the Public Presentation is scheduled with the DNP Program Coordinator. Conducted by the student’s committee, the final public presentation is open to the general university community and is publicized to the entire College of Health Professions.

In the public presentation, the student formally presents the clinical issue, scope of the problem/concern/issue, the project design and implementation, results/outcomes of the project. The presentation should also discuss impact of the project on policy, health or fiscal outcomes, and the implications for advanced nursing practice. Once the public lecture is complete, the audience has the opportunity to ask questions. The audience is then excused and the committee then meets individually with the student to discuss the project.

**Project Evaluation.** The committee chair has primary responsibility for approval of the final project, however, the doctoral project committee members must read, approve and sign the final project product (Graded pass/fail). A minimum of two of the three committee members (one being the chair) must agree that the final product is acceptable. Once the DNP Doctoral Project Completion Form (Appendix F) has been signed and dated by all committee members, the student will attach a copy of the final written product. These items must then be submitted to the DNP program coordinator along with the final log of hours (See Appendix G) and the final PowerPoint presentation. The student should provide a copy to all committee members and keep one for their own records.

Presentation of a written or verbal executive summary to stakeholders and/or the practice site/organization leadership based on the site preference can occur slightly before or after the formal public presentation.

**Dissemination of DNP Project.** DNP projects should be disseminated beyond the public academic/organization presentation, although not a graduation requirement. The student and committee will confirm a plan for dissemination that will be based around the type of work that was completed. Some examples include:

1. Publishing in a peer reviewed print or online journal (select only those appropriate for submission)
2. Discuss and determine authorship with chair and committee members. While not required, often students will include committee members who contribute significantly to the development and mentorship of the project on submitted publications. It is recommended you discuss this when forming the committee. Publication is not a requirement for graduation and is reserved for products that are of submission quality.
3. Poster and podium presentations (local, regional, national, international)
4. Development of a webinar presentation or video or other public site
5. Submission and publication to a non-refereed lay publication.

**DNP Project: Continuous Enrollment**

Students who have not completed the project in the final semester of the program plan are required to demonstrate continuous enrollment of 1 credit in the DNP project course for fall and
winter semesters until project completion. For students that anticipate that the project will not be completed in the final semester of the program plan and require part time status (enrollment in 5 credits) for financial aid, the student may choose to register to 2 credits of project in one term and register for the remaining 1 credit of project in the subsequent term to fulfill the 3 credit requirement. If not completed by the end of subsequent term, the student is expected to maintain continuous enrollment for each subsequent fall and winter terms.

**Program Completion – Graduation**

The student is graduated from the program when all requirements for graduation including all course completion and DNP Project requirements are submitted.

Students may apply for graduation in the year that all requirements are anticipated to be completed.

Students are eligible for the graduation ceremony in the May after all program requirements are met.
Appendix A

DNP PROGRAM OBJECTIVES

Graduates of the Doctor of Nursing Practice degree program achieve the following terminal objectives:

1. Engage own professional role practice consistent with the competencies of the Doctor of Nursing Practice.
2. Formulate innovative theoretical and conceptual frameworks that ensure optimal health care quality and patient safety outcomes.
3. Translate evidence to produce innovative models of care that integrate informatics, health care technology, and interpersonal collaboration to affect population health, outcomes, and support health care policy initiatives.
4. Lead health care systems and policy innovation with a focus on preventative care, quality improvement and patient advocacy.
5. Integrate the Mercy and Jesuit traditions in providing culturally competent, compassionate, holistic and person-centered care with a commitment to human dignity in the contemporary world.

Appendix B

The Doctor of Nursing Practice (DNP) Essentials

1. Scientific Underpinnings for Practice
2. Organizational and Systems Leadership for Quality Improvement and Systems Thinking
3. Clinical Scholarship and Analytical Methods for Evidence-Based Practice
4. Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care
5. Health Care Policy for Advocacy in Health Care
6. Interprofessional Collaboration for Improving Patient and Population Health Outcomes
7. Clinical Prevention and Population Health for Improving the Nation’s Health
8. Advanced Nursing Practice
Appendix C

Required Project Courses for the Doctor of Nursing Practice Program

NUR 7800  Project Proposal Development  
3 Credits  
The DNP program culminates in the successful completion of a scholarly project that demonstrates synthesis of the student’s work and lays the groundwork for future scholarship. The Project Proposal Development is a formative course that focuses on the writing of the DNP project proposal. In this course, students will define the area of specific study, synthesize the relevant literature and existing data that supports the project, and select a conceptual framework with methodological plan to support the measurement of outcome data.

