



CALIFORNIA STATE UNIVERSITY  
FULLERTON • LOS ANGELES

## DOCTOR OF NURSING PRACTICE

### DOCTORAL STUDENT HANDBOOK

#### Doctor of Nursing Practice (DNP) Program

*Southern California CSU DNP Consortium*

*California State University, Fullerton  
California State University, Los Angeles  
Schools of Nursing*

*Kaiser Permanente School of Anesthesia*

School of Nursing, DNP Program  
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## SECTION I: GENERAL INFORMATION

### A. WELCOME TO THE SOUTHERN CALIFORNIA CSU DNP CONSORTIUM

The Doctor of Nursing Practice (DNP) Student Handbook provides detailed information specific to the DNP program at the Southern California CSU DNP Consortium and is meant to supplement the California State University Fullerton (CSUF) University Catalog. It is important that you read your Catalog and Handbook thoroughly, ask for clarification as needed, and keep them for references throughout your enrollment in the program.

It is essential that you obtain a copy of the CSUF University Catalog for reference while you are enrolled in the DNP Program, as CSUF is the administrative campus for the Southern California CSU DNP Consortium. You will note that there are sections in the DNP Handbook that refer to the University Catalog about specific university policies. Students are expected to be familiar with all university student and academic policies. The SON policies conform to those of the university and College of Health and Human Development (CHHD), of which it is a part.

The University Catalog and the DNP Student Handbook are updated annually. Students must abide by current policies throughout their time of enrollment. Should updates be made to the DNP Student Handbook in the middle of an academic year, students will be notified via CSUF email of the specific policy changes.

The Registration Guide, found in Titan Online, also contains information for students enrolled in the DNP Program. The front of the Registration Guide lists important policies, procedures, dates, and deadlines for the semester. Information related to classes offered is given under each Department's section of class listings. Registration dates, policies, and a worksheet are included. Do not hesitate to contact the program specialist or Campus Coordinators with additional questions.

Four websites provide important information for DNP students:

- The CSUF website <http://www.fullerton.edu> offers an incredible amount of university information and resources.
- The OGS website <http://www.fullerton.edu/graduate> provides important dates and deadlines, student responsibility guidelines, a link to the Graduate Student Guide, and graduate forms.
- The SON website <http://nursing.fullerton.edu> also has a wealth of information, including its Mission and Philosophy, the Graduate Program, the DNP Student Learning Objectives, as well as scholarship resources and technology information.
- The KPSA website <https://www.kpsan.org/> contains additional information relevant to the Nurse Anesthesia concentration.

### B. THE DOCTOR OF NURSING PRACTICE AND THE SOUTHERN CALIFORNIA CSU DNP CONSORTIUM PROGRAM

The program's emphasis is that of a professional practice degree recommended by the American Association of Colleges of Nursing (AACN) for entry into advanced nursing practice. "The purpose of the DNP is to prepare practitioners to take the knowledge created by researchers and theoretical scholars and use it in the delivery of services and advancement of policies that support high-quality health care. The scholarship of the DNP program prepares nurses to translate research evidence into practice through integration, application, and teaching of knowledge...They will be able to exploit the evidence

base to strengthen evidence-based practice.”<sup>1</sup> We regard the DNP, a professional practice doctorate, as a highly demanding and rigorous academic experience to prepare nurses to assume the highest levels of professional nursing practice.

In addition to developing advanced competencies in evidence-based practice, leadership, health policy, and advocacy, DNP graduates will have developed in-depth skills in a focused area of nursing practice. Students will complete 1,000 clinical hours in practicum experiences. The program provides rich opportunities for practice experiences that enable graduates to achieve essential competencies upon graduation. The integrative clinical scholarship coursework provides synthesis and expansion of the learning, providing the clinical context in which the final work for the doctoral project is completed. Students take six units of preparation for the faculty role (two classes - curriculum development and teaching methods).

The program curriculum is based on *The Essentials: Core Competencies for Professional Nursing Education* (AACN, 2021), and learning outcomes are mapped to the 10 Domains, Competencies, and Sub-Competencies for Advanced-level Nursing Education specified by the AACN.

The pedagogy for this program is geared to adult learners who come with a strong clinical focus and expertise. Thus, active learning strategies are favored, emphasizing searching and appraising relevant literature, and reviewing practice to become experts in translating knowledge to improve patient care and outcomes. Not only will they be users of research, but students will be able to implement applied research and evaluation in a variety of settings. Classroom and clinical experiences in the DNP program are designed to provide systematic opportunities for feedback and reflection, as well as involvement with experts in nursing and other disciplines. Throughout the program, faculty serve as mentors to foster critical analysis skills and professional leadership development.

As a joint program, the faculty members of CSU Fullerton and Los Angeles Schools of Nursing have brought expertise to the development of the program and will serve as the specialty faculty for the Role Development and Integrative Clinical Scholarship courses. We believe that a synergy of ideas and approaches from faculty members' varied areas of nursing expertise enriches the learning and experiences of the DNP student.

### **C. TEACHING/LEARNING PHILOSOPHY**

Teaching is a complex, interactive, and outcome-focused process. Based on a body of evidence, it promotes disequilibrium and contributes to learners' growth. The application of evidence-based teaching strategies by nurse educators considers student learning goals, student diversity (including learning styles), and faculty and student resources. Teaching strategies are matched to student learning styles, reflect an ongoing formative and summative assessments, and are driven by the ideal of continuous improvement. The teacher focuses on learners, providing environments that facilitate student learning where desired learner outcomes (cognitive, affective, psychomotor) are achieved.

Liberal learning that prepares students to live responsible, productive, and creative lives is the foundation of professional nursing education. Nursing education fosters a well-grounded intellectual resilience, a disposition toward lifelong learning, and an acceptance of responsibility for the ethical

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<sup>1</sup> Edwardson, S.R. (2010). Doctor of Philosophy and Doctor of Nursing Practice as complementary degrees. *Journal of Professional Nursing*, 26(3), 137-140. <https://doi.org/10.1016/j.profnurs.2009.08.004>

consequences of ideas and actions (*Statement on liberal learning*, 1998). Liberal education requires respect for truth, recognition of the importance of context (e.g., historical, cultural), and examining connections among formal learning, citizenship, and community service.

Integration of liberal education and nursing education comes from faculty members guiding students to build bridges between key concepts in both. In a practice discipline such as nursing, assisting students in making these connections is the foundation for developing clinical judgment skills required for professional nursing practice (AACN, 2008). Students must achieve competency with critical thinking, communication, ethical decision-making, evidence-based practice, and information literacy. Information literacy enables students to recognize when information is needed and locate, appraise, and effectively incorporate salient information.

Ideally, nursing education occurs in an environment that promotes true transdisciplinary experiences where individuals from each discipline show mutual understanding and respect toward and for the other's discipline and contribution. Such transdisciplinary practice is patient-centered, results-oriented, and enhances care effectiveness for patients (Greiner & Knebel, 2003).

The teaching and learning philosophy that guides the DNP program is congruent with the *Essentials*. Thus, the faculty, through innovative teaching strategies, strive to inspire students to become advanced practice nursing leaders dedicated to excellence in patient care and change agents transforming nursing practice in all care settings.

#### **D. DIVERSITY, EQUITY, AND INCLUSION (DEI) STATEMENT**

We, as the School of Nursing, are committed to creating a learning experience for students that supports diversity of thoughts, perspectives, and experiences. We honor individual identities along a number of dimensions, including but not limited to race, ethnicity and national origins, gender and gender identity, sexuality, disability, socioeconomic status, opinion and religion. The learning environment shall foster a sense of belonging and be safe for all students to share their unique perspectives and experiences and interact in a meaningful and respectful manner.

We, as the School of Nursing, are mindful of the historical implicit and structural biases in society and in our profession and include diverse experiences and perspectives in the understanding of course content specifically and nursing in general. We, as faculty and staff, assert the importance of life-long learning and to this end we embrace students as partners in the process.

#### **E. DOCTOR OF NURSING PRACTICE MISSION STATEMENT**

The Southern California DNP Consortium is committed to providing a quality doctoral education program, accessible to a diverse student population of advanced nursing practice specialists. In doing so, we strive to be a center of excellence in nursing education. We endeavor to be proactive in meeting societal health imperatives for nursing practice, leadership, and education. We are committed to promoting the health of individuals, populations, and communities through innovative educational partnerships, faculty, scholarship, and service and to the preparation of graduates who share these values and who demonstrate their commitment throughout their nursing careers.

## **F. DOCTOR OF NURSING PRACTICE PROGRAM GOALS**

1. To prepare graduates who can provide culturally sensitive care within a framework of scientific and professional accountability and function independently in a variety of settings, including direct specialty practice and indirect practice.
2. To prepare graduates who demonstrate commitment to lifelong learning for personal and professional growth.

## **G. DOCTOR OF NURSING PRACTICE STUDENT LEARNING OUTCOMES**

The DNP learning outcomes were derived from the Consortium Schools' mission and philosophy statements and reflect current educational and professional standards, including *The Essentials: Core Competencies for Professional Nursing Education* (AACN, 2021).

### **1. Ethics**

Develop and /or evaluate effective strategies for managing the ethical dilemmas inherent in advanced nursing practice at individual, family, community, and population levels, healthcare organizations and information systems, and research.

### **2. Professional Practice**

Utilize appropriate theories and evidence from nursing and related fields to provide high quality, accountable health care to diverse clients, including diagnosis and management in advanced practice, to evaluate outcomes, to develop and evaluate new practice approaches, and to evaluate and improve healthcare delivery systems, practice guidelines, and health policy.

### **3. Interpret Information for Improved Practice**

Access, analyze, interpret, and develop information at the individual/family, community/population, and organizational levels to provide high-quality health care and health education, initiate change, and improve nursing practice and healthcare outcomes.

### **4. Clinical Scholarship (EBP)**

Use a systematic approach to identify, analyze and diagnose actual or potential problems within a variety of healthcare settings, and develop, evaluate, manage, and test possible solutions based upon the highest level of evidence available, allowing for innovative solutions; demonstrate competence in knowledge application activities including the translation of research into practice, the evaluation of practice improvement of the reliability of healthcare practice and outcomes, and participation in collaborative research.

### **5. Communication, Collaboration, and Dissemination**

Demonstrate effective oral and written communication, including the use of informatics, with clients, colleagues, and diverse groups to foster effective interprofessional collaboration to promote optimal health outcomes in individuals/families/communities/populations and within healthcare organizations, and to disseminate professional practice findings.

## SECTION II: DNP CURRICULUM

The DNP is offered through the Southern California CSU DNP Consortium, which includes the CSU campuses of Fullerton and Los Angeles. The DNP is a professional practice degree designed to prepare nurses in advanced practice for complex practice and leadership roles in the clinical setting and teaching roles at California’s community colleges and the CSU.

### A. DNP POST-MASTER’S COURSE SEQUENCE

The DNP Post-Master’s program consists of 36 units of doctoral-level course work, with five core components: Evaluation and Measurement Core, Management and Leadership Core, Practice Core, Integrative Clinical Scholarship Core, and Faculty Development Core.

<b>Year 1</b>	
Fall	NURS 602 Data Management and Evaluation for APN (3) NURS 605 Advanced Evidence-Based Practice in Nursing (3) NURS 640 DNP Clinical Practicum: Professional Role Development (3) * <i>*May be repeated to accrue 1000 clinical hours between MSN and DNP</i>
<b>9 units</b>	
Spring	NURS 615 Epidemiology and Clinical Prevention (3) NURS 630 Healthcare Policy, Ethics and Advocacy (3) NURS 695 Seminar in Integrative Clinical Scholarship (2) NURS 697A Integrative Clinical Scholarship I: Evidence-based Practice (1)
<b>9 units</b>	
Summer	NURS 610 Leadership, Management and Economics in Adv. Nursing Practice (3) NURS 620 Informatics in Healthcare (3) <b>Qualifying Doctoral Assessment (Late Summer or Early Fall)</b>
<b>6 units</b>	
<b>Year 2</b>	
Fall	NURS 697B Integrative Clinical Scholarship II: Evidence-based Practice (3) NURS 650 Nursing Curriculum Development (3)
<b>6 units</b>	
Spring	NURS 697C Integrative Clinical Scholarship III: Evidence-based Practice (3) NURS 652 Instructional Design in Nursing Education for DNP Students (3) <b>Doctoral Project Defense</b>
<b>6 units</b>	
<b>Total Units 36</b>	
(Additional units may be required to complete a minimum of 1,000 total clinical hours)	

### B. DNP NURSE ANESTHESIA COURSE SEQUENCE

The Nurse Anesthesia DNP concentration curriculum provides the student with scientific, clinical, and professional foundations upon which to build a sound and safe clinical practice. The DNP nurse anesthesia study plan consists of 109 units of post-baccalaureate coursework. Core DNP courses make up 21 units of the study plan, 79 units of the plan are concentration-specific coursework, and nine units of the study plan are doctoral project.

In addition to the core nursing courses, instruction in anesthesia practice provides content such as induction maintenance and emergence from anesthesia; airway management; anesthesia equipment; and anesthesia for specialty populations such as obstetrics, pediatrics, and geriatrics. The supervised clinical residency provides students the opportunity to incorporate didactic anesthesia education into clinical practice. During the clinical experience, students are supervised by anesthesiologists and nurse anesthetists who provide instruction in the safe administration of anesthesia. In addition, the clinical faculty evaluates the technical and critical thinking skills of students daily.

Students must successfully complete a national certification exam administered by the National Board for Certification/Recertification of nurse anesthetists to become a Certified Registered Nurse Anesthetist (CRNA).

