



LENOIR-RHYNE UNIVERSITY

School of Nursing

Doctor of Nursing Practice

Student Handbook

Includes Family Nurse Practitioner Concentration

2024-2025 Academic Year

Reviewed & Revised September 2024

Disclaimer: The Lenoir-Rhyne University School of Nursing is committed to equality of educational opportunities and does not discriminate with respect to students, employees, or applicants on the basis of gender, race, national origin, disability, age, or veteran status.

Welcome

The faculty of the School of Nursing at Lenoir-Rhyne University would like to welcome you to the Doctor of Nursing Practice (DNP), Family Nurse Practitioner (FNP) program or the Post-Master's DNP program. We are pleased you are pursuing a DNP degree and are honored you have chosen to further your education at Lenoir-Rhyne University. The faculty are here to guide you as you enter the next phase of your education and professional development. We strive to create a positive and motivating learning environment that assists you in developing competencies required for your new advanced practice role.

The purpose of this handbook is to act as a source of information about the DNP program and the University. The policies and procedures listed in this handbook coincide with those of the University found in the *Lenoir-Rhyne University Graduate Catalog* as well as pertinent information in *The Lenoir-Rhyne University Student Handbook*.

Please take the time to review the materials contained in this handbook.

The Faculty of the DNP Program

School of Nursing

Lenoir-Rhyne University

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I. General Information

The Lenoir-Rhyne University School of Nursing adheres to the general academic policies outlined in the Programs of Study section in the Graduate School Catalog of the Lenoir-Rhyne University Catalog unless otherwise indicated in the School of Nursing Doctor of Nursing Practice (DNP) Student Handbook. All DNP students in the nursing program are responsible for reading and understanding the information presented in this handbook as well as the applicable policies from the University catalogs. Any questions should be addressed to the DNP Program Director or the Chair of the School of Nursing. Students are strongly encouraged to download, print, and retain a copy of the handbook for reference throughout the program.

University and School of Nursing Accreditation

LRU received formal notification of reaffirmation in January 2019, from Southern Association of Colleges and Schools Commission on Colleges (SACSCOC). The University is currently in the mid-point evaluation process and has submitted its Fifth-Year report to SACSCOC. The *Fifth Year SACSCOC Report* was submitted on February 29, 2024. The report submitted included the Institutional Summary Form, Full Compliance Report, and QEP Impact Report. The next reaffirmation is scheduled to take place in 2028. The Doctor of Nursing Practice program at Lenoir-Rhyne University is accredited by the Commission on Collegiate Nursing Education, 655 K Street NW, Suite 750, Washington, DC 20001, 202-887-6791.

Philosophy of the Lenoir-Rhyne University School of Nursing

The faculty of the School of Nursing ascribe to the following beliefs:

Clients can be individuals, families, groups, communities, and populations. Individual clients are holistic beings who come from diverse backgrounds, each with a unique perspective and all possess intrinsic dignity and worth. All types of clients participate in decisions about their own health care.

The environment is a global one encompassing socio-cultural, physical, economic, technological, and political components. The nurse and clients influence and are influenced by these components as they work with other members of the health care team toward achieving health goals. Health is a dynamic state which includes both biophysical and psychosocial aspects. The client is at the center of all health care relationships.

Professional nursing is founded in the liberal arts and requires commitment to life-long learning. Nurses collaborate with others as an integral part of the healthcare team to plan, design, manage, coordinate, and provide care for clients within the context of community and global society. Professional nursing requires the development of competencies. It is through the application of these competencies that the professional nurse empowers clients to maximize their potential for daily living through health promotion

and risk reduction. Professional nurses engage in compassionate, client-centered, evidence-based care, and advocate for the equitable distribution of resources. Professional nurses use research, clinical judgment, and leadership skills to enhance the quality of care for all and to further the profession of nursing.

Education is an interactive process in which learners share responsibility with the faculty for the acquisition of knowledge, development of skills, and promotion of attitudes necessary in both current and future environments. Students share responsibility with the faculty for progression in critical thinking, scholarship, leadership, and professionalism as they engage in this life-long self-directed process. The faculty believes that learning is best promoted using a conceptual framework which allows learners to categorize, organize, and use new information as it is acquired.

Lenoir-Rhyne University College of Health Sciences Mission Statement

The College of Health Sciences, as a unit of service within the community of Lenoir-Rhyne University, supports the philosophy and values of the greater University. The College of Health Sciences actuates the University values of excellence, integrity, care, and curiosity through its programs and curricula. Programs serve to stimulate intellectual, physical, and spiritual growth through support of academic rigor, personal responsibility, service to others, and openness of mind to diverse perspectives.

The mission of the College is to prepare learners for professional careers in the health-related fields of health and exercise science, physical education, exercise physiology, sports management, occupational therapy, and nursing. The College of Health Sciences offers undergraduate and graduate courses of study that are based on liberal arts, grounded in a Christian perspective, and cultivate a sense of community and service to others.

The College strives to promote leadership specifically within athletic, educational, and health care communities in addition to encouraging advocacy for and service to consumers in the general community.

The College fosters wholeness of person not only through professional courses of study, but also by support of programs which seek to integrate personal well-being into a meaningful life.

Lenoir-Rhyne University School of Nursing Graduate Mission Statement

As part of the Lenoir-Rhyne University and College of Health Sciences, the graduate mission of the School of Nursing is to promote the development of nursing leaders who influence the quality of health care in a variety of emerging roles.

The faculty in the graduate programs of the School of Nursing fully ascribe to the educational philosophy of Lenoir-Rhyne University and College of Health Sciences by offering a course of professional study that builds upon the baccalaureate nursing practice for the MSN programs and BSN to DNP programs, and the master's nursing practice for the Post-Master's DNP programs. The faculty ascribes to the belief that graduate education prepares nurses for leadership and advanced practice within complex, evolving systems.

The School of Nursing endeavors to foster in graduates a sense of global responsibility and accountability for developing leadership skills to engage in higher level practice. The development of nursing leaders with the ability to facilitate evidence-based practice is best accomplished within the context of a Christian perspective.

The curriculum framework of the BSN to DNP and Post-Master’s DNP programs are built around Ten Guiding Principles of Program Development (see **Appendix A**) that are well defined, based on evidence-based literature, and reflect the Christian values of advocacy, caring, compassion, servant leadership, integrity, and individual worth. These principles provide a framework for both faculty and students, so there is a clear understanding of what is taught in the program and what is expected of students. The principles include:

1. Cultural competence
2. Moral philosophy
3. Micro, meso, and macro population health
4. Innovations in healthcare delivery
5. Data driven healthcare
6. Building leadership relationships
7. Quality and safety in practice
8. Building bridges: Team centered care
9. Systems transformation
10. Quality scholarly dissemination

II. The DNP Degree

Purpose of the DNP Program

The DNP is a terminal degree in nursing that builds upon baccalaureate or master’s education to prepare nurses for the highest level of advanced clinical practice. The DNP program fulfills a need in the profession, so that advanced practice nurses may provide leadership in an evolving and increasingly complex healthcare system. The program prepares graduates to demonstrate competencies in evidence-based practice, organizational leadership, interdisciplinary and collaborative practice to solve healthcare problems, population health, finance, translational research, quality improvement, and policy development that enhance healthcare delivery models. The DNP graduate will be a visionary leader for the practice of nursing and the delivery of healthcare in all settings, with the goals of improving individual patient care and population health outcomes.

DNP Program Goals and Student Outcomes

Courses in the curriculum reflect *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006), *Nurse Practitioner Core Competencies Content* (NONPF, 2017), *Population Focused Nurse Practitioner Competencies* (NONPF, 2013), *Transitioning to a Seamless, Integrated DNP NP Curriculum* (NONPF, 2016), and *Quality and Safety in Education of Nurses* (QSEN). The program goals and student learning outcomes directly correlate with all professional guidelines. *Table 1* outlines program goals and student learning outcomes.

Table 1: DNP Program Goals and Student Learning Outcomes

DNP Program Goals	DNP Student Learning Outcomes
Provide a graduate program with a practice-focused terminal degree that is grounded in the Christian faith and the related sciences built upon the foundations in the arts, sciences, and humanities acquired during Baccalaureate education which prepares the student with the academic knowledge needed to advance to the graduate level.	I. Students will develop skills that reflect cultural competence at all levels of health care delivery, including health promotion, health maintenance, risk reduction, and illness prevention for diverse populations, organizations, and communities.

DNP Program Goals	DNP Student Learning Outcomes
	VII. Students will demonstrate a robust level of practice expertise in a specialty area of advanced practice nursing, incorporating diverse and culturally sensitive approaches and evidence-based care to improve patient and population outcomes.
Promote the integration and synthesis of knowledge derived from multiple nursing and related sciences into frameworks necessary to develop a practice- focused scholarly approach to the discipline, and a commitment to the advancement of the profession.	<p>III. Students will integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the basis for developing and evaluating new healthcare delivery approaches at the highest level of nursing practice.</p> <p>II. Students will integrate a Code of Ethics with other sciences in collaboration with other health care professionals to provide value-based and justice-based care.</p>
Facilitate advanced development of communication skills, verbal, and written at a doctoral level designed to prepare experts in specialized advanced nursing practice. The focus is heavily practice-based and should be innovative and evidence-based, reflecting the application of credible research findings.	VIII. Students will critically analyze health care policies to provide leadership in the development and implementation of institutional, local, state, federal, and/or international health practice policy that is equitable, just, and ethical, advocating for patient and population well-being.
Develop knowledge of a variety of information technology modalities and informatics to design systems of care with the intent of translating evidence into practice to improve population outcomes.	VI. Students will analyze and utilize information technology systems and patient care technology for the improvement and transformation of healthcare systems within a Christian, culturally competent, and ethical context for health promotion, disease prevention, and health maintenance.
Develop and implement competencies necessary for DNP-prepared advanced practice registered nurses in independent practice.	<p>IX. Students will employ effective communication and collaboration skills to develop and implement practice models and lead interprofessional teams to analyze complex practice and organizational issues.</p> <p>X. Students will analyze epidemiologic, biostatistical, environmental, and other scientific data related to individual and population health, to address health promotion/disease prevention efforts, improve health status/access patterns, and/or address gaps in care of individuals, aggregates, or populations.</p>
Facilitate and implement culturally competent enhanced leadership skills to strengthen practice and value-based health care delivery and provide for the health of populations in a community or globally utilizing a framework of strong moral philosophy and Code of Ethics.	IV. Students will demonstrate organizational and system leadership for quality improvement that positively influences the health of populations in the health care delivery setting.
Implement the components of the Quadruple Aim by providing relationship-centered care for peers and patient-centered care for the populations served by the advanced practice nurse.	V. Students will utilize analytic methods to critically appraise literature and design, direct, implement, and evaluate outcomes of quality improvement methodologies that promote safe, timely, effective, efficient, and equitable patient-centered and relationship-centered care.

CROSSWALK OF LR CORE VALUES AND DNP PROGRAM STUDENT LEARNING OUTCOMES

The DNP program’s student learning outcomes are congruent with the university core values of excellence, integrity, care, and curiosity. Table 2 provides a crosswalk of the university’s values and the DNP program student learning outcomes. Similar language and verbiage between the LR values and DNP program student learning outcomes are bolded in the table.

Table 2: Crosswalk of LR Core Values and DNP Program Student Learning Outcomes

<p>Excellence: We will strive for excellence in everything we do. We will continuously cultivate our intellectual, physical, and spiritual growth. We will develop our talents and abilities to their fullest extents.</p>	<p>Students will integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the basis for developing and evaluating new healthcare delivery approaches at the highest level of nursing practice.</p> <p>Students will develop skills that reflect cultural competence at all levels of health care delivery, including health promotion, health maintenance, risk reduction, and illness prevention for diverse populations, organizations, and communities.</p> <p>Students will demonstrate organizational and system leadership for quality improvement that positively influences the health of populations in the health care delivery setting.</p>
<p>Integrity: We will always act with integrity. We will respect and be honest with each other. We will take personal responsibility for our words and our actions.</p>	<p>Students will integrate a Code of Ethics with other sciences in collaboration with other health care professionals to provide value-based and justice-based care.</p> <p>Students will demonstrate a robust level of practice expertise in a specialty area of advanced practice nursing, incorporating diverse and culturally sensitive approaches and evidence-based care to improve patient and population outcomes.</p>
<p>Care: We will care about others in our learning and working relationships. We will be responsible stewards of our resources. We will support each other and work together toward the common good.</p>	<p>Students will employ effective communication and collaboration skills to develop and implement practice models and lead interprofessional teams to analyze complex practice and organizational issues.</p> <p>Students will demonstrate a robust level of practice expertise in a specialty area of advanced practice nursing, incorporating diverse and culturally sensitive approaches and evidence-based care to improve patient and population outcomes.</p> <p>Students will analyze epidemiologic, biostatistical, environmental, and other scientific data related to individual and population health, to address health promotion/disease prevention efforts, improve health status/access patterns, and/or address gaps in care of individuals, aggregates, or populations.</p>

	<p>Students will analyze and utilize information technology systems and patient care technology for the improvement and transformation of healthcare systems within a Christian, culturally competent, and ethical context for health promotion, disease prevention, and health maintenance.</p>
<p>Curiosity: We will learn from our community, past and present. We will confront important issues with humility and open minds. We will embrace the gains attained from the diversity of people and perspectives.</p>	<p>Students will analyze epidemiologic, biostatistical, environmental, and other scientific data related to individual and population health, to address health promotion/disease prevention efforts, improve health status/access patterns, and/or address gaps in care of individuals, aggregates, or populations.</p> <p>Students will utilize analytic methods to critically appraise literature and design, direct, implement, and evaluate outcomes of quality improvement methodologies that promote safe, timely, effective, efficient and equitable patient-centered and relationship-centered care.</p> <p>Students will critically analyze health care policies to provide leadership in the development and implementation of institutional, local, state, federal, and/or international health practice policy that is equitable, just, and ethical, advocating for patient and population well-being.</p>

DNP Entry Pathways and Plans of Study

The DNP program has two entry pathways: BSN to DNP and Post-Master’s DNP (MSN to DNP). These pathways provide opportunity for nurses with a BSN to obtain a clinically focused doctoral degree and eligibility to complete certification as a Family Nurse Practitioner (FNP) and those with a previously earned MSN to advance their education to include the DNP.

BSN to DNP

To earn the degree, all students must complete a common core of nine DNP courses (DNP 600, 605, 615, 625, 635, 645, 655, 665, and 675) and three DNP project courses (DNP 670, 680, 690). All graduates must demonstrate the competencies identified in the DNP program outcomes. Special attention is given to preparing students to implement the DNP Scholarly Project. Four DNP Project Core Courses (see Appendix B) are integrated so the student may learn and synthesize the skills necessary to develop a robust quality improvement project. DNP Project Core courses (DNP 605, 615, 645, 655) are followed by three DNP Project Implementation Courses (see Appendix C). Students are expected to design, implement, evaluate, and disseminate a quality improvement project with the guidance of their DNP Project Advisory Committee. The final deliverables include the oral defense, presentation of findings, plan for dissemination, and submission of a final scholarly paper suitable for publication. All students are asked to submit their final scholarly paper suitable for publication to the Lenoir-Rhyne Academic Institutional Repository (LAIR) which provides a digital home for the university’s historical scholarly works and cultural collections.

The BSN to DNP pathway offers the direct care option of the FNP concentration, preparing advanced practice nurses to deliver health care in the primary care environment for patients throughout the lifespan. The pathway requires three years of full-time study and 72 credit hours, including 1,000 clinical hours

(direct care plus DNP Project hours associated with the DNP Scholarly Project) and required coursework for advanced practice, leadership, practice inquiry, and completion of the final DNP project (see Appendix D - BSN to DNP Plan of Study).

Post-Master's DNP

The Post-Master's (MSN to DNP) pathway provides additional education to those already prepared as Nurse Practitioners, Clinical Nurse Specialists, Registered Nurse Anesthetists, Nurse Midwives, Nurse Administrators, or other Health Care Systems Specialists. Students admitted with a master's degree and/or national certification as an advanced practice registered nurse (APRN) only need the DNP content not included in their prior program of graduate study. MSN to DNP students will be required to complete 33 credit hours, a total of 1,000 practice hours, and completion of an evidence-based final DNP Scholarly Project (see Appendix E - Post-Master's to DNP Plan of Study). The Post-Master's curriculum includes nine DNP core courses (DNP 600, 605, 615, 625, 635, 645, 655, 665, 675) and three DNP project courses (DNP 670, 680, 690). Students will be assessed upon entry to determine the number of clinical hours completed at the graduate level. Students admitted with master's degrees who are not APRN prepared will work closely with the Program Director and their advisor to develop a program of study that credits prior graduate clinical work. The course of study will enable them to meet the DNP program objectives and allow completion of the total 1,000 clinical hours required for the DNP degree. Students may need additional courses to complete their 1,000 clinical hours and those courses may consist of one to three supplemental applied practice courses based upon individual assessment (DNP 671, 681 and 691). Students are expected to design, implement, evaluate, and disseminate a quality improvement project with the guidance of their DNP Project Advisory Committee. The final deliverables include the oral defense, presentation of findings, plan for dissemination, and submission of a final scholarly paper suitable for publication. All students are asked to submit their final scholarly paper suitable for publication to the Lenoir-Rhyne Academic Institutional Repository (LAIR) which provides a digital home for the university's historical scholarly works and cultural collections.

