# Mennonite College of Nursing at Illinois State University

# DNP Clinical Residency Guidelines

The DNP Clinical Residency is considered a key component of the Doctor of Nursing Practice educational program that combines clinical experiences with scholarly activities to provide in-depth learning for students. It provides an opportunity for meaningful engagement with experts from nursing, as well as other disciplines. During residency, the students integrate and synthesize knowledge by demonstrating competency in an area of nursing practice, completing a scholarly project and writing a publishable paper based on their project. The DNP residency is designed to provide the DNP student with a comprehensive clinical experience individually designed to meet the professional and clinical goals of each DNP student. Residency provides an opportunity for further synthesis and expansion of the learning and leadership developed to that point.

In addition to clinical practice, Mennonite College of Nursing DNP students are expected to reflect on clinical practice and pursue independent study, such as participation in presentations, rounds and seminars. Students integrate scholarly reading, educational offerings and clinical experience to develop their scholarly project that demonstrates increasingly complex and proficient practice. Graduates of the DNP program are expected to demonstrate highly refined clinical and professional skills. Graduates of the program will acquire and are expected to demonstrate, a fund of knowledge, skills and abilities that enhance advanced nursing practice including:

* Refined communication, reflection and scholarly skills,
* Advanced scientific foundation,
* Progressive organizational and systems leadership thinking with a focus on quality improvement,
* Honed patient care expertise with an emphasis on independent and inter-professional clinical practice,
* Superior analytic skills for appraising, implementing, and evaluating evidence-based, direct and indirect patient care across populations and settings,
* Advanced knowledge of health policy, informatics, and health care delivery systems.

Prior to starting residency hours, students must insure affiliation agreements are in place for clinical sites and preceptor approval. The faculty advisor, course faculty, and Clinical Practice Coordinator work with the student on the adequacy of the clinical placements and maintain the student evaluations in partnership with the clinical site preceptor. The course faculty, faculty advisor, along with their clinical preceptor/mentor, works with students to coordinate the DNP Scholarly Project. The residency experience broadens the student’s exposure within his or her advanced nursing role, and deepens and enriches the student’s clinical ability in that specialty. Post-MSN DNP students do not acquire a new specialty; however, these students will expand knowledge and skill in their specialty and focus on building clinical leadership skills.

**These are key aspects of the residency:**

* Completed in the final three (3) semesters of the program with Scholarly Project courses
* Key component of DNP education
* Synthesis of knowledge
* Focus on clinical leadership skills
* Ongoing portfolio development

The essential components of residency are scholarly activities, healthcare leadership skills, and professional development. These components are documented through written and clinical experiences in developing, implementing, and evaluating a scholarly project that result in a scholarly manuscript submitted to a professional journal. The DNP student assumes an expanded scope of practice for patients; provides leadership to foster intra-professional and inter-professional collaboration, demonstrate skills in peer review that promote a culture of evidence, and apply clinical investigative skills to evaluate patient health outcomes. Students must demonstrate ability to write professionally and influence health policy. The clinical experiences can include a wide variety of sites.

# Residency Hours

Prior to entering the DNP residency, up to 640 hours of post-BSN faculty supervised clinical hours are required (with approval, up to an additional 40 hours may be completed in NUR 550 Scholarly Project 1 to meet the 640 hours). Incorporated into the DNP residency courses (NUR 550, NUR 552, NUR 554) are 360 clinical hours (120 hours per course) related to the student’s unique area of interest that support the scholarly project. One thousand (1000) faculty-supervised, post-BSN hours is the minimal requirement to graduate.

Clinical hours may consist of mentored learning that provides a broad range of activities; in addition to autonomous clinical hours such as leadership, practice inquiry, and policy.

All clinical residency hours must be at the doctoral level, and directly related to the scholarly project or achievement of the DNP Essentials Competencies (AACN, 2006). The following activities are some examples of time that can be applied toward residency hours:

* Time in the healthcare arena working on some aspect of the scholarly project.
* Time spent with a preceptor/agency in an area of specialization doing patient care (hours dedicated to DNP level experience and not the student’s current role in an organization).
* Special projects related to advanced nursing practice specialization.
* Time spent in a clinical agency’s committees.
* Time spent participating in a health initiative in the agency, healthcare system, state or national agency.
* Time spent in formal skill building to develop, implement, or evaluate scholarly project (such as tutorials, meetings, consultation with experts, professional, or community conference attendance).
* Time spent in formal skill building to develop advanced skills in the nursing practice specialty. Usually, this would include new knowledge/skills that were not included in MSN education.

