

Doctor of Nursing Practice Nurse Anesthesia Program Handbook **2022-2023**

Jefferson College of Nursing



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Jefferson College of Nursing Thomas Jefferson University

DNP Nurse Anesthesia Program Student Handbook 2022-2023

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Section 1

Welcome!

Welcome to the Doctor of Nursing Practice (DNP) Nurse Anesthesia Program at the Jefferson College of Nursing! This program-specific student handbook is intended to supplement the Jefferson College of Nursing Student Handbook and the Jefferson College of Nursing Course Catalog. This JCN Doctor of Nursing Practice Nurse Anesthesia Program Student Handbook is revised annually. Any changes made throughout the academic year will be announced in class and will be updated in the electronic copy posted on the JCN website.

The JCN Doctor of Nursing Practice Nurse Anesthesia Program is rigorous and requires discipline and self-direction. The best way to succeed is to immerse oneself in the educational process. All students must stay current with course work and keep informed by maintaining close contact with the course faculty and by checking the course board(s) and Jefferson email *at least* daily.

Frequently Asked Questions (FAQs)

Can students walk in the University's May graduation ceremony, even if he/she does not finish the program until August (DNP)?

While DNP Students are permitted to walk in the University's May graduation (at the end of the spring semester), completion of degree requirements occurs in the summer semester.

Can students stop recording their clinical logs in Medatrax after fulfilling the minimum COA clinical requirement?

No, students are required to record ALL experiences in the Medatrax system.

Will I be allowed to work a nursing job while enrolled in the program?

Students enrolled in the Doctor of Nursing Practice Nurse Anesthesia Program must be able to devote full time to the curricular plan of study. Employment is **highly discouraged** for students in the program. Under no circumstance can a student work by position or function as a nurse anesthetist while enrolled in the Jefferson College of Nursing Doctor of Nursing Practice Nurse Anesthesia Program.

What RN state licenses am I required to obtain while enrolled in the program

Students must obtain and maintain RN licenses in all three of the following states: DE, NJ, and PA while enrolled in the Doctor of Nursing Practice Nurse Anesthesia Program.

Academic Advising

Upon enrollment, students are assigned a nurse anesthesia faculty member as an academic advisor. The academic advisor will assist students in interpreting program and policy requirements, as well as monitoring students' academic and clinical progress.

Students shall arrange a meeting with their academic advisor as soon as possible after being assigned, as well as communicate with their advisor at least once per semester and keep the advisor informed regarding current or anticipated plans, goals, and progression issues. Students should initiate meetings with advisors. Students having questions about academic advisors should contact the Program Director, Dr. Jacqueline Mainwaring, at Jacqueline.mainwaring@jefferson.edu.

Section 2

**THOMAS JEFFERSON UNIVERSITY
JEFFERSON COLLEGE OF NURSING**

**DOCTOR OF NURSING PRACTICE
NURSE ANESTHESIA PROGRAM
STUDENT HANDBOOK**

**ACKNOWLEDGEMENT OF RECEIPT OF
DOCTOR OF NURSING PRACTICE
NURSE ANESTHESIA PROGRAM
STUDENT HANDBOOK**

My signature* below acknowledges receipt of the Jefferson College of Nursing Doctor of Nursing Practice Nurse Anesthesia Program Student Handbook. I understand that I am responsible for reading and abiding by the materials contained within the Jefferson College of Nursing Student Handbook, the Jefferson College of Nursing Doctor of Nursing Practice Nurse Anesthesia Program Student Handbook, and the Jefferson College of Nursing Course Catalog. All these materials contain important information needed during my student experiences here.

Student Signature: _____

Print Name: _____

Date: _____

*Signatures will be collected electronically in Canvas courses.

Section 3

**JEFFERSON
JEFFERSON COLLEGE OF NURSING**

**DOCTOR OF NURSING PRACTICE
NURSE ANESTHESIA PROGRAM
STUDENT HANDBOOK**

PROGRAM OUTCOMES

Program Outcome Criteria

The curriculum of the Jefferson College of Nursing (JCN) Doctor of Nursing Practice Nurse Anesthesia Program is implemented in accordance with AACN Essentials of Doctor of Nursing Practice Outcomes and the Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate. Program outcome criteria align with CCNE Standards for Accreditation and the Council on Accreditation of Nurse Anesthesia Educational Programs.

Program Graduate Outcomes

In the following categories the graduate must demonstrate the ability to:

Patient Safety

1. Be vigilant in the delivery of patient care.
2. Refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, emailing, etc.).
3. Conduct a comprehensive equipment check.
4. Protect patients from iatrogenic complications.

Perianesthesia

5. Provide individualized care throughout the perianesthesia continuum.
6. Deliver culturally competent perianesthesia care.
7. Provide anesthesia services to all patients across the lifespan.
8. Perform a comprehensive history and physical assessment.
9. Administer general anesthesia to patients with a variety of physical conditions.
10. Administer general anesthesia for a variety of surgical and medically related procedures.
11. Administer and manage a variety of regional anesthetics.
12. Maintain current certification in ACLS and PALS.

Critical Thinking

13. Apply knowledge to practice in decision making and problem solving.
14. Provide nurse anesthesia services based on evidence-based principles.
15. Perform a preanesthetic assessment before providing anesthesia services.
16. Assume responsibility and accountability for diagnosis.
17. Formulate an anesthesia plan of care before providing anesthesia services.
18. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
19. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.
20. Calculate, initiate, and manage fluid and blood component therapy.
21. Recognize, evaluate, and manage the physiological responses coincident to the provision of anesthesia services.

22. Recognize and appropriately manage complications that occur during the provision of anesthesia services.
23. Use science-based theories and concepts to analyze new practice approaches.
24. Be prepared to pass the National Certification Examination (NCE) administered by the NBCRNA.

