

Illinois State University



Mennonite College of Nursing

Doctor of Nursing Practice (DNP) Program

Scholarly Project and Clinical Residency Handbook

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All DNP program forms are located on the Advising tab of the DNP program website:

<https://nursing.illinoisstate.edu/dnp/advising/>

Purpose of the Handbook

The purpose of this handbook is to provide guidance to DNP students as they develop their Scholarly Project and complete their Clinical Residency. This handbook includes information regarding the types of projects, steps, benchmarks, deadlines, and forms associated with this project. Also, contains a review of the role of faculty advisors and scholarly project committee, and provides clinical residency guidelines.

Key Contacts

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Introduction to the Scholarly Project

All Doctor of Nursing Practice (DNP) students are expected to design, and conduct, and disseminate the findings of a scholarly project through a variety of venues. The project demonstrates the student's mastery of the DNP Essential Competencies (AACN, 2006) and provides the foundation for future scholarly endeavors. The project is to demonstrate identification and resolution of a practice problem through the scholarship of application. The primary objective of the project is the improvement of patient health outcomes in the practice setting.

Types of Scholarly Projects

The Scholarly Project may take a variety of forms that may include, but is not limited to:

- Quality improvement
- Clinical practice guideline (development, application)
- Algorithm
- Tool kit
- Pilot study
- Program evaluation
- Practice model evaluation (new or existing)

- Delivery system model evaluation (new or existing)
- Health policy initiative

NOTE: These are examples and are not all inclusive

Major Steps

Development of the Scholarly Project begins on entry into the DNP program. Student work in each course builds a foundation for the Scholarly Project proposal. The formal development, implementation, and evaluation/dissemination of the Scholarly Project will be facilitated through three courses in the DNP curriculum:

- NUR 543 Scholarly Project I: Development of the project
- NUR 545 Scholarly Project II: Implementation of the project
- NUR 547 Scholarly Project III: Evaluation and dissemination of the project

Content relevant to the project will be included in these courses, as well as the application of material from other courses within the DNP curriculum. The typical process, described in the following steps, will be completion of;

- Steps 1 and 2 during the Scholarly Project I course (NUR 543),
- Step 3 during Scholarly Project II (NUR 545), and
- Steps 4 and 5 during Scholarly Project III (NUR 547).

Step 1: Scholarly Project Proposal

The project proposal will include:

- Introduction to the project
- Background on the practice problem from the literature and in the selected clinical setting including the need for improvement.
- Problem statement (PICOT question) , description of the project, and how the project intervention addresses at least one challenge or problem that influences healthcare for a significant number of persons • The evidence-based intervention(s)
- Evaluation plan with methodology and patient outcome measures included that are evidencebased
- A timeline, which includes all phases of the project and is reasonable and comprehensive
- The feasibility of the project including market/risk analysis
- Budget (if applicable) with funding sources
- Evidence of stakeholder support for the project

It is suggested that the student seek a consultation from the College statistician on the problem statement and methodology.

Step 2: Scholarly Project Proposal Approval and IRB Application

The Scholarly Project Proposal must be presented to and approved by the committee members. It is the student's responsibility to set a Scholarly Project Proposal Approval Meeting and obtain approval of the proposal by all the committee members. At the meeting the student will present the Scholarly Project Proposal to the committee members. The student will revise the written Scholarly Project Proposal based on feedback received from the committee and return the revised proposal to the committee for final approval by a date agreed upon by the committee members and the student.

Upon written approval received from the committee, the DNP student may move forward with an IRB application. The student will develop an IRB application for the clinical site (if it has an IRB) or ISU. The

chair of the Scholarly Project committee shall be listed as the Principal Investigator (PI) on the IRB application for ISU. After obtaining approval from the clinical site's IRB (if applicable), the student will submit the full application and notification of approval to the ISU IRB for review and development of the Interagency Articulation Agreement (IAA) or if directed submit ISU IRB documents. Written approval of the IRB application must be presented to the Scholarly Project committee upon completion of this step.

At this point, the student and committee members are to discuss and negotiate authorship of future publication of the project and its findings. The Authorship Agreement form is to be completed that this time.

Step 3: Data Collection

Once written approval from the IRB(s) have been obtained, the DNP student may begin data collection. It is suggested that the student consult with the College statistician regarding data management and analysis. During this time the DNP student initiates regular communication with the Committee chair and members. At least monthly updates are expected.

Step 4: Analysis/Synthesis of Findings and Summary of Findings

The DNP student is to:

- Analyze, and synthesize findings from the project
- Establish conclusions and recommendations based on the synthesis of evidence from the project
 - Develop a scholarly document to present to the Scholarly Project Committee

Step 5: Dissemination of Findings

Upon completion of the Scholarly Project, the student is required to submit in writing, the formal report of the project. The written report is to be submitted to all members of the Scholarly Project Committee for final approval.

