

Doctor of Nursing Practice Handbook

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Welcome Message

Dear Student, Preceptor and Faculty Member,

The College of Nursing has developed the Doctor of Nursing Practice Handbook to provide you with an overview of the practicum experience, expectations and DNP scholarly project process. In an effort to assist you in understanding our philosophical tenets, we have provided an overview of the Doctor of Nursing Practice program as well as the Mission and Philosophy of the College of Nursing, which serves as the overarching framework of the practicum experience.

In addition, we have provided a summary of all requirements and documentation that must be completed during the program and practicum experience. You will work in collaboration with College of Nursing Faculty during the process.

College of Nursing Leadership

College of Nursing Mission and Philosophy Statement

MISSION STATEMENT

Colorado Technical University's mission is to provide industry relevant higher education to a diverse student population through innovative technology and experienced faculty, enabling the pursuit of personal and professional goals.

The College of Nursing supports this mission through an innovative curriculum and student-centered teaching that inspires students to become competent, caring, and accountable professionals who serve a diverse client population within a dynamic healthcare industry.

COLLEGE OF NURSING PHILOSOPHY

The Nursing Faculty at Colorado Technical University envisions its programs to be those that integrate nursing competencies and outcomes with the professional developmental framework of Benner's theoretical principles of "From Novice to Expert" in which practice informs theory.

Using the novice to expert theory as a foundation, it is believed that human beings exhibit embodied experiences that serve to guide individual adult decision-making along a continuum of expertise. These experiences along with learned standards of quality and safety allow the individual to progress along the continuum to assume higher functioning in their life's daily tasking. Likewise, the professional nurse uses previous experiences to develop from a novice to expert.

We believe that human beings exhibit embodied experiences that serve to guide individual adult decision-making along a continuum of expertise. These individual, human experiences along with learned standards of safety allow the individual to progress along the continuum to assume higher functioning in their life's daily tasking.

We believe that health is the lived experience of the individual and their unique perception concerning this phenomenon. The human response to health and wellness can be enhanced using teamwork and collaboration which serves to improve the human condition. Giving the nurse or nursing team the quality expert training provides support for the individual to maintain and/or regain health.

We understand that situations surrounding the human experience act to influence the individual's reaction within the environment. The individual's past, present, and future serve to shape the meanings of their environmental situation which contributes to their wellness decisions. Influencing the human situation through evidence-based practice insures highest level nursing care will be given to the individual.

We understand nursing as a profession is a caring action where the nurse and the individual form a relationship together that is bounded by standards and morals. The practice of nursing is one of caring and concern that is continually seeking to gain higher levels of expertise while performing patient-centered care. Nursing knowledge and skills are constantly gained through active seeking out of current standards of practice, and through the lived experiences among nurses as they care for the individual patient.

Using these beliefs and Benner's theory of development from novice to expert, the faculty at Colorado Technical University strives to maintain a curriculum that is industry current and based on standards from professional nursing education organizations. Building on prior education and experience of each student, the College of Nursing prepares graduates to practice nursing as leaders in a variety of settings and roles, providing a strong foundation for career-long development as a professional nurse, for advanced nursing practice, for life-long learning, and for good citizenship.

COLLEGE OF NURSING DNP PROGRAM OVERVIEW

The faculty at Colorado Technical University College of Nursing recognizes in conjunction with professional demand and the Institute of Medicine call, the need to prepare nurses at the doctoral level. The Doctor of Nursing Practice program is designed to expand the knowledge of the advanced registered nurse in preparation for leadership in the nursing profession. The focus is on the scientific underpinnings of practice, organizational and system leadership, information systems, clinical scholarship, evidenced-based practice, health care policy, interprofessional collaboration, and clinical prevention and population health. All of which prepare the advanced registered nurse for a terminal level of practice. Colorado Technical University utilized the American Association of Colleges of Nursing Doctoral Essentials (2006) to develop the doctoral nursing program (https://www.aacnnursing.org/Portals/42/Publications/DNPEssentials.pdf).

PROGRAM OBJECTIVES

The Doctor of Nursing Practice program at Colorado Technical University is designed to prepare the student to:

- Incorporate scientific principles from nursing and other disciplines to improve practice.
- Appraise, synthesize and ethically apply evidence as an advanced practice nurse to complex health issues.
- Demonstrate systems leadership promoting professional collaboration to improve health care outcomes.
- Evaluate health issues of diverse populations to improve health care outcomes.
- Analyze, advocate, and apply policy to improve practice and health care outcomes.
- Incorporate health care delivery models and strategies to improve quality health care delivery.
- Apply principles of information systems and technology to improve health care outcomes.

All DNP students must attend the Doctoral Symposium twice during their program. Students must attend symposium in the second quarter and again in the last quarter of the DNP program. The Success Coach/Clinical Director will advise the student of the symposium dates. Additional information on symposium is available at http://careered.libguides.com/ctu/doctoral_students/symposium.

The DNP program consists of six (6) core courses, two (2) specialty electives and three (3) practicum courses. The DNP graduate must demonstrate completion of 1000 post-baccalaureate clinical hours. Students enrolling in the program with less than 500 post-baccalaureate clinical hours will be required to enroll in transitional courses in order to obtain additional practicum hours and experience. During the DNP practicum courses (NRSG831, NRSG832 and NRSG833), students complete their DNP scholarly project while obtaining necessary practicum hours.

Courses are provided in an 11 week format and are taken two (2) at a time. NRSG810 Scientific Underpinnings of Nursing Practice must be taken first along with NRSG812 Applying Evidence-Based Practice and Research to Improve Health Outcomes. NRSG830, Organization and Systems Leadership must be taken the quarter prior to the first practicum course (NRSG831, DNP Project I: Design and Planning). Practicum courses may be taken only after successful completion of all core and specialty electives.

A minimum grade of "B-" is required to successfully pass each course in the DNP program. Please refer to the Colorado Technical University Catalog for more information on the current curriculum. http://coloradotech.smartcatalogig.com/en/current/Catalog

LICENSURE

- 1. All students must hold and maintain a valid unencumbered license as a registered nurse in the state in which the student completes all practica for the program.
- 2. It is the student's responsibility to inform the Dean of the College of Nursing if their nursing license has become or will be encumbered. Failure of notification of encumbered status of a license to practice nursing will lead to failure to progress in the program.
 - *Unencumbered License A license that is not revoked, suspended, or made probationary or conditional by the State licensing or registering authority as the result of disciplinary action.

Doctor of Nursing Practice Scholarly Project Process

The Doctor of Nursing Practice program requires students to develop, implement and evaluate an evidence-based practice scholarly nursing project over the span of three practicum courses. The student is required to collaborate with the Clinical Director to obtain a preceptor and practicum site to complete this project. Final approval of the preceptor and clinical site is determined by the College of Nursing Program Director. In order to ensure success in the DNP scholarly project experience, the student must follow the delineated process in completing the project. All documentation must be approved by the CON by Week 5 of NRSG830, Organization and Systems Leadership.

All courses within the DNP curriculum build upon each other with the goal of culminating in an evidence-based scholarly project. Each course provides the instruction and guidance necessary to prepare the student for developing the scholarly project. In addition to course specific deliverables, the following courses have assignments that are utilized in building the foundation for the DNP scholarly project.

During NRSG810, Scientific Underpinnings of Nursing Practice, the student completes Collaborative Institutional Training Initiative (CITI) training.

During NRSG812, Applying Evidence-Based Practice and Research to Improve Health Outcomes, the student will begin the Institutional Review Board (IRB) process and formulate a PICOT (Population, Intervention, Comparison, Outcome, and Time) question. Students will also receive communication from the Clinical Director in regard to their practicum proposal and Affiliation Agreement. Students are expected to continue to work on their PICOT question, project background, theoretical foundations, and review of literature, formulation of project methods section in preparation for NRSG831, DNP Project I: Design and Planning. Therefore, students are encouraged to work with their faculty on these topics in each successive course. During NRSG831 DNP Project I: Design and Planning each student will work with their Project Chair in preparation to implement the scholarly project at the identified clinical location.

During NRSG830, Organization and Systems Leadership, the student will work simultaneously with the Clinical Director to complete all clinical requirements. This includes a background check via CastleBranch, as well as a drug test, physical forms, vaccines, titers, OSHA/HIPAA training, license verification, and proof of current CPR provider status. The student must also complete a DNP practicum proposal and collaborate with the Clinical Director to identify a clinical site as well as a preceptor. All documents must be approved by the Clinical Director by week 5 of NRSG830, prior to entry into NRSG831 DNP Project I: Design and Planning.

Once the proposal is approved by the Clinical Director, it is to be uploaded to Typhon by the student.

CHOOSING A DNP PROJECT CHAIR AND COMMITTEE

During NRSG831 the College of Nursing Leadership will identify a faculty member who will serve as the DNP Project Chair for the student's project. Once the Project Chair has been identified, the student and chair will initiate the "Doctor of Nursing Practice Scholarly Project Team Form". During NRSG831, DNP Project I: Design and Planning, the student will identify the other members of the DNP project team. Project team members will assist the student in different aspects of project completion. The team should consist of a minimum of three members with no more than four members. The DNP project team should be made up of:

Project Chair: Terminally degreed nurse faculty member at Colorado Technical University (assigned by CON leadership)

Member 1 Preceptor: Terminally degreed nurse with experience in the chosen field of study or Terminally degreed healthcare professional with extensive expertise in the selected project area

Member 2 & 3: Community member with expertise in the chosen area of study

Reviewers or additional members may be added at the discretion of the chair of the committee.