Communication

25. Utilize interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families.
26. Utilize interpersonal and communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals.
27. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of interprofessional care.
28. Maintain comprehensive, timely, accurate, and legible healthcare records.
29. Transfer the responsibility for care of the patient to other qualified providers in a manner that assures continuity of care and patient safety.
30. Teach others.

Leadership

31. Integrate critical and reflective thinking in their leadership approach.
32. Provide leadership that facilitates intraprofessional and interprofessional collaboration.

Professional Role

33. Adhere to the Code of Ethics for the Certified Registered Nurse Anesthetist.
34. Interact on a professional level with integrity.
35. Apply ethically sound decision-making processes.
36. Function within legal and regulatory requirements.
37. Accept responsibility and accountability for their practice.
38. Provide anesthesia services to patients in a cost-effective manner.
39. Demonstrate knowledge of wellness and substance use disorder in the anesthesia profession through completion of content in wellness and substance use disorder.
40. Inform the public of the role and practice of the CRNA.
41. Evaluate how public policy making strategies impact the financing and delivery of healthcare.
42. Advocate for health policy change to improve patient care.
43. Advocate for health policy change to advance the specialty of nurse anesthesia.
44. Analyze strategies to improve patient outcomes and quality of care.
45. Analyze health outcomes in a variety of populations.
46. Analyze health outcomes in a variety of clinical settings.
47. Analyze health outcomes in a variety of systems.
48. Disseminate research evidence.
49. Use information systems/technology to support and improve patient care.
50. Use information systems/technology to support and improve healthcare systems.
51. Analyze business practices encountered in nurse anesthesia delivery settings.

Section 4

THOMAS JEFFERSON UNIVERSITY
JEFFERSON COLLEGE OF NURSING

DOCTOR OF NURSING PRACTICE
NURSE ANESTHESIA PROGRAM
STUDENT HANDBOOK

CURRICULUM DESIGN

The Jefferson College of Nursing's Doctor of Nursing Practice Nurse Anesthesia Program curriculum awards students who complete the program with a Doctor of Nursing Practice Degree.

Doctor of Nursing Practice Nurse Anesthesia Program

The JCN Doctor of Nursing Practice Nurse Anesthesia Program is an integrated, **36-month, nine-semester program comprised of 92 credits**. The Doctor of Nursing Practice (DNP) is a practice doctorate designed to prepare professional nurses for scholarly practice as clinical and health systems experts who will lead and inspire health care improvement and reform which focuses on leadership, systems thinking, reflective practice, health policy, implementation science and evidenced-based clinical practice. The curriculum includes special focus practicums and a Doctoral Project which provides the opportunity for application of knowledge gained in all courses. Jefferson's full-time curriculum is designed to focus on the full scope of nurse anesthesia practice, integrating didactic coursework with a wide variety of clinical experiences.

Section 5

DOCTOR OF NURSING PRACTICE (DNP) NURSE ANESTHESIA PROGRAM PLAN OF STUDY (Class of 2023)

First Semester (Fall)			Second Semester (Spring)		
NU 560.70	Advanced Pharmacotherapeutics	3 Credits	NU 570.70	Pathophysiology of Human Disease	3 Credits
NU 603.70	Research for Advanced Practice Nursing I	3 Credits	NU 700.70	Pharmacokinetics & Dynamics of Anesthesia Agents	3 Credits
NU 673.70	Comprehensive Assessment for Clinical Decision-Making	3 Credits	NU 703.70	Theoretical Foundations for Organizational Change in Healthcare Systems (40 Hours)	3 Credits
NU 709.70	Current Issues in Health & Social Policy: Planning, Participating, and Policymaking (40 Hours)	3 Credits	NU 748.70	Basic Principles of Anesthesia	3 Credits
NU 724.70	Chemistry & Physics Related to Anesthesia	2 Credits	NU 750.70	Orientation to Clinical Practice	0 Credits
Third Semester (Summer)			Fourth Semester (Fall)		
NU 701.70	Scientific Underpinnings for Nursing Practice (40 Hours)	3 Credits	NU 702.70	Practice Inquiry: Designs, Methods and Analyses (40 Hours)	3 Credits
NU 751.70	Clinical Practice I	3 Credits	NU 706.70	Healthcare Quality and Patient Safety (40 Hours)	3 Credits
NU 758.70	Advanced Principles of Anesthesia	3 Credits	NU 752.70	Clinical Practice II	3 Credits
NU 775.70	Pathologic Aspects of Human Disease II	3 Credits	NU 768.70	Advanced Principles of Anesthesia II	3 Credits
Fifth Semester (Spring)			Sixth Semester (Summer)		
NU 605.70	Role of the Advanced Practice Nurse	3 Credits	NU 707.70	Leadership & Interprofessional Collaboration (40 Hours)	3 Credits
NU 704.70	Philosophy, Foundations and Methods for Evidence-Based Practice (40 Hours)	3 Credits	NU 710.70	Practicum I (60 Hours)	3 Credits
NU 708.70	Clinical Prevention and Population Health for Improving the Nation's Health (40 Hours)	3 Credits	NU 754.70	Clinical Practice IV	3 Credits
NU 753.70	Clinical Practice III	3 Credits			
Seventh Semester (Fall)			Eighth Semester (Spring)		
NU 711.70	Practicum II (60 Hours)	3 Credits	NU 705.70	Advanced Topics in Health Informatics (40 Hours)	3 Credits
NU 755.70	Clinical Practice V	3 Credits	NU 712.70	Practicum III (60 Hours)	3 Credits
NU 778.70	Crisis Management and Clinical Correlation in Anesthesia	3 Credits	NU 756.70	Clinical Practice VI	3 Credits
Ninth Semester (Summer)					
NU 757.70	Clinical Practice VII	3 Credits			
				Total Credits	92