<b>Year 1</b>		
<b>Fall</b>	NURS 542/L Advanced Physical Assessment/Lab (2/1) NURS 601 Theoretical Perspectives for Advanced Nursing Practice (3) NURS 615 Epidemiology and Clinical Prevention (3) NURS 620 Informatics in Healthcare (3) NURS 683 Advanced Physiology (3)	15 units
<b>Spring</b>	NURS 602 Data Management and Evaluation for APN (3) NURS 605 Advanced Evidence-Based Practice in Nursing (3) NURS 630 Healthcare Policy, Ethics and Advocacy (3) NURS 680 Advanced Pharmacology for Anesthesia I (3) NURS 681 Anesthesia General Principles (3)	15 units
<b>Summer</b>	NURS 610 Leadership, Management and Economics in Adv. Nursing Practice (3) NURS 682 Anesthesia for Surgical Procedures and Special Populations (4) NURS 684 Advanced Pharmacology for Anesthesia II (3) NURS 685L Nurse Anesthesia Practicum I (2)	12 units
<b>Year 2</b>		
<b>Fall</b>	NURS 686 Pediatric and Obstetric Anesthesia (3) NURS 687L Nurse Anesthesia Practicum II (5) NURS 695 Seminar in Integrative Clinical Scholarship (Proposal Writing) (2) NURS 697A Integrative Clinical Scholarship I: Evidence-based Practice (1)	11 units
<b>Spring</b>	NURS 688 Advanced Pathophysiology for Anesthesia I (4) NURS 689L Nurse Anesthesia Practicum III (6) NURS 697B Integrative Clinical Scholarship II: Evidence-based Practice (3)	13 units
<b>Summer</b>	NURS 690 Advanced Pathophysiology for Anesthesia II (4) NURS 691L Nurse Anesthesia Practicum IV (6) NURS 694 Advanced Pharmacology for Anesthesia III (3)	13 units
<b>Year 3</b>		
<b>Fall</b>	NURS 692 Professional Nurse Anesthesia Role: Clinical Integration (3) NURS 693L Nurse Anesthesia Residency (6) NURS 697C Integrative Clinical Scholarship III: Evidence-based Practice (3)	12 units
<b>Spring</b>	NURS 692 Professional Nurse Anesthesia Role: Clinical Integration (3) NURS 693L Nurse Anesthesia Residency (6)	9 units

<b>Summer</b>	NURS 692 Professional Nurse Anesthesia Role: Clinical Integration (3)	9
	NURS 693L Nurse Anesthesia Residency (6)	units
<b>Total Units:</b>		<b>109</b>

### C. COURSE DESCRIPTIONS

Please refer to the [University Catalog](#) for the year you were admitted or to your specific study plan to review the core courses required for your program.

#### Evaluation and Measurement Core

- NURS 601 Theoretical Perspectives for Advanced Nursing Practice (3 units)
- NURS 602 Data Management, Quality Improvement and Evaluation for Advanced Nursing Practice (3 units)
- NURS 605 Advanced Evidence-Based Practice in Nursing (3 units)
- NURS 615 Epidemiology and Clinical Prevention (3 units)
- NURS 620 Informatics in Healthcare (3 units)

#### Faculty Development Core

- NURS 650 Nursing Curriculum Development (3 units)
- NURS 652 Instructional Design in Nursing Education for Doctor of Nursing Practice (DNP) Students (3 units)

#### Management and Leadership Core

- NURS 610 Leadership, Management and Economics in Advanced Practice Nursing (3 units)
- NURS 630 Healthcare Politics, Ethics and Advocacy for Nurses (3 units)

#### Nurse Anesthesia Concentration

- NURS 542 Advanced Health Assessment (2 units)
- NURS 542L Advanced Health Assessment Laboratory (1 unit)
- NURS 680 Advanced Pharmacology for Anesthesia I (3 units)
- NURS 681 Anesthesia Basic Principles (3 units)
- NURS 682 Anesthesia for Surgical Procedures and Special Populations (4 units)
- NURS 683 Advanced Physiology for Nurse Anesthetists (3 units)
- NURS 684 Advanced Pharmacology for Anesthesia II (3 units)
- NURS 685L Nurse Anesthesia Practicum I (2 units)
- NURS 686 Pediatric and Obstetric Anesthesia (3 units)
- NURS 687L Nurse Anesthesia Practicum II (5 units)
- NURS 688 Advanced Pathophysiology for Anesthesia I (4 units)
- NURS 689L Nurse Anesthesia Practicum III (6 units)
- NURS 690 Advanced Pathophysiology for Anesthesia II (4 units)
- NURS 691L Nurse Anesthesia Practicum IV (6 units)
- NURS 692 Professional Nurse Anesthesia Role: Comprehensive Clinical Integration (3 units, may be repeated twice for a total of 9 units)
- NURS 693L Nurse Anesthesia Residency (6 units)
- NURS 694 Advanced Pharmacology III (3 units)

#### Integrative Clinical Scholarship Core

- NURS 695 Seminar in Integrative Clinical Scholarship (2 units) Prerequisite: NURS 605, 640 Co-requisite: NURS 697A
- NURS 697A Integrative Clinical Scholarship I: Evidence-based Practice (1 unit) Prerequisite: NURS 605, 640. Co-requisite: NURS 695
- NURS 697B Integrative Clinical Scholarship II: Evidence-based Practice (3 units) Prerequisite: NURS 697A
- NURS 697C Integrative Clinical Scholarship III: Evidence-based Practice (3 units) Prerequisite: NURS 697B

## SECTION III: DNP PROGRAM ADMISSION AND PROGRESSION

### A. DNP POST-MASTER'S PROGRAM ADMISSION REQUIREMENTS

Candidates seeking admission to the Post-Master's DNP Program must meet CSUF's requirements, and the SON requirements for admission (admission requirements are equivalent for all Consortium schools). More information on university admission requirements can be found here:

Applicants seeking admission to the DNP Post-Master's Program must have:

1. A Master's Degree, from a regionally accredited institution, in nursing or a health-related field (i.e., public health, or health administration) and national certification as an APRN and national furnishing/prescriptive authority, if applicable. (CNM, CNS, CRNA, or NP) (direct care track), More information on National Certification can be found here:  
<http://nursing.fullerton.edu/programs/dnppm/ncertification.php>

OR

- A Master's in nursing, from a regionally accredited institution, in nursing leadership or administration, nursing education, or community health nursing (indirect care track).
2. Official transcripts from all institutions ever attended.
  3. A grade point average of at least 3.0 on a 4.0 scale in overall graduate course work.
  4. Pre-requisite courses for admission include:
    - a. Master's level courses in Advanced Physical/Health Assessment, Advanced Pathophysiology, and Advanced Pharmacology for the direct care track only.
    - b. Master's level courses in core nursing areas such as nursing theory, research, and transcultural nursing. Students with a degree other than nursing will be required to make up deficiencies in preparation.
  5. Active, unrestricted California RN licensure, or eligibility therein, with no disciplinary action pending or imposed.
  6. Three letters of reference with completed recommendation forms.
  7. A personal written statement of purpose and current Curriculum Vita/Resume.
  8. Official documentation of nursing practicum hours attained during the Master's degree program or the Post-Master's certificate program.
  9. Completion of Cal State Apply application.
  10. Completion of interviews and on-site writing sample, as requested.

### B. DNP POST-MASTER'S – DETERMINATION OF CLINICAL HOURS

A *minimum* of 1,000 hours of practice post-baccalaureate as part of a supervised academic program is required to prepare DNP graduates to achieve the DNP *Essentials* and nursing specialty competencies. Hours toward the DNP clinical practicum are awarded based on prior Master's or Post-Master's practicum experiences in an academic program and completion of the DNP Clinical Practicum: Professional Role Development clinical practicum (N640) and the Integrative Clinical Scholarship series of courses (N697A, 697B, & 697C). The Campus Coordinators shall validate clinical hours and complete the *Determination of DNP Clinical Hours* form kept in the student's permanent file. Clinical hours are in direct care (APRN preparation) or indirect care (e.g., leadership, community health nursing, informatics, etc.). Hours attained as a nurse educator will not be applied toward the clinical hour requirement in the DNP program.

#### Determination of Clinical Hours to be Awarded for Prior Master's or Post-Master's Practicum Experiences

It is the responsibility of the DNP student to present documentation of the total number of practicum hours completed in their advanced nursing practice program. Validation of the total number of clinical practicum hours may be achieved by the following:

- A letter of verification from an appropriate nursing administrator responsible for the Master's program from which the student graduated. The letter shall indicate the total number of practicum hours completed by the student during the program of study. This number is then used toward the required **minimum** of 1,000 hours of practice post-baccalaureate.
- A letter from a national nursing certification agency attesting to the minimum number of clinical practicum hours required for certification in the student's advanced nursing practice area at the time that the student was certified. The student is credited with the identified minimum number of practicum hours which is used towards the required **minimum** of 1,000 hours of practice post-baccalaureate.

Documentation of prior practicum hours in an advanced practice program will be reviewed by the DNP Program Director or the Campus Coordinators of the DNP program for acceptance towards clinical hour requirements in the program. This review will be conducted after the student has accepted admission to the program and before the second week of the first semester of enrollment. The student will meet with the Campus Coordinators to sign the *Determination of DNP Clinical Hours* form to document that the student has been duly informed.

#### **Determination of Clinical Hours to be awarded for DNP Coursework**

In addition to prior clinical hours completed before admission to the DNP, all students shall complete a minimum of 500 clinical hours during their DNP. The DNP course of studies includes 365 hours dedicated to Integrative Clinical Scholarship coursework and a minimum of 135 hours of Professional Role Development (N640) clinical coursework. All students must complete (3) units of Professional Role Development (N640) regardless of the number of hours awarded for prior Master's or Post-Master's clinical practicum experiences. Students whose prior master's or Post-Master's practicum experiences are less than 500 hours will need to complete *additional* Professional Role Development clinical coursework. Students will be advised of this requirement, as noted in the section above.

### **C. DNP NURSE ANESTHESIA PROGRAM ADMISSION REQUIREMENTS**

Applicants to the DNP Nurse Anesthesia program must meet the following minimum requirements for admission to apply. No exceptions are made.

1. Active, unrestricted, California RN license with no disciplinary action pending or imposed
  - a. Applicants who are currently licensed outside of California are encouraged to review the requirements for California RN Licensure by Endorsement to ensure they meet the California Board of Registered Nursing requirements for California RN Licensure. Note the BRN's Prerequisite Course requirements for Licensure by Endorsement.
2. Baccalaureate degree in nursing (BSN) or Master's degree in nursing (MSN) from a regionally accredited institution
3. Minimum GPA of 3.2 on a 4.0 scale in the last 60 semester units of college/university coursework
4. Minimum of one year of current full-time clinical registered nursing experience within the past two years in adult critical care ICU in the US by the application deadline. The Adult ICU requirement can be satisfied by working in any kind of Adult ICU environment, such as a Medical ICU, Surgical ICU, Coronary Care Unit, Trauma ICU, Cardiovascular ICU, Neuro ICU, Burn ICU, and CT ICU. The following experience is NOT considered adult critical care: emergency room, post-anesthesia care unit, step-down unit, cardiac catheterization laboratory.

5. CCRN (Adult) Certification
6. Personal interview

**The application process requires prospective students to complete four steps:**

**1. Complete the Prospective Student Profile:**

The first step to the application process is to create a prospective student profile on the SON website. To create your account or to log in to your previously created account, visit our [CRNA Prospective Student Portal](#).

The profile will require prospective students to complete/provide the following:

- Education history
- Clinical experience
- Unofficial transcripts from **all** institutions attended
- Current CCRN certification with the expiration date clearly stated

Kaiser Permanente School of Anesthesia (KPSA) will review your profile and contact you via email to let you know your status. If you meet the minimum admission requirements, you will be able to begin the preliminary online application through the CRNA Prospective Student Portal. If you do not meet the minimum admission requirements, you will receive an email letting you know which requirement(s) you do not meet so that you may work to meet those for a future admission cycle.

**2. Submit the online application through the CRNA Prospective Student Portal:**

The online SON application will be available through the [CRNA Prospective Student Portal](#) until August 31<sup>st</sup>. If you meet all the admission criteria and completed Step 1 above, you will receive notification when the application is available to you. The application must be submitted by August 31<sup>st</sup>.

The preliminary online application will require applicants to complete/provide the following:

- Online application form
- Personal statement
- Copy of active RN License
- Names and contact information for a minimum of three (3) recommenders. We will email the recommenders a unique link that will allow them to submit an online recommendation as part of your application.

**3. Complete an in-person interview day at KPSA (only completed upon invitation from KPSA/CSUF)**

Selected applicants will be invited to complete an in-person interview with the KPSA Admissions Committee, which includes representatives from KPSA and the CSUF SON. Interviews are held in September/October and all details will be provided upon invitation.

**4. Submit online application to Cal State Fullerton (only completed upon invitation from KPSA/CSUF)**

Applicants offered admission to the program will be required to submit a university application to CSU Fullerton. Please do **not** complete the university application unless invited to do so.

**CSUF University Application and Application Fee:**

- Submit the online CSU application for the current admission term. How to access the application, dates the application will be available and the due date will be provided to you upon invitation.
- Submit the university application fee online at the time you submit the online CSU application.

- Submit one (1) set of official (sealed) transcripts from all colleges/universities attended to CSUF Admissions. [Electronic transcripts](#) are preferred.