III. The DNP Project

The purpose of the DNP Project is to provide the DNP student an opportunity to develop and implement an evidence-based practice quality improvement project to improve healthcare outcomes. It may be conducted at a group/population or system level. These projects are derived from inquiry, based on clinical practice, and may be implemented in a primary care clinical practice site or other venues such as health departments, long term care facilities, acute care facilities, hospices, inpatient units, places of worship, government, voluntary organizations, government agencies, or community groups. The student is responsible for the development, design, implementation, and evaluation of outcomes of the DNP Project and must prepare a final manuscript suitable for potential publication prior to graduation. The paper does not have to be published to complete program requirements. All manuscripts will be submitted to the Lenoir-Rhyne Academic Institute Repository (LAIR). This scholarly activity will be completed by the DNP Student under the guidance of the DNP Project Chair and DNP Project Advisory Committee, who will guide the student through the step-by-step process of project identification, implementation, and evaluation.

The DNP Student: Responsible for all aspects of project development, including formation of topic, review of literature, methodology, design, implementation, data collection, evaluation, and submission for publication. Students are expected to contact the DNP Project Chair as often as needed and respond to any feedback and critique in a timely fashion.

The DNP Project Chair: Responsible for assisting the student with selection of a viable topic, proposal development, establishing a mutual timeline, ensuring the implementation site is appropriate for the project with stakeholder approval, and reviewing periodic drafts and providing detailed feedback in a timely fashion.

Other DNP Project Advisory Committee Members: Assist the DNP Project Chair with manuscript review, providing feedback, and assisting the student during all phases of project development in collaboration with the DNP Project Chair.

The DNP Project Advisory Committee

Each DNP Project Advisory Committee must include at least three members: a DNP Project Chair and two other committee members. The DNP Project Chair and one committee member must be a member of the School of Nursing and must have a terminal degree (PhD or DNP). The third member should come from an outside agency where the DNP project is implemented. This person must be considered an “expert” or “stakeholder” who can partner with the student at the clinical site where the project is implemented. This person will require approval from the DNP Project Chair and must have the necessary qualifications to be considered an expert in the area of practice. Graduate education or higher of the stakeholder is preferred. Any exceptions will require approval by the DNP Project Director. If the stakeholder does not have a terminal degree, a fourth member may be added to the student committee as a consultant.

DNP Project Advisory Committee Formation

There are several steps the student must take to form the DNP Project Advisory Committee:

1. Identify a DNP Project Chair:
 - a. The DNP Project Chair will be a faculty member in the School of Nursing.
 - b. A list of faculty members available to serve as DNP Project Chair including their areas of interest or expertise will be provided to students by the DNP Program Director during the summer session year one.
 - c. Students will review the list of faculty members designated to be DNP Project Chairs and choose someone who shares a common interest or expertise with the student’s project.
 - d. Student will submit a request to the DNP Program Director for consideration. Approval will be granted with consideration for current faculty project load.
 - e. If the requested faculty member is at capacity and unable to accept another student, the DNP Program Director will work with the student in selection of another faculty member.
 - f. Special exceptions will be considered based on specific student requests and may be approved after collaboration with the requested faculty member.
 - g. If the student does not request a DNP Project Chair, the DNP Program Director will assign a DNP Project Chair based on faculty expertise/interest and workload capacity.
2. Identify DNP Project Advisory Committee Member(s)
 - a. A list of faculty members available to serve as Project Advisory Committee members will be provided by the DNP Program Director during the summer session year one in DNP 625.

- b. Students will review the list of faculty members designated to be Project Committee members.
 - c. Students will choose committee member(s) and submit a request to the DNP Program Director for consideration and approval. Approval will be granted with consideration for current project load.
 - d. If the requested committee member is at capacity and unable to accept another student, the DNP Program Director will work with the student in selection of another faculty member.
 - e. If the student does not request a committee member, the DNP Program Director will assign the DNP Project Chair based on faculty expertise/interest and workload capacity.
3. Meet with your DNP Project Chair:
- a. Students will contact their DNP Project Chair within 2 weeks of notification of selection approval by the DNP Program Director to introduce themselves, present their DNP Project idea, and discuss the composition of their committee. Adjustments can be made to committee members based on DNP Project Chair recommendations.
 - b. Following discussion with the DNP Project Chair, students will contact faculty and healthcare professionals chosen to potentially serve on the DNP Project Advisory Committee.
 - c. The stakeholder outside the School of Nursing must provide a CV or resume that will be submitted to the designated assignment on Canvas.
 - d. Approval of committee members outside the School of Nursing will be determined by the DNP Program Director in collaboration with DNP Project Chair.
4. Complete the required paperwork DNP Project Advisory Committee (see **Appendix F**), obtain signatures, and submit to the designated assignment in Canvas.
- a. DNP Project Advisory Committee Form may be submitted in DNP 655, DNP 670, or DNP 680.
 - b. DNP Project Advisory Committee Form will be required for submission in DNP 680 if it has not been submitted in a previous DNP course.
 - c. DNP Project Clinical Placement Site Request Form will be submitted to the designated canvas site. The form should **NOT** be submitted until the site is approved by the DNP Project Chair.

DNP Project Benchmarks

All DNP students are required to complete a series of three required elements during their course of study that are evaluated using specific criteria and grading rubrics:

1. DNP Scholarly Project Proposal Review Form (see **Appendix G**)
2. An Oral Proposal Defense Grading Rubric (see **Appendix H**)
3. A Final Oral Defense Grading Rubric (see **Appendix I**)

These three required elements are designed to determine the DNP student's growth in the role of an advanced practice nurse and scholar. The required elements should reflect the student's comprehensive knowledge and ability to critically synthesize and analyze content relative to the field of advanced nursing practice prior to degree completion.

DNP Scholarly Project Proposal

Purpose

The purpose of the DNP Scholarly Project Proposal is to ensure all students can succinctly and critically analyze and synthesize content learned in DNP courses that are reflected in their DNP Quality Improvement (QI) Project.

The DNP Scholarly Project Proposal will be submitted at the conclusion of spring or summer semester, Year 2 for full-time study for the BSN to DNP and Post-Master's DNP students.

The content for this proposal is based on the following DNP Project core courses:

- DNP 605: Epidemiology and Applied Statistics
- DNP 615: Scientific Foundations for Doctoral Nursing Practice
- DNP 645: Translational Research
- DNP 655: Evaluation Methods of the DNP

The DNP Scholarly Project Proposal is comprised of a set of essential DNP project elements that may be applied to any area of individual interest. This allows for consistency between committee members grading the proposal while assessing students' knowledge required for DNP Project development and implementation.

Procedure

The DNP Scholarly Project Proposal Review Form (see **Appendix G**) will be posted on Canvas by the spring semester Year 2 unless otherwise provided by the DNP Project Chair. **The Project Proposal should not be completed prior to securing an approved DNP project site and stakeholder.** The Project Proposal must be completed and approved prior to scheduling the oral proposal defense.

Students will submit their DNP Scholarly Project Proposal to the designated secure Canvas site only. Email submissions will not be accepted. The student's DNP Project Chair will review the project proposal for appropriateness and completeness. Once the DNP Project Chair has reviewed and determined that it is ready for committee review, the chair and committee will meet for review and grading using the DNP Scholarly Project Proposal rubric.

Possible outcomes for the Essential Elements of the DNP Project Proposal include:

- Approved: Meets the essential elements of the DNP project
- Approved: Meets the essential elements of the DNP project with recommendations/feedback
- Not Approved: Needs substantial revision to meet essential elements of DNP project. Changes will be made by the student and proposal resubmitted for review.

Possible outcomes for whether the project meets the definition of Quality Improvement and does not involve human subjects' research include:

- Meets the definition of Quality Improvement
- Does not meet the definition of QI (If the project does not meet the definition of QI, the DNP Project Chair can work with the student to revise the project to meet the definition of QI. If IRB approval is needed, the proposal will be submitted to the IRB.

Project Review for IRB Approval (or other Institutional Approval)

Students must validate whether IRB approval is required by their project site. Failure to do so may result in significant delays in project implementation. IRB approval in other organizations can be an extensive process so it is best to confirm if needed or not early in project development.

The Faculty Project Review Committee (includes chair and designated faculty) will review the DNP Project Proposal and determine if the project meets the specifications for Quality Improvement and is exempt from IRB submission and approval. If the Faculty Project Review Committee determines that the project does not meet the specifications for Quality Improvement but rather research, the DNP Project Proposal will be submitted to the Lenoir-Rhyne University IRB Committee for review and approval.

If IRB approval is required, the student will submit the project proposal and application for Institutional Review Board (IRB) approval at Lenoir-Rhyne University. Remember that approval may be necessary at the implementation site. The student cannot schedule their Oral Proposal Defense or initiate the DNP Project at the site until all necessary reviews and required IRB approvals are received. The DNP Project Chair is responsible for monitoring all approvals.

The School of Nursing at Lenoir-Rhyne University adheres to the IRB policy of the University for any project that is not deemed Quality Improvement based on the Faculty Project Review Committee assessment. Projects that are deemed as research projects are subject to approval by the IRB at Lenoir-Rhyne. Any project involving human subjects must be submitted to the IRB at Lenoir-Rhyne University for approval **PRIOR** to any data collection taking place. Students who do not seek IRB approval or violate other IRB policies will be subject to disciplinary action by the School of Nursing. The disciplinary action may range from a zero on the project to dismissal from the nursing program. Students are encouraged to contact either the Chair of the School of Nursing or the Director of the DNP Program with any questions.

The Oral Proposal Defense

All DNP Project Advisory Committee members must attend and evaluate the student's performance for the Oral Proposal Defense of the DNP Project. This meeting may be arranged in person or virtually.

Proposal Components

The DNP Oral Proposal Defense will be done via a Zoom meeting and should include a PowerPoint presentation with sections listed below. The order of these elements may vary, depending on the topic and on the advice of the DNP Project Chair. To facilitate the presentation, a power point presentation is recommended that will include the sections listed. Students will be graded on all the elements according to a Pass/Fail grading rubric:

1. Working Title: The title reflects an initiative to improve healthcare but may change as work progresses.
2. Problem Description: Overall significance of the problem being addressed in the project and how a project would have the potential to advance nursing practice and improve quality of care.
3. Knowledge/Review of Literature: All literature should be current and published within 10 years of the start of the project unless the article is a seminal article, published guidelines on the topic or publication of a landmark study related to the topic.
4. Theoretical Framework: Briefly describe the theory that best supports the project design.
5. Specific Aim: Clearly and succinctly state the purpose of the project.
6. Intervention: Describe the population and intervention with enough detail so others can reproduce the intervention.
7. Outcomes: Formulate process measures, primary and/or secondary outcomes.
8. Measures: Discuss how outcomes will be measured.
9. Ethical Considerations: Articulates potential ethical considerations including IRB approval if applicable.
10. Limitations: Articulates possible limitations and how these will be addressed,
11. Overall Presentation: Student's level of confidence, professionalism, and ability to address questions.

Proposal Procedure

The student composes the proposal presentation and submits it to the DNP Project Chair. After this draft is reviewed, critiqued, corrected, and approved, the student is responsible for scheduling the oral proposal defense. Document review by DNP Project Chair may take two to three weeks to complete. Students should take this into consideration as a timeline for the DNP Project is established. Students should not suspend work on the project while the Project Proposal is being reviewed.

The student is responsible for scheduling the proposal defense with each committee member via email. The student should suggest potential dates and times for the Proposal Defense. The entire committee must be present for the Proposal Defense, either in person or virtually. At the proposal meeting, the student is expected to present a synopsis of the project and allow the committee members to ask questions and make recommendations for moving forward with the DNP Project. If revisions are necessary, these will be specified during the meeting. A plan for addressing revisions is put in place, and the DNP Project Chair is responsible for putting these recommendations in writing with a timeline. The student is responsible for making all corrections and resubmitting to the DNP Project Chair for final approval before proceeding.

DNP Project Site

A DNP Project site refers to the designated site for DNP Project implementation. Examples include primary care settings, schools, places of worship, inpatient units, acute care facilities, volunteer clinics, support groups, long term care facilities, hospices, or in the virtual environment. The DNP Project site may be a place of employment, but the DNP Project **must not be related to the student's direct work responsibilities**. The stakeholder at the project site cannot be a close family member of the student as this would introduce a potential conflict of interest. The DNP Project Chair must approve the implementation site. Any questions or concerns about the suitability of a DNP Project site should be directed to the DNP Program Director. A legal affiliation agreement with the DNP Project site must be secured by the School

of Nursing before implementation can occur. A DNP Project Advisory Committee member must be a stakeholder at the DNP Project implementation site.

DNP Site Affiliation Agreement

Students will be expected to submit a DNP Project Clinical Placement Site Request Form (see **Appendix K**) with the name and all contact information of the DNP Project implementation site to the Clinical Coordinator for the College of Health Sciences. after confirmation by the DNP Project Chair. Each student must have an affiliation agreement in place prior to implementation, and as with clinical placement, students must follow all Health and Safety requirements of the agency.

DNP Residency

A total of 1,000 hours is required for completion of the DNP degree. A minimum of 340 practice hours are required for DNP Project implementation. These hours are a component of DNP 670, 680, and 690. All DNP hours must be tracked electronically, using the Typhon Time Log platform. If additional hours are required outside of the course work, the student must contact the DNP Program Director, and may need to enroll in Supplemental Applied Practice courses (DNP 671, 681, or 691). All additional supplemental hours in DNP 671, 681, or 691 must also be tracked electronically using the Typhon Time Log platform. **With each entry of residency hours, a brief description of what hours were used for is required in the comment box. Hours should be logged within 48 hours of the activity for the specific date and time and should not be clumped together.** This is required for hours to be approved.

Activities that qualify as DNP Project hours include:

1. Research related to topic development that is well tracked using matrix tables or some representation of analyses of data.
2. Review of Literature that shows evidence of progression of skills and synthesis of the literature.
3. Preparation of the Proposal for all project implementation requirements with documentation provided to DNP Project Chair including items such as methodology of implementation, tools used, questionnaires developed, etc.
4. Development of Final Paper with documentation provided to all members of the DNP Project Advisory Committee,
5. Consultation/meetings with SON faculty to secure committee members; all meetings with the DNP Project Chair to discuss any aspect of the project.
6. Site assessment and stakeholder engagement to determine feasibility of DNP Project implementation, networking, attendance of meetings.
7. Implementation of the DNP Project.
8. Debriefing the site participants after implementation.

Three additional courses have been created to assist the Post-Master's student to reach the required 1,000 hours. These courses are DNP 671 Supplemental Applied Practice I, DNP 681 Supplemental Applied Practice II, and DNP 691 Supplemental Applied Practice III. All additional supplemental hours in DNP 671, 681, or 691 must be tracked electronically using the Typhon Time Log platform. The DNP Program Director will work with Post-Master's DNP students to identify appropriate related project work to help satisfy supplemental hours required. **With each entry of residency hours, a brief description of what hours were used for is required in the comment box. Hours should be logged within 48 hours of the activity for the specific date and time and should not be clumped together.**

The objectives of these DNP Project courses include:

1. Identify, assess and engage the site key stakeholder for implementation of the DNP project,

2. Describe resources necessary for project development and implementation,
3. Describe strategies for leading change in complex healthcare organizations related to the translation of evidence-based research findings in practice,
4. Design a quality improvement project in conjunction with committee members for the IRB,
5. Evaluate and analyze the project's outcomes on the population and/or organization,
6. Determine a plan for disseminating findings of the project to contribute to health care accessibility, quality, safety, and improving health care outcomes in the population served,
7. Prepare and submit a doctoral level manuscript for publication to a relevant journal and/or LAIR.

Routine class and non-project related assignments, class readings, basic administrative tasks like tracking hours, class time or travel time **DO NOT** meet the requirements for DNP Project hours toward the completion of the DNP Project.

Final Oral Defense of the DNP Quality Improvement Project

All DNP Project Advisory Committee members must attend and evaluate the student's performance for the Final Oral Defense of the DNP Project. This meeting may be arranged in person or virtually.

Purpose

The Final Oral Defense of the DNP project culminates the DNP Program. Students will be graded using a rubric and must successfully pass all components. The final paper must be submitted to the LAIR to complete DNP 690 (DNP Scholarly Project III) to fulfill program requirements for graduation. It is not a requirement but strongly encouraged that the paper be submitted to a professional journal for possibly publication.

Policy and Procedure

1. The final paper must be prepared with strict adherence to APA format.
2. If a paper is being prepared for submission to a journal for publication consideration, the guidelines of the journal will be followed. The author order of the manuscript must be discussed and agreed upon by the student and the entire DNP Project Advisory Committee prior to submission for publication.
3. The DNP Project Advisory Committee will convene privately in person or virtually. It is the student's responsibility to arrange the date and time for the Final Oral Defense and to send reminder emails to all committee members for the Oral Defense of the final DNP Project.
4. The student will compose an oral presentation using PowerPoint as a guide. The presentation will discuss critical aspects of the project and then discuss the project in detail, allowing one hour for the defense, including 15 minutes for questions from the committee.
5. After the presentation, the chair will ask the student to leave the room so the DNP Project Advisory Committee can discuss the presentation and take a vote of Pass/Fail. In the event that there is one negative committee vote the student fails the DNP Project presentation. The committee must then make recommendations to the chair regarding the next steps. Recommendations include revisions or additional study and coursework. A timeline is established. The candidate will be given a second opportunity to complete the oral presentation. Two failures constitute dismissal from the program.
6. The student must provide all DNP Project Advisory Committee members with a completed paper, ready for potential publication after the Oral Defense and or when final corrections to the paper are made prior to publication submission.

7. Once the DNP Project is completed, the DNP Project Advisory Committee votes to confer the degree, the proper forms are signed, and the candidate is responsible for returning them to the School of Nursing by an established deadline.
8. Students are encouraged to provide a written acknowledgement to the DNP Project Chair and each DNP Project Advisory Committee member, thanking them for their work on the DNP Project and acknowledging their contributions to the success of the DNP Project.