**DOCTOR OF NURSING PRACTICE (DNP) NURSE ANESTHESIA PROGRAM
PLAN OF STUDY (Class of 2024 - forward)**

	First Semester (Fall)			Second Semester (Spring)	
NU 560.70	Advanced Pharmacotherapeutics	3 Credits	NU 570.70	Pathophysiology of Human Disease/Pathologic Aspects of Disease	3 Credits
NU 603.70	Research for Advanced Practice Nursing I	3 Credits	NU 700.70	Pharmacokinetics and Dynamics of Anesthesia Agents	3 Credits
NU 673.70	Comprehensive Assessment for Clinical Decision-Making	3 Credits	NU 703.70	Theoretical Foundations for Organizational Change in Healthcare Systems (40 Hours)	3 Credits
NU 709.70	Current Issues in Health and Social Policy: Planning, Participating and Policy Making (40 Hours)	3 Credits	NU 748.70	Basic Principles of Anesthesia	3 Credits
NU 724.70	Chemistry and Physics Related to Anesthesia	2 Credits	NU 750.70	Orientation to Clinical Practice	0 Credits
	Third Semester (Summer)			Fourth Semester (Fall)	
NU 701.70	Scientific Underpinnings for Nursing Practice (40 Hours)	3 Credits	NU 704.70	Philosophy, Foundations and Methods for Evidence-Based Practice (40 Hours)	3 Credits
NU 751.70	Clinical Practice I	3 Credits	NU 706.70	Healthcare Quality and Patient Safety (40 Hours)	3 Credits
NU 758.70	Advanced Principles of Anesthesia I	3 Credits	NU 752.70	Clinical Practice II	3 Credits
NU 775.70	Pathologic Aspects of Disease II	3 Credits	NU 768.70	Advanced Principles of Anesthesia II	3 Credits
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NU 605.70	Role of the Advanced Practice Nurse	3 Credits	NU 707.70	Leadership and Inter-Professional Collaboration (40 Hours)	3 Credits
NU 702.70	Practice Inquiry: Designs, Methods and Analyses (40 Hours)	3 Credits	NU 710.70	Practicum I (60 Hours)	3 Credits
NU 708.70	Clinical Prevention and Population Health for Improving the Nation's Health (40 Hours)	3 Credits	NU 754.70	Clinical Practice IV	3 Credits
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NU 778.70	Crisis Management and Clinical Correlation in Anesthesia	3 Credits	NU 756.70	Clinical Practice VI	3 Credits
	Ninth Semester (Summer)				
NU 757.70	Clinical Practice VII	3 Credits			
				Total Credits	92

Section 6

**THOMAS JEFFERSON UNIVERSITY
JEFFERSON COLLEGE OF NURSING**

**DOCTOR OF NURSING PRACTICE
NURSE ANESTHESIA PROGRAM STUDENT HANDBOOK**

METHODS OF INSTRUCTION

Remote/Online Instruction:

Faculty have shifted to student-centric learning models that include strategies such as the use of flipped-classrooms (now virtually), case-based learning activities, virtual simulations and APEX assignments and test preparation all aimed at driving up a student's ability to translate theoretical knowledge to practical application using clinical judgment. Best practices in nursing education incorporate all of these elements. Student engagement is key to academic success and faculty are poised to provide support to students along the way. As students assume an active role in their learning, they can expect:

- Pre-class preparatory work employing a variety of modalities such as video viewing, completion of baseline knowledge assessments, critical readings
- Review of pre-recorded lectures that are uploaded to Canvas in a timely manner prior to synchronous class meeting
- Synchronous class time with faculty and peers that include faculty presentation and review of critical/complex content and priorities for learning along with student driven dialogue with peers and faculty teams
- Opportunities to clarify unclear or difficult/complex concepts with faculty

Classroom Instruction:

The faculty from the Doctor of Nursing Practice Nurse Anesthesia Program employ a variety of learner-centric strategies that may include AV teaching aids, lecture presentations utilizing PowerPoint, videos, classroom assignments, case-based learning, return demonstrations in the simulation lab, internet assignments, and participation in online discussions with classmates and/or classroom instructors.

Clinical Instruction:

Students are assigned to administer anesthesia at off-campus clinical sites under the direct supervision of a physician anesthesiologist and/or CRNA clinical instructor. Students are expected to attain a set of outcomes at the end of each semester as identified on each semester's Clinical Outcome Assessment/Summative Evaluation.

Section 7

PLAN FOR NATIONAL CERTIFICATION EXAMINATION (NCE) SUCCESS DOCTOR OF NURSING PRACTICE NURSE ANESTHESIA PROGRAM

POSITION STATEMENTS

A. The Purpose of the National Certification Examination (NCE) Plan for Doctor of Nursing Practice Nurse Anesthesia Program Students

The NCE plan for success is designed to facilitate the student's readiness for the National Board of Certification & Recertification for Nurse Anesthetists (NBCRNA) certification process and to ensure success for all students. It is an essential component of the pre-certification program, and all components of the plan are considered to be valuable in transitioning students through program completion and the certification process. This plan is integral for students in the pre-certification curriculum. Content from the APEX Anesthesia Review is integrated in select courses throughout the program.

Another component of the NCE success plan is the requirement that students take the Self-Evaluation Examination (SEE) during the spring semester of their second year and for the second time during the spring semester of their third year. The SEE is a computerized adaptive test that is intended to help both students and programs identify their respective strengths and areas needing concentration before students take the NCE. The SEE also serves to simulate the NCE experience for students. The four content areas on the SEE are (1) Basic Sciences (25%); (2) Equipment, Instrumentation, and Technology (15%); (3) General Principles of Anesthesia (30%); and (4) Anesthesia for Surgical Procedures and Special Populations (30%) (NBCRNA Self-Evaluation Exam Handbook, 2021). Remediation is critical to improving student performance and achieving a level of proficiency that equates to success on the NCE.