Dissemination

To meet DNP graduation requirements, dissemination of the Scholarly Project must include:

- A submitted poster presentation of the Scholarly Project at a peer-reviewed professional venue as part of the Scholarly Project II or III course.
- An on-campus presentation of the Scholarly Project to interested members of the College/University community as part of the Scholarly Project II or III courses.
- A podium presentation of the completed project to either the stakeholder organization or at a regional, state, or national professional conference at the completion of the Scholarly Project III course.
- A submitted manuscript of the completed project to a peer-reviewed professional journal at the completion of the Scholarly Project III course.

In all dissemination efforts, the student is to comply with the Authorship Agreement completed during Step 2 of the Scholarly Project process in terms of co-authorship. As such, dissemination efforts are to be approved by the Scholarly Project chair prior to submission.

Scholarly Project Benchmarks with Deadlines

Benchmarks have been created and used to guide students in the planning, development, and implementation of the Scholarly Project. The major benchmarks and deadlines are below.

Activity	Deadline	Course or Intensive	Responsible Parties	Submit:
Scholarly Project Proposal plan	May	Annual Intensive Days	Student Faculty Advisor	Discuss Scholarly Project Proposal at annual evaluation
Scholarly Project Committee members approved	August	Prior to NUR 543	Student Faculty Advisor	Form to MCN Office of Student and Faculty Services or DNP Leader
Scholarly Project Proposal approved	October or November	NUR 543	Student Committee	Course Faculty Advisor
Authorship of scholarly product agreement	May	NUR 543	Student Committee	Form to MCN Office of Student and Faculty Services or DNP Leader
IRB Protocol approved	December or January	NUR 543 or 545	Student Committee	Course Faculty Advisor
Poster presentation	November to July	NUR 545 or 547	Student	Course Faculty Advisor
On-campus presentation	May	NUR 545 or 547	Student	Course Faculty Advisor
Podium presentation	January-July	NUR 545 or 547	Student	Course Faculty Advisor
Manuscript approved	July	NUR 547	Student Committee	Course Faculty Advisor
Manuscript submitted	July or August	NUR 547	Student Faculty Advisor	Professional journal
Manuscript deposited at ISU	August or as approved by journal	NUR 547	Student	ISURed

Faculty Advisor

Every DNP student will be assigned with a faculty advisor who will guide him or her through the DNP program. The student's faculty advisor will serve as chair of the Scholarly Project Committee. Faculty advisors will be doctoral-prepared.

The student is encouraged to communicate with their faculty advisor at least every semester before entering the scholarly project and residency courses. During their scholarly project course work, the student should communicate with the faculty advisor at least monthly.

Scholarly Project Committee

The Scholarly Project will be under the direction of a Mennonite College of Nursing faculty member. The structure of the committee will be two to three individuals in addition to the student. The size of the committee should consider the strengths and limitations of both the DNP student and his/her faculty chairperson, with two goals in mind. First, there needs to be an alignment of the DNP student with appropriate research and/or content experts in the proposed Scholarly Project. Second, the committee structure needs to be such that the project can be completed in a timely manner to increase the impact of the project on the intended clinical site and/or population.

The faculty advisor will serve as the chair of the Scholarly Project Committee. The second member of the committee will be the preceptor (master's or preferably doctoral-prepared) within the organization or setting where the project is taking place. If needed, a third person may be added to the committee who has specific expertise applicable to the project.

Selection of Scholarly Project Committee members should be completed prior to the student's enrollment in the NUR 543 Scholarly Project I course. The "Request for Appointment of Scholarly Project Committee" form is to be completed and submitted to Mennonite College of Nursing Office of Student and Faculty Services or DNP Leader. Any changes in the committee composition must be approved by the student's faculty advisor and notification given to the Office of Student and Faculty Services and DNP Leader.

Introduction to Clinical Residency

The DNP Clinical Residency is considered a key component of the Doctor of Nursing Practice (DNP) 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 student integrates and synthesizes knowledge by demonstrating competency in an area of nursing practice, advanced healthcare leadership, 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 ensure affiliation agreements are in place for clinical sites and preceptor approval. The faculty advisor, DNP leader, course faculty, and Instructional Experiences 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 advanced clinical leadership skills.