#### **D. STUDENT CONDUCT AND ACADEMIC INTEGRITY**

DNP students are expected to uphold the highest standards of academic integrity. All students are responsible for reading and understanding all academic integrity expectations at CSU Fullerton: [www.fullerton.edu/integrity](http://www.fullerton.edu/integrity). In instances of fabrication, plagiarism, or other forms of dishonesty in a DNP project, disqualification from the program or university-wide suspension are the normal consequences. Should such dishonesty be discovered subsequent to the conferral of the degree, revocation of the degree is the normal response. More information on these policies and related student resources is available at: [www.fullerton.edu/integrity](http://www.fullerton.edu/integrity).

The use of Chat GPT or similar technology in academic papers must adhere to ethical guidelines. It is acceptable for reference and information gathering, with proper citation and acknowledgement. Limited use for content generation is allowed, but clear attribution is necessary. Transparency, accuracy, and integrity are paramount, with disclosure of the technology's role. Plagiarism and academic integrity should be maintained, and disciplinary action will be taken for policy violations. Awareness, training, and policy compliance are essential for responsible use of this technology in scholarly work.

#### **E. UNIVERSITY WRITING REQUIREMENT**

DNP students must meet the University Writing Requirement. DNP students will demonstrate meeting the University Writing Requirement by completing the three-semester DNP project courses, N697A/B/C Integrative Clinical Scholarship I/II/III. This complies with Title 5 and the Chancellor's Executive Order related to granting the DNP degree.

#### **F. GRADUATE STANDING: CONDITIONALLY CLASSIFIED**

With the approval and recommendation of the appropriate authorities, students who have deficiencies in prerequisite preparation or GPA may be considered for admission in conditionally classified status. Students admitted in this status may subsequently be granted classified status in an authorized graduate program if professional, personal, scholastic, or other standards are met.

#### **G. GRADUATE STANDING: CLASSIFIED**

Classified standing is normally granted when all prerequisites have been satisfactorily completed, the official study plan formulated, recommendation made by the appropriate graduate advisor to the associate vice president, Academic Programs that gives final approval.

A student is not officially classified until an approved study plan is on file in OGS. The student will be sent a copy of the approved study plan. Copies will be filed in the academic unit, university records, and OGS.

#### **H. CLINICAL AND LEGAL DOCUMENTS**

The Southern California CSU DNP Program requires that all students maintain updated documents in their student file related to health clearance, legal, and clinical requirements. These items include, but are not limited to:

- Proof of active, unrestricted California RN licensure with no disciplinary action pending or imposed and furnishing number, if applicable

- Release of Liability, Image, and Information forms
- Proof of up-to-date National Certification

Information on submitting and maintaining these items is provided to students upon admission. It is each student's responsibility to maintain this file. Registration and graduation holds will be placed on student accounts for failure to maintain these records appropriately. Any changes to legal licensure status or pending legal action that may affect licensure status or changes to National Certification status must be reported immediately to the DNP Director.

KPSA will maintain all documents required for clinical course clearance for Nurse Anesthesia students. Refer to the KPSA Student Handbook for additional details.

Any Post-Master's student requiring a preceptorship or clinical facility agreement for any reason will be required to complete a background check and an electronic file through Castle Branch. The student should contact the program office immediately if this applies to them.

Additional documentation will be required at that time including but not limited to:

- Mandatory Reporter and other liability forms
- Certified Background Check Clearance
- CPR Certification
- Current required immunizations
- Current California driver's license and automobile insurance

## **I. TRANSFER CREDIT POLICY**

There is no option for transfer credit for Nurse Anesthesia Concentration students.

Post-Master's DNP students may be able to transfer a limited number of course units in meeting the requirements for a doctoral degree. The use of transfer credits on the student's study plan is subject to the following:

Each course must:

- Have been taken at a regionally accredited college or university
- Be acceptable for credit toward a graduate degree at the institution where the course was taken
- Have been completed with a grade of B or higher.
- Not have been used in meeting the requirements for another earned degree
- Have been completed within the student's 5-year time limit
- Students petitioning to waive a CSUF study plan course must have completed a substantially equivalent doctoral-level course for consideration.

In addition, all transfer units are subject to the same policies in effect for the DNP Study Plan. Course work taken at another institution after admission to CSUF as a doctoral student is rarely accepted for credit toward the doctoral degree. Coursework can only be accepted with prior approval of both the DNP Program Director and OGS. All approved transfer units and grade points will be entered on the CSUF transcript at graduation.

## **J. PETITION FOR VARIANCE IN ACADEMIC DNP REQUIREMENTS**

Nurse Anesthesia students may not petition for a variance to the concentration-specific courses. Students in the Post-Master's DNP Program may submit a petition for a variance in academic requirement. The petition should be submitted to the Director of the DNP Program with all supporting information. The petition will be reviewed by OGS and the DNP Coordinator Committee at its next regularly scheduled meeting, and the decision will be rendered within 30 days of the DNP Coordinator Committee meeting.

## **K. GENERAL REQUIREMENTS FOR GRADUATION WITH A DOCTORAL DEGREE**

To graduate with a DNP degree, students must meet university as well as SON requirements. To be granted a Doctoral degree, a student must have been classified, advanced to candidacy, and completed a satisfactory pattern of study in an approved field. Each student's program for a doctoral degree (including eligibility, classified standing, candidacy, and award of the degree) must be approved by the DNP Program Director and OGS. To assist you in this process, a DNP Program Checklist is available in [Appendix F](#). For further information, students should consult the SON or OGS.

## **L. PROGRESSION WITHIN THE DNP PROGRAM**

A study plan is provided for appropriate progression throughout the doctoral curriculum. Coursework for the Post-Master's program is scheduled to allow full-time work. Post-Master's students who do not follow the recommended study plan are not guaranteed prompt progression through the program; students following their recommended study plan are given priority for entrance to classes before students who are off study plan.

Students in the Nurse Anesthesia concentration must follow the study plan exactly. This concentration is cohort-based and must be followed exactly to progress. Nurse Anesthesia students receiving less than a "B" or "CR" in a study plan course are disqualified from the Nurse Anesthesia concentration. Repeating courses is not an option in the Nurse Anesthesia concentration.

Post-Master's students will be placed on academic probation if they receive a grade less than a "B" for all courses. Once a student is placed on academic probation, the student has the option of repeating the course. A course with a grade of less than B may be repeated once. Students will be advised that their progression of study may be interrupted if the course where the unacceptable grade is received is a prerequisite to others. Students will need to repeat the course next time it is offered to progress. This could cause a delay in graduation, as courses are only taught once each year. The option to repeat a course due to an unacceptable grade can only be used once during the program. A student who receives a second unacceptable grade in another course while in the program will be disqualified from the Southern California CSU DNP consortium program.

The option of withdrawing from a course and receiving a grade of "W" is possible within the withdrawal period listed on the academic calendar each semester. Withdrawals are limited to one time per course. Withdrawal from more than one time in a course will result in the student not progressing in the DNP program.

## **M. ADVISEMENT**

Students are advised throughout their time of enrollment on a variety of matters, including connecting to campus resources, assisting with course sequence, study plan and/or registration issues, financial aid questions, and helping students understand university and nursing policies and procedures.

Post-Master's students will generally not be assigned to a campus until they have been assigned a project team leader. Faculty academic advising for first semester Post-Master students will be handled by the Campus Coordinators to assist students in developing their study plans and selecting the lead for their doctoral project team.

Faculty advising for Post-Master's students after the first semester will primarily focus on the doctoral project and will be managed by the Doctoral Project Team Leader, who is also their N697A, B, C instructor. Campus Coordinators will continue to be available to assist students with other issues or concerns. Regular contact with the Doctoral Project Team Leader is imperative to completing the project in a timely manner.

DNP Nurse Anesthesia students also have regular access to all KPSA faculty available to assist with academic and support needs.

DNP Program Administration endeavors to coordinate university processes for the student cohort, but it is the student's responsibility to arrange appointments for advisement and other information as needed. If needed, students should seek advisement

- prior to or during the first semester of attendance;
- when requesting classified standing;
- upon unsuccessful progress in any course;
- prior to requesting a LOA or withdrawing from any course(s); and
- when applying for a graduation check prior to the final semester

Students should maintain a personal file of transcripts and other evidence of grades and achievements and have these documents available whenever seeing an advisor.

Post-Master's students must email [dnp@fullerton.edu](mailto:dnp@fullerton.edu) with any changes in address, phone numbers, or email. KPSA students should email [dnpcrna@fullerton.edu](mailto:dnpcrna@fullerton.edu) with any changes in address, phone numbers, or email.

## **N. UNIVERSITY GRADUATE STUDY PLAN**

Each student is required to have a Study Plan filed with OGS. This plan will be generated during the first semester and is filed for the student by the program office. The approved study plan is valid as long as the student maintains continuous enrollment in the program. Study Plan adjustment requests must be made to the DNP Program Director within the first five weeks of the first semester of the program. No course may be removed from the plan after a student has taken it.

The requirements for the doctoral degree study plan include:

- 500 and 600 level courses only.
- No more than 12-semester units for a doctoral project.
- None of the following: correspondence courses, credit by examination, or similar.
- An overall GPA of at least 3.0 to satisfy requirements for the degree.
- No grade lower than a "B" for didactic courses or "CR" (83%) for clinical courses will be counted towards DNP study plan coursework in the Nurse Anesthesia concentration.
- Completion or satisfactory validation of all study plan courses within five years, starting with the earliest course on the study plan.

- A qualifying doctoral assessment at the completion of the first year of the program for Post-Master’s students and during the first semester of the second year for Nurse Anesthesia students
- A culminating experience: doctoral project defense and dissemination.
- The student shall have completed all requirements for the degree within five years of matriculation in the doctoral program. The appropriate campus authority may extend by up to two years the time for completion of the requirements under the following circumstances:
  - the student is in good standing,
  - the extension is warranted by compelling individual circumstances, and
  - the student demonstrates current knowledge of research and practice in advanced nursing practice, as required by the campus.

**O. STUDENT EMAIL**

All university communications occur via student university email. Your student email is the only email that will be used for all campus communications per the campus security policy. Outside email will not be used and if students do not check university email important messages will be missed that could impact success in this program. Your student email cannot be forwarded to a personal email account due to campus security policy. You can access your student email via Outlook.com and via a mobile phone app. Click [here](#) for Student Email FAQs.

**P. DNP GRADING POLICY**

The grading scale for each DNP course will be clearly identified in each course syllabus. The grading scale for DNP courses is as follows:

Grade	Numerical value
<b>A</b>	93-100
<b>A-</b>	90-92.9
<b>B +</b>	87-89.9
<b>B</b>	<b>83-86.9</b>
<b>B-</b>	80-82.9
<b>C+</b>	77-79.9
<b>C</b>	75-76.9
<b>C-</b>	70-74.9
<b>D+</b>	67-69.9
<b>D</b>	63-66.9
<b>D-</b>	60-62.9
<b>F</b>	59.9 or below

*Didactic/Lecture Grading Policy*

SON Policy for the Graduate Program states that +/- designations are assigned for final course grades (with the exception of A+). There are no extra credit options. Grades will not be rounded up.

*Clinical/Lab Grading Policy*

The SON policy requires that credit/no credit grades be assigned as final clinical/lab grades. There are no extra credit options. Grades will not be rounded up. A grade of “CR” indicates a grade of (83%) or better and is required to pass the course. Rubrics for clinical performance will be provided in each clinical course.

## Q. GRADE POINT AVERAGE

**A DNP student is expected to earn a 3.0 cumulative grade point average in all units attempted subsequent to admission to the program.**

### *Post-Master's DNP Grading Policy:*

In addition, a Post-Master's DNP student must earn a grade of at least B in each course taken in the program (including prerequisites). If a Post-Master's DNP student receives a grade less than a B on a study plan course, the course may be repeated and passed with a grade of B or higher (this handbook policy supersedes any prior program policy). A course may be repeated only once. This may necessitate a longer progression to a degree, as each course is only taught once each academic year, and all prerequisite courses must be completed before starting the Integrative Clinical Scholarship sequence.

If permission is given to repeat a course with a grade below a B, both the grades (the original grade and the repeated course grade) remain on the study plan, and both are used to calculate the GPA. Successful repetition of a course carries no additional unit credit toward a degree. Requests for coursework changes on the study plan must be approved by the DNP Program Director and the OGS prior to registration. If the GPA, at any time, falls below such a level that it cannot be raised to 3.0 within the prescribed limits, the student will be academically disqualified from the DNP degree program.

### *DNP Nurse Anesthesia Grading Policy:*

Students must earn a minimum cumulative grade-point average of 3.0 in all study plan coursework. No grade lower than a "B" for didactic courses or "CR" (83%) for clinical courses will be counted towards DNP study plan coursework. There is no option to repeat coursework to raise the grade point average in the Nurse Anesthesia concentration. Nurse Anesthesia students receiving less than a "B" or "CR" in a study plan course are disqualified from the Nurse Anesthesia concentration.

## R. PROBATION

There are three reasons for which a DNP student can be placed on probation:

1. A student enrolled in a graduate degree program will be placed on Academic Probation if either the graduate or the Study Plan Grade Point Average falls below 3.00. The DNP student is placed on probation the semester after falling below 3.0 and is allowed two more semesters to raise the Grade Point Average to the required minimum of 3.00 before being subject to disqualification.
2. DNP Post-Master's students will be placed on Academic probation if they receive a grade less than a B for any course. DNP Nurse Anesthesia students will be automatically disqualified from the program if a grade less than a B is earned in any required course.
3. A graduate student may also be placed on probation for reasons other than graduate and/or Study Plan Grade Point Average. This is known as Administrative-Academic Probation. The reasons may include repeated withdrawal, failure to progress toward an educational objective, non-compliance with an academic requirement, failure to demonstrate a level of professional competence or fitness commensurate with the standards of the student's discipline, change in unrestricted professional licensure (with or without actions pending), failure to make satisfactory progress toward meeting clinical objectives, or inappropriate behavior as defined in the Student Bill of Rights and Responsibilities and the Academic Dishonesty sections of the CSUF catalog. Students will remain on Administrative-Academic probation contingent upon conditions required for their continuing in the program. The OGS maintains a list of students on probation and subject to disqualification.