Clinical hours do not include:

* Time spent in activities required for another DNP course.
* Time spent in conferences that are counted toward a course in which you receive credit.
* Time spent traveling to and from conferences.
* Time spent in CE programs will be applied to DNP clinical hours on a case-by- case basis

# Residency Contract, Objectives, and Evaluation

The purpose of the clinical experience for residency is to increase the student’s exposure to and involvement in doctoral level clinical practice leadership under the direction of a preceptor/mentor. The student is responsible for identifying and initiating a contract with a clinical preceptor/mentor involved in or with expertise in practice. Input from the faculty advisor, course faculty, or Clinical Practice Coordinator may be needed as the contract is developed. This process starts with completing DNP Preceptor Agreement Form located on the course site and on the DNP website under the Advising tab **Prior** to the beginning the clinical experience. Mennonite College of Nursing must receive required information from the clinical preceptor and have a current agency contract.

The student and clinical preceptor must establish mutually agreed upon objectives and evaluation criteria. The specific objectives and evaluation criteria will depend on the practice focus in which the student is participating and the student’s educational needs. Objectives must address active involvement by the student in the clinical experiences and influences on patient health outcomes. Once student and preceptor/mentor have developed and agreed upon the objectives and evaluation criteria, the course faculty will review and either approve or request revisions before acceptance. The student/preceptor objectives and evaluation criteria will be added to the DNP Essential Competencies to complete the evaluation. The clinical preceptor/mentor and course faculty will decide if the objectives were met.

# Clinical Preceptor/Mentor

DNP students will select, with the input and approval from their faculty advisor or course faculty, a clinical preceptor for the clinical experience. If the student has more than one clinical experience for their residency experience, additional clinical preceptors and residency contracts may be needed. The clinical preceptor must be an expert in the clinical or administrative area in which the DNP student wishes to develop expertise and can facilitate work on their scholarly project. The preceptor may not be the immediate work supervisor of the DNP student.

There are currently few nurses prepared at the DNP level who can serve as the clinical preceptor to DNP students. Therefore, the clinical preceptor will not necessarily be a DNP-prepared nurse. A preceptor may be a professional with a master’s or doctoral degree (preference is given to doctoral prepared professionals), for example;

* An advanced practice nurse with considerable experience and recognition as an expert certified in a particular clinical field
* A physician with specialized training and experience
* A nurse with an administrative position as the Director, Vice President, President or CEO within a health care organization
* Other health care professionals in senior leadership positions

The clinical preceptor must hold a position in the organization where he/she can facilitate the DNP student’s access to organizational information, decision makers, and other personnel in order to complete the development and implementation of the DNP student’s clinical project over a three (3)-semester residency within the organization.

The clinical preceptor may be nationally certified in their specialty. They must have worked at their site for at least one year and be willing to complete a preceptor evaluation and student evaluations as required.

When possible and practical, the DNP student is encouraged to select a clinical preceptor outside of their current work setting. In large organizations, for example the DNP student would be placed for the clinical scholarship courses with a clinical preceptor outside the department or unit where they are employed. The line between current employment and clinical scholarship hours and project must remain clear to the organization, the clinical preceptor, the DNP Scholarly Project committee, the course faculty, and the DNP student. The DNP student must be able to demonstrate the achievement of the DNP Essential Competencies, regardless of whether they are in their current place of employment or a different clinical setting (AACN, 2006).

# Preceptor Support and Communication

The course faculty will communicate with the clinical preceptor during the semester. The clinical residency objectives and evaluation criteria will be reviewed and evaluated by the course faculty and student during the semester. Lines of communication with the clinical preceptor and course faculty will be established early in each semester. Expected student outcomes and the evaluation process will be reviewed. Telephone, electronic or in-person conferences will be held at least once early in the clinical experience and again at the middle of the clinical experience to monitor and evaluate the student’s progress. If there is any concern regarding individual student progress, more frequent contacts with the clinical preceptor may occur initiated by either the clinical preceptor or course faculty.

# Clinical Site

Students secure their own clinical residency site, which may or may not be in Illinois. Students are encouraged to identify potential residency sites and clinical preceptor soon after admission to the program; especially if outside Illinois, as other state requirements may not allow Mennonite College of Nursing to utilize clinical sites for clinical residency experiences. The residency site may include a paid position. When considering paid positions, students are advised to consider the position responsibilities as well as their learning needs and negotiate unpaid time for academic experiences, clinical learning opportunities, and clinical scholarship, which are all part of the residency.

The clinical site for the residency is important to the development and implementation of the DNP Scholarly Project. DNP students are encouraged to select a clinical site that can provide the required facilities and clinical experts for their growth. The clinical site may be a hospital, a health care system, an insurance company, a public health agency, a research institute, a professional organization, a nonprofit agency, or other organization.