IV. The DNP Online Learning Environment

Minimum Technology Recommendations

The Office of Information Technology recommends the following guide for Notebooks and Desktops:

Features	Minimal Specifications
Processor Speed	Intel Core i5+ or higher (or equivalent)
Hard Drive	250 GB or Higher (SSD recommended)
RAM	8+ GB
USB	2.0/3.0+

Students in the DNP-FNP program at Lenoir-Rhyne University are expected to maintain the following technology requirements:

1. Reliable high-speed internet access
2. Access to latest version of MS Office
 - a. Microsoft Office 365 is the most recent version of the Office productivity suite that includes Word, Excel, and PowerPoint. All these are tools students will need throughout the DNP program.
 - b. Office 365 is a cloud-based subscription with the entire suite of Office applications and is available to all Lenoir-Rhyne students free of charge. Students may also download and install Office on up to five devices.
3. A Lenoir-Rhyne University e-mail account

Specific courses may have additional technology requirements, and these will be specified in the course syllabus. These technology requirements may include, but are not limited to, a microphone (may be built into the computer), webcam, or software applications such as Skype or ZOOM. Students who wish to do presentations remotely are required to have a webcam.

Online Program Access: Faculty and Student Responsibilities

The Registrar at Lenoir-Rhyne University creates and adds students to all online Canvas sites, the University's learning management system. Students who have difficulty with access to classes are encouraged to contact the instructor to see if they are enrolled in the course posted on Canvas. In the event the student is not enrolled in the course, it is the student's responsibility to follow up with the Registrar and the Information Technology (IT) office to correct the problem.

After the Registrar has created the courses, all instructors are responsible for setting up their classes in Canvas. Instructors are responsible for ensuring the following information is available in the course site: syllabus, instructions for all assignments; grading criteria for all assignments, including discussion forum participation; assignment submission portal; and the grade book. Faculty may use other tools available as they deem appropriate within the course and will provide instructions for use of such tools as needed.

All assignments are to be submitted through Canvas unless otherwise specified by faculty. Occasionally, assignments may be fulfilled in another manner such as a WebEx or ZOOM meeting. Faculty may also choose to have students submit drafts of work via e-mail for feedback prior to final submission on Canvas.

Class Participation

Regular class participation is a student obligation. Students are responsible for studying weekly material and completing all assignments, tests, and projects by deadlines in each course. It is the student's responsibility to be aware of and adhere to the requirements and deadlines in all courses. Faculty make every effort to avoid scheduling due dates on religious holidays, but students are responsible for making up any work missed for religious reasons. A grade of F (fail) may be given to a student with an **unexcused** late submission of an assignment. Students should check emails daily to keep up with class assignments and announcements. See Late Assignment Submission Protocols below.

Late Assignment Submission

Students who are unable to submit assignments by the due date are required to adhere to the following protocols for late submission. Failure to follow these protocols may result in a failing grade for the assignment.

1. All assignment submissions are due electronically in Canvas by the date and time noted on the posted assignment unless a ***request for extension*** is made and approved by the Course Coordinator ***prior to the due date***. Reasons for an extension request must be substantive and not based on student convenience.
2. It is the ***student's responsibility*** to contact the Course Coordinator to request an extension prior to the due date. Course Coordinators are advised to document the extension details in an email to the student.
3. Absent an approved extension, if assignments are submitted 24 hours late, grading will start at 91%. If 48 hours late, grading will start at 83%. If 72 hours late, grading will start at 75%. If more than 72 hours late, without approval by the course coordinator, the assignment will be counted as a zero.
4. Extensions, except for ***extraordinary circumstances***, granted by the Course Coordinator will be for ***no longer than 5 calendar days***. Submissions made beyond the extension deadline will be graded based on parameters noted in the previous paragraph.
5. No more than ***two assignment extensions*** will be granted to a student per course in a semester unless there are ***extraordinary circumstances***. In this case, additional extensions will require approval by the Course Coordinator and DNP Program Director.
6. Students will not be held accountable for submission delays if the Canvas system is unavailable, but the Course Coordinator must be notified, and the assignment submitted as soon as the system is available again.

University Extended Absence Policy

Absences Due to Special Circumstances

According to the Lenoir Rhyne University Student Handbook, there are no institutionally mandated “excused” absences. However, students who miss class for any of the following reasons should be allowed to make up missed work or exams:

- required attendance at a university function
- field trip for another class
- participation in athletic event as a student athlete

In such cases, faculty should be notified by email in advance by the affected students and/or the supervisor of the event. Upon verification, faculty should allow these students to make up exams or missed assignments. It is a good practice to ask students to submit work due before leaving for the event. Students absent from classes while representing the University are expected to be given the opportunity to complete missed work. Students who know in advance of certain absences should clear those absences and make arrangements to make up any work to be missed prior to the absences. Students who miss class due to illness or family crisis and who present verifiable documentation from a medical doctor, funeral home, Student Health Services, or the Office of Student Life may be given the same consideration as students missing for the reasons stated above. Absences can only be excused by the course instructor, applying the policies above. It is up to the instructor whether to include such absences in the allotted number of absences before penalty. Whatever the course policy, it should be fair and should be clearly stated on the syllabus.

All students will abide by the Academic Integrity Policy noted in the Lenoir Rhyne University Student Handbook and conduct themselves accordingly: <https://www.lr.edu/academics/academic-integrity>

Students are expected to contact faculty if they are unable to participate in a course for more than two class days. For example, if a student is without electrical power as the result of a power outage, they should notify the faculty as soon as possible about the situation. In the event of an illness, a student (or their representative) should contact faculty and let them know they are ill and unable to participate.

Students should understand that online education does not mean the faculty is available 24 hours a day, seven days a week. Full time faculty members are not required to be available on weekends (unless a class is scheduled to meet on the weekend), but students can expect faculty to inform them if they will be available for questions and other consultation on weekends. Excluding weekends (unless the class is scheduled to meet on the weekend), students can expect faculty to check the course site and their e-mail daily Monday through Friday unless that faculty has communicated that they will be unavailable on specific days. Full time faculty may occasionally have other commitments which make it impossible to access a course or e-mail and adjunct faculty or part-time faculty may only be available on certain days of the week. All faculty members should communicate with students when they will not be available on a specific day.

Library Resources

In support of the mission of the University, the Lenoir-Rhyne University Libraries provide exceptional physical and virtual environments to engage our communities in learning. Students, faculty, and community members are provided with numerous resources to enhance research and learning

opportunities. Rudisill Library, located on the Hickory Campus, is open around 90 hours per week during the fall and spring semesters and somewhat less during semester breaks and summer term.

The library staff includes a health sciences librarian who is available to assist students with library resources and their research. The librarian participates in the DNP-FNP On-Campus Immersion Session, providing a library information presentation that includes an introduction to the research process and instructions on accessing and searching the library's resources. The librarian is also embedded in the Canvas course sites as a way to provide further support for the students. The librarian's contact information is:

Patrice Hall, M.L.S.
Health Sciences Librarian
Rudisill Library, Rm. 100
Lenoir-Rhyne University, LR Box 7548
Hickory, NC 28603
828.328.7238
patrice.hall@lr.edu

All students have electronic access to a comprehensive selection of medical, nursing and allied health resources. These resources include:

- Over 5000 health journals through the library's journal databases including:
 - Cumulative Index of Nursing and Allied Health Literature (CINAHL Complete)
 - Proquest Nursing and Allied Health
 - PsycInfo
 - PubMed with Linkout
- The online catalog, which includes a large collection of ebooks
- R2 Digital Library, a collection of over 400 full text nursing and allied health titles
- McGraw-Hill Medical, a database containing over 270 medical textbooks, videos, study guides and interactive modules.

All electronic resources are available anytime, on or off campus, from any web-enabled computer through the library's website and through the DNP-FNP Program LibGuide.

Students can also request materials not available in the library through interlibrary loan. There is no charge for this service.

Assistance from a librarian is available to students 24/7 through the real-time chat reference service, located on the library's homepage and in the DNP-FNP Program LibGuide.

School of Nursing DNP-FNP Graduate Student Canvas Site

Both BSN to DNP and Post-Master's DNP Students will be enrolled in the DNP/FNP Students Canvas site after the first registration occurs and students have access through a Lenoir-Rhyne University official email. This site is for DNP students to connect with each other outside of the classroom. It is managed by DNP faculty and will be used to share overall important information with students outside the Canvas virtual classroom sites. Announcements important to all students in the program will be posted and e-mailed through this site. Important program resources and surveys will also be available on this site.

Participation of Students on School of Nursing Committees

DNP student representatives will be invited to participate on the DNP Advisory Board and Lenoir-Rhyne University School of Nursing Graduate Committee. This participation may be in person or virtual, but a minimum of a one-year commitment is required. Students are nominated by their Cohort peers in the first academic year followed by an anonymous student vote. Selected students will be invited to participate as Ambassadors for their class.

V. The FNP Practicum Learning Environment

Critical to the success of the FNP clinical portion of the curriculum are the clinical rotation experiences. The DNP faculty are committed to assisting students with securing sites through site contact, securing affiliation agreements, and evaluating sites to ensure that they meet course requirements. Students are encouraged to be proactive and begin the process of networking in their respective communities for potential clinical site placements. It is required that students upload all immunizations in Viewpoint before any clinical site will be identified and contacted on behalf of the student for clinical placement.

Student Responsibilities

Students will communicate the names and contact information for potential preceptors in their geographic area to the Clinical Coordinator using the Clinical Placement Site Request Form (**Appendix J**). Students may speak to a potential preceptor regarding their interest or a clinical site but should **NOT** make any arrangements directly with a site, preceptor, or practice manager since this may cause communication problems between the School of Nursing and the clinical agency.

Students may request assistance or request a specific site and/or preceptor preference via the Clinical Placement Site Request Form. Clinical Placement Site Request Forms should be submitted via Canvas to the FNP-DNP Clinical course site no later than December 1 of Year 1.

If a student's initial clinical site request is not available for a clinical rotation, you may submit a second Clinical Site Request Form for a different site **within 30 days of receiving notification** from the Clinical Coordinator. Students will only have **two attempts** to submit their requests for each clinical rotation. If the second request is not available, then the Clinical Coordinator will become fully responsible for finding your placement. Once a student has requested assistance and has been placed in a site, they should **NOT** seek to change their site without prior approval from the DNP team.

The Clinical Coordinator will inform all students of their upcoming clinical rotations **60 days prior** to the start date. **Disclaimer:** There is always the possibility that the clinical site may change based on circumstances beyond our control. In these cases, the Clinical Coordinator will notify the student and an alternative clinical site will be secured.

After a clinical placement has been secured, changes to the clinical placement can **ONLY** be made by the Clinical Coordinator or the FNP Program Director. In cases where a student has an **exceptional circumstance or emergency** that would warrant a change in their placement, the student should contact the Clinical Coordinator and a decision will be communicated to the student as soon as possible.

If the clinical site must be changed for an exceptional circumstance or emergency, the student may be responsible for an additional fee associated with the new clinical placement.

Students should anticipate that the commute to and from a clinical practicum site may be **up to two (2) hours** each way. This may be necessary for adequate clinical site placement. Students are responsible for their own transportation.

Students will formulate a calendar of clinical days in collaboration with their preceptor and attend all days as scheduled. All clinical calendars are to be uploaded under *assignments* in the specific clinical course for clinical faculty and course coordinators to review. **In case of illness or emergencies, the student must contact the preceptor and clinical faculty as early as possible prior to the scheduled date and time to inform them of the need to miss the clinical day.**

Students will provide a Student Emergency Contact Form (see **Appendix O**) and personal contact information to the clinical preceptor and practice site office staff in case of any schedule changes or emergencies.

Students will track all clinical hours electronically in Typhon. Students are required to document their hours within **7 days** of the clinical experience. Students may not count lunch breaks or travel time to and from the clinical site. Hours **MUST** be related to direct clinical care (reviewing chart and lab/diagnostic results, history taking, assessment, developing plan of care, documentation in medical record and all communication with preceptor related to the case).

Students will complete a midterm and final self-evaluation electronically on Typhon; preceptors will be asked to complete the same forms electronically for evaluation of student clinical performance at the clinical site and students should review these evaluations with the preceptor. The Clinical Coordinator provides all necessary confidential Typhon links to students and preceptors with all evaluation forms.

Students will remain competent to engage in clinical rotations. Students will be denied access to a clinical site if the student is:

- a. Unprepared for patient care.
- b. Fails to complete the Health and Safety Compliance requirements of the clinical site.
- c. Is physically or mentally ill.
- d. Is under the influence of drugs or alcohol.
- e. Is unprofessional in appearance or behavior.

Criteria for Preceptors

Preceptors must be approved by the Clinical Coordinator for the College of Health Sciences before the student can begin the clinical experience.

All FNP preceptors must possess a minimum of a master's degree in their areas of expertise. The preceptors may be FNPs, AGNPs (for primary care and adult rotations), PNs (for pediatric rotations), CNMs or WHNPs (for women's health rotations) or PAs, MDs, or DOs, as long as the preceptor has the expertise required for the rotation. The preceptor must be willing to work collaboratively with the student and the faculty to meet the student's learning goals and objectives for the learning experience. The preceptor must possess sufficient experience and expertise to serve as a mentor and teacher for the student. The preceptor must also be willing to communicate regularly with the faculty regarding the student's progress.

Students must complete all Clinical Placement Site Request Forms (see **Appendix J**) by December 1st of Year 1 of the program. All affiliation agreements must be secured by the Clinical Coordinator and any site-specific Health and Safety compliance requirements must be completed before the student can begin the learning experience.

The Lenoir-Rhyne University School of Nursing must have an affiliation agreement with the facility/institution/ agency before the student may begin in the clinical area. The School of Nursing has some affiliations already established. Students are encouraged to check with the Clinical Coordinator as soon as possible prior to the learning experience to determine if an affiliation agreement is in place with the site.

Clinical Site Fees Statement

As part of the NP program, students may be assigned to clinical sites and preceptors that require additional fees beyond the standard fees. Please be advised that there is a potential for extra clinical site fees each semester, particularly for students placed at specialty sites or out-of-state locations.

If a clinical site or preceptor requests fees exceeding \$500 for a 120-hour clinical rotation or \$750 for a 180-hour clinical rotation, the student will be responsible for covering these additional costs. It is essential for students to plan accordingly and be aware of these potential expenses as they progress through their clinical training.

Should you have any questions or concerns regarding clinical site fees, please contact the clinical coordinator for further information and guidance.

The Clinical Log: Typhon Electronic Tracking System

The Nurse Practitioner program uses Typhon, a well-established, comprehensive clinical tracking system to document the types of patients (demographics, diagnoses, etc.) students and preceptors see in their clinical practice settings as well as any clinical procedures that students perform. All students in nurse practitioner clinical courses are required to use the Typhon program to track their clinical activities. There is a one-time fee to use the system which must be paid by the student directly to Typhon. Typhon provides full support for any student or faculty member who may have questions about the program.

As part of the clinical experience, students must enter information (diagnoses, demographics, procedures etc.) into the web-based Typhon Student NP Log system on all patients seen each clinical day. Student logs will be tracked by clinical faculty approximately once a week and a final cumulative time log signed by the preceptor for each clinical site must be submitted on Canvas to confirm completion of required clinical hours for the course. Students must log clinical hours within **seven (7) days** of the clinical experience.

Students must also use the Typhon system to keep track of their DNP project implementation hours. With each entry of residency hours, a brief description of what hours were used for is required in the comment box. Hours should be logged **within 48 hours** of the activity for the specific date and time and should not be clumped together. This is required for hours to be approved. The final time log summary of the DNP residency hours must be signed by the student's DNP Project Advisory Committee members, including the site stakeholder.

Students should also use Typhon to develop a portfolio of their clinical experiences throughout the program. The system may be accessed via the internet by computer and also by iPhone, iPod Touch, iPad or handheld devices with internet capabilities.

**** Please Note:** Students will not receive a final grade until the final preceptor evaluation and clinical hours' time log (signed by preceptor) have been received and reviewed by the Clinical Faculty. Course Coordinators are responsible for all final course grades. **

Faculty Responsibilities

All faculty make a personal commitment to ensure the success of each student. Faculty responsibilities include, but are not limited to:

1. Facilitator, organizer, role model, advisor, and someone who advocates for students,
2. Maintaining transparent and ongoing communication with students throughout the program in a timely fashion,
3. Tracking student progress weekly via Typhon will be done by the Clinical Faculty.
4. Communicating with the preceptor about the course objectives, evaluation methods of student's performance mid-semester and at the end of the semester,
5. Communicating with students about the need to complete preceptor and site evaluations at least once per clinical rotation; after each clinical site visit the faculty will complete and upload the LRU DNP-FNP Clinical Site Visit Evaluation Form (see **Appendix L**) into the students Typhon account,
6. Confirming the completion of graduate students' clinical hours to facilitate student progression and ensure quality of the educational experience,
7. Submitting final grades for all course work, including didactic and clinical components,
8. Closely following the progression of the student's DNP project,
9. Ensuring appropriate clinical site placements: although the Clinical Coordinator is responsible for obtaining all site requests, site affiliation agreements, managing compliances, and assisting with placement sites, the FNP Program Director is responsible for reviewing each site to ensure the site and preceptor are appropriate for the clinical rotation, providing all preceptors with the Preceptor Handbook which includes all course objectives and grading criteria, electronic tracking of midterm and final student evaluations and final preceptor evaluations, and is the point person for preceptor contact on behalf of the student,
10. The role of the Course Coordinator, responsible for the overall workings of the course including timely uploading of assignments, grading, and mentoring the Clinical Faculty housed within the clinical course,
11. The role of the Clinical Faculty, responsible for all communications with the students and preceptors within a course and for grading of assignments related to the clinical experience; this is the first line of contact for the student in every clinical course. Clinical Faculty must also complete a site visit either phone, virtual, or face-to-face once per clinical rotation and document this visit using the LRU DNP-FNP Clinical Site Visit Evaluation Form (see Appendix L).