## S. DISQUALIFICATION

The Associate Vice President, Academic Programs (or designee), in consultation with the student's DNP Program Director, will disqualify a DNP student who is on probation if the student does not, or cannot, raise the Study Plan and graduate Grade Point Average (GPA) to 3.00 by the completion of the second regular semester following the semester in which the GPA fell below the minimum 3.00 standard. If a student's GPA becomes so low that it cannot be raised to 3.00 within the prescribed limits of course work, the student will be disqualified from the DNP degree program. A Post-Master's DNP student will be disqualified if a grade lower than B is earned in a course and if a grade of B or higher is not earned in the repeated course or if another subsequent course failure (this handbook policy supersedes any prior program policy). A Nurse Anesthesia DNP student will be disqualified if a grade lower than B or CR is earned in any one course. See the KPSA Handbook for Nurse Anesthesia-specific Clinical and Program Standards related to disqualification.

Students placed on probation for reasons other than GPA will be disqualified if:

- The conditions for removal of Administrative Academic probation are not met within the period specified;
- The student becomes subject to Academic Probation while on Administrative Academic Probation; or
- The student is removed from Administrative Academic probation and subsequently becomes subject to Administrative-Academic Probation for the same or similar reasons as originally placed on probation.

Disqualification removes a student from graduate standing and prevents further enrollment in University courses (except through University Extended Education). A student who has been disqualified from the Post Master's or Nurse Anesthesia DNP program concentrations no longer meet admission eligibility for the program concentrations. A student who has been disqualified from one program concentration may apply for readmission to a different degree program concentration and file a new Study Plan.

The KPSA Handbook refers to 'disqualification' and 'dismissal' interchangeably.

Kaiser Permanente may suspend or terminate a student's right to participate in the Nurse Anesthesia DNP Program if, in its sole judgment and discretion, it determines that student conduct or attitude threatens or potentially threatens (i) the health, safety or welfare of a patient, (ii) the confidentiality of any patient information, or (iii) the integrity or reputation of the Program. Any decision regarding a student's continued participation in the Program is vested in and rests solely with Kaiser Permanente and that its decision is final and conclusive.

## T. LEAVE OF ABSENCE

Continuous enrollment is a normal expectation of graduate degree students for sound academic reasons, including assurance of currency in the field and integration of knowledge at a sophisticated level. Continuous enrollment means that a student registers in each semester following admission to the university until awarding of the degree. Continuous enrollment further permits degree students to elect the catalog graduation requirements for their degree programs which were in force at the time of admission to the program.

In the Nurse Anesthesia concentration, a LOA would only be considered for significant, documented circumstances and will be evaluated on an individual basis. Approval must be granted by both KPSA and CSUF. Refer to the KPSA Student Handbook for additional leave guidelines.

Post-Master's students can access information about LOA and the required forms at [www.fullerton.edu/graduate](http://www.fullerton.edu/graduate).

## **U. INDEPENDENT STUDY**

Independent study is the pursuit for credit of topics or problems of special interest to the student beyond the scope of the department's regular course offerings. NURS 699 - Independent Study (1-3 units) is the designated independent study course for the DNP Program. To be eligible for independent study units, the student must gain the approval of the DNP Program Director and the supervising faculty member. If a student does not complete the doctoral project during NURS 697C, they will be required to register in NURS 699 each semester, and pay full tuition, until the project is complete, including the final oral defense of the project.

In compliance with CSUF policies:

- The independent study project shall be of an investigative or creative nature.
- The student must consult with the supervising faculty member to develop a plan of study and be issued an electronic registration permit from the DNP Program Office before registering for the independent study units.
- The student will complete an independent study contract in accordance with the NURS 699 syllabus consisting of the student's objectives, proposed project activities, and a statement of the criteria to be used in evaluating the project. This contract will be signed by the student and the supervising faculty and placed in the student's file.
- Independent Study courses may be taken on a credit/no credit basis or for a grade.
- A student may take no more than six units of Independent Study per semester and may apply no more than six units towards the completion of the graduate degree.
- Tangible evidence of work accomplished (reports, bibliographies, photo essays, research data, etc.) signed by the student and supervising faculty member will be kept on file per university guidelines.

## **V. RESOLVING STUDENT CONCERNS**

The DNP Program welcomes student feedback and actively includes student input in program improvement decisions. If a student has an individual student concern or a concern better addressed through more immediate processes, the student should consult with the DNP Program Director to determine the appropriate university process depending on the nature of the concern.

Nurse Anesthesia students may also bring feedback and concerns to the KPSA Director.

## **W. CANDIDACY AND GRADUATION**

A student who has been granted classified standing is normally advanced to candidacy after the student files a request for graduation; and the DNP Program Director makes an affirmative recommendation based on the student's GPA and successful completion of the study plan. The degree is awarded upon the satisfactory completion of all state and university requirements, the specific program requirements, the recommendation of the appropriate graduate advisor and project team, and the approval of the faculty and the OGS.

It is highly recommended that all work for the degree, except final course examinations, be submitted by the last day of classes to assure granting the degree by the end of the semester in question. **It is the student's responsibility to file an application for a graduation check and pay the graduation and diploma fee prior to the beginning of the final semester.**

The application for graduation initiates a review of degree requirements and formal approval by the faculty as well as serving as the order for the diploma. The last date to file the application is listed on the OGS website <http://www.fullerton.edu/graduate/academics/graduation.php>. ***Candidates for August graduation must file their requests during the spring semester, by the published deadline.***

Commencement ceremonies are held only at the end of the spring semester. Students completing requirements at the end of fall and spring semesters and during the following summer may participate in those ceremonies. Students are asked to participate in the graduation ceremony of their home campus and are welcome to attend additional ceremonies. Additional information is sent to concerned graduates by the Registrar's Office during the final semester. Information about cap, gown, and hood rental or purchase will also be provided during the final semester.

## SECTION IV: THE DOCTORAL PROJECT

### A. DNP PROJECT OVERVIEW

Doctoral education in nursing is characterized by the completion of a specific project that demonstrates the synthesis of student work and lays the groundwork for future scholarship. Requiring original research is not the intent of the practice-focused doctorate. The DNP primarily involves mastery of an advanced specialty within nursing practice. Therefore, other methods must be used to distinguish the achievement of that mastery.

In the DNP Program, the doctoral project may take a number of forms. Whatever form it takes, the doctoral project shall be the ***written product of a systematic, rigorous evidence-based endeavor focused on a significant advanced nursing practice issue***. One example of a final DNP product is a practice change initiative. This may be represented by a pilot study, a program evaluation, a quality improvement project, an evaluation of a new practice model, a consulting project, or an integrated critical literature review with practice implications. Additional examples of a DNP final product could include a research utilization project, practice topic dissemination, substantive involvement in a larger endeavor, or other practice projects. The theme that links these forms of scholarly experiences is the use of evidence to improve either practice or patient outcomes.

### B. DNP REQUIRED DELIVERABLE

The final DNP project produces an original, tangible, and deliverable academic product that is derived from the practice immersion experience and is reviewed and evaluated by an academic committee. The final DNP written product documents outcomes of the student's educational experiences, provide a measurable medium for evaluating the immersion experience, and summarizes the student's growth in knowledge and expertise.

The doctoral project reflects the evaluation of practice, interpretation, and use of research findings in practice and/or participation in collaborative research. The project will contribute to practice-based evidence, evidence-based practice, or practice inquiry.

Samples of DNP projects from the consortium are available on the DNP website <http://nursing.fullerton.edu/dnp/>. Examples are provided as ideas for projects and should not be used for formatting guidance.

### C. DNP PROJECT TEAM

Each student will have a doctoral project team of at least two persons. The project team leader will (a) be a doctorally prepared CSU or KPSA faculty member, (b) lead the final clinical practica courses (Integrative Clinical Scholarship I, II, and III), and (c) supervise the student's culminating experience. The (required) team member will also be a doctorally prepared CSU or KPSA faculty member. One member will be knowledgeable in the area of the student's nursing specialization or specific project topic. In some cases, a third team member will be selected from academia, the clinical setting where the project is being done, or the community of interest. The Campus Coordinator may approve an exception to membership criteria.

The team leader and team member must attend both the proposal defense and the project defense. Exceptions to this requirement must be approved by the Campus Coordinator or DNP Program Director.

#### **D. DNP PROJECT TEAM CONFLICT OF INTEREST**

A conflict of interest may occur if the student has a professional, personal, or financial relationship with a team member outside of the doctoral project relationship. Any potential conflict of interest must be documented. All involved parties, including team members, program faculty, and students, share the responsibility to disclose any potential conflict of interest in team make-up to the DNP Program office in writing. Written notification should be made as soon as the potential conflict is identified, no later than one week before project proposal defense. The written notification shall provide a rationale and description of how the conflict can be managed. If any conflict of interest is significant or cannot be managed, the student and/or the team member(s) should immediately contact the DNP Program office for guidance.

#### **E. DNP PROJECT DISCLOSURE OF RELATED PAST WORK**

Students should properly attribute past work in their final product and must also disclose past work. It is imperative that students provide proper attribution for all work, including citing their own past work as appropriate. Since many DNP projects draw on the student's past academic or employment-related work and/or prior research, students must disclose past work related to any portion of their DNP Project. The student must submit a written request to the N695 Faculty, the Campus Coordinator, and the DNP Program Director to use all or part of past work, no later than week two of the NURS 695 course.

#### **F. DNP PROJECT PROPOSAL AND DEFENSE**

The doctoral project proposal is usually completed during NURS 695 and NURS 697A, with the proposal defense scheduled after successful completion of NURS 695 and prior to the beginning of NURS 697B. A grade is not given for NURS 697A until a successful proposal defense has occurred. The doctoral project is implemented and completed within NURS 697B and NURS 697C, and the written product is completed within NURS 697C along with public dissemination. Students must be aware of CSUF approval deadlines related to final projects.

The written proposal for the DNP project is written using the following guidelines and will have citations, references, and headings formatted according to the most recent version of the *American Psychological Association Manual*. Students must have a proposal accepted for their final project by their Doctoral Project Team as part of advancement to candidacy. As part of advancement to candidacy, team members will systematically evaluate the student's ability to analyze, synthesize, and evaluate practice and substantive knowledge in nursing based on the written proposal and an oral presentation of the proposal.

Upon approval of the oral proposal defense, the doctoral project team leader and team member(s) will sign the *Approval of the Doctoral Project Proposal*. The form will be filed in the DNP Program Office, and the student will receive a copy. See [Appendix C: Sample DNP Project Content Sections](#)

#### **G. DOCTORAL PROJECT IRB REQUIREMENTS**

All Institutional Review Board (IRB) procedures associated with the DNP program shall conform to the policies and requirements of each of the participating Consortium campuses. Human subject approvals and reviews, including where required the review of doctoral projects, shall be administered by the student's home campus and coordinated by Fullerton. Copies of IRB and agency approvals are incorporated in the appendices of the written doctoral project.

Failure to obtain required IRB approval prior to collection of data on human subjects may disqualify a student from further use of those data. The doctoral project team leader shall advise the student regarding human subjects review requirements and regarding compliance with IRB regulations.

## **H. ADVANCEMENT TO CANDIDACY**

Advancement to candidacy takes place after successful project proposal defense, completion of NURS 697A, and successful passing of the qualifying assessment. Students may not advance to candidacy if they have grades of I, RP, or below B for any class in the degree program. Successful advancement to candidacy permits the student to proceed to conduct and complete a final DNP project.

## **I. QUALIFYING DOCTORAL ASSESSMENT**

The qualifying doctoral assessment is completed by the student and must include the Doctoral Project Team Leader and Member; it may include the DNP Campus Coordinators, the DNP Program Director, and other faculty as appropriate. This assessment is linked to the student's proposal defense. If deficiencies are noted, the student will be notified before progressing in the program.

Students will have a Qualifying Doctoral Assessment review by the Project Team Leader, Campus Coordinator and DNP Program Director after the completion of a successful proposal defense and no later than the beginning of the fourth semester for Post-Master's students, and no later than the end of the fourth semester of study for Nurse Anesthesia students.

The purpose of the qualifying doctoral assessment is to

- Discern the extent to which the student has met program objectives and student learning outcomes thus far;
- Evaluate the student's breadth and depth of knowledge in the area of specialization;
- Determine the student's critical thinking ability with respect to synthesizing the content of courses and constructing meaning from them;
- Assess the student's ability to determine how various theories, constructs, and conceptual frameworks may be applied to solve problems of practice in a specific area of specialization;
- Discern the extent to which the student can critically analyze the professional literature (both theoretical and empirical) pertaining to topics in nursing;
- Determine the student's ability to make informed decisions and recommendations for nursing and nursing care using various sources of patient or nursing data, databases, reports, and other quantitative/qualitative sources; and
- Evaluate the student's ability to clearly define and defend a point of view.

## **J. DOCTORAL PROJECT DEFENSE AND DISSEMINATION**

The student will disseminate the completed doctoral project in a public oral presentation followed by questioning by the Doctoral Project Team. The final project presentation serves as the final oral comprehensive examination for the DNP program. This oral examination serves to determine that the student has met all the requirements of the project and has completed a project reflective of practice doctoral level academic and clinical work.

## **K. DNP FINAL PROJECT PRODUCT**

The tangible, deliverable DNP doctoral product will be a formal report, meeting the current CSUF graduate program standards for DNP Projects. Projects are archived in a searchable electronic database.