No DNP project team should have more than 4 members without Program Director approval

All DNP project team members including the Project Chair, must complete and sign the "Doctor of Nursing Practice Project Team Form" which was started in NSG831, DNP Project I: Design and Planning. This form is uploaded into the Virtual Campus within NRSG831 by the student and a final signed copy forwarded to the Program Director by the committee chair. If there is any change in project team membership once the form is submitted to the Program Director, an amended document must be signed and resubmitted to the Program Director for approval.

Once the project has been discussed and approved by all project team members and Project Chair, the "DNP Project Proposal Approval Form" must be initiated. The student initiates the document, sending it to the committee members and chair for signature and approval. The student is responsible for sharing contact information with all members and Project Chair. Once approval is complete and all signatures obtained, the student will upload the document to the Virtual Campus.

The student will communicate with the project team based on course objectives and assignment deliverables. The student will integrate project team feedback into the scholarly project. The feedback received is to be uploaded by the student into the Virtual Campus. Examples of feedback would be the review of literature, methods and results section.

DNP PROJECT TEAM RESPONSIBILITY

DNP Project team members assist the student in the integration of specialty knowledge as well as expanding upon specialty content for students in the identified area of interest. For example, when completing a project on a quality improvement (QI) initiative on hypertension (HTN) management, the student may have a committee composed of a hospital educator along with a cardiologist. Each one provides insight into their area of expertise. The cardiologist will provide expertise in the treatment of HTN while the nurse educator will facilitate the QI process through the hospital. They will guide the student's project in collaboration with the Project Chair throughout the entire DNP Project process. The team will provide timely feedback as determined by the Project Team Chair on course documents, project plan and interact with other project members as needed. During the practicum courses, the project team members will provide feedback on project assignments manually or through track changes in Word and return to the student. The student will integrate feedback from the team and upload the revised assignment into the Virtual Campus for the designated practicum course. Students are to submit both the document with the requested edits and the final version. The intent is for the Project Chair to be able to view the requested changes ensuring a seamless project process. Project team members agree to allow publication of the final project and/or any of the project components such as the review of literature. Project team members agree to be present at a mutually agreed upon time for the final scholarly project presentation in person, video conference ortelephone conferencing.

DNP PROJECT PRESENTATION

The student will physically present their DNP Project to the project team and public at symposium. The student should be prepared to present (via video conferencing for those team members unable to attend symposium) for at least an hourlong presentation providing highlights of their project. The student should be prepared to answer questions about their project process and outcomes. The student will submit the final printed/electronic version of the presentation and written scholarly project to the Project Chair prior to the presentation. The form entitled "Approval Form for DNP Project" will be completed by the project team after the presentation and the student made aware of the approval status. This form will be uploaded by the Project Chair into the Virtual Campus for the final practicum course NRSG833, DNP Project III: Evaluation of Change. Once the student is granted final presentation approval, the form entitled "Approval of Dissemination of DNP Scholarly Project" will be signed by the student and project members and uploaded into the Virtual Campus for NRSG833, DNP Project III: Evaluation of Change.

DNP PROJECT PROCESS OVERVIEW

This section will provide some highlights of project deliverables within the DNP curriculum. This is not all inclusive nor is intended to describe all course specific deliverables. This information is provided so that the student will see a high-level overview of how the project process is built across the curriculum from the first course forward. It is understood that edits to proposals/PICOT questions etc. may be implemented during the program of study and it is in the student's best interest to identify and build a plan of study early in the curriculum.

- 1. Acceptance into the Doctor of Nursing Practice Program
- 2. Students will be expected to attend symposium twice during the program of study. The first symposium will be attended during the second academic quarter of the DNP program. This information will be shared with the student by the Clinical Director and Academic Coach.
- 3. Students will obtain, review and acknowledge receipt of the DNP handbook.
- 4. The program is designed for the student to take two courses per academic quarter.
- 5. The first two courses within the curriculum are NRSG810, Scientific Underpinnings of Nursing Practice and NRSG812, Applying Evidence-Based Practice and Research to Improve Health Outcomes. This pairing may be altered if the student needs to fulfill the Statistics prerequisite requirement.
- 6. During NRSG810, Scientific Underpinnings of Nursing Practice, students will complete the CITI training and provide proof of training completion.
- 7. During NRSG812, Applying Evidence-Based Practice and Research to Improve Health Outcomes, the student will work with course faculty to create their project PICOT question along with beginning the IRB project process.
- 8. During NRSG812, the Clinical Director will be in contact with the student in order to review and commence the practicum proposal along with initiating discussion on the affiliation agreement attainment.
- 9. The final didactic course prior to enrollment in the first practicum course (NRSG831, DNP Project I: Design and Planning) will be NRSG830, Organization and Systems Leadership.
- 10. Concurrently with NRSG830, Organization and Systems Leadership, the student will work directly with the Clinical Director to submit all necessary clinical documents via Castlebranch. The student will submit a practicum proposal with a proposed preceptor to the Clinical Director for approval. Once approved the student will work with the Clinical Director on obtaining an Affiliation Agreement between the proposed clinical location and Colorado Technical University. All documents must be submitted and approved by week 5 of NRSG830 in order to be considered for progression to NRSG831. Students will receive log in information from Typhon (clinical documentation software) and must complete the student training provided within Typhon. Questions related to this access should be directed to the Clinical Director.
- 11. A Project Chair will be appointed to the student by College of Nursing Leadership for the NRSG831 course. This Project Chair will be the faculty of record in all three practicum courses, following the student through the entire practicum process. The Project Chair will provide the guidance and oversight within the classroom and with the overall project process.
- 12. During NRSG831, the "Doctor of Nursing Practice Project Team form" will be completed by the student, Chair and student chosen committee members. This will be uploaded by the student into the Virtual Campus.
- 13. During NRSG831, once all team members approve the project with all edits finalized, the "DNP Project Proposal Approval Form" is completed and uploaded by the student into the Virtual Campus.
- 14. NRSG831, DNP Project I: Design and Planning, the student will complete 180 practicum hours. These hours must be documented in Typhon and verified/approved by the preceptor and Project Chair. The goal of this course is to complete all of the preparation necessary to implement the project, including final IRB submission, in alignment with course deliverables. The Project Chair will work with the student in completing and uploading the "DNP Project Team Form" which includes the names, information and signatures of all committee members. The "DNP Project Proposal Approval Form" must also be completed and approved by all committee members. This must also be uploaded into the Virtual Campus with a copy sent by the Project Chair to the Program Director.

- 15. NRSG832: DNP Project II: Implementation of Evidence Based Practice, the student will complete 180 practicum hours. These hours must be documented in Typhon and verified/approved by the preceptor and Project Chair. The goal of this course is to implement the DNP project, collect data and review initial findings.
- 16. During NRSG833, DNP Project III: Evaluation of Change, the student must complete 140 practicum hours. These hours must be documented in Typhon and verified/approved by the preceptor and Project Chair. The goal of this course is to evaluate the DNP project, reviewing and writing up the findings and results of the project. This will culminate in a written DNP scholarly project. The DNP project will be presented by the student, with the dates and times determined in collaboration with the Project Chair and Project Committee. The "Approval Form for DNP Project" along with "Approval for Dissemination of DNP Scholarly Project Form" must be completed, signed and uploaded into the virtual classroom for NRSG833, DNP Project III: Evaluation of Change.

DNP PROJECT PRESENTATION

DNP Project Presentation

Public presentation with DNP Project team members present

DNP Project team members complete Approval Form for Final DNP Project Completion DNP Project team members and Student complete Dissemination of Scholarly Project Form

PRACTICUM EXPERIENCES AND REQUIREMENTS: GENERAL INFORMATION FOR STUDENTS

Practice Setting Requirements

- A practice setting is defined as any time you have contact with a patient or a student for a University project or course requirement.
- You are responsible for having an approved Affiliation Agreement (available from the Clinical Director) in place when practicing in an organized practice setting. For example, if you are conducting a survey, completing a physical exam, providing instruction, or obtaining a survey, you are in an organized practice setting. If you are conducting this same physical examination on a family member or friend, you are not in an organized setting. If you are unclear about the difference, please discuss this with your clinical director.
- You are responsible for collaborating with the Clinical Director in obtaining approval of the Affiliation Agreement prior to the start of the practicum session.
- You are required to wear a CTU nametag (Photo ID) that identifies you as a Colorado Technical University student.
- Attire must be professional and appropriate to the setting.

Student Health Requirements

Students are required to obtain a health assessment prior to beginning any clinical/practicum course and each following year while in the program. Mumps, measles, rubella, rubeola, and varicella titers are required. An annual assessment for TB is required. A PPD is required unless the student is PPD positive. If PPD Positive, students must submit one negative Chest X-Ray report with the original health assessment and obtain an annual physical examination to rule out active chest disease. A Quantiferon Gold blood test is also accepted. Tetanus, diphtheria and pertussis (Tdap) immunization is required for all nursing students. Tetanus immunization must be updated every ten years. Hepatitis B immunization is strongly encouraged. Proof of titers (MMR, rubeola, varicella, and Tdap) as well as current (within last 12 months) TB status is required prior to the approval of any practicum placement. All health requirements must remain current during practicum courses.