VI: The FNP Practicum Program Requirements

All clinical Health and Safety Compliance Requirements (HSR) must be met before students can begin in the clinical area. Failure to meet requirements can result in a delay in starting the clinical practicum. Such delays can result in the students being unable to finish the course requirements before the end of the semester, which will result in the minimum of an incomplete and potential failure of the course.

Some HSR requirements may vary and are institution specific. Students will be informed of HSR compliance requirements by the School of Nursing and DNP faculty, but students should also check with each preceptor for site specific HSR requirements.

Health Related Information

Students **must have all required immunizations submitted to** Viewpoint before they can attend classes or clinicals. Immunizations must also be uploaded to Typhon, the clinical tracking system. Students will receive instructions on how to upload files to Viewpoint and Typhon from the Clinical Coordinator prior to the start of the program.

Students must have a 2-Step TB skin test (PPD/Mantoux) within the past 12 months and annually thereafter. If positive, the student must have documentation of treatment or negative TB per chest x-ray. Proof of 2-Step TB skin test (PPD/Mantoux) OR interferon gamma release assays (such as QuantiFERON TB Gold Test) must be uploaded to Viewpoint along with other required immunizations. Students who are exposed to communicable disease will be financially responsible for follow-up testing and treatment.

The School of Nursing reserves the right to dismiss students at any point in the curriculum who presents with physical or emotional problems that do not respond to appropriate treatment or counseling within a reasonable time.

Immunizations

It is required that all immunizations be uploaded and kept up to date in Viewpoint and Typhon. Students will adhere to the immunization requirements of the University, which are as follows:

# of doses	Immunization	Comments
3	DTP, DTAP, Td or Tdap	One dose must be within the last 10 years. One dose must be Tdap before being allowed in 500 and 600 level clinical courses in both DNP programs.
3	Polio	Adults over 18 who have never been immunized may be exempt from this requirement.
2	Measles	Lab documented serological testing/titer proving immunity may be provided in lieu of immunizations. Provider documented diagnosis of disease prior to 1994 may also be used to prove immunity. Individuals born prior to 1957 are exempt.
2	Mumps	Lab documented serological testing/titer proving immunity may be provided in lieu of immunizations. Students born prior to 1957 are exempt.
2	Rubella	Lab documented serological testing/titer proving immunity may be provided in lieu of immunizations. Individuals are exempt if: 50 years of age or older and after their 30 th birthday.
2	Varicella	Lab documented serological testing/titer proving immunity may be provided in lieu of immunizations. History of disease not acceptable.
Annually	Tuberculosis skin test (2-step PPD/Mantoux) OR interferon gamma release assays (such as QuantiFERON TB Gold Test (QFT) or T-spot test	Individuals with a positive test must have documentation of treatment or a negative chest x-ray upon admission to the program. No additional x-rays are required unless symptoms develop.
3	Hepatitis B	Must be completed prior to admission unless a declination is signed. Many sites require this series.
Annually	Influenza vaccine	Required by most agencies and may preclude participation at clinical site. Individuals unable to be vaccinated against influenza must provide medical documentation.

Per Protocol	COVID-19 vaccine and booster(s)	COVID-19 vaccines and boosters are strongly recommended for students but are no longer required to be on campus. **Please note that students in the DNP-FNP program may be required to be vaccinated and boosted in order to attend clinical sites. If the student is unable to attend experiential learning at a clinical site, there may be a delay in completing the experience, which will delay progress to graduation.
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Students are also required to adhere to the immunization policy of any agency where the student may be placed for learning experiences associated with the nursing courses. Failure to comply with the University immunization requirements as noted on the Admitted Graduate Students website, can result in removal from a course until the requirements are met. Failure to comply with an agency immunization requirement will result in the student being removed from the agency for the learning experience. The student may be placed in a different agency, if an agency is available and can result in the student being delayed in meeting the course requirements. Students who have concerns regarding their immunization status and agency placement should speak with the FNP Program Director or the Chair of the School of Nursing. Students who choose not to get the COVID vaccination and booster may be responsible for identifying clinical sites that do not require COVID immunization or boosters.

BLS Requirement

Students are required to maintain Basic Life Support (BLS) certification while enrolled in the School of Nursing. Certification is to be for the Health Care Provider by the American Heart Association. Certification must cover basic adult and infant resuscitation measures. If BLS certification expires while the student is enrolled, the student is responsible for providing proof of recertification. In the event the student is in a course with a clinical component, the student will be barred from the clinical area until proof of BLS certification is provided.

Criminal Background Checks

Students must have a criminal background check on file with the School of Nursing prior to fall clinical. The deadline for criminal background submissions is upon fall admission to the DNP program. The approved vendor for background checks may be found at Viewpoint.

Students should contact the Clinical Coordinator of the College of Health Sciences or Administrative Assistant for the School of Nursing for additional information or assistance. Some clinical agencies may require an additional Clinical Background Check as a requirement for practicum placement within the agency. The student will be responsible for the cost of the additional Clinical Background Check.

Drug Screens

Students must have a drug screen on file with the School of Nursing prior to clinical. The deadline for drug screen submissions is upon fall admission to the DNP program. Many agencies may require their own drug screen prior to any clinical experience at that agency. Students are responsible for meeting the drug screen requirement of the agency, including any additional fees associated with the performance of the screening, prior to the start of any clinical experiences in that agency. The approved vendor for drug screens may be found at Viewpoint.

Maintaining RN License

DNP students are required to maintain an active unrestricted RN license to practice in the State of North Carolina or in the state of residence. Failure to maintain an RN license will result in dismissal from the DNP program.

Out of State License

Lenoir-Rhyne University is approved to participate in the National Council for State Authorization Reciprocity Agreements (NC-SARA) a voluntary, regional approach to state oversight of postsecondary distance education. Although institutions that are members of SARA are authorized to provide education to students from all SARA member states, some states have an authorization process. This is an evolving area, therefore students who hold a license as a registered nurse outside the State of North Carolina are encouraged to contact the National Council on State Boards of Nursing and the professional certification board.

Professional Liability Insurance

Lenoir-Rhyne University has a Certificate of Liability Insurance with College Risk Retention Group, Inc., a liability insurer. Lexington Insurance Company supports College Risk Retention Group, Inc. as the reinsurer. Lexington Insurance Company is also the underwriter for the excess liability coverage over College Risk Retention Group, Inc. The general liability insurer provides primary limits of \$1 million per occurrence and \$3 million aggregate. Students may purchase individual liability insurance, but individual insurance is not required.

Professional Behavior

Dress Code

Students are to adhere to the dress code for any clinical agency where they are placed for educational experiences. If no dress code is provided, then students should wear business attire with a white, knee length lab coat and name tag affixed. The dress code also applies to students attending Immersions. In addition, students must adhere to the following Lenoir-Rhyne School of Nursing requirements for dress code:

- Visible tattoos must be covered.
- No artificial nails, extensions, or nail polish.
- Minimal jewelry limited to one watch, a single pair of small earrings, and wedding band should be worn in the clinical area. All other visible piercings must be removed.
- Nametags must be worn at all times while in the clinical area.

Student ID provided by the University should be worn at all times and clearly visible during clinical rotations.

Cell Phones

Students may use smart phones and/or smart watches to access online databases related to patient care, such as Epocrates, while in the clinical area. Any use of the cell phone must be compliant with the clinical agency policy. Cell phones should be placed on silent and used **ONLY** for professional reference purposes. Personal use of cell phones while in the clinical agency is prohibited. Use of cell phones during on-campus Immersion events is not allowed.

Computer Usage in the Clinical Area

Students may use the computers as allowed by the clinical agency during clinical experiences. Computer usage is restricted to professional usage only. Students are not to access personal e-mail or personal social networking sites while in the clinical area.

Substance Abuse

Students may be required to submit to random, and agency required, drug and alcohol screening. A student may be required to undergo drug and/or alcohol testing, if at any time there is a reason to suspect s/he is under the influence in class or clinical practicum. Refusal to submit to testing or positive results may result in dismissal from the program. Students are responsible for paying for these drug tests.

Smoking

Smoking is banned inside all campus buildings. Students must adhere to the smoking policies of any facility where they are placed for clinical experiences. Failure to abide by facility smoking policies can result in removal from the clinical experience and possible failure of the course.

Social Networking

While social networking sites have many uses, including professional uses, students are reminded that all postings must comply with HIPPA guidelines. Any student who violates HIPPA guidelines or FERPA guidelines through postings on a social networking risk dismissal from the DNP program.

Students must also adhere to the social networking policies of any agency where they are placed for clinical experiences. Students who post or respond on social networking sites any information regarding faculty or fellow students at Lenoir-Rhyne University risk dismissal from the DNP program.

Netiquette

Netiquette is meant to convey expectations of professional communication in the online environment to ensure engagement of all parties in a dynamic learning process. Students are expected to use respectful, courteous communication at all times during online activities such as discussion board postings, chat rooms and any other electronic communication in the public viewing of the class. Inappropriate language, bullying, threatening, or harassing behavior is not allowed and may result in failure of the course. Postings that do not follow these rules and the standards of the campus policies will be removed by the instructor.

All teaching and learning work best when there is a free and open exchange of ideas. This becomes much more difficult in the online setting without the face-to-face benefit of body language, tonal cues and facial expression. Misunderstanding can easily occur if respect and courtesy are not a priority. In order to convey respect and courtesy, demonstration of the following behaviors is encouraged:

- Respect for diversity of opinion.
- Consideration of dissenting opinions without judgmental commentary.
- Respect for personal privacy and the privacy of fellow students and faculty.
- Avoid the use of emoticons, humor, sarcasm, or jokes.
- Proof reading and editing communication prior to posting.
- Academic honesty.

Students who have a concern about any online posting are encouraged to approach the course coordinator or DNP Program Director with their concerns. Students can find comprehensive policies and standards of Computer Use and Network Policy located in The Lenoir Rhyne University Student Handbook.

OSHA

Students must comply with OSHA policies and procedures of any facility to which they are assigned for clinical experiences. These policies vary from facility to facility.

Incident Reporting

DNP students are required to complete a Lenoir-Rhyne School of Nursing incident report at any point there is any accident, injury, loss, contamination, medication error, or situation involving a client, student, or clinical instructor. This report must be presented to the clinical agency and the Chair of the School of Nursing. The Incident Report Policy and Procedures are available in Appendix M. The Incident Report is available in Appendix N.

Dismissal from a Clinical Site

Any student who engages in behavior which violates facility policy or Lenoir-Rhyne University policy while in the clinical area may be dismissed from a clinical site.

Student Illness in the Clinical Area

In the event a student becomes ill while in the clinical area or has an illness that prevents the student from being in the clinical area, the student is responsible for notifying the agency, the preceptor, and the course faculty of the absence or if the student leaves the clinical area due to personal illness.

Disability Services

The Disability Services Office strives to provide the highest quality service to each student with a disability through appropriate accommodation of university policies, practices and procedures. It is the mission of the department to ensure that every student with a disability has an equal opportunity to benefit from University programs. Students requiring accommodations in any didactic or clinical course should contact the Office of Disabilities for assistance.

VII. Academic Policies

Admissions

Students are referred to the admission policy outlined in the Lenoir-Rhyne University Graduate Student Catalog for the general requirements for admission to the University. The School of Nursing adheres to the nondiscrimination policy of the University: students are admitted regardless of age, disability, gender, national origin, race, religion, sexual orientation, or veteran status. Additionally, for admission to the DNP program the student must:

1. Possess an earned Baccalaureate of Science degree in Nursing (BSN) or Master of Science degree in Nursing (MSN) from a regionally accredited college or University with an overall nursing GPA of 3.0 or above.
2. Request official copies of all college transcripts be forwarded directly to the Division of Enrollment Management at Lenoir-Rhyne University.
3. Submit a completed application form for the BSN to DNP-FNP Program or Post-Master's DNP Program along with the required application fee.

4. Submit evidence of completion of undergraduate introductory statistics course with a final grade of C or better.
5. Submit evidence of completion of undergraduate nursing research course with a final grade of C or better,
6. Submit evidence of an unrestricted RN license to practice nursing in the State of North Carolina or the state of residence; provide the RN license number and name of the state in which the license is current.
7. Submit a Philosophy Statement describing the student's philosophy of nursing, motivation for becoming a nurse in advanced practice, personal and professional goals, and area of interest for the DNP Project.
8. Submit three professional references.
9. Complete an interview with DNP Faculty.
10. Submit evidence of a criminal background check prior to enrollment.

Advising

All students in the DNP program will be assigned an academic advisor. The academic advisor will assist the student to plan a course of study. Academic advising may occur face-to-face or electronically. The student and the advisor will agree on the venue for advising.

Registration

Registration takes place at a scheduled time each semester online. Students must complete the advising process with the academic advisor before they register for courses. Students should also be aware that all DNP courses are available to all students as outlined in the Plan of Study.

Student Load

The School of Nursing adheres to the definition of course loads outlined in the Graduate Student section of the Lenoir-Rhyne University Catalog:

- Full-time study: 9-12 hours
- Half-time study: 5-8 hours
- Quarter-time study: 3-4 hours

No graduate student may enroll in more than twelve hours during a semester without the written permission of the Assistant Provost and Dean of Graduate and Adult Education.

Dropping/Adding and Withdrawing

Students are referred to the Lenoir-Rhyne University Graduate Student Catalog for information on dropping/adding courses and withdrawing from courses and from the University. Students should be aware that dropping courses can result in a delay in completion of the program as most courses are only offered annually.

Course Progression

The School of Nursing adheres to the policies on progression outlined in the Graduate School section of the Lenoir-Rhyne University Catalog. Additionally, the School of Nursing has the following requirements: students who are placed on probation according to the University standards have one

semester to achieve a cumulative GPA of 3.0 or better. Students who do not achieve a 3.0 or better at the end of the probationary semester will be dismissed from the DNP program. Students who have more than two probationary semesters will also be dismissed from the DNP program.

DNP students who receive a grade of C in a required course will be placed on probation as per University policy unless the student is already on probation. If the student is already on probation and receives a C, the student will be dismissed from the DNP program. DNP students may not repeat a course in which the student earned a grade of C. Student will follow the appeals process per the Lenoir Rhyne University Student Handbook.

Clinical Course Progression

To ensure adequate progression of courses with clinical rotations, the Course Coordinator and Clinical Course Faculty will assess the student's academic and clinical progression via successful completion of required classwork and feedback from the clinical preceptor mid-semester and at the end of the course. Clinical Course Faculty are responsible for reaching out to preceptors throughout the clinical rotation with official contact at midterm and final evaluation times. After each site visit, the Clinical Course Faculty will complete the student's LRU DNP-FNP Clinical Site Visit Evaluation Form (see Appendix L) and upload to Typhon.

Students are responsible for coordinating any meetings with faculty and preceptors, assuring these meetings are convenient for the preceptor. In addition, the clinical faculty are responsible for grading all SOAP notes in their respective groups, tracking clinical hours and case logs in Typhon, and reviewing the midterm and final evaluations for students and preceptors. The Course Coordinator collects all evaluations for final review and records all final course grades for the student in the respective course. At the end of the semester, the student evaluates the preceptor and the Clinical Course Faculty. The Course Coordinator will collect all final clinical evaluation grades for storage by the FNP Program Director.

If a preceptor or student at a site express any concern, a site visit will be made during the semester. Clinical Course Faculty are responsible for meeting with the preceptor and student in-person or virtually as soon as possible to address any need for improvement. Students experiencing difficulty will set up a mutually agreed upon written remediation plan to facilitate their ability to meet course objectives. This **Program Remediation Plan** should identify areas of deficiency and specific, measurable corrective actions that fulfill course objectives. The student cannot advance in the program unless improvement is measured, and course objectives are met.

Program Completion

The School of Nursing adheres to the University policy identified in the Graduate Student section of the Lenoir-Rhyne University Catalog with regard to program completion. Students should complete the full time BSN to DNP program in 3 years; any change in the Plan of Study extending time for program completion would need to be reviewed by the Program Director and Chair of the School of Nursing when necessary. Students should complete the Post-Master's program in 3 years; any change in the Plan of Study extending the time for program completion would need to be reviewed by the Program Director and Chair of the School of Nursing when necessary. Program completion data is tracked by the School of Nursing annually through the SEP. The program defines completion using a four-year window from admission to completion of the program for the BSN to DNP.

Attendance

The DNP faculty believes that class time, whether it is in the form of an asynchronous class, a video conference, an online forum, or an immersion, is an essential part of the learning process and students may fail a course for repeated failures to attend class or meet assignment deadlines.

DNP-FNP Immersions are **REQUIRED** for all FNP students as a critical component of education, practice, clinical competency, and skill development. **Immersion are not optional.** Failure to attend may result in a grade of zero. Post-Master's DNP students will be requested to attend immersions relevant to the DNP degree.

In online courses, attendance requirements will be individually defined based on the delivery method of the course. Examples of attendance in online courses include posting in assigned discussion forums, participating in live chats, and submission of other online assignments.

Dismissal and Probation

The School of Nursing adheres to the dismissal and probation policies outlined in the Graduate School section of the Lenoir-Rhyne University Catalog and as stated previously in this handbook under *Probation*. In addition, the Nursing Faculty reserves the right to dismiss students, at any point in the curriculum, who:

1. Present with physical or emotional problems that do not respond to appropriate treatment or therapy within a reasonable time.
2. Demonstrate behavior which conflicts with safety that is essential to nursing practice.
3. Exhibit behaviors and activities detrimental to nursing. These behaviors and activities include, but are not limited to:
 - a. Current drug or alcohol abuse
 - b. Violence-related crime
 - c. Illegally obtaining, possessing or distributing drugs or alcohol for personal use
 - d. Commission of any crime that undermines the public trust.
 - e. Harassing, abusing or intimidating a client, peer, faculty or staff, either physically, verbally or sexually
4. Violates the North Carolina Nursing Practice Act and/or the Nurse Practice Act of the state where the student holds an RN license.
5. Violates confidentiality policies. All DNP students are bound to uphold HIPPA guidelines and FERPA guidelines.