## L. DOCTORAL PROJECT APPROVAL

### Evaluation and Scoring Rubrics: Doctoral Project Manuscript and Project Dissemination

The Doctoral Project Manuscript and Oral Presentation Evaluation and Scoring Rubrics will be used by Team members. Students must earn a passing score of 83% or above in the written and oral presentation components for a successful dissemination (Sections I & II of the rubric). The final grade is a mean of all team members' scores.

Approval of the final doctoral project by the Doctoral Project Team serves as documentation that the student has met all project expectations (including those for the final written manuscript) and is eligible for graduation, once all academic/clinical requirements have been met. Once the final project paper has been approved, the doctoral project team leader, team member(s), and the student will sign the *DNP Doctoral Project Approval*. The *DNP FINAL Defense Rating Tool* is completed by project team leader and team member(s) and is filed in the DNP Program Office; the student will receive a copy of the Project Approval form.

If a student does not complete a passing project (presentation and paper), the student must correct any deficiencies and meet again with the Doctoral Project Team. Students are allowed to repeat this once. If the student fails a second time, the student is disqualified from the DNP program. Students who do not complete the doctoral project or do not receive final approval of the project before completion of DNP program coursework are required to maintain registration and pay tuition for NURS 699 for a minimum of 3 credits of coursework each semester until approved by the Doctoral Project Team.

## M. AUTHORSHIP CREDIT AND OTHER ACKNOWLEDGEMENT

The DNP Program supports the recommendations established by the International Committee of Medical Journal Editors (ICMJE) regarding the roles and responsibilities of Authors and Contributors in scholarly writing. These recommendations should be followed for all scholarly works, including posters, produced. [www.icmje.org/recommendations](http://www.icmje.org/recommendations)

## SECTION V: SCHOOL OF NURSING AND UNIVERSITY POLICIES

Academic policies are consistent among all three consortium campuses but defer to the CSUF campus as the Administrative Campus. DNP students are expected to adhere to all CSUF University and SON student and academic policies. Complete text of all CSUF University policies can be found at:

[http://www.fullerton.edu/senate/publications\\_policies\\_resolutions/ups.php](http://www.fullerton.edu/senate/publications_policies_resolutions/ups.php)

### A. CSUF STUDENT RELATED POLICIES

- [300.000](#) Student Rights and Responsibilities
- [300.001](#) Supporting Students with Disabilities
- [300.002](#) Academic Advising Policy
- [300.003](#) University-wide Student Learning Goals
- [300.004](#) Policy on Course Outlines
- [300.005](#) Final Examinations
- [300.010](#) Policy on Final Grade Reporting
- [300.011](#) Faculty Selection of Instructional Materials
- [300.013](#) Late Add Policy
- [300.015](#) Repetition of Courses
- [300.016](#) Withdrawal Policy
- [300.017](#) Incomplete Authorized (I) and Incomplete Charged (IC)
- [300.018](#) Unauthorized Withdrawal - Issuance of WU Grade
- [300.019](#) Academic Responsibility for Missed Instruction Due to University Sponsored Activity
- [300.020](#) Grading Practices
- [300.021](#) Academic Dishonesty
- [300.022](#) Assessment of Student Learning at California State University, Fullerton
- [300.023](#) Grade Changes
- [300.024](#) Declaration of Change of Majors and Minors
- [300.030](#) Academic Appeals
- [300.031](#) Academic Appeals Board
- [300.035](#) Recommendation of Degree Candidates by Faculty
- [300.040](#) Academic Standards for Postbaccalaureate Students
- [300.041](#) Graduate Student Learning Goals
- [300.050](#) Recognition of Superior Student Performance
- [320.005](#) Retention of Student Work
- [320.020](#) University Writing Requirements
- [330.124](#) Leaves of Absence for Graduate and Credential Students
- [330.163](#) Culminating Experience Guidelines for Master's Programs of Master's Level Degrees
- [330.164](#) Posthumous Degree and Recognition
- [330.230](#) Recording and Transcription of Class Content By Students
- [330.231](#) Policy Regarding the Use of Drugs by Students\*
- [330.232](#) Policy on the Use of Alcoholic Beverages by Students and by Student Organizations
- [330.233](#) Sale of Academic Presentation Materials for Commercial Gain
- [370.200](#) Exclusion of Person(s) from Campus Meetings

### B. CSUF CURRICULUM RELATED POLICIES

- [400.010](#) Independent Study

- [410.100](#) Student-to-Student Tutorials
- [410.103](#) Curriculum Guidelines and Procedures: Academic Programs
- [410.106](#) Academic Standards for Graduate Degree Students
- [410.113](#) Guidelines for the Structure of Joint Degree Programs
- [410.115](#) Academic Credit Certificate Programs
- [410.170](#) Doctoral Programs
- [410.200](#) Program Performance Review Policy
- [411.100](#) Curriculum Guidelines and Procedures: Courses
- [411.104](#) Policy on Online Instruction
- [411.105](#) Support Courses
- [411.600](#) Policy on Service Learning
- [411.601](#) Policy on Academic Internships
- [412.010](#) Honors Programs
- [420.105](#) Right of Non-Compliance, Risk Activities
- [450.200](#) Policy on Special Sessions
- [450.400](#) Open University Enrollment Policy

### **C. CSUF LIBRARY RELATED POLICIES**

- [500.150](#) Library Circulation Policies
- [508.000](#) Policy on Return or Replacement of Library Materials

### **D. CSUF RESEARCH RELATED POLICIES**

- [610.000](#) Conflict of Interest Policy for Externally Funded Proposals
- [620.000](#) Protection of Human Participants [formerly UPS 420.103]
- [630.000](#) Policy to Investigate Instances of Possible Research Misconduct

### **E. PETITION POLICIES**

Any nursing major student who requests a waiver of any Southern California CSU DNP Consortium or SON policy must submit a written request to the DNP Program Director. Materials submitted will be considered at the next Campus Coordinators committee meeting. Include supporting documentation with the petition. The student may be requested to submit additional information before a final decision is reached. The decision is based on the majority vote of the committee membership.

### **F. COURSE/FACULTY EVALUATION PROCESS**

Constructive evaluation is valuable in modifying course content and instructor teaching methods. At the end of each semester students will be asked to evaluate both the courses and the faculty instructor(s). Students will complete standardized forms from both the university and the SON in the last few weeks of the course. Responses are anonymous. Instructors will not receive the results until after grades have been submitted for the semester. Faculty evaluations are utilized in the personnel review process for retention, promotion, and tenure.

### **G. DNP STUDENT PARTICIPATION IN ONGOING PROGRAM EVALUATION AND IMPROVEMENT**

To elicit the widest feedback possible and with consideration for the time commitment required of a traditional student representative, the DNP Program Director and Coordinators will host student program evaluation sessions at least once per semester. In lieu of appointing one student representative, all DNP students will be invited and encouraged to attend these evaluation sessions to

provide both confidential written feedback and engage in open dialog with the DNP Program Coordinators.

DNP students are invited to provide input, suggestions, and concerns about program issues to be discussed via written or in-person communication. Summative and formative feedback from Post-Master's and Nurse Anesthesia cohorts are solicited each semester.

## **H. CONTINUING EDUCATION REQUIREMENTS**

State Boards of Nursing consider academic studies as one form of continuing education. In California, each theory hour of a course is accepted as one hour of continuing education. So, one 3-unit course, which equals 45 contact hours per semester, more than fulfills the state requirements since a registered nurse only needs 30 contact hours for re-licensure. These hours must, however, be accumulated within two years prior to license renewal. Since the CSUF SON has a BRN provider number (13309), any academic course on this campus, as long as it shows evidence of increasing your competency and knowledge in relationship to your area of practice, is accepted by the California Board of Registered Nursing.

## **I. IMPAIRED STUDENT POLICY**

The SON faculty members follow the guidelines established by the Board of Registered Nursing related to Impaired Nursing Students:

### BOARD OF REGISTERED NURSING

IMPAIRED NURSING STUDENT GUIDELINES FOR SCHOOLS OF NURSING IN DEALING WITH THE MATTER OF NURSING STUDENTS IMPAIRED BY ALCOHOLISM, DRUG ABUSE, AND EMOTIONAL ILLNESS.

In the matter of nursing students impaired by alcoholism, drug abuse and emotional illness, the California Board of Registered Nursing recognizes that:

- a. These are diseases and should be treated as such;
- b. Personal and health problems involving these diseases can affect one's academic and clinical performance and that the impaired nursing student is a danger to self and a grave danger to the patients in his or her care;
- c. Nursing students who develop these diseases can be helped to recover;
- d. It is the responsibility of the nursing student to voluntarily seek diagnosis and treatment for any suspected illness;
- e. Confidential handling of the diagnosis and treatment of these diseases is essential.

Therefore, the Board of Registered Nursing expects schools of nursing with students impaired by these diseases to offer appropriate assistance, either directly or by referral. Furthermore, the Board expects that schools of nursing will ensure that instructors have the responsibility and authority to take immediate corrective action with regard to the student's conduct and performance in the clinical setting.

It is outside of the Board's scope of function to endorse or recommend a particular course of therapy; however, it does wish to inform nursing students of the importance of seeking voluntary aid for conditions that could, if left unattended, lead to disciplinary action and may prevent them from being licensed [or losing their license] to practice nursing in the State of California.

As a preventive measure, schools of nursing are asked to provide factual material to incoming students regarding school policy on drug or alcohol abuse and mental illness among nursing students.

BOARD APPROVED 11/84 ---- EDP-B-03

### **Concern of Faculty**

The nursing faculty members are committed to facilitating the success of the nursing student and will make every effort to assist in maintaining optimal health in order to safely achieve academic and clinical performance objectives. Impaired health status, which includes physical problems, mental/emotional problems, and drug and alcohol use/abuse, affects academic and clinical performance. Substances that may impair student performance include legal drugs (prescription and over-the-counter), illegal drugs, alcohol, and other chemicals. The impaired nursing student is a danger to self and to others in his/her care.

The nursing faculty members, out of concern for the impaired student, have developed the following policy, which is consistent with the Board of Registered Nursing Guidelines of 11/84. Confidentiality will be strictly maintained at all times.

### **Policy**

- A student who, in the opinion of the instructor, is exhibiting impaired behaviors will be removed from any classroom or clinical setting.
- It is in violation of law and of university regulations to obtain, possess, prescribe, administer to self or to another person any controlled substance or patient medications not prescribed by the physician.
- It is in violation of law and of university regulations to falsify, alter, or misuse records for controlled substances.

#### **1. Assessment**

The student shall be removed from the classroom or clinical setting when the student's behaviors and performance pose a danger to the safety and well-being of self or others. These behaviors may include:

- physical impairment
- impaired judgment
- mental or emotional impairment
- physical impairment
- disruptive actions
- inconsistent behavior patterns

#### **2. Procedure**

When a student, in the instructor's opinion, is exhibiting any of the above behaviors, the following actions will be taken:

- The student shall be removed from the classroom or other setting.
- The instructor shall immediately report the incident to the Director of the SON and the Director of the DNP Program.
- The student shall either immediately report to the Director of the SON for investigation pursuant to university regulations or if the student's behavior is such that it is believed that the student poses an imminent danger of physical harm to self or others the student will be escorted to a safe supervised setting and an appropriate psychiatric response team called to evaluate the student immediately.
- If immediate evaluation is not required, the student shall be referred for further professional assessment. The student shall be given a referral form indicating the impaired behaviors, which led to the classroom or clinical exclusion. This form must be signed by a healthcare professional,

indicating clearance, and returned to the instructor before the student may be readmitted to the nursing classroom or clinical setting.

- The professional assessment shall be performed by someone other than a member of the CSUF faculty.
- The instructor shall call the student's emergency contact person for transport from the campus if, in the instructor's judgment, the student is not capable of driving safely.

### **3. Disqualification**

If the student is believed to be impaired and refuses to submit to further professional assessment, the student is considered to be unsafe to be in clinical practicum due to potential risk to clients. Because clinical practicum is an essential part of the curriculum, the student will be disqualified from the DNP Program. The student may also be subject to suspension or expulsion from other university programs in accordance with the university rules and regulations.

If the student submits to further professional assessment and is found to be impaired and cannot be allowed to return to a clinical setting or the classroom for a significant amount of time, the student will be disqualified from the Nursing Program and required to provide proof of having received professional treatment and adequate recovery prior to re-entry.

### **4. Readmission**

After a minimum period of six months from the time of disqualification, the student may petition for readmission to the Nursing Program.

The requirements for readmission are:

- The student shall submit a petition to the Director of the DNP Program
- The student shall provide proof of active participation in a recognized treatment program on a regular basis, and evidence of rehabilitation and/or recovery at the time of petition for re-entry
- The student may be required to participate in on-going rehabilitation treatment as a condition of readmission
- If admitted to the Nursing Program and required to participate in on-going rehabilitation treatment, the student shall provide evidence of such continued rehabilitation treatment on a schedule as determined the Director of the DNP Program
- Failure to submit evidence of on-going rehabilitation treatment will result in permanent disqualification from the DNP Program
- Readmission is on a space-available basis

A second documented incident of impaired behavior will result in permanent disqualification from the DNP Program.