Valid Nursing License

All students are expected to have a valid unencumbered* Registered Nurse license within the United States, per the College of Nursing policy. Additionally, all CTU nursing students must adhere to the Board of Nursing policies of the state in which the practicum is completed. It is the student's responsibility to inform the Dean if your license becomes encumbered. Failure of such notification of encumbered status can lead to failure to progress in the program.

*Unencumbered License – A license that is not revoked, suspended, or made probationary or conditional by the State licensing or registering authority as the result of disciplinary action.

Seasonal Flu Immunization

A seasonal flu immunization is required prior to the start of your practicum experience. Any exception to this policy requires documentation from your healthcare provider.

For more information on immunizations and titers, and requirements for all healthcare workers, please visit: http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html

*All students are required to keep a copy of all health records submitted to the College of Nursing.

*Reassessment of Titers is not required as part of the annual physical examination update.

Health Insurance

Colorado Technical University and the College of Nursing, requires each nursing student to carry health insurance or comparable coverage for emergency medical care. Some of the clinical facilities and agencies require proof of health insurance coverage prior to student participation at clinical sites. Students are responsible for any expenses related to any illness or accidents that may occur while participating in the Colorado Technical University Graduate Nursing program.

Student Liability Insurance

All nursing students have professional liability insurance coverage through Colorado Technical University, College of Nursing. This policy is limited to students during their practicum courses taken at Colorado Technical University.

Cardiopulmonary Resuscitation (CPR)

Students must provide proof of completion of the American Heart Association Health Care Provider level CPR course prior to participation in any practicum course. Student agrees to maintain current CPR Provider status throughout their practicum courses at Colorado Technical University.

HIPAA/OSHA

All students are required to submit a current (within the last 12 months) certificate of completion for HIPAA and OSHA training. CTU College of Nursing will accept a certificate of completion from your employer since most nurses complete this training as part of an annual competency. Students may send a certificate of completion from your employer (completed in last 12 months) or find an online site that provides training. In addition to HIPAA, required OSHA training must consist of blood borne pathogens and hazard communication training. Please upload the certificates of completion along with all other immunization documents to your Castle Branch account. There are many HIPAA/OSHA training sites on Internet. If you are unsure as to whether a HIPAA or OSHA course meets this requirement, please contact your Clinical Director.

*HIPAA and OSHA training is at the expense of the student since it is required by clinical facilities prior to practicum placement.

Background Check

All students in the Doctor of Nursing Practice program are required to have a criminal background check. This is necessary because many of the agencies where students do their practicum require all employees in the facility, including students, to have a criminal background check. The College of Nursing requires students to use CastleBranch since this company will search the databases required by the affiliating schools/hospitals. Colorado Technical University does not have any financial interests in, and is not otherwise affiliated with, this company. The student is responsible for all costs incurred. Colorado

Technical University must receive the background check prior to the approval of any practicum course placement.

CastleBranch Directions:

OVERVIEW:

Castle Branch is a service that allows students to order their own background check online. All drug testing information is obtained through CastleBranch. All immunizations and health documents are also verified and stored here. The services performed by Castle Branch are based on guidelines provided by your practicum site, so you know you'll get the information you need, all from one source. The results are posted on the CastleBranch website where the student, as well as the school, can view them.

ORDERING INSTRUCTIONS:

- 1. Go to ctu.castlebranch.com and place your order.
- 2. Enter your payment information Visa, MasterCard, or Money Order. Follow the online instructions to complete your order.

RETRIEVAL INSTRUCTIONS

Once your order is submitted, you will receive a confirmation email containing the password needed to view the results of your background check. To view your results, visit https://www.castlebranch.com/ and enter your email and password in the area provided. Results are typically available in approximately three days, though some searches take longer so please allow adequate time when ordering. The lead faculty will be able to view your results in Castle Branch once complete. For A Summary of Your Rights Under the Fair Credit Reporting Act visit www.ftc.gov.

Drug Testing

Students will submit to urine drug screening through Castle Branch. Students with positive urine drug screens may not participate in practicum courses. Positive urine drug screens could result in dismissal from the nursing program. Students are responsible for the financial costs of required drug tests.

DRUG AND/OR SUBSTANCE USE TESTING

Initial screening:

Students must submit to urine drug screening upon commencement of clinical, annually and as directed by the Nursing Director to comply with affiliated health care facility requirements.

Subsequent screening:

Additionally, many substances (including legal, controlled and illegal substances) can cause impaired behavior and clinical decision making. Students may be immediately removed from any clinical setting and required to be tested for such substances at the discretion of the CTU College of Nursing and/or clinical agency (see "For Cause" testing below).

Drug Screening "For Cause" Testing

The possession, use, or being under the influence of alcohol or drugs made illegal as a matter of federal, state, or local law, or the misuse or being impaired by prescribed drugs, while on duty in any healthcare facility, school, institution or other work location as a representative of the nursing program is prohibited. When a faculty/instructor/preceptor perceives the odor of alcohol or observes behaviors such as, but not limited to, slurred speech, unsteady gait, or confusion and these behaviors cause the faculty or preceptor to suspect that the student is impaired, the following steps are to be taken:

- 1. The student will be removed from the practicum area and the College of Nursing Director notified for further direction.
- 2. Medical assessment/treatment will be advised at the student's expense.
- 3. With the student's consent, the faculty/preceptor will contact a transportation service to arrange transport from the practicum site if directed by the Clinical Director.
- 4. If the student's behavior is threatening or belligerent, the faculty, preceptor and/or agency supervisor may notify the police to have the student escorted from the premises.
- 5. The procedure for Code of Conduct violations will be initiated by the faculty/Clinical Director and a Code of Conduct violation may be filed.

6. The student may be offered evaluation by, and enrollment in an intervention program for nurses as an additional sanction.

Students with a positive urine drug screen or blood alcohol test will not be permitted to attend any practicum activity/ course. A medical evaluation and clearance will be required for the student to return to the practicum activity/course. Students are responsible for any and all financial costs of laboratory tests and medical evaluations. Consideration for re-entry is dependent upon the results from the healthcare provider, which must be submitted to the Clinical Director in a sealed envelope. The results will be evaluated by the Program Director and Dean of the College of Nursing prior to any decision regarding the student's fitness to return to the practicum/course setting. Students found in violation of the Code of Conduct will be reported. Any and all decisions related to re-entry remain at the discretion of the College of Nursing. The faculty of the College of Nursing support the policy of the American Nurses Association (ANA) related to "Help for Nurses with Substance Abuse."

Clinical Practice Policies

Clinical Evaluation: Preceptors complete the Clinical Evaluation (Appendices) of student performance at midterm (Week 5) and toward the end of the course (Week 11). The evaluation provides the student with feedback related to their practicum performance. For any student that has failed an objective, the faculty member will complete the Practicum Clinical Counseling Form (Appendices) at midterm and review with the preceptor and student. A 'not observed' (Level 1) at midterm would warrant a Practicum Clinical Counseling Form. The faculty, with feedback from the preceptor and the student, will determine if the student has successfully met practicum objectives and competencies. A 'not observed' (Level 1) at final evaluation will result in a clinical failure. The course faculty is responsible for all course grading. Students must meet all course objectives and complete all practicum hours at final evaluation, documented in the appropriate documentation tracker, in order to successfully pass the practicum course. Failure to successfully complete the practicum hours or the didactic requirements will result in course failure and will require retaking the entire course.

Absences/Tardiness

Students are required to notify their preceptor in the event of an absence or tardiness to the practice setting prior to the scheduled educational experience.

Impaired Ability

Students with any condition (regardless of cause) that impairs their judgment and ability to function are not permitted in any practicum setting.

College of Nursing Withdraw

In addition to College of Nursing academic policies outlined in the CTU catalog, a student is subject to withdraw from the Colorado Technical University Nursing program due to the following conditions:

- 1. Dismissal from a clinical site for reasons related to unsafe, illegal or unethical practice as defined in the Nurse Practice Act, applicable for your state.
- 2. Violation of substance use policy.
- 3. Any dismissal due to a substance use violation or violation of the Nurse Practice Act will be appealed through the College of Nursing. The student must submit in writing the request for appeal with supporting documentation to the Clinical Director within seven (7) days from withdraw. This decision may be appealed to the Program Director and then the College Dean. The decision of the Dean of the College of Nursing is final.

General Information for Preceptors

Thank you for serving as a preceptor for Colorado Technical University, College of Nursing. As a preceptor, you have a unique opportunity to share your knowledge, attitudes and skills with our DNP student. As the preceptor, you are the expert and have the opportunity to facilitate learning in your professional practice setting.

The preceptor serves as a role model for the student. A role model allows the student to see and experience what the preceptor, in the role of expert, does on a daily basis while encouraging the student to ask questions. The preceptor challenges, guides, and directs. Fundamental to this process is the preceptor's willingness to share one's professional values, beliefs, and skills while incorporating legal, ethical, and professional practice standards. The student is a professional nurse, but he/she is new or unfamiliar with the practice area of the preceptor. The preceptor needs to recall that the student is an adult learner and is motivated by professional and personal attributes. While the learner may be experiencing some anxiety and uncertainty, he/she is there to learn.