NUR 7900  DNP Practicum and Project Implementation  
3 credits  (1 credit seminar and 2 credits practicum – 240 hours)  
In this practicum with seminar, students will integrate DNP role behaviors into clinical practice. In conjunction with their designated faculty advisor, students will design a clinical practicum experience that permits achievement of the student’s individual goals and the program objectives with primary emphasis on the integration of DNP competencies directly into advanced nursing practice. Students will engage in seminars, rotating leadership responsibilities, to analyze practice-based issues from the DNP perspective. In this project course, students will seek required approval and review processes to support implementation of the scholarly project within the practice setting. Project implementation occurs after committee and IRB approval.

NUR 7920  DNP Doctoral Project  
3 credits  
This final project course supports the analysis of the data from the implemented project as well as defense of the project, the final written product and other dissemination efforts such as presentations and/or manuscripts.
Appendix D

University of Detroit Mercy
McAuley School of Nursing
Doctoral Project Committee Form

Student Name: _________________________________________ ID Number: __________________

Project Topic: _______________________________________________________________________

Project Design:
Quality Improvement _____ Program Evaluation _____ Evidence-Based Practice Project____
Practice Innovation_____ Other ___ (describe)_____________________________________________

Project Format:

Project Site:________________________________________________________________________

Signatures:

Committee Chair: _________________________________ Date: __________

Organizational Expert: _________________________________ Date: __________

Project Reader: _________________________________ Date: __________

DNP Program Coordinator: _________________________________ Date: __________

DNP Quality Team: _________________________________ Date: __________
## Appendix E  DNP Project Approaches

### Table 14.1  DNP Project Approaches

<table>
<thead>
<tr>
<th>Research/Practice Based Inquiry</th>
<th>Quality Improvement (QI)</th>
<th>Evidenced Based Practice (EBP)</th>
<th>Program Evaluation (PE)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition</strong></td>
<td>Systematic investigation including development, testing and evaluation designed to develop or contribute to generalizable knowledge (US Department of Health and Human Services, 2002)</td>
<td>Systematic data-guided activities to monitor, evaluate and improve quality and safety outcomes of health services and care processes. (Adapted from Cronenwett et al., 2007; US DHHS, 2011)</td>
<td>A systematic approach that integrates the review and appraisal of the best available scientific evidence combined with clinical expertise and patients/populations circumstances to guide care delivery (Adapted from Melyn &amp; Fineout-Overholt, 2014; Sackett et al., 2008)</td>
</tr>
<tr>
<td><strong>Purpose</strong></td>
<td>Investigate or answer a research question relevant to nursing practice</td>
<td>Improvement or innovation in health care outcomes or workflow processes</td>
<td>Integration of evidence into nursing practice (Shivey et al., 2011)</td>
</tr>
<tr>
<td><strong>Data Collection</strong></td>
<td>Multiple Options Surveys, Standardized Instruments, Physiologic measures, Registries or Database Extraction, Interviews, Observations, Focus Groups</td>
<td>Multiple Options Surveys, Check sheets, Process Flow Diagrams, Cause and effect diagrams, Clinical Record Reviews or Data extraction, Interviews, Observations, Focus Groups, Key Informants, System/Stakeholder assessment</td>
<td>Literature Search Literature Review System/Stakeholder assessment Baseline and/or post implementation measures of outcomes relevant to the practice guideline integration</td>
</tr>
<tr>
<td>Approach</td>
<td>Design</td>
<td>Purpose/Aim</td>
<td>Intervention/Action/Process</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Research     | Intervention Pre-Posttest Design | Improve health outcomes in a rural community: 1) Increase knowledge of nutrition and physical activity 2) Improve weight and BMI (Spurrier, Shuttle, Matheson & Baker-Watson, 2018) | 12 week program in a faith-based setting using 10 wellness modules related to obesity, weight, nutrition and exercise facilitated by a nurse | Pre/Post measures  
Weight, BMI, Food logs, Exercise logs  
Surveys: Patient centered Assessment and Counseling for Exercise, Godin Leisure Time Exercise questionnaire  
1 month post-program measures: BMI, weight | Descriptive statistics  
Paired t tests |
| Quality Improvement | PDGA | Improve medication management and reconciliation rates for elders in a geriatric primary care practice (Vejar, Makic, & Kotthoff-Burnell, 2015) | Goals:  
- Medication reconciliation rates; implement process for patients to bring in meds; Use of dangerous OTC drugs;  
- Use of duplicate medications. Team included GNP, PA, physicians, MAc, RN, social worker, pharmacist. Education sessions to train staff and to engage patients. Several PDGA cycles over 9 months with monthly meetings. | Pre/Post Measures  
Medication reconciliation rates, Number of patients bringing in their medications, Use of high risk medications, Duplicate medication therapy, Staff perception of feasibility of change | Descriptive statistics  
Frequencies  
Chi Square Analysis |
| Evidence Based Practice | Evidence Based Guideline Implementation | Implement and evaluate the adoption the AAP Clinical Practice Guideline for hyperbilirubinemia in a newborn nursery (Flynn, 2017).  
Goals:  
1) The number of TSB tests and  
2) The appropriate use of phototherapy | Concerns regarding newborns needing screening and the preferred treatment resulted in unneeded heel sticks for the newborns. The AAP guidelines were implemented and addressed the early identification of hyperbilirubinemia with the correct testing and the suggested indications for phototherapy. Guideline implemented with a presentation and a protocol, a risk factor assessment tool and the indications for phototherapy to support success. | Number of babies  
Number of total serum bilirubin (TSB) tests per newborn decreased  
Newborns’ appropriate treatment with phototherapy increased | Descriptive statistics  
T-tests  
T-tests |
<table>
<thead>
<tr>
<th>Project Domain</th>
<th>Diabetes Mellitus Type 2 DNP Project Exemplars</th>
<th>Other DNP Project Exemplars</th>
</tr>
</thead>
</table>