Readmission

The School of Nursing adheres to the readmission policy outlined in the Graduate School section of the Lenoir-Rhyne University Catalog. Please note that any student who was dismissed from the program for violating the Nurse Practice Act, HIPPA guidelines or FERPA guidelines will not be readmitted to the School of Nursing.

Returning Student Admissions Policy

Welcome back to the NP program. Please be aware that all returning students are required to submit a new application for admission.

In addition, the following requirements must be met for readmission:

1. **Core Course Validity:** To ensure currency of knowledge, any NP core courses (Advanced Physical Assessment, Advanced Pathophysiology, and Advanced Pharmacology) previously completed will only be recognized if they were taken within the last 5 years.
2. **Competency Check:** Returning students must demonstrate full competency in head-to-toe adult and newborn physical examination skills during a check-off session.
3. **Readiness Assessment:** A passing score on a cumulative pharmacology readiness test will be required before the student is deemed competent in the material. Failure to pass either the physical assessment checkoffs or the pharmacology readiness test will necessitate retaking the related course(s).
4. **Course Auditing:** For those who have completed the 3P's courses within the past 5 years, there is an opportunity to audit a course to refresh knowledge and skills.

Each returning student's case will be evaluated individually by the DNP and FNP program directors to determine the appropriate path for re-admission and progression.

Please contact the DNP and/or FNP program directors with any questions or further clarification regarding the re-admission process.

Grading

The grading scale for the School of Nursing DNP-FNP program is:

- 95 – 100 = A
- 93 – 94 = A-
- 91 – 92 = B+
- 87 – 90 = B
- 85 – 86 = B-
- 83 – 84 = C+
- 79 – 82 = C
- 77 – 78 = C-
- 76 or less = Fail

Plagiarism

The School of Nursing defines plagiarism as the usage of the work of another or of one's own previous work without citing the source for the work. Plagiarism includes all sources of information including those from the internet. The consequences for plagiarism are very serious. Lenoir-Rhyne University has a procedure for reporting plagiarism and all incidents of plagiarism will be reported to the University. Sanctions for plagiarism range from a zero for the plagiarized portion of the assignment to failure of the course and possible dismissal from the University. Students are referred to the section on academic integrity on the LR web site for the process for reporting plagiarism.

APA Format

All written assignments for classes in the School of Nursing are to be formatted according to the *Publication Manual of the American Psychological Association (7th edition)* unless otherwise indicated by the course instructor.

Computing Policies

Students are expected to adhere to all Lenoir-Rhyne University Campus Computing policies as outlined in the Graduate Catalog and The Lenoir Rhyne University Student Handbook. Should a student misuse computing resources at LR, the student's files may be searched as part of the investigation and the student's computing privileges may be suspended or restricted during the investigation.

Retention of Student Work for Evaluation Purposes

Students are advised that faculty may retain copies of student work submitted online as examples of student work for accreditation purposes only. In the event faculty wishes to use a student's work for any other purpose, the faculty will obtain written consent from the student.

Grievance Procedure

The School of Nursing defines a grievance as any real or imagined wrong, hardship suffered, or feeling of injustice at having been unfairly treated that causes resentment and may be regarded as grounds for a complaint. A complaint is defined as a formal expression of dissatisfaction presented according to established procedure to program administration, faculty, or staff by students or faculty.

The School of Nursing follows University policy for initiation of formal complaints. Students are encouraged to follow an informal chain of command to resolve issues prior to filing a formal complaint. The informal chain of command is as follows: Students should first address concerns with the faculty involved. If issues are not resolved, then the student is advised to address concerns with the Director of the DNP program, the Chair of the School of Nursing, the Dean of the College of Health Sciences and the Assistant Provost and Dean of Graduate and Adult Education. The School of Nursing follows University policy for initiation of formal complaints. Students are encouraged to follow an informal chain of command to resolve issues prior to filing a formal complaint.

Students who wish to file a formal complaint at the University level should follow procedure as outlined in The Lenoir Rhyne University Student Handbook. Students who wish to file a formal complaint at the University level should follow procedure as outlined in The Lenoir Rhyne University Student Handbook.

Inclement Weather

The School of Nursing follows the inclement weather policy of the University. Students who are scheduled for practicum or other types of clinical experiences are encouraged to use their own judgment regarding travel during inclement weather. On-campus activities during inclement weather will be guided by the Lenoir Rhyne University inclement weather policies.

VIII. The School of Nursing Graduate Faculty and Staff

Kerry Thompson, RN, MSN, PhD; Dean of the College of Health Sciences

Kerry Thompson is currently the Dean of the College of Health Sciences at Lenoir-Rhyne University School of Nursing and holds the rank of Professor within the School of Nursing. Dr. Thompson has worked at Lenoir-Rhyne for 29 years in many roles. She completed her BSN at the University of North

Carolina at Chapel Hill, her MSN in Nursing Education at University of North Carolina at Greensboro, and her PhD in Nursing at the University of North Carolina at Chapel Hill.

Previous employment included the University of North Carolina, Chapel Hill as both a clinical instructor and classroom instructor before moving back to the Hickory area. In addition, she worked in critical care at Frye Regional Medical Center and for Northwestern Dialysis facility where she cared for many critical patients with various diagnoses. Dr. Thompson's passion is in nursing education and administration as she loves to work with both students and faculty to provide excellent nursing programs, to meet the needs of our community. She has chaired 64 Nursing Honors Research Studies within the School of Nursing, as well as attended the majority of MSN final projects. Her research interests include adult health, self-care, social support with an emphasis in cardiac. Her dissertation was titled, "The Relationship Among Social Support, Spiritual Well-Being, Uncertainty, and Self-Care in Class I and II Heart Failure Patients."

Dr. Thompson has been recognized by Lenoir-Rhyne University by being awarded the Glenn & Addie Ketner Family Nursing Professorship and also received the Roediger Distinguished Service Professorship. She is active within the Lenoir-Rhyne University, School of Nursing Mu Alpha Chapter of Sigma Theta. She is also active within NCNA, and the North Carolina Council of Deans of Baccalaureate and Higher Degree Nursing.

Dr. Thompson describes her leadership style as "transformational" and attempts to include all faculty in a shared governance type of approach within the School of Nursing. She strives to be inclusive and create an environment within the School of Nursing that is both engaging and professional.

Areas of Interest: CCU and Medical Surgical; Leadership; Administration

Tabitha Toney, PhD, RN; Chair of the School of Nursing

Dr. Tabitha Toney is currently the Chair of the School of Nursing at Lenoir-Rhyne University School of Nursing and holds the rank of associate professor within the School of Nursing. She has taught in the School of Nursing at Lenoir-Rhyne University since 2006 and is responsible for teaching various courses at the undergraduate and graduate level. She serves on various undergraduate honors research and DNP project committees. She received her PhD in Nursing from the University of North Carolina at Greensboro, a Master of Science in Nursing Education from the University of North Carolina at Greensboro, and her BSN from Lenoir-Rhyne College. Her specialty area of nursing is Maternal/Child Health and Women's Health. Her research involves working with high-risk pregnant women. She is a member of Sigma Theta Tau Nursing Honor Society and the Association of Women's Health, Obstetric, and Neonatal Nursing (AWHONN). She is actively involved in her church where she serves as children's church director and on various other committees. Each year, she serves as camp nurse for the Williams Syndrome Association in Rutledge, GA. Most recently, she served on the board of directors for LiveWell Catawba through Catawba County Public Health and as faculty liaison for the Academic Program Committee at Lenoir-Rhyne University.

Carla Fallas, DNP, FNP-BC; DNP Program Director

Carla Fallas is a distinguished nurse practitioner with 13 years of experience in family and internal medicine, and recent training in functional medicine. She holds a Doctor of Nursing Practice degree from Duke University, a Master's in Nursing with a concentration as a Family Nurse Practitioner from Winston-Salem State University, and a Bachelor of Science in Nursing

with a minor in Spanish from the University of North Carolina at Chapel Hill. Her doctoral research focused on bridging the gap in Type 2 diabetes education for Spanish-speaking individuals. This research led to the development of a six-month self-management program aimed at improving access to care and diabetes management strategies. In 2020, Carla published a manuscript in the *Journal of Clinical Diabetes* titled “Improving Self-Care Management in Low-Income Latinos With Type 2 Diabetes Using Peer-Led U.S. Conversation Maps: A Quality Improvement Project in a Free Clinic,” following her successful implementation of a multicultural diabetes group program at a community center in Charlotte. For the past ten years, Carla has worked and volunteered for Camino Health Center in Charlotte, addressing health intervention barriers and leading quality improvement initiatives. In September 2020, she was nominated for the National Association of Free and Charitable Clinics’ Robert Wood Johnson Foundation Award for Health Equity, recognizing her efforts in improving chronic disease outcomes.

In 2023, Carla co-founded Harmony Health, an integrative wellness clinic that emphasizes functional medicine, weight loss management, mental health services, and aesthetic treatments. She is deeply committed to understanding the unique life stories of her patients and enhancing their overall well-being. Carla also serves as the DNP Program Director and Assistant Professor at Lenoir-Rhyne University’s School of Nursing. In her role, she teaches Advanced Health Assessment, Advanced Pharmacology, and Advanced Concepts of Clinical Nursing for the FNP-DNP program. Her professional interests include chronic disease management, health literacy, diverse population care, obesity, depression, and leadership. As an educator, she emphasizes deep understanding and cultural sensitivity, fostering student engagement through active learning, cooperation, and high expectations.

Areas of Interest: Family Practice; Executive Leadership; Geriatrics, Specialty practice experience in diabetes, obesity, and depression

Michelle Ollis, DNP, FNP-BC; FNP Program Director

Michelle Ollis received her BSN in 2003, MSN in nursing education in 2015 and DNP-FNP in 2021 from Lenoir-Rhyne University. She obtained her FNP-BC certification through the American Nurses Credentialing Center (ANCC) in June of 2021. Her DNP project titled *A program to improve the assessment of a child for attention deficit hyperactivity disorder* was published by the *Journal of Child and Adolescent Psychiatric Nursing* on November 18, 2021.

She began teaching clinical for LRU in the fall of 2008 as an adjunct faculty and took a full-time faculty position as an Instructor of Nursing at LRU in the fall of 2016 within the undergraduate nursing program. Throughout her nursing career, she has worked in a variety of settings from labor and delivery, critical care, NICU, nursery and pediatric settings with roles including bedside nurse, nursing supervisor, patient care coordinator, professional development coordinator, and nurse manager.

Dr. Ollis serves as the FNP Program Director and teaches in the DNP-FNP program at LRU. She is currently a co-owner of Harmony Health and Wellness an integrative practice facility in Hickory, NC where she practices as a Nurse Practitioner and is also employed with Mountain Emergency Physicians where she practices as an Advanced Practice Provider at Frye Regional Medical Center, and at UNC Blue Ridge in Morganton, NC as a hospitalist.

Areas of Interest: Women's Health, Pediatrics, Critical Care, Medical-Surgical, Internal Medicine, Family Practice and Education

Melissa Di Natale, Ed.D., PMHNP-BC, RN-BC

Dr. Melissa Di Natale holds a Bachelor of Science in Nursing (BSN) and a Master of Science in Nursing (MSN) from Keuka College, Penn Yan, New York, as well as a Post-Master's Certificate as a Psychiatric Mental Health Nurse Practitioner (PMHNP) from Maryville University. She furthered her academic journey by obtaining a Doctor of Education (EdD) from St. John Fisher College in Rochester, New York. Dr. Di Natale's doctoral research delved into the ramifications of incivility on hospital-based student nurses, focusing on retention and post-graduation employment choices. As a board-certified psychiatric nurse practitioner, she imparts her expertise through teaching various courses, including Management of Psychosocial Illness, psychiatric clinical, and Transition into Professional Nursing Practice. Additionally, she instructs an online research nursing class titled Concepts to Evidenced Based Practice in Nursing for RIBN students, highlighting her commitment to nurturing future nursing professionals.

Areas of Interest: Her research interests encompass psychiatry and community health, reflecting her multifaceted contributions to nursing education and clinical practice.

Devin Osborne

Devin Osborne currently serves as the Clinical Coordinator for the College of Health Sciences at Lenoir-Rhyne University. In his role, he secures clinical rotations for graduate students within the College of Health Science, and also manages affiliation agreement contracts for placement sites. He received his Bachelor of Science degree in Community Health from Lenoir-Rhyne University and is also working on completing his Master of Public Health degree at Lenoir-Rhyne University.

Areas of Interest: Health Education, Health Administration

Janice McKeel, DNP, MSN, RN

Janice McKeel has a master's degree in health system management from the University of Virginia (2005) and the degree of Doctor of Nursing Practice (DNP) from Lenoir-Rhyne University (2021). She has served on the faculty at Lenoir-Rhyne for 7 years. Previously, she worked in progressive leadership roles in acute care from nurse manager to senior director of nursing. Her clinical focus has been emergency department nursing, critical care, care management, system quality improvement, and nursing informatics.

Dr. McKeel teaches in the DNP program and the undergraduate nursing program. She is the clinical instructor for senior nursing students in the Greater Hickory Cooperative Christian Ministries Clinic that provides primary care to vulnerable patients in the region.

Areas of Interest: Nursing Education; Emergency Nursing; Executive Leadership, Critical Care; Care Management; Nursing Informatics; Health Care System Quality Improvement.

Sara Piercy, DNP, FNP-BC

Sara Piercy received her Bachelor of Science in Nursing (BSN) from Gardner Webb University in 2011, Master of Science in Nursing (MSN)- Family Nurse Practitioner in 2015 from Gardner Webb University, Doctor of Nursing Practice (DNP) in 2018 from Frontier Nursing University, and her Post-Master's

Certificate in Nursing Education from East Carolina University in 2020. She is board certified through the American Academy of Nurse Practitioners. Her DNP project was titled *Increasing Mobility to Effectively Decrease Functional Decline in Hospitalized Patients*.

Sara began teaching at Lenoir Rhyne University (LRU) as an assistant professor in the fall of 2022. She teaches in the BSN, MSN, and DNP programs in the school of nursing. Prior to joining LRU, she was an adjunct professor in other DNP programs. Throughout her nursing career she has worked in intensive and critical care units. After obtaining her nurse practitioner certification, she worked in hospital settings including as a hospitalist nurse practitioner and in a clinical decision observation unit before transitioning into full time nursing education. She maintains credentials and continues to work as a nurse practitioner at Frye Regional Medical Center, UNC Health- Blue Ridge, and Atrium Health.

Areas of interest: Internal Medicine, Critical Care, Cardiology, Neurology, and Education.

Susan Ludwick, BSN, DNP

Dr Ludwick has a BSN from Wichita State University, MSN in Maternal Child Health Nursing from The University of Wyoming and a DNP in Leadership & Public Health Nursing from The University of Kansas. Dr Ludwick has served as a nursing educator for over 25 years. She served as the Chair of Nursing at Newberry College in Newberry, SC from 2019-2022. Currently she has been an Associate Professor with Lenoir Rhyne University since Aug 2022 where she teaches in the undergraduate and graduate programs.

Areas of Interest: Community Health and Vulnerable Populations, Spiritual Care and Holistic Nursing, Pediatric nursing, Postpartum Depression, Emotional Demands of Nursing students, Global health nursing.