The course faculty member is responsible for contacting you by phone at Week 1, Week 5 and Week 11. The purpose of these phone calls is to discuss student progress and achievement of practicum objectives. At midterm (Week 5) and toward the end of the practicum experience (Week 11), we will ask that you evaluate the student's practicum experience using the electronic DNP Practicum Evaluation (Appendices). Once this is completed, this form is to be electronically submitted for review to the course faculty member who will be working with you during the practicum experience.

While being a preceptor may involve some apprehension, we believe this role has many benefits. Benefits center on the professional satisfaction of teaching a novice about the area of nursing that you enjoy and mentoring a future leader or educator with the wisdom and guidance you have accrued. To assist you with your preceptor role, Colorado Technical University will provide a short preceptor orientation module. With your help, the student will experience professional development due to your efforts. While the College of Nursing does not provide financial compensation to the preceptor, the University acknowledges your participation in providing educational opportunities to the student. Preceptors may inquire with their licensing board or certifying body of the possible application of preceptor hours to continuing education requirements.

PRECEPTOR GUIDELINES

Colorado Technical University College of Nursing defines preceptors as qualified individuals who work one-on-one with Doctor of Nursing Practice students in the defined area to promote achievement of student learning objectives. Preceptors are currently licensed registered nurses (or College of Nursing approved healthcare professionals) who have obtained a terminal degree in nursing or other related terminal degree. Preceptors serve as role models and mentors for the clinical practicum experience. Preceptors do not replace faculty, but work closely with faculty in facilitating student success. Preceptors are vital in contributing information for evaluating student performance; however, the course faculty member maintains the responsibility for the final student grade.

PRECEPTED COURSE POLICY

Before the student enters the clinical practice area, the Director will verify all of the following:

- 1. Both the student and the preceptor have an active, clear, unencumbered license to practice in that state.
- 2. A Preceptor Agreement (See Appendices) is in place and the credentials of the preceptor have been reviewed for appropriateness for the particular clinical practice area. The curriculum vitae or résumé of the preceptor is to be submitted along with the Preceptor Agreement.
- 3. An Affiliation Agreement (Available from your Director) with the facility/agency is completed and in effect through the end of the scheduled practice course.
- 4. Colorado Technical University has met the legal and regulatory requirements for conducting clinical practice courses in the state.
- 5. Mechanisms are in place for communication, feedback, and evaluation of the student's experiences from the student, preceptor and facility/agency.
- 6. Compliance with items 1-5 is documented in the student record.

Responsibilities of the Student, Preceptor and Course Faculty

In order to be consistent with preceptor policy and provide clarification of roles, the following responsibilities are identified:

STUDENT RESPONSIBILITIES

- 1. The student will adhere to all academic and practice setting policies and procedures.
- 2. The student will adhere to all Colorado Technical University, College of Nursing policies and procedures identified in the University Catalog and DNP Handbook. Failure to exhibit integrity, ethical conduct, or professional standards may warrant dismissal from Colorado Technical University, College of Nursing.
- 3. The student will comply with health and other professional requirements of the practice setting prior to the start of the practicum experience.
- 4. The student will dress in a professional manner consistent with facility guidelines and be clearly identified as a Colorado Technical University College of Nursing student. ID Badges must be worn at all times in the practicum setting identifying the student as a Colorado Technical University student. CTU patches are also available for your lab coat.
 - a. For all DNP students
 - Log into the Colorado Springs Campus Bookstore (this is not WOW) The following link will be used to order your Photo ID and patch.
 http://www.advancedonline.com/custom/build_frameset_for_dotNetEntry.
 asp?company=CTU&dNTC=CTU5&pway=CC_Valid&wide=1
 - ii. Students will need to upload a passport-quality digital photo
 - iii. Once a photo has been uploaded, the student will be able to see a proof of what the photo ID card will look like. If changes need to be made, the student can resubmit their order and view an updated proof or if approved they can add the ID card to their cart.
 - iv. Once the patch and photo ID order has been received by the Colorado Springs bookstore, CTU nursing administration will receive a notification to approve or deny the order. Students will receive an order confirmation email once the photo ID and patch order are approved or denied.
 - v. ID Badges should be ordered in advance of enrolling in the first practicum course (during NSG 830 or sooner).
- 5. The student will be prepared to work in the practice setting in a safe manner that demonstrates professional standards and arrive at the agreed time.
- 6. The student will attend all established practicum days, or notify the practicum preceptor prior to the absence and establish a practicum make-up experience.
- 7. Students must complete a minimum required 500 documented hours of practicum experiences during the DNP program. All students will complete 180 hours in NRSG831, 180 hours in NRSG832 and 140 hours in NRSG833. Students entering the program with less than 500 post-baccalaureate clinical hours will be enrolled in DNP Transitions courses to obtain these clinical hours (NRSG820, 821, 822). Practicum hours are mandated of all students enrolled in the DNP program, therefore, certain students may exceed the 1000 post-baccalaureate hour minimum requirement. During the practicum courses, students are responsible for ensuring that clinical hours are completed, logged and verified/approved by their preceptor and course faculty by Week 11.
- 8. The student will complete a midterm and final self-assessment of their performance at Weeks 5 and 11.

PRECEPTOR RESPONSIBILITIES

(The preceptor is the person who will be directly supervising the student in the Practicum setting)

- 1. The preceptor must hold an earned terminal degree in nursing and be currently licensed in the state where the practicum will take place (if applicable).
- 2. The preceptor must submit a Curriculum Vitae or résumé and complete the Preceptor Agreement (Appendices).
- 3. The preceptor/facility will provide an orientation for the student which includes institutional policies and procedures. The preceptor will obtain approval for precepting the student from the institution.
- 4. Neither the preceptor nor the facility will compensate the student or consider the student an employee during the hours the student is fulfilling for his/her practicum requirements.
- 5. The preceptor will assist and guide the student in their experiences at the practicum site, provide ongoing feedback to the student on his/her performance, and notify course faculty in writing via email or phone of any concerns, problems, or incidents involving the student. There will be no monetary compensation for the preceptor's service.
- 6. The preceptor will be participating in a discussion with course faculty at three time points:
 - a. Beginning of the Term (Week 1): Meet and greet and discuss course objectives, review student's Practicum Proposal Plan (Appendices) and share any questions/concerns.
 - b. Mid-Term (Week 5): Review feedback on the completed Clinical Evaluation (Appendices) and to confirm completion of reported clinical hours.
 - c. End-Term (Week 11): Review final feedback on the completed Clinical Evaluation and confirm completion of reported clinical hours (Appendices).
- 7. The preceptor will complete and submit to course faculty the following forms at mid-term (Week 5) and at practicum completion (Week 11):
 - a. Clinical Evaluation (see Appendices): The purpose of this form is to assess student performance and completion of course objectives and includes the Verification of Clinical Hours. The purpose of this form is to verify that the student has completed the required supervised hours per practicum.

COURSE FACULTY RESPONSIBILITIES

- 1. Course faculty are required to contact the preceptor three times by phone and submit a summary log of this communication to the Director.
 - a. Beginning of the Term (Week 1): Meet and greet and discuss course objectives, review student's Practicum Proposal Plan (Appendices) and answer any questions/concerns.
 - b. Mid-Term (Week 5): Contact the preceptor to review their feedback on the completed Clinical Evaluation (Appendices) and to confirm completion of reported clinical hours. For any student that has failed an objective, or received 'not observed' (Level 1), the faculty member will complete the Clinical Counseling Form (Appendices) at midterm and review with the preceptor and student.
 - c. End-Term (Week 11): Contact the preceptor to review their final feedback on the completed Clinical Evaluation and confirm completion of reported clinical hours (Appendices). The faculty, with feedback from the preceptor and the student, will determine if the student has successfully met practicum objectives and competencies. A 'not observed' (Level 1) at final evaluation will result in a clinical failure.
- 2. The faculty will consult, assist, and problem solve with the student and preceptor during the practicum.
- 3. The faculty, in collaboration with the preceptor and the student, will determine if the student has successfully met practicum objectives and program competencies.
- 4. The faculty will maintain responsibility for the final grade determination based on the grading rubric and the clinical performance evaluation.

PRACTICE SETTING REQUIREMENTS

- Students must disclose to the Director that they are seeking to complete their Practicum with their employer prior to submitting any documentation.
- Preceptor cannot report to the student or student cannot report to the Preceptor (directly or indirectly)
- Student must complete their Practicum in a different role and setting than their current employee role, i.e., if your role is within Information Technology you cannot complete your practicum in that setting.

REQUIRED DOCUMENT CHECKLIST

rior to final approval of y	our Practicum site.	. all of the tollowing	r documents must be	e received and	approved by the	e Director:

DNP Student Practicum Proposal Plan
Physical with PPD/Titers
Evidence of HIPAA/OSHA Training
Signed Affiliation Agreement
Criminal Background Check
Current AHA Healthcare Provider Level CPR Card
Signed Preceptor Agreement that includes the preceptor's Curriculum Vita or Résumé
Drug Testing
Copy of Student's Active, Unencumbered RN License, which demonstrates adherence to the state BON policy of the practicum site

Prior to starting the Practicum Course, all documents must be submitted and approved by the Director. The Affiliation Agreement MUST be in place PRIOR to the student engaging in any practicum experiences at the designated practicum institution.

All Practicum documents must be submitted and approved by Week 5 of NRSG830, Organization and Systems Leadership. The student may not take part in any activities on site at the practicum institution until the affiliation agreement and all other documents have been received, and approved by Colorado Technical University. The student will receive an email from the Director indicating final approval of all documents and that the student is approved to enter the practicum site. If you anticipate any challenges or barriers to meeting this deadline, please contact the Director ASAP.