B. Role of the Faculty

Faculty members assume a key role in the implementation and evaluation of the pre-certification plan. In this role, course faculty is responsible for supervising the students as they progress to full readiness for the NCE. Inherent to the faculty role is active participation with students in the design and implementation of individualized plans to ensure success. Activities undertaken to assist students with NCE testing competence are documented. While the strategies that are utilized to achieve these outcomes are jointly negotiated between the faculty member and student, individual student outcomes in relation to the NCE are directly attributable to the rigor with which elements of the plan are upheld by the faculty. Course faculty members are responsible for determining if a student has met the plan requirements for a given course.

C. Role of the Student

All elements of the NCE plan apply to nurse anesthesia students and all students are expected to participate fully in its multiple dimensions and to comply fully with its expectations. Inherent in the role that students assume in carrying out the parameters of this plan is the responsibility to frequently communicate/interact with the academic advisor in order to document progress and to define plans to improve outcomes. Students accept full responsibility for assuming an active role in completing all components of the NCE success plan and for following through with all recommendations given and requirements determined. Students acknowledge that failure to adhere to the plan's components will have academic implications. Students will submit to the course faculty the required elements of the NCE success plan for each course listed below. Specific criteria for acceptable completion of requirements will be established by program faculty. Completion of all NCE success plan elements is required for successful course completion. Failure to complete the required elements in the specified time frame will result in course failure.

D. Courses with NCE Success Plan Requirements

Courses with NCE success plan elements are:

- NU 700 Pharmacokinetics & Dynamics of Anesthesia Agents
- NU 748 Basic Principles of Anesthesia
- NU752 Clinical Practice II
- NU 753 Clinical Practice III
- NU 754 Clinical Practice IV
- NU 755 Clinical Practice V
- NU 756 Clinical Practice VI
- NU 757 Clinical Practice VII
- NU 748 Basic Principles of Anesthesia
- NU 758 Advanced Principles of Anesthesia I
- NU 768 Advanced Principles of Anesthesia II
- NU 778 Crisis Management and Clinical Correlation in Anesthesia
- NU 775 Pathologic Aspects of Disease II

**Jefferson College of Nursing
DNP Nurse Anesthesia Program
Self-Evaluation Examination (SEE) Policy**

Successfully passing the National Certification Examination (NCE) is required to become a Certified Registered Nurse Anesthetist (CRNA). The National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) offers this examination to measure the knowledge, skills, and abilities necessary for entry-level nurse anesthesia practitioners. Eligibility to sit for the NCE includes completing a nurse anesthesia educational program accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA). As preparation for taking the NCE, Jefferson's DNP Nurse Anesthesia Program (NAP) requires all students to take the Self-Evaluation Examination (SEE) at least twice and achieve a minimum total score of 420 in either NU754 or NU756 as outlined in this policy. Students will be registered for the exam by the Program Director. It is the student's responsibility to schedule a testing date/time and complete the exam by the end of each course listed above. Test center information will be provided to the students by the NBCRNA.

JCN SELF-EVALUATION EXAMINATION (SEE) REQUIREMENTS:

1. Students are required to take the SEE once in NU754 and once in NU756 (paid for by JCN). Students will meet with faculty advisors after each exam attempt to create a personalized NCE study plan.
2. If a student does not receive a minimum total score of 420 on either attempt, they must notify the program administrators within 24 hours of receiving their results.
3. Students who fail to achieve the minimum total score of 420 on one of their first two attempts, will be required to retake the SEE a third time at their own expense by July 31st of their senior year.

If a student does not receive a minimum total score of 420 on the third attempt, they must show proof of registration in an NCE board prep course of their choice. Students are responsible for any charges associated with the board prep course selected.

Section 8

**THOMAS JEFFERSON UNIVERSITY
JEFFERSON COLLEGE OF NURSING**

**DOCTOR OF NURSING PRACTICE
NURSE ANESTHESIA PROGRAM
STUDENT HANDBOOK**

POLICY ON CLINICAL SUPERVISION/INSTRUCTION

The Jefferson College of Nursing's Doctor of Nursing Practice Nurse Anesthesia Program complies with the Council on Accreditation's definition of clinical supervision restricting the clinical supervision and instruction of students in anesthetizing locations to only CRNAs and/or anesthesiologists with staff privileges who are immediately available in all clinical areas. The program also restricts clinical supervision in non-anesthetizing areas to credentialed experts who are authorized to assume responsibility for the student. Students are never to be supervised by a resident or fellow.

Students who are in the clinical area during their first and second clinical semester will be under the direct supervision of either a board-certified anesthesiologist or certified registered nurse anesthetist (CRNA) in a one-to-one teacher/student ratio. The CRNA and/or anesthesiologist are the only individual(s) with responsibility of care of the patient, and have responsibilities including, but not limited to providing direct guidance to the student; evaluating student performance; and approving a student's plan of care. This policy also limits the maximal student/clinical instructor ratio in the clinical area to 2:1. When this occurs, the anesthesiologist must be immediately available to the nurse anesthesia student at all times.

The clinical supervision ratio of students to instructor ensures patient safety by taking consideration: the complexity of the anesthetic and/or surgical procedure, the students' knowledge and ability, and the comorbidities associated with the patient.

Section 9

**THOMAS JEFFERSON UNIVERSITY
JEFFERSON COLLEGE OF NURSING**

**DOCTOR OF NURSING PRACTICE
NURSE ANESTHESIA PROGRAM
STUDENT HANDBOOK**

**POLICY ON LICENSURE OF NURSE ANESTHESIA STUDENTS AND LICENSURE AND
CERTIFICATION/RECERTIFICATION OF NURSE ANESTHESIA PROGRAM FACULTY AND
CLINICAL FACULTY BY THE NBCRNA**

The Program Director or their designee will ensure that the following documents are current:

- Current RN license and CRNA certification card for all nurse anesthesia program faculty (in the JCN faculty files)
- Current RN licenses in DE, NJ, and PA for all students enrolled in the program (in the JCN student files)
- Current BLS/ACLS certification for all students (in the JCN student files)
- Current PALS certification for all students (in the JCN student files)
- Current resume, RN license and CRNA certification card for all nurse anesthesia program clinical site coordinators (in the JCN faculty files)

The program director or their designee relies upon institutional credentialing processes to validate the currency of CRNA clinical preceptor RN licenses and CRNA certifications.