VIII. School of Nursing Graduate Faculty and Staff Contact Information

Kerry Thompson, RN, MSN, PhD
Professor and Dean of the CHS
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APPENDIX A
TEN GUIDING PRINCIPLES OF PROGRAM DEVELOPMENT

10 Guiding Principles of Program Development	Description	Program Goals/Outcomes/Corresponding Courses	Outcome Mapping: *DNP Essentials	Outcome Mapping: **NONPF Competencies
1. Cultural Competence	<p><i>“Diversity and quality health care are inseparable. Together they create a path to increased access and improved health and can eliminate health disparities. A culturally responsive workforce and a relationship-centered health care system offer healing and hope to all patients. Diversity signifies that each individual is unique and recognizes individual differences – race, ethnicity, gender, sexual orientation and gender identity, socio-economic status, age, physical abilities, religious beliefs, political beliefs, literacy or other attributes. It encourages self-awareness and respect for all persons, embracing and celebrating the richness of each individual. It also encompasses organizational, institutional, and system-wide behaviors in nursing, nursing education, and health care” (Adapted from Branche et al. 2007; CDC, 2019; NLN, 2016; NLN, 2017; SAMHSA, 2016).</i></p>	<p>Goal: Provide a graduate program with a practice-focused terminal degree that is grounded in Christian faith and the related sciences built upon the foundation in the arts sciences and humanities acquired during Baccalaureate education which prepares the student with the academic knowledge needed to advance to the graduate level.</p> <p>Outcome: Students will develop skills that reflect cultural competence at all levels of health care delivery, including health promotion, health maintenance, risk reduction, and illness prevention for diverse patients, populations, organizations, and communities.</p> <p>Outcome: Students will demonstrate a robust level of practice expertise in a specialty area of advanced practice nursing, incorporating diverse and culturally sensitive approaches and evidence-based care to improve patient and population outcomes.</p> <p>Corresponding Courses:</p> <p>DNP 500 Advanced Health Assessment & Differential for FNP</p>	V, VII, VIII	Scientific Foundations; Quality; Policy; Ethics; Health Delivery System; Independent Practice

	<p>DNP 505 Advanced Pathophysiology for FNP</p> <p>DNP 605 Epidemiology and Applied Statistics</p> <p>DNP 515 Advanced Pharmacology for FNP</p> <p>DNP 510 Advanced Concepts of Clinical Nursing (Adult/Primary)</p> <p>DNP 520 Advanced Concepts of Clinical Nursing (Women's/Primary)</p> <p>DNP 530 Advanced Concepts of Clinical Nursing (Pediatrics/Primary)</p> <p>DNP 535 Behavioral Health</p> <p>DNP 540 Advanced Concepts of Clinical Nursing (Geriatrics/Primary)</p> <p>DNP 550 FNP Integrated Practicum</p>		
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<p>2. Moral Philosophy</p>	<p><i>“The moral philosophy of nursing is based on a Code of Ethics. In all professional relationships nurses must practice with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, within the scope of practice. Nurses must promote, advocate for, and strive to protect the health, safety, and rights of the patient. Nurses must participate in the advancement of the profession through contributions to practice, education, administration, and knowledge development, collaborate with other health professionals and the public in promoting community, national, and international efforts to meet health needs”</i> (Adapted from ANA, 2015; NLN, 2016).</p>	<p>Goal: Provide a graduate program with a practice-focused terminal degree that is grounded in Christian faith and the related sciences built upon the foundation in the arts sciences and humanities acquired during Baccalaureate education which prepares the student with the academic knowledge needed to advance to the graduate level.</p> <p>Goal: Promote the integration and synthesis of knowledge derived from multiple nursing and related sciences into frameworks necessary to develop a practice-focused scholarly approach to the discipline, and a commitment to the advancement of the profession.</p> <p>Outcome: Students will demonstrate a robust level of practice expertise in a specialty area of advanced practice nursing, incorporating diverse and culturally sensitive approaches and evidence-based care to improve patient and population outcomes.</p> <p>Outcome: Students will integrate the nursing Code of Ethics with other sciences in collaboration with other health care professionals to provide value based and justice-based care.</p> <p>Corresponding Courses:</p> <p>DNP 500 Advanced Health Assessment & Differential for FNP</p> <p>DNP 605 Epidemiology and Applied Statistics</p>	<p>I, II, IV, V</p>	<p>Ethics</p>
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		<p>DNP 625 Leadership and Interdisciplinary Collaboration</p> <p>DNP 635 Legal, Ethical, and Policy Issues in DNP</p>		
3. Micro, Meso, Macro Population Health	<p><i>“Nursing education must include engagement with, not just fleeting exposure to multiple perspectives on health issues, including emerging public health concerns and diverse spiritual and cultural beliefs and practices, with the goal of achieving equity in health for all people worldwide. Nurses who value and embody the richness of difference and inclusion to help advance the health of the nation and the global community will practice competently and responsibly in today’s world and in the future. This is a collaborative effort designed to improve health outcomes of populations in patient care, nationally, and internationally. It also means contributing to the health of providers to optimize health system performance” (Adapted from IHI, 2012;IHI, 2016, Nash et al., 2016; NLN 2017; WHO, 2015).</i></p>	<p>Goal: Provide a graduate program with a practice-focused terminal degree that is grounded in Christian faith and the related sciences built upon the foundation in the arts sciences and humanities acquired during Baccalaureate education which prepares the student with the academic knowledge needed to advance to the graduate level.</p> <p>Goal: Develop knowledge of a variety of information technology modalities and informatics to design systems of care with the intents of translating evidence into practice to improve population outcomes.</p> <p>Outcome: Students will demonstrate a robust level of practice expertise in a specialty area of advanced practice nursing, incorporating diverse and culturally sensitive approaches and evidence-based care to improve patient and population outcomes.</p> <p>Outcome: Students will analyze and utilize information technology systems and patient care technology for the improvement and transformation of healthcare systems within a Christian, culturally competent, and ethical context for health promotion, disease prevention, and health maintenance.</p> <p>Corresponding Courses:</p>	I, V, VI, VII, VIII	<p>Scientific Foundation; Quality; Practice Inquiry; Policy; Health Delivery System; Independent Practice</p>

		<p>DNP 500 Advanced Health Assessment & Differential for FNP</p> <p>DNP 515 Advanced Pharmacology for FNP</p> <p>DNP 525 Health Promotion and Disease Prevention</p> <p>DNP 605 Epidemiology and Applied Statistics</p> <p>DNP 635 Legal, Ethical, and Policy Issues in DNP</p>		
<p>4. Innovation in Healthcare Delivery</p>	<p><i>“Health innovation is to develop and deliver new or improved health policies, systems, products and technologies, and services and delivery methods that improve people’s health. The innovation responds to unmet needs by employing new ways of thinking and working with a special focus on the needs of vulnerable populations. Health innovation adds value in the form of improved efficiency, effectiveness, quality, safety and/or affordability and can include preventive, promotive, therapeutic, rehabilitative and/or assistive care. It can also involve disruptive innovations, which cause disorder in old systems, create new players and new markets while marginalizing old ones, and deliver dramatic value to stakeholders who</i></p>	<p>Goal: Facilitate and implement culturally competent enhanced leadership skills to strengthen practice and value-base health care delivery and provide for the health of populations in a community or globally utilizing a framework of strong moral philosophy and Code of Ethics.</p> <p>Outcome: Students will demonstrate organizational and system leadership for quality improvement that positively influences the health of populations in the health care delivery setting.</p> <p>Corresponding Courses:</p> <p>DNP 605 Epidemiology & Applied Statistics</p> <p>DNP 615</p>	<p>I, II, III, IV, VI, VII (for DNP Project II and III), VIII</p>	<p>Practice Inquiry; Leadership; Health Delivery System</p>

successfully implement and adapt to the innovation”
(Adapted from AHRQ, 2017; Becker’s Hospital Review, 2013; Omachonu et al. 2010; Weberg, 2009; WHIG, 2017).

Scientific Foundations for Doctoral Nursing Practice (Theory)

DNP 625
Leadership and Interdisciplinary Collaboration

DNP 645
Translational Research

DNP 655
Evaluation Methods of DNP

DNP 665
Nursing Informatics for DNP

DNP 675
Healthcare Finance for Providers

DNP 670
DNP Scholarly Project I

DNP 680
DNP Scholarly Project II

DNP 690
DNP Scholarly Project III

DNP 671
Supplemental & Applied Practice I

DNP 681
Supplemental & Applied Practice II

DNP 691
Supplemental & Applied Practice III

<p>5. Data Driven Health Care</p>	<p><i>“Advanced Practice Nurses must acquire knowledge, skills, and attitudes to use information and technology to communicate, manage knowledge, mitigate error, and support decision making. This knowledge will be used to minimize risk of harm to patients and providers through both system effectiveness and individual performance. Data must be used to monitor the outcomes of care processes and improve methods to design and test changes to continuously improve the quality and safety of health care systems” (Adapted from Fung, 2016; Hunt, 2012; IOM, 2003; Kassam et al., 2018; QSEN, 2012; Westra et al. 2018).</i></p>	<p>Goal: Facilitate advanced development of communication skills, verbal and written at a doctoral level designed to prepare experts in specialized advanced nursing practice, The focus is heavily practice-based and should be innovative and evidence-based, reflecting the application of credible research findings.</p> <p>Goal: Develop knowledge of a variety of information technology modalities and informatics to design systems of care with the intent of translating evidence into practice to improve population outcomes.</p> <p>Outcome: Students will critically analyze health care policies to provide leadership in the development and implementation of institutional, local, state, federal, and/or international practice policy that is equitable, just, and ethical, advocating for patient and population well-being.</p> <p>Outcome: Students will analyze and utilize information technology systems and patient care technology for the improvement and transformation of healthcare systems within a Christian, culturally competent, and ethical context for health promotion, disease prevention, and health maintenance.</p> <p>Corresponding Courses:</p> <p>DNP 600 Role of the DNP</p> <p>DNP 605 Epidemiology and Applied Statistics</p>	<p>III, IV, VI, VIII</p>	<p>Technology and Information Literacy</p>
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<p>6. Building Leadership Relationships</p>	<p><i>“A competent nurse leader expresses ideas clearly, acts decisively, leverages diversity, builds relationships, facilitates change, sets priorities, understands the political workings of an organization, and translates vision into realistic strategies. As leaders, nurses must act as full partners in redesign efforts, be accountable for their own contributions to delivering high-quality care and work collaboratively with leaders from other health professions. They must strive to function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care”</i> (Adapted from AONE, 2015; Hunt 2012; IOM, 2010; Weismuller et al., 2015; Wilmoth et al, 2014).</p>	<p>Goal: Promote the integration and synthesis of knowledge derived from multiple nursing and related sciences into frameworks necessary to develop a practice-focused scholarly approach to the discipline, and a commitment to the advancement of the profession.</p> <p>Goal: Facilitate and implement culturally competent enhanced leadership skills to strengthen practice and value-base health care delivery and provide for the health of populations in a community or globally utilizing a framework of strong moral philosophy and Code of Ethics.</p> <p>Outcome: Students will integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the basis for developing and evaluating new healthcare delivery approaches at the highest level of nursing practice.</p> <p>Outcome: Students will demonstrate organizational and system leadership for quality improvement that positively influences the health of populations in the health care delivery setting.</p> <p>Corresponding Courses:</p> <p>DNP 625 Leadership and Interdisciplinary Collaboration</p>	<p>II, III, IV, V, VI, VIII</p>	<p>Leadership; Quality; Policy</p>

		<p>DNP 635 Legal, Ethical, and Policy Issues in DNP</p>		
<p>7. Quality and Safety in Practice</p>	<p><i>“Advanced nursing practice must develop quality and safety competencies based on knowledge, skills, and attitudes to be developed in nursing graduate programs. Improving quality means using data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems. Improving safety means to minimize risk of harm to patients and providers through both system effectiveness and individual performance in the context of safe practice mandates” (Adapted from Aspden et al. 2004; Franket et al., 2017; Hunt, 2012; IOM 2001; Mayberry et al., 2016; Mitchell, 2008).</i></p>	<p>Goal: Develop and implement competencies necessary for DNP-prepared advanced practice registered nurses in independent practice.</p> <p>Outcome: Students will employ effective communication and collaboration skills to develop and implement practice models and lead interprofessional teams to analyze complex practice and organizational issues.</p> <p>Outcome: Students will analyze epidemiologic, biostatistical, environmental, and other scientific data related to individual and population health, to address health promotion/disease prevention efforts, improve health status/access patterns, and/or address gaps in care of individuals, aggregates, or populations.</p> <p>Corresponding Courses:</p> <p>DNP 500 Advanced Health Assessment & Differential for FNP</p> <p>DNP 505 Advanced Pathophysiology for FNP</p> <p>DNP 510 Advanced Concepts of Clinical Nursing (Adult/Primary)</p> <p>DNP 515 Advanced Pharmacology for FNP</p>	<p>II, IV, VI, VII</p>	<p>Scientific Foundation; Quality; Practice Inquiry; Health Delivery Systems; Independent Practice</p>

		<p>DNP 520 Advanced Concepts of Clinical Nursing (Women’s/Primary)</p> <p>DNP 530 Advanced Concepts of Clinical Nursing (Pediatrics/Primary)</p> <p>DNP 535 Behavioral Health</p> <p>DNP 540 Advanced Concepts of Clinical Nursing (Geriatrics/Primary)</p> <p>DNP 550 FNP Integrated Practicum</p>		
<p>8. Building Bridges: Team-Centered Care</p>	<p><i>“It is important that Advance Practice Nurses strive toward (1) patient-centered care by integrating best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care. Patient centered care recognizes the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient’s preferences, values, and needs. It is also important for Advanced Practice Nurses to strive toward (2) relationship-centered care. All participants in the care of the patient must appreciate the importance of their relationships with one another,</i></p>	<p>Goal: Implement the components of the Quadruple Aim by providing relationship centered care for peers and patient-centered care for the populations served by the advanced practice nurse.</p> <p>Outcome: Students will utilize analytic methods to critically appraise literature and design, direct, implement, and evaluate outcomes of quality improvement methodologies that promote safe, timely, effective, efficient and equitable patient-centered and relationship-centered care.</p> <p>Corresponding Courses:</p> <p>DNP 500</p>	<p>V, VI, VII, VIII</p>	<p>Scientific Foundations; Quality; Policy; Ethics; Health Delivery System; Independent Practice</p>

	<p><i>function effectively within nursing and on inter-professional teams, foster open communication, mutual respect, and shared decision-making to achieve quality patient care.</i></p> <p><i>The nature and quality of relationships of clinicians with themselves, with each other, and with the community influences the process and outcomes of health care. This team approach builds bridges, helping ensure system synergy”</i></p> <p><i>(Adapted from Beach et al., 2006; Hunt, 2012; IOM, 2010; Soklaridis et al., 2016).</i></p>	<p>Advanced Health Assessment & Differential for FNP</p> <p>DNP 625 Leadership and Interdisciplinary Collaboration</p> <p>DNP 510 Advanced Concepts of Clinical Nursing (Adult/Primary)</p> <p>DNP 520 Advanced Concepts of Clinical Nursing (Women’s/Primary)</p> <p>DNP 530 Advanced Concepts of Clinical Nursing (Pediatrics/Primary)</p> <p>DNP 540 Advanced Concepts of Clinical Nursing (Geriatrics/Primary)</p> <p>DNP 550 FNP Integrated Practicum</p>		
<p>9. Systems Transformation</p>	<p><i>“Research provides the scientific foundation for the nursing profession. However, clinical nursing leaders must translate new research findings to the practice environment and into nursing education and from nursing education into practice and policy. General principles of implementation science, especially the concepts of practice profiles and implementation drivers must be well understood in order to strategically design</i></p>	<p>Goal: Implement the components of the Quadruple Aim by providing relationship centered care for peers and patient-centered care for the populations served by the advanced practice nurse.</p> <p>Outcome: Students will utilize analytic methods to critically appraise literature and design, direct, implement, and evaluate outcomes of quality improvement methodologies that promote safe, timely, effective, efficient and equitable patient-centered and relationship-centered care.</p>	<p>I, II, III, VI, VII, VIII</p>	<p>Scientific Foundation; Leadership; Practice Inquiry; Technology and Information Literacy; Ethics</p>

	<p><i>a system transformation that achieves desired outcomes and successfully drives sustainable change” (Adapted from AACN, 2006; Brander et al., 2015; Easterling et al., 2016; IOM, 2010).</i></p>	<p>Corresponding Courses:</p> <p>DNP 615 Scientific Foundations for Doctoral Nursing Practice (Theory)</p> <p>DNP 625 Leadership and Interdisciplinary Collaboration</p> <p>DNP 645 Translational Research</p> <p>DNP 655 Evaluation Methods of DNP</p> <p>DNP 665 Nursing Informatics for DNP</p>		
<p>10. Quality Scholarly Dissemination</p>	<p><i>“A system of scholarly communication consists of the generation of knowledge and the means to share and communicate it. This can be disseminated through informal or formal channels. Informal means includes face-to-face discussion or exchange of personal communication, sharing views and opinions. Formal scholarly communication can include research articles, letters, newspaper editorials, conferences, technical reports, monographs, books chapters, and e-journals. The Doctor of Nursing Practice supports clinical scholarship to facilitate meaningful system and organizational change, assuring quality, safe, and ethical patient and relationship-centered care”</i></p>	<p>Goal: Promote the integration and synthesis of knowledge derived from multiple nursing and related sciences into frameworks necessary to develop a practice-focused scholarly approach to the discipline, and a commitment to the advancement of the profession.</p> <p>Goal: Facilitate and implement culturally competent enhanced leadership skills to strengthen practice and value-base health care delivery and provide for the health of populations in a community or globally utilizing a framework of strong moral philosophy and Code of Ethics.</p> <p>Goal: Develop and implement competencies necessary for DNP-prepared advanced practice registered nurses in independent practice.</p>	<p>I, II, III, IV, VI, VII (for DNP Project II and III), VIII</p>	<p>Scientific Foundation; Leadership; Quality; Practice Inquiry; Technology and Information Literacy; Policy; Health Delivery System; Ethics; Independent Practice</p>

(Adapted from Hunker et al., 2014; Maron et al., 2019; Soklaridis et al., 2016).

Outcome: Students will integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the basis for developing and evaluating new healthcare delivery approaches at the highest level of nursing practice.

Outcome: Students will demonstrate organizational and system leadership for quality improvement that positively influences the health of populations in the health care delivery setting.

Outcome: Students will employ effective communication and collaboration skills to develop and implement practice models and lead interprofessional teams to analyze complex practice and organizational issues.

Outcome: Students will analyze epidemiologic, biostatistical, environmental, and other scientific data related to individual and population health, to address health promotion/disease prevention efforts, improve health status/access patterns, and/or address gaps in care of individuals, aggregates, or populations.

Corresponding Courses:

DNP 605
Epidemiology & Applied Statistics

		<p>DNP 670 DNP Scholarly Project I</p> <p>DNP 680 DNP Scholarly Project II</p> <p>DNP 690 DNP Scholarly Project III</p> <p>DNP 671 Supplemental Applied Practice I</p> <p>DNP 681 Supplemental Applied Practice II</p> <p>DNP 691 Supplemental Applied Practice III</p>		
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APPENDIX B
DNP PROJECT CORE COURSES

	Epidemiology and Applied Statistics (DNP 605)	Scientific Foundations for Doctoral Nursing Practice (DNP 615)	Translational Research (DNP 645)	Evaluation Methods of DNP (DNP 655)
Course Description	This course focuses on principles and methods of biostatistics and epidemiology used to assess determinants, distribution, and deterrents of disease in populations. The course includes conceptual and analytical skills required to measure risk, incidence, and prevalence of morbidity and mortality and its impact on healthcare delivery	This course will explore the development of nursing knowledge and theory. The philosophies of science and their influence on knowledge development for doctoral nursing practice are explored. Strategies for theory development and analysis will be discussed.	This course focuses on the methodological basis for translational research for the DNP role. Critical evaluation, synthesis, transference, and application of evidence-based findings are related to improving the efficiency and effectiveness of nursing care in diverse practice settings. Students will critically appraise the nature of evidence for potential inclusion in the capstone project.	The content of this course is focused on methods of inquiry for the systematic appraisal of nursing practice/health care programs. Utilization of outcomes for decision-making, implementation, accountability, and improvement in nursing and health care is included.
Course Objectives	<ol style="list-style-type: none"> 1. Understand epidemiology and biostatistics concepts and the applicability to advanced nursing practice. 2. Understand the factors for determining appropriate statistical tests to use in a variety of contexts. 3. Critique quantitative results from published peer-reviewed studies for appropriate selection of effective interventions and preventions 	<ol style="list-style-type: none"> 1. Describe and discuss theories of organizational change, assessing organizational readiness for change, and the importance of understanding organizational culture prior to the initiation of a change project. 2. Define change agent based on research derived knowledge and the importance of this role in the design and implementation process of an innovation in practice. 	<ol style="list-style-type: none"> 1. Differentiate between the scientific and operational principles of clinical research, translational research, implementation science and evidence-based quality improvement projects in practice. 2. Analyze organizational theories of change, translational frameworks, and diffusion of innovation for implementing evidence into practice. 	<ol style="list-style-type: none"> 1. Accurately define and use key evaluation terms and concepts. 2. Describe and utilize standard research practices and methods to evaluate quality improvement (QI) projects. 3. Describe domains of QI project evaluation that includes process evaluations, outcomes evaluations and economic/cost-benefit evaluations.