The University of San Francisco Scholarship Repository is Open Access. The University of Massachusetts Amherst repository is Open Access and the DNP projects are licensed under a [Creative Commons Attribution Non-Commercial No Derivative Works 3.0 License](https://creativecommons.org/licenses/by-nc-nd/3.0/us/). The Athenaeum, a service provided by the University of the Incarnate Word (UIW) Libraries is an open access repository for research, scholarship and creative works by the UIW community in all formats and media; [Walden University](http://scholarworks.waldenu.edu/dissertations). This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks.
Table 14.4. At a Glance: DNP Project Processes

<table>
<thead>
<tr>
<th>Research</th>
<th>Evidence-Based Practice</th>
<th>Quality Improvement</th>
<th>Program Development and Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Propose a hypothesis or practice based question</td>
<td>Identify a practice problem with a PICOIT question</td>
<td>Identify a care process or outcome issue</td>
<td>Conduct a needs assessment to identify and prioritize needs</td>
</tr>
<tr>
<td>Literature review</td>
<td>Conduct a relevant literature search</td>
<td>Select a QI model to guide the improvement plan</td>
<td>Assess literature and stakeholder priorities to develop program</td>
</tr>
<tr>
<td>Select a study design and a sample population</td>
<td>Critical appraisal of the evidence</td>
<td>Establish goals and benchmarks</td>
<td>Select the evaluation framework</td>
</tr>
<tr>
<td>Collect data</td>
<td>Synthesize the evidence</td>
<td>Collect the data</td>
<td>Implement program</td>
</tr>
<tr>
<td>Analyze data</td>
<td>Propose an evidence based recommendation using EPQA guidelines</td>
<td>Analyze data</td>
<td>Evaluate process, outcome and fiscal data</td>
</tr>
<tr>
<td>Disseminate findings</td>
<td>Integrate the evidence into practice</td>
<td>Evaluate the outcomes</td>
<td>Disseminate findings</td>
</tr>
<tr>
<td>Apply the new knowledge into practice</td>
<td>Evaluate the implementation process; sustain the practice change</td>
<td>Monitor data for control or set new benchmarks for continued iterative improvements</td>
<td>Ongoing data driven improvements; program sustainability and fidelity</td>
</tr>
</tbody>
</table>


EPQA: Evidenced-Based Practice Process Quality Assessment; PICOIT: Population Intervention Comparison Outcomes Therapy
Appendix F

Doctor of Nursing Practice Doctoral Project Evaluation Form

Name of Student: ____________________________________________ Date: ______________

Project Title: __________________________________________________________________

Part I: Evaluation of Written Product: Article for Publication
S= Satisfactory  NR = Needs Minor Revision  U = Unsatisfactory