No student will be permitted in a clinical site if their license has expired and will be responsible for making up any clinical time they miss while they are waiting for renewal of their license.

No student will be permitted to go to their pediatric rotation if their PALS certification is not current.

Please note it is a JCN and a COA requirement that all licenses and certifications are kept on file and valid at all times.

Section 10

**THOMAS JEFFERSON UNIVERSITY
JEFFERSON COLLEGE OF NURSING**

**DOCTOR OF NURSING PRACTICE
NURSE ANESTHESIA PROGRAM
STUDENT HANDBOOK**

POLICY FOR CLINICAL ASSIGNMENT AND LOGGING OF CLINICAL EXPERIENCES

1. Students will be placed at clinical sites by NAP faculty.
2. Certain clinical sites will require a second interview after the student has been accepted into the program. The decision of the clinical site does not affect the student's enrollment in the program.
3. The program will make all efforts to assign a student close to their residence; however, students must be prepared to travel. Please refer to the Jefferson College of Nursing, Doctor of Nursing Practice Nurse Anesthesia Program website for a listing of clinical sites and mileage.
4. All students are required to provide their own mode of transportation to and from the clinical site.
5. All students are required to have current NJ, DE and PA RN licenses prior to the start of clinical rotations.
6. All clinical time missed will need to be made up by the student.
7. All students are required to comply with the clinical site's rules, regulations, and hospital policies. This may include, but is not limited to:
 - a. Participation in departmental meetings
 - b. Engagement in student development activities
 - c. Supplemental readings
 - d. Additional care plans
 - e. Assignments
 - f. Participation in Pre/Post-operative rounds
 - g. Submission of student formative evaluations as per clinical site protocol
8. All students are required to prepare for clinical by formulating an anesthesia care plan daily.
 - a. For the first three clinical semesters, students are required to formulate a written anesthesia care plan for all assigned cases.
 - b. A written care plan is not required for changed assignments. Students may be asked to research a procedure prior to the start of an unanticipated case.

- c. After the first three clinical semesters, students are required to complete a minimum of one anesthesia care plan for any case not previously encountered as well as for specialty cases. Beginning with the fourth clinical semester, a verbal anesthesia care plan may be used for routine/previously encountered cases. Throughout the program on each clinical day, all students are required to provide their clinical preceptor with a formative evaluation document. Returned formative evaluations should be submitted to course faculty on a weekly basis.
9. Students are required to accurately log their clinical experiences according to the COA Guidelines for Counting Clinical Experiences within seven days. Falsifying clinical experience logs will not be tolerated and may result in dismissal from the program.

Section 11

**THOMAS JEFFERSON UNIVERSITY
JEFFERSON COLLEGE OF NURSING**

**DOCTOR OF NURSING PRACTICE
NURSE ANESTHESIA PROGRAM
STUDENT HANDBOOK**

POLICY AND PROCEDURE FOR CONDUCTING PRE-OPERATIVE ASSESSMENTS

Policy:

Students assigned to participate in the anesthesia care of a patient are to conduct a preoperative visit and/or review of the patient's hospital records whenever possible and document this activity on the Anesthesia Care Plan template provided in all clinical courses.

Procedures:

- Students are expected to conduct pre-anesthetic visits on patients assigned to them if the patient is in-house and complete the required plan of care.
- Students shall not become involved with the anesthetic care of a patient without having the opportunity to first review the patient's medical records with the exception of emergent cases, as directed by the preceptor.

**THOMAS JEFFERSON UNIVERSITY
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**DOCTOR OF NURSING PRACTICE
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POLICY FOR CONDUCTING POST-OPERATIVE ASSESSMENTS

Policy:

Students shall follow respective agency protocols for conducting post-operative assessments on clients, immediately reporting any abnormalities to their preceptor.

Section 12

**THOMAS JEFFERSON UNIVERSITY
JEFFERSON COLLEGE OF NURSING**

**DOCTOR OF NURSING PRACTICE
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GUIDELINES FOR CALL EXPERIENCES

Call experience is a planned clinical experience outside the normal operating hours of the clinical facility, for example, after 5PM and before 7AM, Monday through Friday, and on weekends. Assigned duty on shifts falling within these hours is considered the equivalent of an anesthesia call, during which a student is afforded the opportunity to gain experience with emergency cases.

- Students on call experiences will always be under the supervision of either an anesthesiologist or a CRNA
- Students may be assigned to a 24-hour call experience; however, a student is not permitted to provide direct patient care for a period longer than 16 continuous hours
- Students will not be permitted to undertake any level of anesthesia care without the expressed knowledge, consent, and presence of either an anesthesiologist or CRNA
- Students will not be permitted to leave the clinical area unless they have asked and received permission from their preceptor
- Students on call experiences shall maintain constant communication with the senior members of the on-call team
- Students will not be assigned any overnight call experience shift preceding any class day
- Students assigned to call on Saturday or Sunday will receive a compensation day
- If students become ill and cannot take call, they must inform the program directors, the CRNA clinical coordinator, and the clinical agency as soon as possible
- If students cannot take their assigned call because of illness, they will be assigned another call experience at the discretion of the CRNA clinical coordinator

Section 13

**THOMAS JEFFERSON UNIVERSITY
JEFFERSON COLLEGE OF NURSING**

**DOCTOR OF NURSING PRACTICE
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POLICY ON ASSESSMENT OF STUDENT CLINICAL PERFORMANCE

Clinical Semester Performance

Students will receive a pass/fail grade for the clinical semester. This grade is based on Semester I, II, III, IV, V, VI and VII clinical and specialty rotations' Clinical Outcome Assessment Formative Evaluation and Summative Evaluation tools. The Formative Evaluations are completed by the staff CRNAs and/or staff anesthesiologists. The Summative Evaluations are completed by the staff CRNAs, staff anesthesiologists, or NAP faculty. Formal documentation of clinical performance (i.e. evaluation tools, email to program faculty, written letter) provides the faculty with information on whether a student has successfully met the clinical learning outcomes expected at the end of the semester. An additional assessment parameter includes preparation of the anesthetic care plan. Student performance is rated on a progression scale of 0 to 5 for the clinical learning outcomes.