STUDENT RESPONSIBILITY CHECKLIST

The student is responsible for collaborating with the Clinical Director in identifying a potential preceptor for the DNP Practicum experience, based on the student's identified topic of interest. PLEASE NOTE: If the Practicum setting is in the same institution where the student is employed, the Director must review and approve the arrangement.
The preceptor MUST possess and provide documentation of a terminal degree and maintain a current license in the state of the Practicum (if applicable).
The student will provide the preceptor(s) with a copy of this DNP Handbook. After meeting with the Preceptor(s), the student must submit the Practicum Proposal Plan to the Director for approval. Once approved, the student may begin the process of submitting the clinical requirements.
The student works with the Clinical Director and preceptor to complete and sign the Preceptor Agreement AND provides a copy of his/her curriculum vita/resume. All information must be provided on the agreement including the preceptor's position title, licensure information and contact information (telephone number and email address).

If the student chooses his/her own site the student directs the preceptor to forward the Affiliation Agreement (to be executed between Colorado Technical University and the preceptorship institution) to the representative of that institution who may sign the agreement. The Clinical Director will work on executing the Affiliation Agreement prior to the start of the practicum experience. PLEASE NOTE: the Affiliation Agreement must be reviewed by legal counsel and this may take some time to complete. The student is advised to start the process two quarters prior to the first Practicum.
The signed affiliation agreement, preceptor agreement(s) and curriculum vitae/resume of the preceptor(s) MUST be faxed, scanned, or emailed to the Director. Once the agreement is signed, a copy of the signed and fully executed affiliation agreement is returned to the practicum institution by the Clinical Director.
To ensure that an appropriate site and preceptor are secured and utilized, the student must collaborate with the Clinical Director during the preparation, execution and completion of the clinical experience

Appendices

Appendix A: DNP Student Practicum Proposal

DNP Student Practicum Proposal

(Submit a proposal for every clinical/practicum course)

	Il course objectives on the DNP evalua	• •	Paration of Pate			
		Date	Practicum Date			
Course N	Number:					
	s requesting to complete their Practicu Preceptor does not report to you or stu					
•	Student must complete their Practicur	n in a different role and s	etting than their current employee role			
Precepto	or Name:	Credentia	ls (must have terminal degree):			
PRACTI	CUM PROPOSAL					
	Il you do in your practicum? How do yo ential preceptor?	u plan to meet the object	ives? Have you discussed your goals/objectives with			
Practicu	m Proposal Approved:					
	Yes					
	No					
DOCUM	IENTS SUBMITTED:					
•	All documents must be current (within	last 12 months).				
•	All documents must be received and a	pproved at least five week	s prior to the first day of class.			
	Signed Affiliation Agreement					
	☐ Physical with PPD/Titers					
	☐ Evidence of HIPAA/OSHA Training					
	Signed Preceptor Agreement that inc	cludes the preceptor's Cu	rriculum Vita or Résumé			
	Criminal Background Check					
	Current AHA Healthcare Provider Lev	vel CPR Card				
	Drug Testing					
	Copy of student's Active. Unencumb	ered RN License in State	where Practicum is Conducted			

Appendix B:

DNP Student Health Assessment

DNP Student Health Assessment (page 1 of 4)

Name						_ Date	/	/
Address								
Date of Birth/								
Please note: This health ass providers will NOT be accep		ıst be com	pleted by an M	D, DO, P	A or ARN	NP. Assessmo	ent by other	nealth care
Height Weight	Vi	tal Signs:	BP	P	R	Te	mperature	
Visual Acuity (R)	(L)	U	ses Eyeglasses	O Yes) No	Uses Conta	ct Lens O	es O No
Hearing Acuity (R)	(L)		Uses Hearing	Aid O Ye	es O No)		
MEDICAL HISTORY								
Allergies	O Yes	O No	If yes, explair	1:				
Major Illnesses	O Yes	O No	If yes, explain	1:				
Hospitalization	O Yes	O No	If yes, explair	1:				
Orthopedic Problems	O Yes	O No	If yes, explair	1:				
Major Surgeries	O Yes	O No	If yes, explair	1:				
This applicant is in good phy If no, state reason:			•				rs. O Yes C) No
Healthcare provider name an	nd title (PRI	NT)						
Healthcare provider signatur	e					D	ate	
Healthcare provider address	City		State	Zip		Phone_		
Student signature					Date_			

IMMUNIZATION VERIFICATION INSTRUCTIONS

Immunization Contact Information				
Hotline	800-CDC-INFO / 800-232-4636			
Email	nipinfo@cdc.gov			
Website	http://www.cdc.gov/vaccines/hcp.htm			

TB Test	Must be 0 mm annually or negative results of Quantiferon Gold blood test				
	If POS, repeat TB test not required, but must have negative CXR within 5 years.				
Tetanus Vaccination/TDAP	Every ten years.				
Influenza Vaccination	Give 1 dose of TIV or LAIV annually. Give TIV intramuscularly or LAIV intranasally.				
Hepatitis B Vaccination	Must show three vaccine dates AND proof of POS Ab.				
	OR just a POS Ab is fine, even with no vaccine dates.				
	We just want to know that the student is immune!				
	• If they are a non-responder (NEG Ab in spite of vaccine), there is a protocol to follow. They should see their healthcare provider or go to the Health Department. This usually requires a booster and a recheck of titer.				
MMR	If student was born before 1956, they are only required to have one MMR.				
(Measles, Mumps, Rubella)	Those born after 1956 must have two separate MMR vaccines OR proof of POS				
	Titers to all three diseases (Mumps, Rubella, and Rubeola).				
	Serology titers are not required if two vaccines were documented and dated.				
	If no vaccine dates are available, then serology titers are required.				
Varicella	A student must have a history of the disease (verbal history is acceptable)				
(Chicken Pox)	OR must have a positive Varicella titer, OR must have proof of vaccination.				

- Healthcare provider MUST have signed the bottom of the Immunization and Statement of Health Form that the student has been screened, AND that the vaccinations have been verified.
- Actual copies of the vaccinations are not required!
- The student **MUST** sign the bottom of the form.
- When an update is needed, updated Immunization and Statement of Health Form is presented to Castle Branch.

If you have questions regarding the immunizations please contact the lead faculty.

Immunization Verification and Statement of Health (page 3 of 4)

Name:	Last 4 of SSN: DOB:		
Tuberculin Skin Test (PPD) • Required annually and must be 0	mm.		
If POS, repeat TB test not require	d, but must have CXR within five years.		
/	mm or Blood test:		
/	mm (update) (initials)		
	mm (update) (initials)		
Tetanus Vaccination/TDAP • Required every 10 years. /) (initials)		
D 1: (1 DV : 1:)			
Recombivax (Hep B Vaccination)			
Hep B Surface Ab Pos: O Yes O No			
#1/	Notes:		
#2/	Notes:		
#3/	Notes:		
Influenza Vaccination • Annually.			
MMR (Measles, Mumps, and Rubella) evid	dence of immunity		
Rubella Titer	O POS O NEG		
Rubeola Titer	O POS O NEG		
Mumps Titer	O POS O NEG		
Students born in 1956 or earlier	#1/		
Students born after 1956 #1/ #2//			
History of Varicella			
Chicken Pox	O Yes O No		
Negative History	Varicella Titer O POS O NEG		
Varicella Titer Neg Varicella Vaccine / /			

Immunization Verification and Statement of Health (page 4 Of 4)

Healthcare provider's address_____

applicant are on file at the physician's office.	
Healthcare provider's signature	Date
Healthcare provider's name printed	Telephone number

Based upon standard history and physical exam findings, this applicant is free from communicable diseases and able to provide patient care services. All immunization dates above are hereby certified and all other medical records of this

ALL immunization requirements MUST be met prior to entering a practicum site for Colorado Technical University's Nursing Program unless documented medical exceptions are in the student's file. By signing this statement, the applicant provides a waiver for the Colorado Technical University Nursing Program faculty and staff to maintain and release immunization and tuberculosis screening results.

Student signature ______ Date_____

Colorado Technical University College of Nursing Hepatitis B Vaccine Statement and Information

The Nursing Faculty of Colorado Technical University College of Nursing strongly encourages all nursing students to receive immunization against the Hepatitis B virus (HBV). The Hepatitis B virus is transmitted through exposure to blood and body fluids and presents a health risk to all health care providers. Students may be exposed to blood and body fluids during the educational process while attending the Colorado Technical University Nursing Program. In addition to encouraging students to receive the HBV immunization students will be taught standard precautions to minimize the risk of exposure to blood and body fluids.