<p>in health care/advanced nursing practice.</p> <p>4. Compute and analyze descriptive and inferential statistics and apply data analytic methods to the understanding of epidemiological literature and commonly used health measures.</p> <p>5. Expand analytical capability in computing, analyzing, interpreting, and reporting outputs from statistical and epidemiological analytical tests using a variety of datasets.</p> <p>6. Examine the types and levels of evidence to determine the comparability of data and applicability to advanced nursing practice.</p> <p>7. Utilize a variety of databases and tools to identify resources of epidemiologic data that pertain to advanced nursing practice.</p> <p>8. Apply epidemiologic methodology to identify a specific health problem, develop a working quality improvement topic, and design an implementation to investigate the issue.</p>	<p>3. Identify hidden decision traps in decision making that may adversely influence models of innovation.</p> <p>4. Define systems transformation in the context of organizational quality improvement models and models of collaborative action with an emphasis on setting goals, strategic planning, team dynamics, and plan for implementation.</p> <p>5. Identify theories that encourage the use of current technology to promote social networking, improve self-organization, reinforce change assessment processes, and enhance strategic planning in the health care environment.</p> <p>6. Explore and evaluate nursing theories, business models, and quality improvement models to discover best practice and avoid decision making errors.</p>	<p>3. Discuss how translational research models, methodologies and implementation processes improve population health by enhancing prevention and adoption of best practice treatment strategies in an organization.</p> <p>4. Discuss the use of statistical analyses of information technology data to improve quality of care.</p> <p>5. Synthesize the scientific literature to make data-based decisions that inform quality improvement processes and organizational policies that reflect best practice.</p> <p>6. Evaluate the propensity for interprofessional innovation considering the characteristics of the innovation, adopters, stakeholders, and communication methods in the organizational content.</p>	<p>4. Formulate appropriate evaluation questions and design useful, feasible, ethical, and accurate evaluation strategies to answer evaluation questions.</p> <p>5. Develop program logic models with key project goals, mapping out specific, measurable, attainable, relevant, and time-sensitive (SMART) objectives able to be evaluated after QI project implementation.</p> <p>6. Develop an evaluation plan with a flow from start to finish using a theoretical framework/logic model for QI project development, implementation, and evaluation.</p> <p>7. Prepare survey instruments for QI project evaluation.</p> <p>8. Describe the challenges of QI project evaluation and relevant strategies for resolving these challenges.</p>
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<p>Contributions to the Understanding and Planning of the DNP Project</p>	<ol style="list-style-type: none"> 1. Application of epidemiology; descriptive and inferential statistics. 2. Analyses of a variety of research and guidelines using standardized tools and application of statistics. 3. Written paper reflecting beginning stages of DNP quality improvement project, specifically topic/question, population, identifying needs/gaps in care that makes the project worthwhile 	<ol style="list-style-type: none"> 1. Assessing an organization's culture and readiness for change. 2. Develop skills to become the change agent/leader. 3. Plan for system transformation and innovation. 4. Choose a mode/theoretical framework that will support the DNP quality improvement project. 	<ol style="list-style-type: none"> 1. Define translational research, implementation science, basic vs clinical research and evidence-based quality improvement. 2. Understand qualitative vs quantitative analysis and mixed methods analysis and application in practice. 3. Develop an understanding of Diffusion of Innovation and how this impacts project implementation. 4. Develop an operationalized implementation plan for a DNP project, and an understanding of potential system chaos created by an innovation. 	<ol style="list-style-type: none"> 1. Formulate process and outcome measures. 2. Develop a potential plan of sustainability and dissemination of an evidence-based project. 3. Written proposal that will outline a DNP quality improvement project and prepare for meeting requirements of the three final DNP project courses. <p>Actions required:</p> <ul style="list-style-type: none"> -NIH training -DNP Project Advisory Committee selection -Written Qualify Exam (may be early summer) -Oral Proposal Defense (may be early summer) -IRB submission upon recommendation of project chair <p>*Students are given time in this course to prepare for implementation and data analysis that will occur in the final year</p>
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APPENDIX C
DNP PROJECT IMPLEMENTATION COURSES

	DNP Scholarly Project I (DNP 670)	DNP Scholarly Project II (DNP 680)	DNP Scholarly Project III (DNP 690)
Course Description	In consultation with the DNP faculty advisor, students will select an area of clinical practice and will implement their capstone project through an 80-hour clinical practicum.	This course focuses on the organization and refinement of all aspects of the DNP scholarly project design, implementation, and evaluation. This clinical practicum is 160 hours.	This course focuses on continuous application of advanced knowledge and skills attained during the DNP coursework and clinical practicum. The clinical practicum of 100 hours will enable the doctoral student to refine and critically appraise the capstone project and prepare for dissemination of findings.
Course Objectives	<ol style="list-style-type: none"> 1. Identify critical components of the DNP project and how this differs from PhD research. 2. Develop a clinical or systems problem and justify the importance of developing a quality improvement project based on this problem in the clinical practice setting. 3. Locate, clinically appraise, and synthesize the best evidence from existing research to serve as the foundation for practice improvement. 4. Analyze key practice sites and stakeholders regarding implementation of a DNP project. 5. Design a plan to use evidence-based methods and clinical practice guidelines to implement a quality improvement in the clinical practice setting. 	<ol style="list-style-type: none"> 1. Continue project implementation in conjunction with site stakeholders and with mentoring of the faculty committee. 2. Demonstrate advanced levels of critical thinking, systems thinking, and accountability in working with stakeholders. 3. Collaborate and form partnerships with clinicians, clients, administrators, and/or the public during DNP project implementation. 4. Identify issues related to conducting the DNP project and methods of project refinement. 	<ol style="list-style-type: none"> 1. Analyze and synthesize the impact of the DNP project in addressing the client, provider or organizational outcome(s). 2. Disseminate findings of the DNP project to contribute to improvements in health care accessibility, quality, safety, cost, and/or outcomes. 3. Submit a paper for publication in an appropriate journal.

	6. Develop process measures and outcomes to be measured in the DNP project.		
Contributions to the Planning and Implementation of the DNP Project	<p>1. Complete refinement of PICO(T) question that fulfills QSEN competencies.</p> <p>2. Develop detailed methodology and begin implementation of the DNP Project.</p> <p>4. Begin to collect data on process and outcome measures.</p> <p>5. Continue to refine portions of DNP Project paper.</p>	<p>1. Continue Implementation of the DNP Project.</p> <p>2. Monitor the DNP implementation site for continued stakeholder involvement, staff support, and any potential chaos.</p> <p>3. Seek feedback from stakeholder collaborators.</p> <p>4. Refine project if necessary.</p> <p>5. Continue data collection and begin analyses.</p> <p>6. Determine best plan for dissemination of results for stakeholders.</p>	<p>1. Finalize data collection and analyses.</p> <p>2. Disseminate results and analyze if project was sustainable.</p> <p>3. Complete Final Oral Defense.</p> <p>4. Submit final product/paper for potential publication.</p> <p>5. Present poster for presentation at Graduate School final immersion.</p>

APPENDIX D
DOCTOR OF NURSING PRACTICE (BSN-DNP) FAMILY NURSE PRACTITIONER (FNP) PLAN OF STUDY

Student Name	Date of Matriculation
Student E-mail	Anticipated Date of Graduation
Advisor	Comments

ACADEMIC YEAR ONE														
FALL 20__	Course #	Credits	Initials & Date (Advisor/Student)		SPRING 20_	Course #	Credits	Initials & Date (Advisor/Student)		SUMMER 20_	Course #	Credits	Initials & Date (Advisor/Student)	
	DNP 500	4				DNP 515	4				DNP 625	3		
	DNP 505	3				DNP 605	3				DNP 635	3		
	DNP 600	2				DNP 615	3							
	Total	9				Total	10				Total	6		

ACADEMIC YEAR TWO														
FALL 20__	Course #	Credits	Initials & Date (Advisor/Student)		SPRING 20_	Course #	Credits	Initials & Date (Advisor/Student)		SUMMER 20_	Course #	Credits	Initials & Date (Advisor/Student)	
	DNP 510	6				DNP 520	5				DNP 670	2		
	DNP 525	3				DNP 530	4				DNP 675	3		
	DNP 645	3				DNP 655	3							
	Total	12				Total	12				Total	5		

ACADEMIC YEAR THREE														
FALL 20__	Course #	Credits	Initials & Date (Advisor/Student)		SPRING 20_	Course #	Credits	Initials & Date (Advisor/Student)		SUMMER 20_				
	DNP 535	3				DNP 550	3							
	DNP 540	4				DNP 690	2							
	DNP 680	3				DNP 665	3							
	Total	10				Total	8							

My signature on this Plan of Study confirms that I understand the responsibilities I am undertaking in the BSN to DNP-FNP Program as a full-time student. I agree to meet with my advisor each semester and discuss my progress in the program. I also understand that any change in the Plan of Study may affect my academic standing in the program.

Student Name	Student Signature	Date
--------------	-------------------	------

Advisor Name		Advisor Signature		Date
Year	Fall	Spring	Summer	
One	<p>DNP 500 Advanced Health Assessment & Differential for FNP (4)</p> <p>DNP 505 Advanced Pathophysiology for FNP (3)</p> <p>DNP 600 Role of the DNP (2)</p> <p>Total Credits: 9</p>	<p>DNP 515 Advanced Pharmacology for FNP (4)</p> <p>DNP 605 Epidemiology and Applied Statistics (3)</p> <p>DNP 615 Scientific Foundations for Doctoral Nursing Practice (Theory) (3)</p> <p>Total Credits: 10</p>	<p>DNP 625 Leadership and Interdisciplinary Collaboration (3)</p> <p>DNP 635 Legal, Ethical, and Policy Issues in DNP (3)</p> <p>Total Credits: 6</p>	
Year	Fall	Spring	Summer	
Two	<p>DNP 510 Advanced Concepts of Clinical Nursing (Adult/Primary) (6, 4 Class, 2 practicum, 120 hours)</p> <p>DNP 525 Health Promotion and Disease Prevention (3)</p> <p>DNP 645 Translational Research (3)</p> <p>Total Credits: 12</p>	<p>DNP 520 Advanced Concepts of Clinical Nursing (Women's/Primary) (5, 3 Class, 2 practicum - 120 hours)</p> <p>DNP 530 Advanced Concepts of Clinical Nursing (Pediatrics/Primary) (4, 2 Class, 2 practicum - 120 hours)</p> <p>DNP 655 Evaluation Methods of DNP (3)</p> <p>Total Credits: 12</p>	<p>DNP 670 DNP Scholarly Project I (2, 1 Nonclinical, 1 Clinical 80 hours)</p> <p>DNP 675 Healthcare Finance for Providers (3)</p> <p>Total Credits: 5</p>	

Year	Fall	Spring	
<p>Three</p>	<p>DNP 535 Behavioral Health (3)</p> <p>DNP 540 Advanced Concepts of Clinical Nursing (Geriatrics/Primary) (4, 2 Class, 2 practicum – 120 hours)</p> <p>DNP 680 DNP Scholarly Project II (3, 1 Nonclinical, 2 clinical 160 hours)</p> <p>Total Credits: 10</p>	<p>DNP 550 FNP Integrated Practicum (3, practicum 180 hours)</p> <p>DNP 690 DNP Scholarly Project III (2, .8 Nonclinical, 1.2 Clinical – 100 hours)</p> <p>DNP 665 Nursing Informatics for DNP (3)</p> <p>Total Credits: 8</p>	<p>FNP Credit Hours = 39 Total Clinical Hours = 660</p> <p>DNP Credit Hours = 33 Total Clinical Hours = 340</p> <p>Total for DNP-FNP Degree = 72 credit hours Total Clinical Hours for DNP-FNP Degree = 1,000 clinical hours</p>

APPENDIX E
DOCTOR OF NURSING PRACTICE (POST-MASTER'S) PLAN OF STUDY

Student Name	Date of Matriculation
Student E-mail	Anticipated Date of Graduation
Advisor	Comments

ACADEMIC YEAR ONE														
FALL 20__	Course #	Credits	Initials & Date (Advisor/Student)		SPRING 20__	Course #	Credits	Initials & Date (Advisor/Student)		SUMMER 20__	Course #	Credits	Initials & Date (Advisor/Student)	
						DNP 671	3				DNP 625	3		
						DNP 605	3				DNP 635	3		
	DNP 600	2				DNP 615	3							
	Total	2				Total	6-9				Total	6		

ACADEMIC YEAR TWO														
FALL 20__	Course #	Credits	Initials & Date (Advisor/Student)		SPRING 20__	Course #	Credits	Initials & Date (Advisor/Student)		SUMMER 20__	Course #	Credits	Initials & Date (Advisor/Student)	
	DNP 681	3				DNP 691	3				DNP 670	2		
	DNP 645	3				DNP 655	3				DNP 675	3		
	Total	3-6				Total	3-6				Total	5		

ACADEMIC YEAR THREE														
FALL 20__	Course #	Credits	Initials & Date (Advisor/Student)		SPRING 20__	Course #	Credits	Initials & Date (Advisor/Student)		SUMMER 20__	Course #	Credits	Initials & Date (Advisor/Student)	
						DNP 665	3							
						DNP 690	2							
	DNP 680	3												
	Total	3				Total	5							

My signature on this Plan of Study confirms that I understand the responsibilities I am undertaking in the BSN to DNP-FNP Program as a full-time student. I agree to meet with my advisor each semester and discuss my progress in the program. I also understand that any change in the Plan of Study may affect my academic standing in the program.

Student Name	Student Signature	Date
Advisor Name	Advisor Signature	Date

Year	Fall	Spring	Summer
One	DNP 600 Role of the DNP (2)	DNP 605 Epidemiology and Applied Statistics (3) DNP 615 Scientific Foundations for Doctoral Nursing Practice (Theory) (3) DNP 671 Supplemental Applied Practice I (3)	DNP 625 Leadership and Interdisciplinary Collaboration (3) DNP 635 Legal, Ethical, and Policy Issues in DNP (3)
	Total Credits: 2	Total Credits: 6-9	Total Credits: 6
Year	Fall	Spring	Summer
Two	DNP 645 Translational Research (3) DNP 681 Supplemental Applied Practice II (3)	DNP 655 Evaluation Methods of DNP (3) DNP 691 Supplemental Applied Practice II (3)	DNP 670 DNP Scholarly Project I (2, 1 Nonclinical, 1 Clinical 80 hours) DNP 675 Healthcare Finance for Providers (3)
	Total Credits: 3-6	Total Credits: 3-6	Total Credits: 5

Year	Fall	Spring	
Three	DNP 680 DNP Scholarly Project II (3, 1 Nonclinical, 2 clinical 160 hours) Total Credits: 3	DNP 690 DNP Scholarly Project III (2, .8 Nonclinical, 1.2 Clinical – 100 hours) DNP 665 Nursing Informatics for DNP (3) Total Credits: 5	Total for MSN/DNP Degree = 33-42 credit hours Total Clinical Hours for MSN/DNP Degree = 1,000 clinical hours

DNP 671 *Supplemental Applied Practice I*, DNP 681 *Supplemental Applied Practice II* and DNP 691 *Supplemental Applied Practice III*. (These courses may be started at any time beginning Spring semester of the first year for additional required hours up to 200 hours per course and students may take one or all of the courses for additional required hours prior to DNP Project 1).

APPENDIX F
LENOIR-RHYNE UNIVERSITY SCHOOL OF NURSING
DOCTOR OF NURSING PRACTICE PROGRAM
DNP PROJECT ADVISORY COMMITTEE FORM

The individuals below have agreed to serve on the Lenoir Rhyne School of Nursing DNP Quality Improvement Project Advisory Committee. The individuals agree to guide the development, implementation, evaluation, and dissemination of the DNP project for:

DNP Student's Printed Full Name

The DNP Project Chair, a member of the Lenoir-Rhyne School of Nursing Graduate faculty agrees to become the faculty advisor to the student and to serve as the principal point of contact for the student for the remainder of enrollment in the program.

Further information about the roles and responsibilities of serving on the DNP Quality Improvement Project Committee can be discussed by contacting the DNP Program Director or FNP Program Director.

Chairperson: Printed Name and Credentials:	
Signature:	Date:
Member: Printed Name and Credentials:	
Signature:	Date:
Member: Printed Name and Credentials:	
Signature:	Date:
Consultant (optional): Printed Name and Credentials:	
Signature:	Date:

APPENDIX G
DNP SCHOLARLY PROJECT PROPOSAL REVIEW FORM

Essential DNP Project Elements and Quality Improvement (QI) Rubric

Purpose: The purpose of this review is to ensure that the DNP scholarly project proposal meets (1) the essential elements of the DNP project and (2) the definition of QI. This review must be completed for all DNP projects.