If throughout the program a student receives formative and/or summative evaluations that have a progression scale rating that is below what is required for their time in the program reflecting safety concerns, the student will be counseled and placed on clinical jeopardy as per the Jefferson College of Nursing Student Handbook and Course Catalog (link to current catalog). All students must meet 80% of the critical outcomes highlighted specifically for their level in the program by the end of the semester for progression. If a student fails to demonstrate clinical learning outcomes, the student will receive a failing grade in the clinical course and be recommended for dismissal to the JCN College Committee on Student Promotions.

Levels of Progression

Clinical Semester I – Students are expected to demonstrate a rating on both formative and summative evaluations equal to or greater than 1 for every component of the assessment tool.

Clinical Semester II – Students are expected to demonstrate a rating on both formative and summative evaluations equal to or greater than 2 for every component of the assessment tool

Clinical Semester III – Students are expected to demonstrate a rating on both formative and summative evaluations equal to or greater than 3 for every component of the assessment tool

Clinical Semester IV – Students are expected to demonstrate a rating on both formative and summative evaluations equal to or greater than 3 for every component of the assessment tool

Clinical Semester V – Students are expected to demonstrate a rating on both formative and summative evaluations equal to or greater than 4 for every component of the assessment tool

Clinical Semester VI – Students are expected to demonstrate a rating on both formative and summative evaluations equal to or greater than 4 for every component of the assessment tool

Clinical Semester VII – Students are expected to demonstrate a rating on both formative and summative evaluations equal to or greater than 4 for every component of the assessment tool.

Specialty Rotations – Students are expected to demonstrate a rating on both formative and summative evaluations equal to or greater than 3 or 4 for every component of the assessment tool depending upon level in the program.

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Clinical Progression Scale and Definitions:

Independent (5): The student is independent with complex anesthetic management. Demonstrates proficiency in integrating didactic knowledge within the clinical setting, informed by appropriate clinical reasoning. Able to formalize an anesthetic care plan specific to the type of surgical procedure, meeting patients' physiologic needs across the lifespan assigned an ASA PS 1-6. Confidently provides safe, accurate, and organized evidence-based anesthetic care.

Competent (4): The student is mostly independent with complex anesthetic management, requiring minimal cues and assistance from staff. Able to integrate didactic knowledge toward the type of scheduled surgery within the clinical setting and formalize an advanced anesthetic care plan for ASA PS 1-4. Provides safe, accurate, and organized evidence-based anesthetic care.

Advanced Beginner (3): The student provides care that is safe and accurate. Able to integrate didactic knowledge specific to surgical procedures and a patients' physiological state. The student requires some direction with prioritizing tasks yet can complete them in a timely manner. Shows initiative to implement an anesthetic plan of care.

Novice (2): The student provides care that is safe and accurate but may lack organization. Requires frequent cues from staff in clinical reasoning and assistance in performing tasks. Develops care plans that show an understanding of the anesthetic and surgical procedure.

Dependent (1): The student is safe in practice under direct supervision. Able to verbalize basic knowledge about the scheduled case based on readings. The student lacks confidence, organization, and proficiency, requiring verbal and physical demonstrative cues from the staff. Develops care plans that may lack understanding of anesthetic or surgical procedure.

Safety Concern (0): Unsafe clinical functioning. The student shows a lack of knowledge and/or preparation and is unable to demonstrate an understanding of basic tasks and/or skills. The student requires constant supervision by the staff and lacks appropriate preparation for the scheduled surgical procedure or anesthetic technique.

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CLINICAL PROGRESSION SCALE BY LEVEL (SEMESTER) IN THE PROGRAM

LEVEL	SCALE	SUPERVISION
I	Dependent (1)	Continuous
II	Novice (2)	Continuous
III	Advanced Beginner (3)	Continuous-Intermittent
IV	Advanced Beginner (3)	Continuous-Intermittent
V	Competent (4)	Intermittent
VI	Competent (4)	Intermittent
VII	Competent-Independent (4-5)	Intermittent
Specialty Rotation*	Novice-Independent (2-5)	Continuous-Intermittent

*Specialty rotations start in January after the first year. Students on rotation are expected to perform at the level that corresponds with their semester.

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CLINICAL JEOPARDY, PROBATION, AND DISMISSAL

Clinical Jeopardy, Probation, and Dismissal are described in the [JCN Student Handbook & Course Catalog](#).

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OB ROTATION

When second- and third-year students successfully complete an obstetric rotation at their clinical site or if necessary at a designated off-campus clinical facility they will be able to administer or manage regional anesthesia and/or administer general anesthesia to pregnant patients during the perinatal period.

When students successfully complete this rotation, they will demonstrate the following specific student learning outcomes.