STUDENT ACKNOWLEDGEMENT AND COURSE OF ACTION

I under	stand the above statement and am choosing the following course of action. (Check one)								
	I am immunized against HBV and will obtain a blood test (titer) when comp	leting my phy	sical.							
	I am in the process of obtaining the HBV immunization series and will obta of the immunization series.	in a blood tes [.]	t (titer) upo	on completion	1					
	☐ I have decided not to pursue immunization for HBV at this time, even though I understand that I am at risk for potential exposure to the disease. Therefore, I am signing this waiver releasing Colorado Technical University of any responsibility for the possibility of my contracting Hepatitis B virus									
I under hazards	estand that Colorado Technical University is not responsible or liable in matte	rs of exposure	to potenti	al health						
Studen	t name (print)									
Studen	t signature	Date	/	/						
Witness	s signature	Date	/	/						

Appendix C: Clinical Counseling Form

DNP Student Practicum Counseling Form

Faculty:	_ Student:	Date:
Areas Discussed for Improvement: [List areas where student did not meet the magnetic properties of the	nidterm objectives]	
Student Responsibilities/Plan of Action and D	lates:	
Faculty Responsibilities: [Discuss with preceptor and student, monitor timeline.]	r student performance with regard to re	sponsibilities and plan of action and
Contact with student by [email/phone]		
Faculty Signature		Date/
Student Signature		Date/

Appendix D: DNP Practicum Evaluation

DNP STUDENT:

Upon completion of NRSG831, NRSG832 and NRSG833 courses, the student will:

NRSG 831: Design and Planning

- 1. Select and create an evidence-based practice change initiative using the scholarship of discovery
- 2. Evaluate a variety of interdisciplinary resources to support the evidence-based practice change.
- 3. Design an evidence-based project to improve the culture of safety and achieve positive outcomes in relationship to population health and health promotion.

NRSG 832: Implementation of Evidence Based Practice

- 1. Evaluate evidence-based knowledge and advanced clinical nursing expertise to improve healthcare outcomes and system effectiveness.
- 2. Develop the ability to utilize a variety of leadership principles in collaboration with interdisciplinary teams in planning, organizing, and implementing healthcare services to improve patient outcomes and quality of care.
- 3. Create therapeutic relationships and partnerships with patients (individual, family or group) and other professionals to facilitate optimal care and patient outcomes.
- 4. Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.

NRSG833: Evaluation of Change

- 1. Analyze advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.
- 2. Recommend excellence in nursing practice.

Critique conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal, and policy issues.

Scoring Guidelines:

The grading rubric is provided below. Students may receive a failure at the mid-term evaluation only. A failure will be formally evaluated by the course faculty and discussed with the student and preceptor providing feedback using the Practicum Counseling Form. Students must pass all objectives at final evaluation with a Level 4 or greater in order to successfully pass the clinical requirements of the practicum course. The faculty, with feedback from the preceptor and the student, will determine if the student has successfully met practicum objectives and competencies. A 'not observed' (Level 1) at final will result in a clinical failure. A 'not observed' at mid-term will result in a Practicum Counseling Form.

Grading Rubric:

Level 1=Not observed

Level 2=Needs constant guidance

Level 3=Needs frequent guidance

Level 4=Needs occasional guidance

Level 5=Functions independently and seeks guidance when appropriate

DNP Student Practicum Evaluation

Student Name:	Course Number/Title:
Preceptor:	Practicum Facility:

Grading Rubric:

Level 1=Not observed

Level 2=Needs constant guidance

Level 3=Needs frequent guidance

Level 4=Needs occasional guidance

Level 5=Functions independently and seeks guidance when appropriate

DN	P Essentials	Mid	lterm				Fina	al				Additional Comments
	ential 1: Scientific Underpinnings Practice	1	2	3	4	5	1	2	3	4	5	
1.	Integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the basis for the highest level of nursing practice.											
2.	Use science-based theories and concepts to:											
•	determine the nature and significance of health and health care delivery phenomena											
•	describe the actions and advanced strategies to enhance, alleviate, and ameliorate health and health care delivery phenomena as appropriate;											
•	evaluate outcomes.											
3.	Develop and evaluate new practice approaches based on nursing theories and theories from other disciplines.											
	ential II: Organizational and	1	2	3	4	5	1	2	3	4	5	
_	tems Leadership for Quality provement and Systems Thinking											
1.												
1.	delivery approaches that meet current and future needs of patient populations based on scientific findings in nursing and other clinical sciences, as well as organizational, political, and economic sciences.											

Ensure accountability for quality of health care and patient safety for populations with whom they work.											
Use advanced communication skills/processes to lead quality improvement and patient safety initiatives in health care systems.											
Employ principles of business, finance, economics, and health policy to develop and implement effective plans for practice-level and/or system-wide practice initiatives that will improve the quality of care delivery.											
Develop and/or monitor budgets for practice initiatives.											
Analyze the cost-effectiveness of practice initiatives accounting for risk and improvement of health care outcomes.											
Demonstrate sensitivity to diverse organizational cultures and populations, including patients and providers.											
Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the health care organization, and research.											
Analytical Methods for Evidence-	1	2	3	4	5	1	2	3	4	5	
Use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice.											
Design and implement processes to evaluate outcomes of practice, practice patterns, and systems of care within a practice setting, health care organization, or community against national benchmarks to determine variances in practice outcomes and population trends.											
Design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient-centered care.											
	for populations with whom they work. Use advanced communication skills/processes to lead quality improvement and patient safety initiatives in health care systems. Employ principles of business, finance, economics, and health policy to develop and implement effective plans for practice-level and/or system-wide practice initiatives that will improve the quality of care delivery. Develop and/or monitor budgets for practice initiatives. Analyze the cost-effectiveness of practice initiatives accounting for risk and improvement of health care outcomes. Demonstrate sensitivity to diverse organizational cultures and populations, including patients and providers. 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Use advanced communication skills/processes to lead quality improvement and patient safety initiatives in health care systems. Employ principles of business, finance, economics, and health policy to develop and implement effective plans for practice-level and/or system-wide practice initiatives that will improve the quality of care delivery. Develop and/or monitor budgets for practice initiatives accounting for risk and improvement of health care outcomes. Demonstrate sensitivity to diverse organizational cultures and populations, including patients and providers. Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the health care organization, and research. ential III: Clinical Scholarship I Analytical Methods for Evidence-ted Practice Use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice. 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4.	Apply relevant findings to develop practice guidelines and improve practice and the practice environment.											
5.	Use information technology and research methods appropriately to:											
•	collect appropriate and accurate data to generate evidence for nursing practice											
•	inform and guide the design of databases that generate meaningful evidence for nursing practice											
•	analyze data from practice											
•	design evidence-based interventions											
•	predict and analyze outcomes											
•	examine patterns of behavior and outcomes											
•	identify gaps in evidence for practice											
6.	Function as a practice specialist/ consultant in collaborative knowledge-generating research.											
7.	Disseminate findings from evidence-based practice and research to improve healthcare outcomes											
Tec	ential IV: Information Systems/ chnology and Patient Care chnology for the Improvement and chnology for the Improvement and	1	2	3	4	5	1	2	3	4	5	
1.	Design, select, use, and evaluate programs that evaluate and monitor outcomes of care, care systems, and quality improvement including consumer use of health care information systems.											
2.	Analyze and communicate critical elements necessary to the selection, use and evaluation of health care information											
	systems and patient care technology.											

4.	Provide leadership in the evaluation and resolution of ethical and legal issues within healthcare systems relating to the use of information											
5.	Evaluate consumer health information sources for accuracy, timeliness, and appropriateness.											
	ential V: Health Care Policy for vocacy in Health Care	1	2	3	4	5	1	2	3	4	5	
1.	Critically analyze health policy proposals, health policies, and related issues from the perspective of consumers, nursing, other health professions, and other stakeholders in policy and public forums.											
2.	Demonstrate leadership in the development and implementation of institutional, local, state, federal, and/or international health policy.											
3.	Influence policy makers through active participation on committees, boards, or task forces at the institutional, local, state, regional, national, and/or international levels to improve health care delivery and outcomes											
4.	Educate others, including policy makers at all levels, regarding nursing, health policy, and patient care outcomes.											
5.	Advocate for the nursing profession within the policy and healthcare communities											
6.	Develop, evaluate, and provide leadership for health care policy that shapes health care financing, regulation, and delivery.											
7.	Advocate for social justice, equity, and ethical policies within all healthcare arenas.											

Col	ential VI: Interprofessional laboration for Improving Patient I Population Health Outcomes	1	2	3	4	5	1	2	3	4	5	
1.	Employ effective communication and collaborative skills in the development and implementation of practice models, peer review, practice guidelines, health policy, standards of care, and/or other scholarly products.											
2.	Lead interprofessional teams in the analysis of complex practice and organizational issues.											
3.	Employ consultative and leadership skills with intraprofessional and interprofessional teams to create change in health care and complex healthcare delivery systems.											
Pop	ential VII: Clinical Prevention and oulation Health for Improving the ion's Health	1	2	3	4	5	1	2	3	4	5	
1.	Analyze epidemiological, biostatistical, environmental, and other appropriate scientific data related to individual, aggregate, and population health.											
2.	Synthesize concepts, including psychosocial dimensions and cultural diversity, related to clinical prevention and population health in developing, implementing, and evaluating interventions to address health promotion/disease prevention efforts, improve health status/ access patterns, and/or address gaps in care of individuals, aggregates, or populations.											
3.	Evaluate care delivery models and/or strategies using concepts related to community, environmental and occupational health, and cultural and socioeconomic dimensions of health.											

	ential VIII: Advanced Nursing	1	2	3	4	5	1	2	3	4	5	
	Conduct a comprehensive and systematic assessment of health and illness parameters in complex situations, incorporating diverse and culturally sensitive approaches.											
2.	Design, implement, and evaluate therapeutic interventions based on nursing science and other sciences.											
3.	Develop and sustain therapeutic relationships and partnerships with patients (individual, family or group) and other professionals to facilitate optimal care and patient outcomes.											
4.	Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.											
5.	Guide, mentor, and support other nurses to achieve excellence in nursing practice.											
6.	Educate and guide individuals and groups through complex health and situational transitions.											
7.	Use conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal, and policy issues.											
Pro	fessionalism	1	2	3	4	5	1	2	3	4	5	
1.	behavior in dealing with others											
2.	Arrives punctually to all scheduled clinical experiences											
3.	Communicates with the preceptor in a timely and professional manner											
4.	Uses professional attire and represents them self as a CTU, DNP student											
5.	Abides by the state nurse practice act. Performing role within scope.											
6.	Demonstrates ethical behaviors and decision making.											