Process: The DNP Project Chair will review, complete, and electronically sign this form. The chair will send this completed review form and the student’s project summary to the DNP Project Advisory Committee. The committee will complete and sign the form and send back to the DNP Project Chair. If changes are required, the DNP Project Advisory Committee should communicate these changes to the DNP Project Chair, who will then communicate to the student.

DNP Student Name: _____

DNP Project Chair: _____

Clinical Site: _____

Project Title: _____

Essential Elements of the DNP Project	Initial if applied	
	Chair	Committee
The project meets the criteria established for DNP projects by the DNP Program. <input type="checkbox"/> Implementation of an evidence-based practice change. <input type="checkbox"/> Evidence-based educational intervention for healthcare providers aimed at improving specific clinical outcomes. <input type="checkbox"/> Evaluation of current practice and a plan for evidence-based change OR <input type="checkbox"/> Policy analysis. OR <input type="checkbox"/> Program evaluation		
The statement of the problem is concise and easily understood.		
The evidence-based literature review and synthesis is logical and provides strong support for the project.		
The aims are measurable and define the goals of the project.		
The project methods are organized and includes discussion of the design, setting, participants/population, and implementation plan (if applicable).		
The data collection and evaluation plans are appropriate and clear.		
The aims are clearly linked to the data collection and evaluation plans.		
The impact on underserved populations, diversity, equity or inclusion is discussed.		

COMPLETED BY THE REVIEWER. Please check the box that applies:

- APPROVED:** Meets the essential elements of the DNP project
- APPROVED:** Meets the essential elements of the DNP project; please consider the attached recommendations/feedback.
- NOT APPROVED:** Needs substantial revision to meet the essential elements of the DNP project. Please make the appropriate changes and re-submit for review.

Comments (Please list specific areas requiring change and suggestions for needed change):

QI Checklist: The following questions assist to determine whether a proposed activity meets the definition of QI and does not involve human subjects' research. If all of the questions below are answered as Yes, IRB review is not required.

QI Checklist	Initial if applied			
	Chair		Committee	
	Yes	No	Yes	No
Purpose: Is the activity intended to improve the process/delivery of care while decreasing inefficiencies within a specific health care setting?				
Scope: Is the activity intended to evaluate current practice and/or attempt to improve it based upon existing knowledge?				
Evidence: Is there sufficient existing evidence to support implementing this activity to create practice change?				
Clinicians/Staff: Is the activity conducted by clinician and staff who provide care or are responsible for the practice change in the institutions where the activity will take place?				
Methods: Are the methods for the activity flexible and include approaches to evaluate rapid and incremental changes?				
Sample/Population: Will the activity involve a sample of the population (patients/participants) ordinarily seen in the institution where the activity will take place?				
Consent: Will the planned activity only require consent that is already obtained in clinical practice, and could the activity be considered part of the usual care				

Benefits: Will future patients/participants at the institution where the planned activity will be implemented potentially benefit from the project?				
Risk: Is the risk to patients/participants no greater than what is involved in the care they are already receiving OR can participating in the activity be considered acceptable or ordinarily expected when practice changes are implemented within a health care environment?				

COMPLETED BY THE REVIEWER. Please check the box that applies:

MEETS the definition of QI

DOES NOT meet the definition of QI.

The reviewer will send the summary back to the DNP Program and DNP Project Chair with specific comments as appropriate.

- If the project does not meet the definition of QI, the DNP Project Chair can work with the student to revise the project to meet the definition of QI.
- If IRB approval is needed, the student will be asked to submit for IRB approval to the university.

Comments:

I have evaluated this summary and agree that it meets (1) the essential elements of the DNP project and (2) the definition of QI.

_____	_____	_____
DNP Project Chair	Title	Date
_____	_____	_____
Reviewer	Title	Date
_____	_____	_____
Reviewer	Title	Date
_____	_____	_____
Reviewer	Title	Date

**APPENDIX H
DNP ORAL PROPOSAL DEFENSE GRADING RUBRIC**

Date:
Student ID:
DNP Project Chair:
Committee Members:

REVIEW CRITERIA: Resource derived from *Revised Standards for Quality Improvement Reporting Excellence*:

SQUIRE 2.0: <http://www.squire-statement.org/index.cfm?fuseaction=page.viewpage&pageid=471>

Criteria	Yes	No	Comments
Working Title			
Statement of title that reflects an initiative to improve healthcare Talking Points: broadly indicates that the manuscript concerns an initiative to improve quality, accessibility, safety, effectiveness, patient-centeredness, relationship-centeredness, timeliness, cost, efficiency, and equity of healthcare			
Problem Description			
Clearly states nature and significance of the overall problem under investigation Talking Points: discusses meaningful disruption, failure, inadequacy, distress, confusion or other dysfunction in a healthcare service delivery system that adversely affects patient populations, staff, or the system as a whole, or that prevents care from reaching its full potential			
Knowledge/Review of Literature			
Articulates a summary of what is currently known about the problem, including relevant studies, evidence-based guidelines, landmark literature Talking Points: provides a summary of the relevant evidence and what is known about the problem; provides background and support for the improvement project and how to potentially increase the likelihood for sustainable success; clearly identifies best practice standard based on the current evidence and the gap in quality, i.e. describing the difference between practice and the achievable evidence-based standard			
Theoretical Framework			

<p>Presents formal framework, concept, or theory to explain why an intervention should be developed and how it will be effective</p> <p>Talking Points: articulates informal or formal frameworks, models, concepts, and/or theories used to explain the problem, any reasons or assumptions that were used to develop the intervention(s), and reasons why the intervention(s) was expected to work</p>			
Specific Aim			
<p>Clearly and succinctly presents the purpose of the project</p> <p>Talking Points: describes why the project will be conducted, and the goal of the project; it is essential to state the aims of improvement work clearly, completely, and precisely; specific aims should align with the nature and significance of the problem, the gap in quality, safety and value identified in the introduction, and reflect the rationale for the intervention(s); the specific aims should include a discussion of both process and outcome measures that will be assessed</p>			
Intervention			
<p>Describes the intervention in sufficient detail that others could reproduce it; include specifics of the stakeholder/team</p> <p>Talking Points: discusses the specifics of the team involved in the project, the characteristics of the team that are impacted or involved with the intervention (for instance, type and level of training, degree of experience, and administrative, clinical, and/or academic experience of the personnel involved in the intervention) and/or the personnel to whom the intervention was applied should be specified; the specific activities and tools introduced into a healthcare system with the aim of changing its performance for the better; complete description of an intervention includes its inputs, internal activities, and outputs and the mechanism(s) by which these components are expected to produce changes in the system's performance</p>			
Outcomes			
<p>Articulates approach chosen for assessing the impact of the intervention</p> <p>Talking Points: approach/study design proposed to be utilized to establish whether the observed outcomes may be due to the intervention (s); reflection upon the work that will be done, its effects on the system and people involved; discuss methods such as stakeholder satisfaction surveys around the intervention, focus groups or interviews with involved personnel, evaluations of the fidelity of implementation of an intervention, or potential of unintended effects through specific analyses; the aims and methods for this portion of the work should be clearly specified</p>			
Measures			

Describes measures chosen for studying processes and outcomes of the intervention, including rationale for choosing the measures Talking Points: articulate methods to be employed for assessing completeness and accuracy of data; recognize measures that may be routinely used to assess healthcare processes or designed specifically to characterize the application of the intervention in the clinical process; consider the influence of contextual factors on the improvement effort and its outcomes (this can be accomplished through a mixed method design which combines data from quantitative measurement, qualitative interviews, and ethnographic observation)			
Ethical Considerations			
Articulates how the ethical aspects of the implementation will be addressed, including IRB Talking Points: recognize and articulate that at some institutions, both quality improvement and human subjects research are reviewed using the same mechanism; other institutions designate separate review mechanisms for human subject research and quality improvement work; avoiding potential conflict of interest is as important in improvement work as it is in research, and this must be clearly articulated			
Limitations			
Discusses efforts make to minimize or adjust for possible limitations Talking Points: Discusses potential limitations to the generalizability of the project and efforts made to minimize or adjust for limitations			
Overall Presentation			
Student presents succinctly, fluently, confidently and expertly; answers all questions and accepts feedback and critique from all committee members			

Student meets all criteria to proceed with DNP Project: Yes No

Chairperson: Printed Name and Credentials:	
Signature:	Date:
Member: Printed Name and Credentials:	
Signature:	Date:
Member: Printed Name and Credentials:	

Signature:	Date:
Consultant (optional): Printed Name and Credentials:	
Signature:	Date:

APPENDIX I
DNP FINAL ORAL DEFENSE GRADING RUBRIC

Date:
Student ID:
DNP Project Chair:
Committee Members:

REVIEW CRITERIA: Resource derived from AACN *Guidelines for the Final DNP Project*
<https://www.aacnnursing.org/DNP/Tool-Kit>

Criteria	Yes	No	Comments
DNP Student			
Demonstrates professional behavior, creativity, confidence, and expert knowledge of the DNP Project topic during presentation			
Setting			
Demonstrates evidence of appropriate partnership with chosen organization			
Demonstrates inter-professional leadership and collaboration within the organization			
Population			
Scope of the project was designed to benefit a certain population rather than an individual patient			
Project Implementation			
Relates to the role of the DNP prepared advanced practice nurse			
Addresses an identified health need or gap in care for which there is supporting data or evidence			
Demonstrates the use of evidence-based guidelines to improve practice, system, and/or population outcomes			
Demonstrates evidence of synthesis and integration of knowledge			
Demonstrates innovation and creativity			
Evaluation Plan			

Uses a systematic approach that meets accepted standards (quality improvement, quasi-experimental research design)			
Defines and measures expected outcomes (process, outcome, including analysis of cost benefit ratio or cost savings)			
Methods for data collection are clear, concise, and appropriate			
Plans for analysis, interpretation, and discussion are clear and appropriate			
Project implemented within the time constraints of the program			
Project was conducted according to the ethical principles of the IRB			
Other			
Reflects the culmination of knowledge and skills developed through the program			
Demonstrates complexity, mastery of knowledge related to practice			
Produced evidence-based contribution to nursing knowledge			
Produced a product suitable for submission for publication to a peer reviewed journal			

Student meets all criteria to confer the degree of the Doctor of Nursing Practice: Yes No

Chairperson: Printed Name and Credentials:	
Signature:	Date:
Member: Printed Name and Credentials:	
Signature:	Date:
Member: Printed Name and Credentials:	

Signature:	Date:
Consultant (optional): Printed Name and Credentials:	
Signature:	Date:

APPENDIX J
LENOIR-RHYNE UNIVERSITY SCHOOL OF NURSING
DOCTOR OF NURSING PRACTICE PROGRAM
CLINICAL PLACEMENT SITE REQUEST FORM

Date of Request:	
Semester, Year:	
Course Number and Name:	
Student Name:	
Student Email:	
Student Address:	
Student Phone:	

Do you have a site and/or preceptor in mind for this rotation? No, I need assistance. Yes, please see details below.

Preceptor Name and Credentials:	
Email of Preceptor:	
Name of Practice:	
Address of Practice:	
Phone Number of Practice:	
Name of Person to Contact in Practice for Contract (Office Manager, Preceptor, or Other):	
Are you an employee with a hospital system? If YES, what hospital system?	
No site request currently? (Please make this known to the Clinical Coordinator via email)	
Languages spoken other than English?	
Comments:	

**** Please complete a separate form for each site request and submit it to the Clinical Coordinator via the FNP/DNP Clinical Course under the Clinical Placement Sites Module for each respective course.
Thank you! ****

Devin Osborne
Clinical Coordinator, College of Health Sciences
Devin.Osborne2@lr.edu

APPENDIX K
LENOIR-RHYNE UNIVERSITY SCHOOL OF NURSING
DOCTOR OF NURSING PRACTICE PROGRAM
DNP PROJECT CLINICAL PLACEMENT SITE REQUEST FORM

Date of Request:	
Semester, Year of Project Start:	
Student Name:	
Student Email:	
Student Address:	
Student Phone:	

Has your DNP Project site been approved by your chair? Yes No (please get approval to submit)

Stakeholder Name and Credentials:	
Email of Stakeholder:	
Name of Practice:	
Address of Practice:	
Phone Number of Practice:	
Name of Person to Contact in Practice for Contract (Office Manager, Preceptor, or Other):	
Languages spoken other than English?	
Comments:	

**** Please complete this form and submit it to the DNP-FNP Clinical Course under the Clinical Placement Sites Module for DNP PROJECT. Thank you! ****

Devin Osborne

Clinical Coordinator, College of Health Sciences
devine.osborne2@lr.edu

APPENDIX L

LRU DNP-FNP CLINICAL SITE VISIT EVALUATION FORM

Site Visit (*fill all below*):

Site Visit Date: Click or tap to enter a date.

Clinical Course Faculty Name: Click or tap here to enter text.

Student First & Last Name: Click or tap here to enter text.

Course Name/Number: Click or tap here to enter text.

Student Site Visit Clinical Evaluation (*check all that apply*):

- Student/Preceptor agree that the student is interacting professionally with site staff and patients.

Comments: Click or tap here to enter text.
- Student/Preceptor agree that the student is summarizing and reporting history with pertinent negatives.
Comments: Click or tap here to enter text.
- Student/Preceptor agree that the student is progressing in their ability to perform a physical examination.
Comments: Click or tap here to enter text.
- Student/Preceptor agree that the student is progressing in their ability to articulate a sound differential diagnosis.
Comments: Click or tap here to enter text.
- Student/Preceptor agree that the student is progressing in their ability to articulate an appropriate evidenced-based treatment plan.
Comments: Click or tap here to enter text.
- Student/Preceptor agree that the student is progressing in their ability to document with appropriate use of time.
Comments: Click or tap here to enter text.

Additional Student/Preceptor Comments (*optional*):

Pertinent comments made by preceptor: Click or tap here to enter text.

Pertinent comments made by student: Click or tap here to enter text.

Clinical Course Faculty, thank you for completing the **DNP-FNP Clinical Site Visit Evaluation Form**. Please upload each form into the corresponding student account in Typhon Group.
(Reminder: review, sign, and stamp Mid-Term and/or Final Evaluations in Typhon)

Clinical Course Faculty Electronic Signature: Click or tap here to enter text.

Date of Completion: Click or tap to enter a date.

APPENDIX M
LENOIR-RHYNE UNIVERSITY SCHOOL OF NURSING
INCIDENT REPORT POLICY AND PROCEDURE

Policy

1. An incident is defined as any accident, injury, loss, contamination, medication error, or situation involving a client (and/or family), student, or clinical instructor/preceptor. Incidents are happenings that are not consistent with routine activities.
2. Any incident that occurs as a part of a nurse practitioner student's clinical learning experience shall be reported to the clinical agency and the Chair of the School of Nursing (SON).
3. Timely and accurate documentation is necessary to:
 - a. Ensure the safety of individuals.
 - b. Inform the school administrators about situations which may result in risk or liability to the school and/or agency.
 - c. Identify patterns of accident-prone behaviors.
 - d. Assure that the health or safety incident is explored as a learning experience.
 - e. Demonstrate expected professional behavior.
4. The SON adheres to a "Just Culture" environment as outlined by Joint Commission of Accreditation of Health Care Facilities and endorsed by the North Carolina Board of Nursing. Just Culture promotes an environment where mistakes can be examined and learning can occur without fear of punitive actions.

Procedure

1. Report in person to the clinical instructor/preceptor and/or facility's unit supervisor/charge person any health or safety incident that involves a client and/or family, student, or clinical instructor/preceptor. Complete the necessary clinical agency and school documentation.
2. The Lenoir-Rhyne University School of Nursing Incident Report must be completed and submitted to the School of Nursing Chair in a confidential manner when incidents occur. Forms are available from the School of Nursing Chair or Lenoir-Rhyne University DNP Student Handbook. This form should be completed and returned to the School of Nursing Chair within hours of the incident.
3. If the clinical agency allows a copy of the agency incident form to be made, that copy shall be attached to the school form.
4. The SON Chair, DNP Program Director, and the Course Coordinator shall review incident reports.
5. The party(ies) involved shall report in person or via phone to the SON Chairperson to discuss the incident.
6. In the event of an injury, the student is expected to seek first aid and medical care as needed. The student shall be financially responsible for the needed care.
7. In the event of a needle stick or contamination with body fluids, the student is encouraged to follow agency policies

APPENDIX N
LENOIR-RHYNE UNIVERSITY SCHOOL OF NURSING
INCIDENT REPORT

Name:	Date of Incident:	Time:
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Location and description of incident:

Describe any resulting injury:

Action taken regarding incident:

Follow-up action taken:

Signature of Person Completing Report:	Date:
Witness of Incident (if any)	Date:
Clinical Instructor/Preceptor Signature	Date:
Signature of School of Nursing Chair:	Date:

APPENDIX O
STUDENT EMERGENCY CONTACT FORM

Name: _____

Program: _____

Personal Contact Info

Home Address: _____

City, State, ZIP: _____

Home Telephone #: _____ Cell #: _____

Emergency Contact Info

(1) Name: _____ Relationship: _____

Address: _____

City, State, ZIP: _____

Home Telephone #: _____ Cell #: _____

Work Telephone #: _____ Employer: _____

(2) Name: _____ Relationship: _____

Address: _____

City, State, ZIP: _____

Home Telephone #: _____ Cell #: _____

Work Telephone #: _____ Employer: _____

Medical Contact Info

Doctor's Name: _____ Hospital/ Clinic: _____

Address: _____

City, State, ZIP: _____

Telephone #: _____

I have voluntarily provided the above contact information and authorize Lenoir-Rhyne University and its representatives to contact any of the above on my behalf in the event of an emergency.

Student Signature _____ **Date** _____