The student will:

- Identify specific anesthetic equipment necessary to manage patients in labor
- Prepare patients to receive anesthesia for either a vaginal delivery or caesarian section
- Set-up specific anesthetic equipment for all anesthetics during the perinatal period
- Prepare appropriate medication dosing for a variety of anesthetics specific to the obstetric patient
- Develop an anesthetic care plan for obstetrical patient which includes:
 - Conducting a comprehensive pre-operative assessment
 - Selecting pre-operative medication utilizing the protocol of the Department of Anesthesiology
 - Managing fluid requirements
 - Calculating estimated blood volumes
 - Identifying the type of anesthetic technique best suited for an obstetrical patient
 - Selecting the best choice of anesthetic and adjuvant drugs
 - Dose anesthetic agents based on patient condition and weight
 - Discussing proposed anesthetic management with the clinical instructor(s)
 - Managing the emergence of obstetrical patients from general anesthesia

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PEDIATRIC ROTATION

When second- and third-year students successfully complete a pediatric anesthesia rotation at their clinical site or if necessary a designated off-campus clinical facility, they will be able to administer or manage anesthesia for neonatal/pediatric patients undergoing surgery and procedures.

When students successfully complete this rotation, they will demonstrate the following specific student learning outcomes.

The student will:

- Identify specific anesthetic equipment necessary to manage all types of neonatal/pediatric cases
- Set-up specific anesthetic equipment for neonatal/pediatric cases
- Prepare appropriate medication dosing for a variety of anesthetics specific to the neonatal/pediatric patient
- Develop an anesthetic care plan for neonatal/pediatric patients which includes:
 - Conducting a comprehensive pre-operative assessment
 - Selecting pre-operative medication utilizing the protocol of the Department of Anesthesiology
 - Managing fluid requirements
 - Calculating estimated blood volumes
 - Identifying the type of anesthetic technique best suited for a particular neonatal/pediatric patient
 - Selecting the best choice of anesthetic and adjuvant drugs
 - Dosing anesthetic agents based on patient condition, weight, and age
 - Discussing proposed anesthetic management with clinical instructor(s)
 - Managing the emergence of neonatal/pediatric patients from general anesthesia
- Administer anesthesia to neonates and/or pediatric patients scheduled for all types of surgery and procedures
- Interpret the patient physiologic response to procedural interventions and anesthetic agents
- React appropriately to patient physiologic responses to procedural interventions and

anesthetic agents

- Manage, fluid and blood component therapy for neonatal/pediatric patients
- Maintain neonatal/pediatric patient core temperatures within an acceptable range
- Transport neonatal/pediatric patients to the PACU/ICU/NICU
- Deliver a comprehensive post-anesthetic report to the PACU/ICU/NICU nurse

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NEURO-ANESTHESIA ROTATION

When second- and third-year students complete a neuro-anesthesia rotation at their clinical site or if necessary at a designated off-campus clinical facility they will be able to administer or manage anesthesia for patients undergoing a wide variety of neurosurgical and neuro-interventional procedures.

When students successfully complete this rotation, they will demonstrate the following specific student learning outcomes.

The student will:

- Identify specific anesthetic equipment necessary to manage patients undergoing surgical, diagnostic, or interventional radiological neurological procedures
- Set up specific anesthetic equipment for neurological procedures
- Develop an anesthetic care plan which includes:
 - Conducting a comprehensive pre-operative assessment
 - Inserting appropriate invasive monitors
 - Managing fluid requirements
 - Calculating estimated blood volumes
 - Identifying the type of anesthetic technique best suited for the patient with a specific type of neurological condition
 - Selecting the best choice of anesthetic technique individualized for the patient with a specific type of neurological condition
 - Selecting the best choice of anesthetic and adjuvant drugs
 - Discussing proposed anesthetic management with clinical instructor(s)
 - Maintaining the patient's physiologic parameters that will facilitate an optimal outcome
 - Managing the emergence of patients recovering from general anesthesia following a neurosurgical and neuro-interventional procedures

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CARDIAC ROTATION

When second- and third-year students successfully complete a cardiac rotation at their primary off-campus clinical site or if necessary at a designated off-campus clinical facility they will be able to administer or manage anesthesia for patients undergoing cardiac surgery.

When students successfully complete this rotation, they will demonstrate the following specific student learning outcomes.

The student will:

- Identify specific anesthetic equipment necessary for cardiac surgery
- Interpret the patient physiologic response to surgical/procedural interventions and anesthetic agents
- Respond appropriately to patient physiologic responses to surgical/procedural interventions and anesthetic agents
- Explain the pharmacophysiology associated with the coagulation process.
- Discuss the management of patients undergoing coronary bypass or valve replacement
- Discuss the basic principles of cardiovascular bypass
- Discuss the management of minimally invasive cardiac procedures
- Set up specific anesthetic equipment necessary for cardiac surgery
- Develop an anesthetic care plan for cardiac patients which includes:
 - Conducting a comprehensive pre-operative assessment
 - Inserting appropriate invasive monitors
 - Managing fluid requirements
 - Calculating estimated blood volumes
 - Maintaining the patient's physiologic parameters that will facilitate an optimal outcome
 - Identifying the type of anesthetic techniques for specific cardiac condition/procedure
 - Selecting the best choice of anesthetic technique individualized for the patient with a specific type of cardiac condition/procedure

- Selecting the best choice of anesthetic and adjuvant drugs
- Managing the patient while they are on bypass
- Reversing anticoagulation drugs - Dosing anesthetic agents based on patient condition, weight, and age
- Discussing proposed anesthetic management with clinical instructor(s)
- Managing the emergence of patients recovering from anesthesia following cardiac surgical/procedural intervention

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EVALUATION

Students in the Doctor of Nursing Practice Nurse Anesthesia Program will engage in evaluative processes at a variety of levels and for varied purposes throughout their program of study. Evaluation data are critical to the process of continuous self-evaluation of the program and to strengthen program components.