There 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 advanced 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 the ability to write in a scholarly and profession style. 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 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, development of advanced leadership skills and clinical practice skills. 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 beyond the student's current role).
- 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 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, DNP Leader, course faculty, or Instructional Experiences Coordinator may be needed as the contract is developed. This process starts with completing DNP Preceptor Agreement Form located on the DNP webpage under the Advising tab. **Prior** to the beginning the clinical experience the 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, DNP Leader or course faculty, a clinical preceptor for each clinical course. 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 leadership 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. Students who use preceptors cannot select a preceptor who is a family member or any other relationship that could create an actual or perceived conflict of interest.

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 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 two years and be willing and available to the student, develop objectives, and complete student evaluations.

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, Communication, and Responsibilities

The course faculty will communicate with the clinical preceptor during the semester. The clinical residency objectives and evaluation criteria will be developed by the student with the preceptors' input, approved by the course faculty, and used to evaluate the student's performance 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.

In general, the preceptor's responsibilities are to guide and facilitate the student in their scholarly project work and development of advanced healthcare leadership skills. The following information outlines the usual preceptor responsibilities for each of the three clinical residency courses.

NUR 550 Clinical Residency I

- Primary role is to guide and facilitate the student within the organization and healthcare profession to develop their scholarly project, advanced leadership, and clinical skills
- Key preceptor activities in this course are; ○ provide input into the student developed objectives, ○ advise the student on organizational culture and leadership, ○ guide the development of the project proposal,
 - facilitate the student's activities in the organization and healthcare professions,
 - meet with student every 1-2 weeks through the semester, ○ meet with the student and faculty at mid-term, ○ evaluate the students' performance at the end of the semester.

NUR 552 Clinical Residency II

- Primary role to guide and facilitate the student within the organization and healthcare profession to implement their scholarly project, further develop advanced leadership and clinical skills
- Key preceptor activities in this course are; ○ provide input into student developed objectives, ○ advise the student on organizational culture and leadership, ○ guide the implementation of the project,
 - facilitate the student's activities in the organization and healthcare professions,
 - meet with student every 1-2 weeks through the semester, ○ respond to faculty communication at mid-term, ○ evaluate the students' performance at the end of the semester.

NUR 554 Clinical Residency III

- Primary role to guide and facilitate the student within the organization and healthcare profession to evaluate their scholarly project, further develop advanced leadership and clinical skills
- Key preceptor activities in this course are; ○ provide input into student developed objectives, ○ advise the student on organizational culture and leadership, ○ guide the evaluation of the project,
 - facilitate the student's activities in the organization and healthcare professions,
 - meet with student every 1-2 weeks through the semester, ○ communicate to faculty, as needed, regarding the student's performance, ○ evaluate the students' performance at the end of the semester.

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 in the DNP webpage under the Advising tab and scan/email or fax it to the Instructional Experience Coordinator as noted on the form. Once the site has been approved, the 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 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 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 the clinical experience, the clinical preceptor and course faculty will discuss the issues by telephone conference and develop a plan with 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, 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 APRN) 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])
 - Evidence from course work for each DNP Essential I-VIII
 - Evidence from scholarly project
 - Scholarly project proposal
 - IRB (s) approval
 - Poster presentation(s)
 - Podium presentation(s)
 - On-campus presentation
 - Manuscript
 - Additional materials; letters of recognition, in-service outlines, publications, etc.
- Concluding essay: Reflections* on growth in the leadership role and future career plans.

* All students will reflect on learning and integrating clinical leadership and inquiry into previous or current practice. A professional reflection allows the student to synthesize what has been learned. In developing a reflection, students will consider clinical cases and population concerns, ethics, health policy, collaboration, informatics, and health disparities. They will discuss how they used their leadership skills, what was learned about their work, what their strengths were and what more they could bring to the situation. The reflection documents the outcomes of the student's educational experiences and summarizes the student's growth in knowledge and expertise.

Clinical Residency Benchmarks with Deadlines

Activity	Deadline	Course or Intensive	Responsible Parties	Submit:
Preceptor Agreement	May	NUR 550	Student	Form to MCN Instructional Experience Coordinator
	October	NUR 552	Student	Form to MCN Instructional Experience Coordinator
	March	NUR 554	Student	Form to MCN Instructional Experience Coordinator
1000 practice hours	Program admission	MSN ≥640 hours <u>Or</u>	Student	MCN Office of Student and Faculty Services
	Prior to NUR 550	Post-BSN + NUR 560 = 640 hours	Student	Log and Evaluations to Course Faculty
	December	NUR 550 (≥120 hours)	Student	Log and Evaluations to Course Faculty
	May	NUR 552 (≥ 120 hours)	Student	Log and Evaluation to Course Faculty
	August	NUR 554 (≥ 120 hours)	Student	Log and Evaluation to Course Faculty

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.