The criterion above is adapted from the following: CCNE The Essentials of Doctoral Education for Advance Practice Nursing: October 2006. http://www.aacn.nche.edu/dnp-home

Midterm (Due Week 5): Preceptor to Complete	Final (Due Week 11): Preceptor to Complete
Date:	Date:
Hours completed (verified on clinical log):	Hours completed (verified on clinical log):
Student strengths:	Student strengths:
Student opportunities for improvement:	Student opportunities for improvement:
Additional comments:	Additional comments:
*Preceptor signature:	*Preceptor signature:
Date:	Date:

Midterm (Due Week 5): Student to Complete	Final (Due Week 11): Student to Complete
Date:	Date:
Hours completed (verified on clinical log):	Hours completed (verified on clinical log):
Student strengths:	Student strengths:
Student opportunities for improvement:	Student opportunities for improvement:
Additional comments:	Additional comments:
*Student signature:	*Student signature:
Date:	Date:
Preceptor affirmation of clinical hours:	
I affirm that the student has spenthours under my	direction.
Preceptor Signature [Oate/
*Both preceptor and student must sign the MIDTERM and FI	NAL evaluation prior to submission to course faculty.
(Mandated hours: NRSG831: 180 hours, NRSG832: 180 hou	ırs, NRSG833: 140 hours)

Appendix E:

Sample Verification of Clinical Hours Log

Sample Verification of Clinical Hours Log

	ne clinical documentation software		
Course and Required (Clinical Hours:		
Preceptor(s) Name and	d Title:		
Site Name and Addres	S:		
	to be completed via the clinical or record are to review and sign off	documentation software. The preco	eptor will complete and sign. The
Please see the exam	aple of how to document your clin	ical hours and activity	
Date	Hours Completed	Brief Description	Related Competencies
11/16/17	1.5	Attended the strategic planning meeting with nursing leadership	Essential V
Total Number of Clinic	al Hours Completed:	·	
Preceptor Signature W	eek 5:		Date:
Precentor Signature W	eek 11.		Date:

Appendix F:

Doctor of Nursing Practice Preceptor Agreement

Doctor of Nursing Practice Preceptor Agreement

Student Name:	Course #:
Preceptor Name & Credentials:	
License Number/State/Year of Expiration:	
Title:	_ Agency:
Office Phone Number:	Fax Number:
E-Mail Address:	

CTU COLLEGE OF NURSING EXPECTATIONS OF THE PRECEPTOR

- I. Professional Role Model
 - A. Provides teaching/learning experiences according to established standards and facility policy and procedures.
 - B. Effectively communicates with student and others.
 - C. Exhibits leadership skills.
 - D. Demonstrates professional responsibilities.
- II. Educator
 - A. Assesses the student learning needs.
 - B. Collaborates with the student to plan effective learning experiences.
 - C. Provides ongoing feedback and evaluation of student.
 - 1. Collaborate with course faculty to evaluate the student's practicum performance.
 - 2. Course faculty will determine final course evaluation after collaboration with the preceptor.
 - 3. A satisfactory practicum evaluation is necessary to complete the course and graduate.
 - D. Socializer
 - 1. Welcomes the student and actively integrates the student into the clinical setting
 - 2. Assists the student to transition smoothly to doctoral nursing practice.
 - E. Communication with CTU Course Faculty and Director
 - 1. Communicates with course faculty by phone at the beginning of course (Week 1), mid-term (Week 5), and with the final evaluation (Week 11).
 - 2. Contacts course faculty and Clinical Director or Program Director for concerns, problems, or incidents involving the student.
- III. Student Schedules
- A. Total number of practicum hours are completed based on program plan
- B. The practicum experience will conclude when the student has completed the minimum required hours, although the course will continue for the entire 11 weeks.
- C. The student can only work with the contracted Preceptor. Any change in Preceptors must be approved by the Clinical Director prior to any changes.
- D. The student must notify the Preceptor and the CTU Nursing Faculty of any absences.
- E. Each student must receive an orientation to the facility.

Sign and Date:			
oign and batc		 	

PLEASE ATTACH CURRICULUM VITAE and fax a copy of the contract and CV to the Director.

Appendix G:

DNP Project Proposal Approval Form

DNP Student Name: DNP Project Title: DNP PROJECT PROPOSAL APPROVAL The DNP project is a culmination of the knowledge gained in the DNP courses. The project is an opportunity to

demonstrate an analytical approach to systems leadership in programmatic, administrative, policy or practice issues in a format that supports the synthesis, transfer and utilization of knowledge. **Approved Not Approved** Project Chair: Member: This clinical project is: The DNP Project Chair will forward the signed form to the Program Director. Reviewed and verified by Program Director: Signature: _____ Date:_____

Appendix H: DNP Project Team Form

Doctor of Nursing Practice Project Team Form

We, the undersigned faculty, agree to serve on	(student name)
project team for the DNP Project entitled:	
Name:	Date:
Title:	
Role: (Chair)	
Signature:	
Name:	Date:
Title:	
Role: (Chair)	
Signature:	
Name:	Date:
Title:	
Role: (Chair)	
Signature:	
Name:	Date
Name: Title:	
Role: (Chair)	
Signature:	
Approved by:	
Signature:	Date:
Program Director Name:	

Appendix I: Approval Form for DNP Project

Approval Form for DNP Project

This form serves as the official record of the DNP project experience submission to the College of Nursing and must be submitted before the doctoral degree may be awarded. Please print all information clearly.

Student Agreement:

- 1. I hereby certify that, if appropriate, I have obtained permission statements of each third-party copyright holder.
- 2. I certify that, if appropriate, I have submitted the same final copy of relevant documents approved by my committee.

Student's full name:		
	Graduation Date (mo/yr):_	
Degree Type: O DNP		
Name of Department or College:		
Graduate Program:		
Review and Acceptance:		
	and approved by the student's Doctor of Nursi oval for the DNP Project experience, including	=
Student:		
Printed Name:	Signature:	Date:
Chair Name:		
Printed Name:	Signature:	Date:
Member 1:		
Printed Name:	Signature:	Date:
Member 2:		
Printed Name:	Signature:	Date:
Member 3:		
Printed Name:	Signature:	Date:
Program Director:		
Printed Name:	Signature:	Date:
Clinical Director:		
Printed Name	Signatura	Nate:

Appendix J:Transitions Course Evaluation

DNP Transitions Course Student Practicum Evaluation

DNP STUDENT:

Upon completion of each Transitions Course, NRSG820, NRSG821, and NRSG822 the student will demonstrate attainment of the following course objectives:

- Supports evidence based practice guidelines in the provision of quality patient centered care and improved health outcomes.
- Evaluates knowledge from clinical practice to improve practice and patient outcomes.
- Proves proficiency in the use of information technology, data bases, practice information systems and communication networks in the implementation and evaluation of quality health care practices.

PRECEPTOR:

This is only a copy of the evaluation located in Typhon. The preceptor will utilize Typhon to complete the student evaluation. The Director of Clinical Education will provide a Typhon log-in and password to each preceptor.

SCORING GUIDELINES:

The grading rubric is provided below. Students may receive a failure at the mid-term evaluation only. A failure will be formally evaluated by the course faculty and discussed with the student and preceptor providing feedback using the Practicum Counseling Form. Students must pass all objectives at final evaluation with a Level 3 or greater in order to successfully pass the clinical requirements of the practicum course. The faculty, with feedback from the preceptor and the student, will determine if the student has successfully met practicum objectives and competencies.

GRADING RUBRIC:

Level 1= Not observed

Level 2= Demonstrates novice understanding

Level 3= Demonstrates competence

Level 4= Demonstrates proficiency

Level 5= Demonstrates expertise

DNP Transitions Student Practicum Evaluation

Student Name:	Course Number/Title:
Preceptor:	Practicum Facility:

Grading Rubric:

Level 1= Not observed

Level 2= Demonstrates novice understanding

Level 3= Demonstrates competence

Level 4= Demonstrates proficiency

Level 5= Demonstrates expertise

LCV	el 5= Demonstrates expertise											
DN	IP Essentials	Mid	lterm				Fina	al				Additional Comments
	sential 1: Scientific Underpinnings Practice	1	2	3	4	5	1	2	3	4	5	
1.	Integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the basis for the highest level of nursing practice.											
2.	Use science-based theories and concepts to:											
•	determine the nature and significance of health and health care delivery phenomena											
•	describe the actions and advanced strategies to enhance, alleviate, and ameliorate health and health care delivery phenomena as appropriate;											
•	evaluate outcomes.											
3.	Develop and evaluate new practice approaches based on nursing theories and theories from other disciplines.											
Sys	sential II: Organizational and stems Leadership for Quality provement and Systems Thinking	1	2	3	4	5	1	2	3	4	5	
1.	Develop and evaluate care delivery approaches that meet current and future needs of patient populations based on scientific findings in nursing and other clinical sciences, as well as organizational, political, and economic sciences.											

