**Illinois State University**

**Mennonite College of Nursing**

**Doctor of Nursing Practice Student Annual Evaluation**

Date: Click here to enter a date. Student Name: Click here to enter text. UID#: Click here to enter text.

**Benchmarks by Essential**

**Student self-evaluation**

* Check components completed
* Comment on plan to complete remaining components in the next year

**Essential I**: Scientific Underpinnings for Practice

NUR 564 Evidence-Based Practice

NUR 562 Leadership in Health Care Systems

NUR 543 Scholarly Project I (proposal)

Scholarly Project poster presentation

**Essential II**: Org. and Systems Leadership for Quality Improvement and Systems Thinking

NUR 562 Leadership in Health Care Systems

NUR 565 Changing Health Care Systems

NUR 451/569 Financial and Resource

Management

Scholarly Project Committee Appointment (form)

NUR 545 Scholarly Project II (implementation)

Scholarly Project podium presentations

(committee, college, stakeholder)

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

NUR 535 Applied Data Management and Analysis

NUR 564 Evidence-Based Practice

NUR 451/569 Financial and Resource

Management

NUR 545 Scholarly Project III (evaluation)

Scholarly Project manuscript (submitted to

professional journal and deposited at ISU ReD)

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

NUR 509 Introduction to Nursing Informatics

NUR 535 Applied Data Management and Analysis

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

Care

NUR 511 Health Policy

NUR 562 Leadership in Health Care Systems

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

NUR 565 Changing Health Care Systems

NUR 451/569 Financial and Resource

Management

Authorship Agreement (form)

**Essential VII**: Clinical Prevention and Population Health for Improving the Nation’s Health

NUR 564 Evidence-Based Practice

NUR 565 Changing Health Care Systems

NUR 511 Health Policy

**Essential VIII**: Advanced Practice Nursing

640 practice hours

Declaration of Residency (form)

NUR 550 Practice Residency I

NUR 552 Practice Residency II

NUR 554 Practice Residency III

DNP Professional Portfolio

**Comments:**Click here to enter text.

**Faculty Advisor Evaluation and Recommendation**

*(To be completed by faculty advisor)*

Date: Click here to enter a date.

Student Name: Click here to enter text.

**This is to verify that an Annual Evaluation has been conducted for the above student including review of grades, scholarly productivity, adherence to plan of study and progress toward scholarly project completion.**

**The following action is recommended: (check only one)**

1. Satisfactory progress (original plan of study is current, attach a copy)

2. Satisfactory progress, however, a revised plan of study is required.

(Attach a copy of revised program of study.)

3. Unsatisfactory progress – a revised plan of study and/or other

requirements are listed below.

**Faculty Advisor Comments or Requirements:**

Click here to enter text.

**Approved:**

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Click here to enter a date.

Faculty Advisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Click here to enter a date.

DNP Program Leader Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Click here to enter a date.

Director of Graduate Programs Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Click here to enter a date.

***Forward this form and a current plan of study to***

***MCN Office of Student Services***