## SECTION VI. APPENDICES

### Appendix A: Title 5 Requirements for the DNP

Title 5, California Code of Regulations specifies that the doctoral project is required for completion of the DNP. Link to Policy: <https://calstate.policystat.com/policy/8831510/latest>

The following requirements are stipulated in Title 5, § 40513 The DNP Degree [*emphasis added*]:

- The doctoral project shall be the **written product of systematic, rigorous evidence-based endeavor focused on a significant advanced nursing practice issue**. The doctoral project is expected to contribute to an improvement in professional practices or policy. **It shall evidence originality, critical and independent thinking, appropriate form and organization, and a rationale.**
- The doctoral project shall reflect a command of the research literature and shall demonstrate student mastery of evidence-based practice at the doctoral level.
- The written component of this project shall be organized in an appropriate form and shall identify the research problem and question(s), state the major theoretical perspectives, explain the significance of the undertaking, relate it to the relevant scholarly and professional literature, identify the methods of gathering and analyzing the data, and offer a conclusion or recommendation.
- No more than 12 semester units (18 quarter units) shall be allowed for the doctoral project.
- An oral presentation of the doctoral project shall be required.

## Appendix B: Sample DNP Project Timelines

### Post Master's Project Timeline and Faculty Responsibilities

#### Fall Year 1

Students begin collecting literature in project area and have discussions with faculty and employer about feasibility and practicality issues with their project topic.

#### Spring Year 1

DNP Project Leader (NURS 697A)	Proposal Writing Faculty (NURS 695)
<ul style="list-style-type: none"> <li>• Team Leader guides student in selection and refinement of project topic</li> <li>• Helps student select appropriate model and methods</li> <li>• Provides regular feedback to both student and NURS 695 faculty</li> <li>• Determines if 695 proposal is ready for defense</li> </ul>	<ul style="list-style-type: none"> <li>• Faculty guides student in development of the doctoral proposal                             <ul style="list-style-type: none"> <li>✓ Scholarly writing</li> <li>✓ Setting intermediate deadlines</li> <li>✓ Spring/Summer deadline for proposal</li> </ul> </li> <li>• Provides regular feedback to both student and DNP Project Leader</li> </ul>

- Team Leader is final arbiter for content and methods (NURS 697A = 22.5 hours of student and Team Leader meetings, review of work, and facilitation of project activities)
- NURS 695 Faculty keeps student on course (regular course meetings and assignments)
- Background and Methods sections of paper are written
- Both are responsible for regular communication with student and each other
- Proposal Defense occurs after completion of NURS 695
- Project idea is embedded in practice setting

#### Fall Year 2

- Team Leader (NURS 697B = approximately 45 hours of student and Team Leader meetings, review of work, and facilitation of project activities)
- Institutional Review Board (IRB), from clinical site and appropriate university
- Implementation of Project
- Data Collection and Analysis occur, and those sections of the paper are started
- Development of the poster begins
- Regular meetings with student to keep student on track and deal with barriers

#### Spring Year 2

- Team Leader (NURS 697C = approximately 45 hours of student and Team Leader meetings, review of work and facilitation of dissemination activities)
- Student completion and evaluation of project
- Completion of project paper and submit for approval in April
- Completion of project poster and PowerPoint
- Dissemination activities in April

## Nurse Anesthesia Project Timeline and Faculty Responsibilities

### Fall Year 2

DNP Project Leader (NURS 697A)	Proposal Writing Faculty (NURS 695)
<ul style="list-style-type: none"> <li>• Team Leader guides student in selection and refinement of project topic</li> <li>• Helps student select appropriate model and methods</li> <li>• Provides regular feedback to both student and NURS 695 faculty</li> <li>• Determines if 695 proposal is ready for defense</li> </ul>	<ul style="list-style-type: none"> <li>• Faculty guides student in development of the doctoral proposal                             <ul style="list-style-type: none"> <li>✓ Scholarly writing</li> <li>✓ Setting intermediate deadlines</li> <li>✓ Fall deadline for proposal</li> </ul> </li> <li>• Provides regular feedback to both student and DNP Project Leader</li> </ul>

- Team Leader is final arbiter for content and methods
- NURS 695 Faculty keeps student on course (regular course meetings and assignments)
- Both are responsible for regular communication with student and each other
- Proposal Defense occurs in December
- Project idea is embedded in practice setting

### Spring Year 2

- Team Leader
- Institutional Review Board (IRB) if needed
- Implementation of Project—embedded in practice setting
- Regular meetings with student to keep student on track and deal with barriers

### Fall Year 3

- Team Leader
- Student completion and evaluation of project—embedded in practice setting
- Completion of project paper and submit for approval in November
- Completion of project poster and PowerPoint
- Dissemination activities in December

## Appendix C: Sample DNP Project Content Sections

While individual DNP projects may vary, most will have the following content sections, but the order and specific content may not be identical for all projects. Students should consult the project team leader. The following guidance is intended as information only and should not be considered a template. More specific guidelines are included for the pre-implementation components of the document in the proposal writing class NURS 695. Formatting requirements are contained in the DNP Project Template, which can be found in their Canvas Community.

The initial proposal for the project is reviewed and updated to accurately document the work that was accomplished. The tenses in the final paper need to be congruent with what actually occurred. Work completed is discussed in the past tense and work yet to be accomplished is discussed in the future tense.

### BACKGROUND

#### **Needs Assessment, Problem Statement, Purpose**

This section contains an objective discussion of the specific situation, opportunity, problem, issue, or need that the proposal addresses. It also includes a brief description of the community/setting. The problem description is supported with research findings or local evidence to justify the problem and the need to resolve it. The case is made clearly and concisely that a relevant, compelling problem or need exists within a particular context. The discussion includes a description of the target population and the definition of the problem to be addressed in that population. This section ends with a single sentence statement of the problem to be addressed.

The written project purpose statement clearly describes the project focus and guides decisions related to the project. Any sub-aims and objectives of the project are identified; these will drive the outcomes of the project and be stated in measurable terms. If appropriate, there is a succinct description of the proposed project outcome(s) and accomplishments, including the overall goal(s) and specific objectives or ways in which the goal(s) will be met.

#### **Supporting Framework**

When the project involves a practice change, the underlying change framework is briefly described and applied to the project. For other projects, the conceptual model or theory is identified and described as appropriate to the project. This section will include support from nursing and other appropriate theories which frame the project or any intervention/practice change; several theories may be integrated in order to adequately describe the framework.

A supporting framework is described. When the project involves a practice change, the underlying change framework is briefly identified and applied to the project. For other projects, the conceptual model or theory is described and applied as appropriate to the project. This section documents support from nursing and other appropriate theories that serve to frame the project or the intervention; more than one model or theory may be integrated.

#### **Project Goals/Objectives**

In this section, the outcome (s) of the project is/are described in measurable terms. This section includes a succinct description of the proposed project outcome(s) and accomplishments, including the overall

goal(s) and specific objectives or ways in the goal(s) were met. The program goals and objectives should include:

- Minimum of one goal for each problem or need in the problem or statement.
- Description of whom/what were to be changed by the project.
- Performance--action(s) or strategies to be undertaken during the project.
- Process--planned method(s) by which the actions or strategies occurred.
- Product(s)--tangible results expected from the project.

## REVIEW OF LITERATURE

### **Topical Literature Synthesis with Abbreviated Table of Evidence for Each Topic.**

The review of literature contains evidence that supports the need for the practice or process improvement, practice product development, research study, or other approved projects. An important dimension of this will be support of the particular practice change or intervention (if appropriate) used in the doctoral project and rationale for selection of that intervention. The review briefly may also document the validity/reliability of measures to be used and methodology selected. The review is organized topically to describe important literature to support the project.

Suggested organization of this “section” of the proposal.

1. Restatement of the purpose (brief) and contents of the chapter
2. Literature review by topic
  - a. Further descriptive information related to the problem the project will address (often demographics are included here).
  - b. Discussion and critique of evidence (how much, what type; e.g., systematic reviews and studies) that have included an examination of the same or similar variables/concepts.
  - c. Key points from the research literature that need to be integrated into the project development.
  - d. Rationale explaining the selection of the key points to integrate into program development and evaluation.
3. Synthesis of the literature (briefly by topic) that gives the reader a sense of the type of evidence from which findings come, and presentation of the gap(s) in the literature that the project will attempt to address.
4. Section Summary

## METHODS

[For research studies and many evidence-based practice projects, this section will follow the standard format for a quantitative or qualitative study methods description: Design, sample, measures, procedures, data analysis.]

### **Ethical Considerations**

This section should include two or more sentences describing how ethical standards for conducting research and quality improvement projects have been considered and addressed.

### **Project Implementation**

This section includes a clear description and explanation of project scope and activities. The implementation of the project should be described in such detail that a reader could adequately

replicate the methods. Collection of all data used in the project is described in detail. Procedures used for project evaluation or data analyses are described.

The process used to achieve the project outcome(s) is described in a rational, direct, chronological way. This includes actions that assisted in accomplishing the objectives, including who carried out the activities, the measured impact of activities, and a time frame for the entire project. When project activities are incomplete, that needs to be stated with a projection on when completion may occur.

### **Sequence of Activities**

The activities accomplished and planned are delineated and described.

### **Timeline of Activities**

In this section, a stepwise description of all activities/steps undertaken to complete the projects. This section gives the practice change a “face.” That is, what activities were done to make a practice change happen and when those occurred. The description is in enough detail that another nurse could replicate the practice change in a different setting. Framing this in a timeline gives a sense of how long each phase of the practice change implementation took to accomplish. The timeline also includes when processes (e.g., compliance of staff) or outcomes (e.g., patient variables) were assessed.

### **Organizational Setting**

Setting refers to the place/organization where the project took place. This includes a few sentences describing the organization, its “type,” size, patient population, etc.

### **Stakeholders Involved**

In this section, persons involved in the project from start to finish are listed, and their roles are discussed. Groups that were involved are described. That is, if approvals were sought and achieved, the involvement of the specific approval body is discussed. For example, in order to change a policy on the administration of a drug in the peri-anesthesia recovery room, the approval of the Pharmacy and Therapeutics Committee was elicited (specify when) and obtained (when).

### **Patient/Participant Selection**

The target population is described. This includes inclusion and exclusion criteria, both planned and actual. Proposed number and actual number of participants is discussed. Procedures used to engage participants are described in detail. Any problems encountered with patient selection are discussed, along with methods used to ensure patient safety and integrity of any practice changes implemented.

### **Resources Used for Project Completion**

Resources required for the project completion are listed and discussed. Resources include people, equipment, money, and other means of accomplishing project aims. Again, the intent here is to lay out what was required to get the project done. Discussion should include barriers and facilitators to resource acquisition and use. For example, if a project were delayed due to inadequate personnel during a specific time, this should be thoroughly discussed. Or if the receipt of sample items from a pharmaceutical company allowed a project to proceed and enabled evaluation of the sample items, this would be discussed.

### **Evaluation**

This section provides description of how project goals were evaluated. Specific measures used are described in detail, along with how changes in each were analyzed or described. This section gets to the

deliverables of the practice change and how they were evaluated, not the actual outcomes. This would be the final sentence of this section.

## RESULTS

Results of the project are described in the context of project goals and objectives or study purpose and research questions. Headers are used as appropriate. Especially helpful will be graphs (considered figures) and tables that show patterns of trends in outcome measures, as statistical significance may not be the desired outcome. Narrative data are described as appropriate. This section should give a temporal sense for key phases in project implementation, as this aids evaluation of feasibility of replication.

Results for each project objective must be included. This allows determination of to what extent the objective was achieved. For each objective, the key facilitators that made the objective achievable and the key barriers are described. A section that describes unintended consequences, both positive and negative, is included.

For research studies, findings for each research question are given. Any secondary findings are also described.

## DISCUSSION

The project results are discussed within the context of the clinical setting, the supporting framework, and findings from the literature. New literature that has been published since the literature review is also discussed. This section gives a sense of the importance of the project findings, the feasibility of repeating the intervention with similar patient population or with different samples, and the significance of the project to the specialty nursing practice area.

Evaluation of the project is evident in this section. Specific recommendations are delineated for the site where the project was conducted. A discussion of how the project activities should be continued, reduced, phased out, or expanded is included. A description of any ongoing or planned evaluations for phases outside the scope of the doctoral project is given.

Recommendations are placed within the framework of the organization's strategic plan and include discussion of who needs to be involved in or responsible for future phases. Finally, recommendations are discussed regarding the possible application of project findings in other settings, along with implications for future practice initiatives, educational programs, and evidence-based studies.

Helpful resources for this type of project come from a toolkit produced by the Registered Nurses' Association of Ontario: <http://rnao.ca/bpg/resources/toolkit-implementation-best-practice-guidelines-second-edition>.

## Appendix D: DNP Doctoral Project Proposal Defense Rating Tool

Provided for information only. Complete form is available separately.