<table>
<thead>
<tr>
<th>Component</th>
<th>Criteria</th>
<th>Evaluation</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Format</td>
<td>Document conforms to the format established by the committee</td>
<td>S</td>
<td></td>
</tr>
<tr>
<td>Written Communication Quality</td>
<td>The final written product is clearly written with no grammar, punctuation or spelling errors. References are appropriately cited</td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td>Practice Innovation or Improvement</td>
<td>The final written product provides background information with literature synthesis to support the practice innovation or improvement</td>
<td>S</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The project purpose is amenable to doctoral level nursing practice</td>
<td>U</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The methods/design or approach used for the project are ethically sound and congruent with the project purpose and relevant contextual factors (i.e., setting, population)</td>
<td>NR</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The findings, results or project outcomes are accurately interpreted and reported</td>
<td>S</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Implications, recommendations,</td>
<td>U</td>
<td></td>
</tr>
<tr>
<td>Component</td>
<td>Criteria</td>
<td>Evaluation S NR U</td>
<td>Comments</td>
</tr>
<tr>
<td>-------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Sustainability</td>
<td>sustainability or contributions to nursing practice are clearly articulated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Subjects</td>
<td>The project was approved by the UDM IRB and other agency IRBs needed. This may include quality councils if indicated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AACN DNP Essentials</td>
<td>The project demonstrates achievement of the essentials of doctoral education for advanced nursing practice</td>
<td></td>
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</table>

**Part II: Evaluation of Public Presentation and Defense**

S = Satisfactory  U = Unsatisfactory

<table>
<thead>
<tr>
<th>Component</th>
<th>Criteria</th>
<th>Evaluation S U</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Format</td>
<td>Presentation conforms to the format established by the committee.</td>
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<td>Oral Presentation</td>
<td>Assumes leadership for the project presentation and discussion</td>
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<td>Demonstrates ability to clearly and concisely comprehensively communicate the practice innovation or improvement to the committee and audience</td>
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<td>Articulates the implications of the doctoral project to inform nursing practice, health policy and impact fiscal or clinical outcomes.</td>
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<td>Responds to questions posed by the project committee and audience demonstrating evidence of knowledge synthesis</td>
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<td>A plan for dissemination of project information is identified and appropriate</td>
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University of Detroit Mercy
McAuley School of Nursing
Doctor of Nursing Practice

Doctoral Project Evaluation Form

Name of Student: __________________________________________ Date: __________

Project Title: ____________________________________________

Results of Evaluation: Pass □ Not Pass □

Doctoral Project Committee

Printed Name, Chair  Signature  Date

Printed Name  Signature  Date

Printed Name  Signature  Date
Appendix G

Sample DNP Practicum and Project Hours Tracking Form

Name: __________________________________________  TO#________________

Master Level Mentor Practice Based Hours
A maximum of 500 hours can be awarded for APRN national certification. For students with a non-APRN master’s degrees in nursing, individual transcripts and master’s program requirements will be reviewed to determine the number of clinical hours awarded and the number of hours to be completed in the doctoral program.

APRN Certification:
Specialty: ___________________ Certification Date:___________ Hours: ________

Other Advanced Nursing Practice Preparation
Specialty: ___________________ Mentored Clinical Experience Hours: ______________
Specialty: ___________________ Mentored Clinical Experience Hours: ______________

<table>
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<th>Activity</th>
<th>DNP Essential</th>
<th>Program Objective</th>
<th>Hours/Cumulative</th>
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<td>Previous Master’s Work</td>
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Appendix H

DNP Project Frequently Asked Questions

1. Does my proposal go to the whole committee for editing?

Initially, work with your chair to prepare the proposal for committee review. All members of the committee will review the proposal prior to approval for next steps.

2. Can I use multiple theories/frameworks in my proposal?

Yes, often a framework will be chosen that will drive the planned process of the project, while additional theories may support the interventions that are being implemented.

3. At what point can I initiate the project?

Initiate the project only after committee approval and necessary IRB approvals, which may include approval from the organization and the university. If the site does not have an IRB process, a letter of approval is required.

4. What comes first, the proposal or the site?

While you will begin considering project ideas and writing, you will want to secure a site that is interested in the project idea before fully developing the proposal.

5. If I am working on my project and all other coursework is complete, may I use DNP(c) after my name?

No, because there is no candidacy process in place for DNP students, refrain from using DNP until after you have graduated and completed all requirements.

6. How do I decide the format of my proposal?

Work with your chair as you confirm the method and design of the project. There are different formats based on the type of project. Quality improvement methods will use squire guideline format.