Mennonite College of Nursing must have an agency contract with the clinical site prior to the student beginning clinical residency. The clinical affiliation agreement must be in place for each clinical site. The DNP student should begin discussing possible clinical sites in the first semester of the DNP program with their faculty advisor. One (1) semester prior to the student beginning the clinical residency course, the student and the clinical preceptor must complete the DNP Clinical Preceptor Form found on the DNP websiteand scan/email or fax it to the Clinical Practice Coordinator as noted on the form. Once the site has been approved, the Clinical Practice Coordinator will notify the student via Illinois State University email. Please remember this is not the same document as the clinical agency affiliation. This is a planning form so that a contract can be processed between the agencies involved. The legal contract will go to the preceptor’s agency directly from the Mennonite College of Nursing, if a current contract is not already in place. Failure to complete the form accurately and entirely can slow the contract process and may prevent the student from beginning the clinical experience. Completing new facility contracts are extremely time consuming. The student must start well before the clinical residency course or they may not be able to complete the clinical requirements. The Clinical Practice Coordinator will assist the student with the process, but it is the responsibility of the student to obtain a completed DNP Preceptor Agreement Form so that the College of Nursing can work directly with leadership at the facility to get the necessary legal contract signed.

# Student evaluation

Evaluating role performance requires regular communication and interaction of the student with the clinical preceptor/mentor and course faculty. Clinical preceptors and course faculty will evaluate the student each semester. Additionally, the student will conduct a self-evaluation. Once the preceptor evaluation form is completed, the preceptor can provide to the student or send directly to the course faculty. The student is to review and sign the evaluation. The course faculty will review, seek clarification if needed, and include the results in the student’s course grade. At any time if a student is having difficulty in clinical the clinical preceptor and course faculty will discuss the issues by phone conference and develop a plan for the student. DNP Clinical Residency Logs will also be reviewed and approved by course faculty each semester.

# Clinical Site and Preceptor Evaluation

Students will evaluate their clinical site and clinical preceptors each semester. Course faculty will evaluate the adequacy of the clinical site each semester through their interactions with the preceptor/mentor, and by reviewing the clinical site evaluations as well as the achievement of the DNP clinical residency objectives and evaluation.

# Student Licensure

Each student is responsible for obtaining and maintaining a current or unencumbered registered nurse licensure or advanced practice nurse licensure as applicable in the state(s) in which the student is participating in clinical experiences. Failure to do so will result in loss of credit for those clinical hours, and administrative withdrawal from the courses involved. The students must have a copy of the nursing license (RN and/or APN) and state of licensure on file with the Mennonite College of Nursing.

# Professional Portfolio

Students are expected to develop a professional portfolio. The development and maintenance of a professional portfolio reflects students’ self-responsibility in their own learning, actively constructing how competencies are met, while faculty provide guidance, teaching and mentoring. The DNP academic professional portfolio will include (at least):

* Cover sheet titled “Doctor of Nursing Practice Portfolio with the following information:
  + Student’s name
  + Faculty advisor’s name
  + DNP Scholarly Project committee names
  + Clinical Preceptors/mentors names
* Table of contents with page numbers
* Opening Statement: Purpose and goals for seeking DNP education
* Current and updated curriculum vita or resume with copy of licenses and certifications
* Documentation of mastery of DNP Program Outcomes (DNP Essential Competencies [AACN, 2006])
  + Key achievements from course work (EBP, Leadership, Applied Data Management, Quality Science, Finance, Health Policy, Informatics)
  + IRB approval form
  + Preceptor/mentor evaluations
  + Clinical Logs
  + Abstract of presentations
  + Letters of recognition for guest lecturing, panel discussions, etc.
  + In-service outlines
  + Copy of any publications
  + Poster presentation with letter of acceptance
  + Power point slides for stakeholder and Mennonite College of Nursing presentations
  + Copy of approved final manuscript
* Concluding essay: Reflections\* on growth in the advanced nursing practice leadership role and career plans for the future.

\* All students will reflect on learning and integrating clinical leadership and inquiry into previous or current practice. A professional reflection allows the student to integrate ethics, health policy, collaboration and health information technology. This allows students to synthesize what has been learned. Students will reflect back on clinical cases and population concerns, and discuss how ethics were considered, how informatics was used with team members, patients, and families, how health policy and politics were considered, and how health disparities were impacted in those situations. Students will outline how they used their leadership skills in those situations, describing what was learned about their work, what their strengths were and what more they could bring to the situation. Nurse administrative students will provide reflections based on populations at an administrative level and issues related to the topic. The reflection documents the outcomes of the student’s educational experiences, and summarizes the student’s growth in knowledge and expertise.

# References

AACN (2006). “*The Essentials of Doctoral Education for Advanced Nursing Practice*”. DNP Essentials Task Force. Washington, DC. American Association of Colleges of Nurses.

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