2. Ensure accountability for quality of health care and patient safety for populations with whom they work. • Use advanced communication skillsprocesses to lead quality improvement and patient safety initiatives in health care systems. • Employ principles of business, finance, economics, and health policy to develop and implement effective plans for practice initiatives that will improve the quality of care delivery. • Develop and/or monitor budgets for practice initiatives. • Analyze the cost-effectiveness of practice initiatives accounting for risk and improvement of health care outcomes. • Demonstrate sensitivity to diverse organizational cultures and populations, including patients and providers. • Develop and/or evaluate effective strategies for managing the ethical dilammas inherent in patient care, the health care organization, and research. Essential III: Clinical Scholarship and Analytical Methods for Evidence Based Practice 1. Use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice. 2. Design and implement processes to evaluate outcomes of practice, practice patterns, and systems of care within a practice setting, health care organization, or community against national benchmarks to determine and spatient care, and systems of care within a practice setting, health care organization, or community against national benchmarks to determine and processes to evaluate processes in practice outcomes and population trends. 3. Design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective, efficient, equilable, and patient-centered care.													
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finance, economics, and health policy to develop and implement effective plans for practice-level and/or system-wide practice initiatives that will improve the quality of care delivery. Develop and/or monitor budgets for practice initiatives. Analyze the cost-effectiveness of practice initiatives. Analyze the cost-effectiveness of practice initiatives accounting for risk and improvement of health care outcomes. Demonstrate sensitivity to diverse organizational cultures and populations, including patients and providers. 3. Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the health care organization, and research. Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice 1. Use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice. 2. Design and implement processes to evaluate outcomes of practice, practice patterns, and systems of care within a practice setting, health care organization, or community against national benchmarks to determine variances in practice outcomes and population trends. 3. Design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient-centered	•	skills/processes to lead quality improvement and patient safety initiatives in health care											
for practice initiatives. Analyze the cost-effectiveness of practice initiatives accounting for risk and improvement of health care outcomes. Demonstrate sensitivity to diverse organizational cultures and populations, including patients and providers. 3. Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the health care organization, and research. Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice 1. Use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice. 2. Design and implement processes to evaluate outcomes of practice, practice patterns, and systems of care within a practice setting, health care organization, or community against national benchmarks to determine variances in practice outcomes and population trends. 3. Design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient-centered	•	finance, economics, and health policy to develop and implement effective plans for practice-level and/or system-wide practice initiatives that will improve the quality of care delivery.											
practice initiatives accounting for risk and improvement of health care outcomes. • Demonstrate sensitivity to diverse organizational cultures and populations, including patients and providers. 3. Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the health care organization, and research. Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice 1. Use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice, practice patterns, and systems of care within a practice setting, health care organization, or community against national benchmarks to determine variances in practice outcomes and population trends. 3. Design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient-centered	•												
diverse organizational cultures and populations, including patients and providers. 3. Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the health care organization, and research. Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice 1. Use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice. 2. Design and implement processes to evaluate outcomes of practice, practice patterns, and systems of care within a practice setting, health care organization, or community against national benchmarks to determine variances in practice outcomes and population trends. 3. Design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient-centered	•	practice initiatives accounting for risk and improvement of											
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to evaluate outcomes of practice, practice patterns, and systems of care within a practice setting, health care organization, or community against national benchmarks to determine variances in practice outcomes and population trends. 3. Design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient-centered	1.	critically appraise existing literature and other evidence to determine and implement the											
quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient-centered	2.	to evaluate outcomes of practice, practice patterns, and systems of care within a practice setting, health care organization, or community against national benchmarks to determine variances in practice outcomes											
	3.	quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient-centered											

4.	Apply relevant findings to develop practice guidelines and improve practice and the practice environment.											
5.	Use information technology and research methods appropriately to:											
•	collect appropriate and accurate data to generate evidence for nursing practice											
•	inform and guide the design of databases that generate meaningful evidence for nursing practice											
•	analyze data from practice											
•	design evidence-based interventions											
•	predict and analyze outcomes											
•	examine patterns of behavior and outcomes											
•	identify gaps in evidence for practice											
6.	Function as a practice specialist/ consultant in collaborative knowledge-generating research.											
7.	Disseminate findings from evidence-based practice and research to improve healthcare outcomes											
Tec	ential IV: Information Systems/ hnology and Patient Care hnology for the Improvement and nsformation of Health Care	1	2	3	4	5	1	2	3	4	5	
1.	Design, select, use, and evaluate programs that evaluate and monitor outcomes of care, care systems, and quality improvement including consumer use of health care information systems.											
2.	Analyze and communicate critical elements necessary to the selection, use and evaluation of health care information systems and patient care											
	technology.											

4.	Provide leadership in the evaluation and resolution of ethical and legal issues within healthcare systems relating to the use of information									
5.	Evaluate consumer health information sources for accuracy, timeliness, and appropriateness.									
	Sential V: Health Care Policy for 1 2 3 4 5 1									
1.	Critically analyze health policy proposals, health policies, and related issues from the perspective of consumers, nursing, other health professions, and other stakeholders in policy and public forums.									
2.	Demonstrate leadership in the development and implementation of institutional, local, state, federal, and/or international health policy.									
3.	Influence policy makers through active participation on committees, boards, or task forces at the institutional, local, state, regional, national, and/or international levels to improve health care delivery and outcomes									
4.	Educate others, including policy makers at all levels, regarding nursing, health policy, and patient care outcomes.									
5.	Advocate for the nursing profession within the policy and healthcare communities									
6.	Develop, evaluate, and provide leadership for health care policy that shapes health care financing, regulation, and delivery.									
7.	Advocate for social justice, equity, and ethical policies within all healthcare arenas.									

Col	ential VI: Interprofessional laboration for Improving Patient I Population Health Outcomes	1	2	3	4	5	1	2	3	4	5	
1.	Employ effective communication and collaborative skills in the development and implementation of practice models, peer review, practice guidelines, health policy, standards of care, and/or other scholarly products.											
2.	Lead interprofessional teams in the analysis of complex practice and organizational issues.											
3.	Employ consultative and leadership skills with intraprofessional and interprofessional teams to create change in health care and complex healthcare delivery systems.											
Pop	ential VII: Clinical Prevention and oulation Health for Improving the ion's Health	1	2	3	4	5	1	2	3	4	5	
1.	Analyze epidemiological, biostatistical, environmental, and other appropriate scientific data related to individual, aggregate, and population health.											
2.	Synthesize concepts, including psychosocial dimensions and cultural diversity, related to clinical prevention and population health in developing, implementing, and evaluating interventions to address health promotion/disease prevention efforts, improve health status/ access patterns, and/or address gaps in care of individuals, aggregates, or populations.											
3.	Evaluate care delivery models and/or strategies using concepts related to community, environmental and occupational health, and cultural and socioeconomic dimensions of health.											

	ential VIII: Advanced Nursing	1	2	3	4	5	1	2	3	4	5	
	Conduct a comprehensive and systematic assessment of health and illness parameters in complex situations, incorporating diverse and culturally sensitive approaches.											
2.	Design, implement, and evaluate therapeutic interventions based on nursing science and other sciences.											
3.	Develop and sustain therapeutic relationships and partnerships with patients (individual, family or group) and other professionals to facilitate optimal care and patient outcomes.											
4.	Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.											
5.	Guide, mentor, and support other nurses to achieve excellence in nursing practice.											
6.	Educate and guide individuals and groups through complex health and situational transitions.											
7.	Use conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal, and policy issues.											
Pro	fessionalism	1	2	3	4	5	1	2	3	4	5	
1.	behavior in dealing with others											
2.	Arrives punctually to all scheduled clinical experiences											
3.	Communicates with the preceptor in a timely and professional manner											
4.	Uses professional attire and represents them self as a CTU, DNP student											
5.	Abides by the state nurse practice act. Performing role within scope.											
6.	Demonstrates ethical behaviors and decision making.											

The criterion above is adapted from the following: CCNE The Essentials of Doctoral Education for Advance Practice Nursing: October 2006. http://www.aacn.nche.edu/dnp-home

Midterm (Due Week 5): Preceptor to Complete in Typhon	Final (Due Week 11): Preceptor to Complete in Typhon
Date:	Date:
Hours completed (verified on time log in Typhon):	Hours completed (verified on time log in Typhon):
Student strengths:	Student strengths:
Student opportunities for improvement:	Student opportunities for improvement:
Additional comments:	Additional comments:
*Preceptor signature:	*Preceptor signature:
Date:	Date:

Midterm (Due Week 5): Student to Complete	Final (Due Week 11): Student to Complete						
Date:	Date:						
Hours completed (verified on time log in Typhon):	Hours completed (verified on time log in Typhon):						
Student strengths:	Student strengths:						
Student opportunities for improvement:	Student opportunities for improvement:						
Additional comments:	Additional comments:						
*Student signature:	*Student signature:						
Date:	Date:						
Preceptor affirmation of clinical hours:							
I affirm that the student has spenthours under my direction.							
Preceptor Signature [Date/						
*Both preceptor and student must sign the MIDTERM and FINAL evaluation prior to submission to course faculty.							