Written Component of the DNP Project			
<b>1. Background (10)</b>			<b>Score</b>
<b>Does not meet expectations (&lt; 8 pts.)</b>	<b>Meets Expectations (8-8.9)</b>	<b>Exceeds Expectations (9-10)</b>	___ / 10
No reference is made to the problem examined. There is insufficient evidence to believe that the problem identified is significant to nursing and worthy of a doctoral project effort. The purpose is not clearly presented.	Introduces a specific problem to be addressed that has relevance to nursing and has adequately defined the issue. Clearly states the project purpose. The background section describes the evidence/argument for doing the project. Minor suggestions (additions) are presented by the team.	The problem is introduced in detail and solid groundwork is laid as to the direction of the project. The project purpose is clearly stated, and the evidence/argument describing the need for addressing the problem is compelling. The candidate poses relevant ideas to examine.	
<b>2. Literature Review (15)</b>			<b>Score</b>
<b>Does not meet expectations (&lt; 12 pts.)</b>	<b>Meets Expectations (12-13.4)</b>	<b>Exceeds Expectations (13.5-15)</b>	___ / 15
There is an insufficient or a confusing literature review or plan to complete the literature review. Key evidence related to the project topic has not been included or have been inadequately incorporated in the review or planned review.	The literature review is clear, significant, and accurate and contains foundational studies. Several suggestions for the inclusion of additional studies or about the written literature review are made by the team and are not considered significant omissions.	The literature review is clear, significant, and accurate providing substantial support for the project. If the literature review is incomplete, a clear plan for its completion is given. Only 1-2 additional studies/study areas or changes suggested for the written literature review are made by the team.	
<b>3. Supporting Framework (5)</b>			<b>Score</b>
<b>Does not meet expectations (&lt; 4 pts.)</b>	<b>Meets Expectations (4- 4.4)</b>	<b>Exceeds Expectations (4.5 – 5)</b>	___ / 5
No reference is made to the supporting framework or the framework is incongruent/not useful for the proposed project. The framework/model/theory is not clearly presented. There is insufficient evidence to believe that project has will be based on a conceptual model or theory or supporting framework.	Documentation is given for support from nursing and other appropriate conceptual models/frameworks or theories to frame the project or planned intervention. When a practice change is anticipated, the underlying change framework is identified with appropriate application to the project. The framework is described; its utility to the project is mentioned. Any visual models are congruent with the written explanation of the project framework/model. Minor suggestions (additions) are presented by the team.	Strong documentation is given for support from nursing and other appropriate conceptual models/frameworks or theories to frame the project or planned intervention. Several models or theories may be integrated or used. When a practice change is anticipated, the underlying change framework is clearly described with appropriate application to the project. The framework is clearly discussed such that its utility to the project is compelling. Any visual models are congruent with the written explanation of the project framework/model.	
<b>4. Methodology (20) – Includes Plan, Participants/Setting, Procedures Carried Out, and Results/Project Product as Appropriate. Note that not all areas apply to every project.</b>			<b>Score</b>
<b>Does not meet expectations (&lt; 16 pts.)</b>	<b>Meets Expectations (16 –17.9)</b>	<b>Exceeds Expectations (18-20)</b>	___ / 20
<b>Plan/Design:</b> The plan is not appropriately documented based on the project purpose or evidence reviewed, OR the plan presents ethical concerns.	<b>Design:</b> There is need for minor adjustments in the written coverage of the project plan.	<b>Design:</b> The plan is appropriate based on the project purpose, the evidence reviewed, and ethical considerations. A clear justification for the plan was given. No adjustments are identified.	
<b>Participants/Setting:</b> It is not obvious who served as participants in this project or the population/setting they represent. There may be ethical issues related to their selection that was not addressed OR IRB approval has not been adequately addressed.	<b>Participants/ Setting:</b> Adequate information was provided, but there is need for minor adjustments in description of the sample/setting or plan for IRB approval. There are no potential ethical violations related to human.	<b>Participants/ Setting:</b> The number of participants, their selection/recruitment, and the setting from which they come are identified in detail. There are no adjustments needed in sampling criteria. Plans for IRB approval are clear, appropriate to the project topic, and feasible.	
<b>Procedures:</b> Procedures description is too limited to identify whether the project will be successful. Key	<b>Procedures:</b> Procedures discussion does an adequate job in explaining how the project will be carried out. Suggestions	<b>Procedures:</b> Procedures for project implementation are clear, straightforward. All key steps related to	

procedural issues have not been taken into consideration.	for improved procedural description are noted by the team but are not considered significant omissions.	the project are identified and carefully described. Enough information is provided to follow each step for evaluation.	
<b>Evaluation Plan:</b> If data are analyzed, no discussion is included as to the type of analysis that will be used or the analysis is inappropriate. Evaluation plan write-up insufficient for project scope.	<b>Evaluation Plan:</b> Techniques used to analyze the data or evaluate project success requires minor modification. A few minor suggestions are made relative to the evaluation plan.	<b>Evaluation Plan:</b> Evaluation of all research questions or project aims is addressed. If used, data analysis is justified and appropriate for project data or a plan for analysis consultation is described. For students proposing a manuscript or other project product, this may include the take home message from the manuscript or the learner/user objectives.	
<b>5. Clarity of Writing (10)</b>			<b>Score</b>
<b>Does not meet expectations (&lt; 8 pts.)</b>	<b>Meets Expectations (8 – 8.9)</b>	<b>Exceeds Expectations (9-10)</b>	
Writing is unclear and it is difficult to try to determine what the writer is trying to express. Organization of the proposal is poor OR formatting is inappropriate throughout for final project paper requirements. Misspelled words, incorrect grammar or punctuation are evident.	Writing is generally clear. There may be some minor editing needs. Ideas and concepts are presented clearly and demonstrate connection of the flow of information. Reflects a scholarly written presentation. There are no <u>major</u> grammar, syntax or style errors. A minority of sections of the proposal are less than well-organized OR formatted less than appropriately.	Writing is crisp, clear, and succinct. The document reflects a sophisticated scholarly manuscript. All sections of the proposal are well organized and formatted appropriately.	___ / 10
<b>6. References and Citations (5)</b>			<b>Score</b>
<b>Does not meet expectations (&lt; 4 pts.)</b>	<b>Meets Expectations (4- 4.4)</b>	<b>Exceeds Expectations (4.5 – 5)</b>	
Citations/references are missing or are done incorrectly.	Appropriate citations/references and specific credit are given to earlier works. Citations and references presented are for works pertinent to this project and not works of tangential or general significance. A few minor errors identified.	Citations/references are accurate, specific, and appropriate. No errors found in formatting.	___ / 5
<b>TOTAL points on WRITTEN component (65)</b>			___ / 65
<b>Presentation Component of the DNP Project</b>			
<b>7. Oral Presentation (15)</b>			<b>Score</b>
<b>Does not meet expectations (&lt; 12 pts.)</b>	<b>Meets Expectations (12-13.4)</b>	<b>Exceeds Expectations (13.5-15)</b>	
Disorganization in the presentation is apparent. Waits for questions/prompts from others. Limited or no advance preparation for defense. Does not take initiative in the presentation.	. Presents a brief synthesis of the project. Presentation organized, easy to follow, and of appropriate length. Evidence of adequate preparation. Takes some part in setting agenda. Listens to input, paces speaking style effectively, and maintains eye contact	Presents in a scholarly manner and addresses complex concepts clearly and thoughtfully. Able to synthesize the project clearly. Well prepared in advance, sets the agenda, clear, articulate in presentation, draws out concerns of others, and listens actively during discussion component of defense.	___ / 15
<b>8. Use of Media (5)</b>			<b>Score</b>
<b>Does not meet expectations (&lt; 4 pts.)</b>	<b>Meets Expectations (4- 4.4)</b>	<b>Exceeds Expectations (4.5 – 5)</b>	
Media or visual aids characterized by misspelled words, incorrect grammar or punctuation, and not reflective of professional standards related to content, style, or format.	Media or visual aids used to enhance presentation and presented in a scholarly manner. Team has a few suggestions for enhancement.	Appropriate and sophisticated use of media and visual aids to enhance presentation. No errors noted as to grammar, spelling, punctuations, or format.	___ / 5
<b>9. Command of DNP Essentials (15) – Response to questions</b>			<b>Score</b>
<b>Does not meet expectations (&lt; 12 pts.)</b>	<b>Meets Expectations (12 – 13.4)</b>	<b>Exceeds Expectations (13.5-15)</b>	___ / 15

Unable to respond to questions about DNP essentials or responds with inadequate scholarly content.	Responds to questions on DNP essentials and demonstrates command of the DNP essentials and their scholarly basis in current evidence.	Demonstrates sophisticated command of DNP essentials and their use in providing patient care and leadership within health systems. Able to synthesize core concepts and scholarly evidence in response to questions.	
<b>TOTAL points on PRESENTATION component (35)</b>			___ / 35
<b>Total for WRITTEN and PRESENTATION</b>			___ / 100

Tool adapted from rubrics of SDSU, Bowling Green University, revised 7/2021

**Appendix E: DNP Doctoral Final Project Rating Tool**  
Provided for information only. Complete form is available separately.

<b>Written Component of the DNP Project (SECTION I) – 65 points possible</b>			<b>Score</b>
<b>1. Background (10)</b>			
<b>Does not meet expectations (&lt; 8)</b>	<b>Meets Expectations (8-8.9)</b>	<b>Exceeds Expectations (9-10)</b>	___ / 10
No reference is made to the problem examined. There is insufficient evidence to believe that the problem identified is significant to nursing and worthy of a doctoral project effort. The purpose is not clearly presented.	Introduces a specific problem to be addressed that has relevance to nursing and has adequately defined the issue. Clearly states the project purpose. The background section describes the evidence/argument for doing the project. Minor suggestions (additions) are presented by the team.	The problem is introduced in detail and solid groundwork is laid as to the direction of the project. The project purpose is clearly stated, and the evidence/argument describing the need for addressing the problem is compelling. The candidate poses relevant ideas to examine.	
<b>2. Literature Review (15)</b>			
<b>Does not meet expectations (&lt; 12)</b>	<b>Meets Expectations (12-13.4)</b>	<b>Exceeds Expectations (13.5-15)</b>	___ / 15
There is an insufficient or a confusing literature review or plan to complete the literature review. Key evidence related to the project topic has not been included or have been inadequately incorporated in the review or planned review.	The literature review is clear, significant, and accurate and contains foundational studies. Several suggestions for the inclusion of additional studies or about the written literature review are made by the team and are not considered significant omissions.	The literature review is clear, significant, and accurate providing substantial support for the project. If the literature review is incomplete, a clear plan for its completion is given. Only 1-2 additional studies/study areas or changes suggested for the written literature review are made by the team.	
<b>3. Supporting Framework (5)</b>			
<b>Does not meet expectations (&lt; 4)</b>	<b>Meets Expectations (4- 4.4)</b>	<b>Exceeds Expectations (4.5 – 5)</b>	___ / 5
No reference is made to the supporting framework or the framework is incongruent/not useful for the proposed project. The framework/model/theory is not clearly presented. There is insufficient evidence to believe that project has or will be based on a conceptual model or theory or supporting framework.	Documentation is given for support from nursing and other appropriate conceptual models/frameworks or theories to frame the project or planned intervention. When a practice change is anticipated, the underlying change framework is identified with appropriate application to the project. The framework is described; its utility to the project is mentioned. Any visual models are congruent with the written explanation of the project framework/model. Minor suggestions (additions) are presented by the team.	Strong documentation is given for support from nursing and other appropriate conceptual models/frameworks or theories to frame the project or planned intervention. Several models or theories may be integrated or used. When a practice change is anticipated, the underlying change framework is clearly described with appropriate application to the project. The framework is clearly discussed such that its utility to the project is compelling. Any visual models are congruent with the written explanation of the project framework/model.	
<b>4. Methodology (20) – Includes Plan, Participants/Setting, Procedures Carried Out, and Results/Project Product as Appropriate. Note that not all areas apply to every project.</b>			
<b>Does not meet expectations (&lt; 16)</b>	<b>Meets Expectations (16 –17.9)</b>	<b>Exceeds Expectations (18-20)</b>	___ / 20
<b>Plan/Design:</b> The plan is not appropriately documented based on the project purpose or evidence reviewed, OR the plan presents ethical concerns.	<b>Design:</b> There is a need for minor adjustments in the written coverage of the project plan.	<b>Design:</b> The plan is appropriate based on the project purpose, the evidence reviewed, and ethical considerations. A clear justification for the plan was given. No adjustments are identified.	
<b>Participants/Setting:</b> It is not obvious who will served as the participants in this project or the population/setting they represent. There may be ethical issues related to their selection that was not addressed OR IRB approval has not been adequately addressed.	<b>Participants/ Setting:</b> Adequate information is provided, but there is need for minor adjustments in description of the sample/setting or plan for IRB approval. There are no potential ethical violations related to human.	<b>Participants/ Setting:</b> The number of participants, their selection/recruitment, and the setting from which they come are identified in detail. There are no adjustments needed in sampling criteria. Plans for IRB approval are clear, appropriate to the project topic, and feasible.	

<b>Procedures:</b> Procedures description is too limited to identify whether the project will be successful. Key procedural issues have not been taken into consideration.	<b>Procedures:</b> Procedures discussion does an adequate job in explaining how the project will be carried out. Suggestions for improved procedural description are noted by the team but are not considered significant omissions.	<b>Procedures:</b> Procedures for project implementation are clear, straightforward. All key steps related to the project are identified and carefully described. Enough information is provided to follow each step for evaluation.	
<b>Evaluation Plan:</b> No discussion is included as to the type of analysis that will be used or the proposed analysis is inappropriate. Evaluation plan write-up is insufficient for project scope.	<b>Evaluation Plan:</b> The technique(s) proposed to analyze the data or evaluate project success requires minor modification. A few minor suggestions are made relative to the evaluation plan.	<b>Evaluation Plan:</b> Evaluation of all research questions or project aims is addressed. Proposed data analysis method is justified and appropriate for project data or a plan for analysis consultation is described. For students proposing a manuscript or other project product, this may include the take home message from the manuscript or the learner/user objectives.	
<b>5. Initiative in Project Development (10)</b>			<b>Score</b>
<b>Does not meet expectations (&lt; 8)</b>	<b>Meets Expectations (8 – 8.9)</b>	<b>Exceeds Expectations (9-10)</b>	
Inconsistent in taking initiative in the process of project development. Requires action on the part of the team leader to move project forward. Gathers information but does not consistently discuss ideas with project team. Does not submit written work (project drafts and final product) in a timely manner. Some assistance may be required with regards to scholarly tone.	Develops project independently for the most part. Requires some assistance with one or two of the project components. Gathers information and shares useful ideas for discussions with project team. Project drafts and final product are well written in general and submitted in a timely manner. Some assistance may be required with regards to scholarly tone.	Consistently, proactively, and independently develops project. Always prepared with required materials. Actively seeks and suggests solutions to problems. Gathers information and shares useful ideas for discussions with project team. Project drafts and final product are exemplified by scholarly writing and submitted in a timely manner.	___ / 10
<b>6. References and Citations (5)</b>			<b>Score</b>
<b>Does not meet expectations (&lt; 4)</b>	<b>Meets Expectations (4- 4.4)</b>	<b>Exceeds Expectations (4.5 – 5)</b>	
Key/relevant references and citations on the topic are absent. A number of references or citations are formatted incorrectly.	Appropriate citations/references and specific credit are given to earlier works. Citations and references presented are for works pertinent to this project and not works of tangential or general significance. A few minor errors identified.	Citations/references are accurate, specific, and appropriate. No errors found in formatting.	___ / 5
<b>TOTAL points on WRITTEN component</b>			___ / 65

<b>PowerPoint Presentation Component of the DNP Project (SECTION II) – 25 points possible</b>			
<b>7. Oral Presentation (15)</b>			<b>Score</b>
<b>Does not meet expectations (&lt; 12)</b>	<b>Meets Expectations (12-13.4)</b>	<b>Exceeds Expectations (13.5-15)</b>	
Disorganization in the presentation is apparent. Waits for questions/prompts from others. Limited or no advance preparation for defense. Does not take initiative in the presentation.	Presents a brief synthesis of the project. Presentation organized, easy to follow, and of appropriate length. Evidence of adequate preparation. Takes some part in setting agenda. Listens to input, paces speaking style effectively, and maintains eye contact	Presents in a scholarly manner and addresses complex concepts clearly and thoughtfully. Able to synthesize the project clearly. Well prepared in advance, sets the agenda, clear, articulate in presentation, draws out concerns of others, and listens actively during discussion component of defense.	___ / 15
<b>8. Use of Media (5)</b>			<b>Score</b>
<b>Does not meet expectations (&lt; 4)</b>	<b>Meets Expectations (4- 4.4)</b>	<b>Exceeds Expectations (4.5 – 5)</b>	
Media or visual aids characterized by misspelled words, incorrect grammar or punctuation, and is not reflective of professional standards related to content, style, or format.	Media or visual aids used to enhance presentation and presented in a scholarly manner. Team has a few suggestions for enhancement. A few minor errors are	Appropriate and sophisticated use of media and visual aids to enhance presentation. No errors noted as to grammar, spelling, punctuations, or format.	___ / 5

	identified with spelling, grammar or format.		
9. Command of DNP Essentials (5) – Responses to questions			Score
Does not meet expectations (< 4)	Meets Expectations (4- 4.4)	Exceeds Expectations (4.5 – 5)	___ / 5
Unable to respond to questions about DNP essentials and does not demonstrate a command of the DNP essentials. Is unable to provide scholarly evidence in response to questions.	Responds to questions on DNP essentials and demonstrates adequate command of the DNP essentials. Able to provide some scholarly evidence in response to questions.	Demonstrates sophisticated command of DNP essentials and their use in providing patient care and leadership within health systems. Able to synthesize core concepts and scholarly evidence in response to questions.	
<b>TOTAL points on PRESENTATION component (25)</b>			___ / 25
<b>Must pass SECTIONS I &amp; II with a minimum of 83% (75 points) to pass project defense</b>			___ / 90

Poster Component of the DNP Project – 10 points possible			
7. Poster (10)			Score
Does not meet expectations (< 8)	Meets Expectations (8-8.9)	Exceeds Expectations (9-10)	___ / 10
Even with additional explanation, significance /purpose is unclear. Findings do not connect with the purpose of the project. Literature review is present but does not include pertinent information. Missing figures /tables where they would be helpful, or figures/tables are not utilized well. Not clearly organized, contains visible mistakes, and is difficult to read.	Significance/Purpose is presented, further explanation is needed. Relevant literature is noted. Findings are presented. Connections to the purpose of the project may be present but not well-articulated. Figures/tables present the data but might not be clear. Poster is organized, easy to read, minimal mistakes, font, color and visuals are suitable, and is near-professional quality. Poster contributes value to the student(s) presentation of the project.	Significance/Purpose is clearly and concisely presented. Relevant literature thoroughly reviewed. Findings are clearly and accurately presented and connections to the purpose of the project are articulated. Figures/tables clearly to present the data Poster is well-organized, easy to read, free of mistakes, makes good use of font, color and visuals, and is professional quality. Poster contributes meaningfully and adds value to the student(s) presentation of the project.	
<b>TOTAL points on PRESENTATION component (25)</b>			___ / 10
<b>TOTAL of all sections</b>			___ /100

Tool adapted from rubrics of SDSU, Bowling Green University, revised 7/2021

## Appendix F: DNP Program Checklist

### [Application]

1. \_\_\_\_\_ Apply for admission
2. \_\_\_\_\_ Consult with School of Nursing for advisement
3. \_\_\_\_\_ Provide appropriate documents/materials as required

### [Receive notification of admission from Admissions Office]

1. \_\_\_\_\_ Complete any course prerequisites and/or remove deficiencies if needed
4. \_\_\_\_\_ Request study plan changes or exceptions prior to beginning the program.
5. \_\_\_\_\_ Successfully complete all required "DNP Pre-Program" activities.
4. \_\_\_\_\_ Read the DNP Student Handbook

### [DNP Program]

1. \_\_\_\_\_ Complete course requirements
2. \_\_\_\_\_ Consult advisor regarding official study plan. Retain a copy of approved plan.
3. \_\_\_\_\_ Application for classified standing is submitted by the program office on your behalf.  
You receive a copy.
2. \_\_\_\_\_ Complete doctoral project following university and program guidelines
3. \_\_\_\_\_ Obtain final approval from doctoral project team
4. \_\_\_\_\_ Complete all general and specific requirements, other than final course examinations, by the last day of classes

### [Graduation Preparation]

1. \_\_\_\_\_ Apply for graduation check by the deadline
2. \_\_\_\_\_ Obtain approval of final project by DNP
4. \_\_\_\_\_ Deposit approved copy of doctoral project in the campus bookstore for binding (optional)
5. \_\_\_\_\_ Make appropriate arrangements for cap, gown and hood rental in the campus bookstore.

### [Final verification of completion of requirements sent by the OGS to the registrar]

[Receive notification of award of degree from registrar approximately eight weeks after the end of semester.]

[Receive diploma in October – Post Master's]

[Receive diploma in December – BSN-DNP]

## Appendix G: Technological Tools Available at CSUF

### CSUF Campus wide Services

The CSUF main website is [www.fullerton.edu](http://www.fullerton.edu). From this site you can access information about the university and enter the Student Portal. To enter the Portal, you must have an ID and password. Your ID is assigned by Registrations and Records and you also receive an initial PIN to use as a password upon completion of the university application.

### Registration Information

Only admitted students can register for courses: <http://records.fullerton.edu/registration/index.php>

### School of Nursing Resources

The SON also maintains a website where information about the programs, admission requirements, scholarship information, and forms for download are located. You can access the Nursing website at <http://nursing.fullerton.edu>.

### Canvas Course Information

Most courses have an online component through Canvas (accessible through the campus portal) where you can access course information, submit assignments, review grades, etc.

Canvas Support: <http://www.fullerton.edu/it/atc/resources/lms/#>

### General Computer Guidelines and Technology Requirements

For technology requirements and updates refer to the [SON website](#).

### Necessary Computer Skills

At a minimum, DNP students are expected to have the following computer skills:

- Word processing in Microsoft Word (all related skills)
- Power Point (beginning skills)
- Microsoft Excel (beginning skills)
- Upload and download files from the Internet and email
- Use the CSUF library online
- Manage browser settings
- Search the Internet
- Send and receive email

### Electronic Mail

Electronic mail and computer files are considered private to the fullest extent permitted by law. Individuals should not be unwittingly exposed to offensive material by the deliberate and knowing acts of others. Sending and/or forwarding chain emails is prohibited by the SON.

### General Email Guidelines:

1. Never assume your email is private. Compose emails using professional standards and taking into consideration that the email may be inappropriately circulated.
2. Do not open attachments from people you do not know because they may contain viruses.
3. Keep paragraph short and to the point, use white space to leave breaks between paragraphs
4. Do not use all caps
5. Use a signature with your email address and phone number

6. Use the chain of command when sending email
7. Acronyms can be used to abbreviate when possible, however messages that are filled with acronyms can be confusing and annoying to the reader.
8. Emoticons can be used.
9. Use spell check.
10. Netiquette is the set of guidelines that is used in online communication. In brief, netiquette assumes that you will:
  - a. Ask for clarification of postings you do not understand, rather than assuming the author is trying to start an argument
  - b. Do not say anything in an email or posting that you would not say if the person was standing in front of you
  - c. Avoid all the usual slang and jargon that is considered offensive in a face-to-face conversation.
  - d. More information is available at <http://albion.com/netiquette>

**Getting Help with Technical Problems:**

Expect that you will have occasional or situational technical problems. Here is the general department standard for dealing with computer problems:

1. Attempt the process you are having trouble with two or three times.
2. Call or email your course manager regarding the problem. Make sure to include your first and last name, the course you are having trouble with, and information about the type of trouble you are having.
3. Give your course manager at least 24 hours to respond before you attempt to contact the course manager or anyone else about the problem you are having.
4. You are expected to have continuous access to a computer. You also need a backup plan if your computer fails for some reason. You can go to a library to access your classes. You will be expected to maintain your participation in the online class, even during technical problems.
5. Maintain a list of phone numbers for your classmates so that you can help each other when technical problems arise.
6. Be sure to maintain backups of files and antivirus protection on your computer, this will also help you be more successful in the online class!
7. The Titan Help Desk is available to students. They are open the same hours as the Library. Technical help can be obtained through the Student IT Help Desk with the following methods:

Email: [StudentITHelpDesk@fullerton.edu](mailto:StudentITHelpDesk@fullerton.edu)

Phone: 657-278-8888

SMS: 657-248-5101

On-Line Chat: Login to <http://my.fullerton.edu>, click Online IT Help, Click on Live Chat

## Appendix H: ANA Code of Ethics for Nurses

### Provisions

1. The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.
2. The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.
3. The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.
4. The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.
5. The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.
6. The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.
7. The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.
8. The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.
9. The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principle of social justice into nursing and health policy.

### To access the ANA Code of Ethics with Interpretive Statements:

<http://nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses/Code-of-Ethics-For-Nurses.html>

*American Nurses Association. (2015) Code of ethics for nurses with interpretive statements. American Nurses Publishing.*

## Appendix I: Resource Information

### Mailing address:

CSU, Fullerton, DNP Program  
School of Nursing EC 190  
800 N. State College Blvd.  
Fullerton, CA 92831

### Important Web Sites

CSUF main web site	<a href="http://fullerton.edu">fullerton.edu</a>
School of Nursing	<a href="http://nursing.fullerton.edu">nursing.fullerton.edu</a>
Financial Aid:	<a href="http://www.fullerton.edu/financialaid">www.fullerton.edu/financialaid</a>
CSUF Bookstore:	<a href="http://titanshops.com">titanshops.com</a>
BRN Website:	<a href="https://rn.ca.gov">https://rn.ca.gov</a>
Campus Map/Directions:	<a href="http://www.fullerton.edu/visit">www.fullerton.edu/visit</a>
E-mail:	<a href="http://www.fullerton.edu/it/services/email">www.fullerton.edu/it/services/email</a>
Graduate Studies	<a href="http://www.fullerton.edu/graduate">www.fullerton.edu/graduate</a>
Graduate Forms:	<a href="http://www.fullerton.edu/graduate/academics/forms.php">www.fullerton.edu/graduate/academics/forms.php</a>
Pollak Library	<a href="http://www.library.fullerton.edu">www.library.fullerton.edu</a>

**Federal School Code (FAFSA):** 001137

**CSUF BRN Provider #:** 13309

### Important Phone Numbers

DNP Program	657- 278-3336 or <a href="mailto:dnp@fullerton.edu">dnp@fullerton.edu</a>
DNP Nurse Anesthesia	657-278-3336 or <a href="mailto:dnpcrna@fullerton.edu">dnpcrna@fullerton.edu</a>
Main School of Nursing Office	657-278-3336 or <a href="mailto:nursing@fullerton.edu">nursing@fullerton.edu</a>
Campus Operator	657- 278-2011

### The University IT Help Desk

The Help Desk (657-278-8888) is available to assist students with computer/technology related problems.

### Directory: Telephone Services

The main campus telephone number is 657-278-2011. All individual campus telephone numbers use the 278-prefix followed by the extension number. From a phone on campus, only the extension number is required. Phone Directory: <https://apps.fullerton.edu/directory>

## Appendix J: DNP Student Handbook Acknowledgement Form

I have read and understand the policies, procedures, and requirements in the DNP Student Handbook. I understand that my eligibility to participate in this program may be terminated if I cannot meet these expectations.

I am aware that the Handbook is revised annually, and I must abide by the current policies and procedures in the current academic year handbook each year of my enrollment in the program. Should revisions to the handbook occur during an academic year, I understand I will be notified of changes via my CSU email address and the most current handbook will be always posted on the CSUF School of Nursing website.

I acknowledge that I know how to access the DNP Student Handbook. I understand that I am responsible for knowing the information contained in this handbook and will abide by all policies set forth in the handbook during my time of enrollment in the program. I will seek clarification of policies I do not understand.

I acknowledge that I have read and understand the [COVID-19 Addendum](#).

This acknowledgement form is specific DNP Student Handbook for the 2023-2024 Academic Year.

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(Print Name)

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(Signature)

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(CWID)

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(Date) /