The following types of evaluation are conducted throughout the program:

1. **Formative Evaluation*** – completed by clinical preceptor and student. Returned weekly for faculty review.
2. **Summative Evaluation*** – completed at the end of each clinical rotation by clinical coordinator and/or clinical preceptor. Reviewed at the end of each clinical semester with faculty advisor.
3. **Self-Summative Evaluation*** – completed at the end of each clinical rotation by student learner. Reviewed at the end of each clinical semester with faculty advisor.
4. **Clinical Preceptor Evaluation*** – completed at the end of each clinical rotation by student learner. Two evaluations must be submitted per rotation by each student. Reviewed at the end of each clinical semester with faculty advisor. ***
5. **Clinical Coordinator Evaluation*** - completed at the end of each clinical rotation by student learner. Reviewed at the end of each clinical semester with faculty advisor. ***
6. **Clinical Site Evaluation*** - completed at the end of each clinical rotation by student learner. Reviewed at the end of each clinical semester with faculty advisor. ***
7. **Course Evaluation**** – completed at the end of each course by student learner. Results reported in the aggregate are anonymous. Reviewed by faculty at the conclusion of each semester.
8. **Faculty Evaluation**** - completed at the end of each course by student learner. Results reported in the aggregate are anonymous. Reviewed by faculty at the conclusion of each semester.
9. **Exit Satisfaction Survey**** - completed at the end of the program plan of study by the prospective graduate. Results reported in the aggregate are anonymous. Reviewed by faculty annually upon receipt from the Office of Institutional Research (OIR).
10. **Alumni Survey**** – completed at 3, 5, and 10-year intervals, post-graduation by alumnus. Results reported in the aggregate are anonymous. Reviewed by faculty upon receipt from the Office of Institutional Research (OIR).

* Required

** Highly encouraged

*** Students complete these surveys electronically; faculty review the results at the end of each semester during the Nurse Anesthesia Program faculty meeting. Additionally, students are encouraged to bring up questions or concerns on an ongoing basis.

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**STUDENT TIME COMMITMENT TO THE DOCTOR OF NURSING PRACTICE NURSE
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The Council on Accreditation (COA) of Nurse Anesthesia Educational Programs that oversees nurse anesthesia education in this country defines a reasonable time commitment as follows:

“Reasonable time commitment - A reasonable number of hours to ensure patient safety and promote effective student learning should not exceed 64 hours per week. This time commitment includes the sum of the hours spent in class and all clinical hours, averaged over 4 weeks. Students must have a 10-hour rest period between scheduled clinical duty periods (i.e., assigned continuous clinical hours). At no time may a student provide direct patient care for a period longer than 16 continuous hours.”

To ensure that this standard is met, the accrediting agency expects program personnel to monitor the total number of hours per week students are obligated to the program.

The 64-hour per week time commitment limit includes the sum of hours spent in class, and all clinical hours averaged over four weeks and is followed throughout the program.

The Jefferson College of Nursing’s Doctor of Nursing Practice Nurse Anesthesia Program will continually monitor student’s time commitment to ensure that it is compliant with this accreditation criterion.

Although a student may be assigned to a 24-hour call experience, at no time may a student provide direct patient care for a period longer than 16 continuous hours.

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POLICY FOR SICK TIME

1. All students are required to call and email the Program Director and/or Assistant Program Director and Clinical Coordinator when calling out sick for class and/or clinical.
2. All students must follow clinical site protocols when calling out sick from the clinical area.
3. In the event of an illness or serious injury that causes the student to miss clinical or class time, documentation of clearance through Jefferson Occupational Health Network for Employees & Students is required. Students must contact the Jefferson Occupational Health Network for Employees & Students (JOHN) for an evaluation and may be required to present information from the treating provider to the program director.
4. All students are required to log any sick and make-up time in the Medatrax student tracking system.
5. Attendance is required for all classes for which a student is registered. These requirements and the objectives and the anticipated outcomes of the course shall be clearly outlined by the faculty at the beginning of each course. See Immersion or Clinical Performance Expectations Policy in the JCN Student Handbook & Course Catalog for procedures related to clinical absence.
6. Special circumstances be evaluated on a case-by-case basis. Students experiencing such circumstances will contact the Program Director.
7. Clinical Coordinators reserve the right to determine if a student needs to leave the clinical area for any reason. Students with excessive, sick time must meet with the Program Director and/or Assistant Program Director to generate a plan for completion of required clinical/class hours.
8. If a student fails to notify the Program Director and/or Assistant Program Director by phone and email when they call out sick from clinical, it will be counted as an unexcused absence. A student with three unexcused absences will be placed on clinical jeopardy with the potential to be dismissed from the program.
9. Students will make up missed clinical days in coordination with the Program Director, Clinical Coordinator, and Faculty Advisor.

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STUDENT WELLNESS POLICY

The Council on Accreditation of Nurse Anesthesia Programs (COA) has defined wellness as a positive state of mind, body, and spirit reflecting a balance of effective adaptation, resilience, and coping mechanisms in personal and professional environments that enhance quality of life. The Council on Accreditation stresses the importance of wellness to healthcare professionals, healthy lifestyles that reflect a positive work-life balance, along with adaptive behaviors to reduce the intensity of experienced stress.

STUDENT WELLNESS PROCEDURES

- A. Students can take one wellness day in their first clinical semester, and up to two wellness days per subsequent clinical semester.
- B. One wellness day is equal to one eight-hour clinical day.
- C. Students must plan wellness days in advance in collaboration with their Clinical Coordinators and nurse anesthesia faculty.
- D. Students are required to email the program director and Education Coordinator notifying them of the dates they are using their wellness days.
- E. Wellness days are designated to be used at the student's discretion and need to be scheduled no later than one week prior to the requested day. Some Clinical Coordinators request two weeks' notice.
- F. Wellness days cannot be used during specialty or enrichment rotations.
- G. If the student is unable to take their wellness days due to being in an enrichment or specialty rotation the entire semester, they can carry over wellness days to the following two semesters.
- H. Wellness days do not include university holiday time. Nurse anesthesia students are not required to attend clinical on university observed holidays.

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POLICY RELATIVE TO STUDENTS WORKING OUTSIDE OF PROGRAM COMMITMENT

Students enrolled in the Doctor of Nursing Practice Nurse Anesthesia Program must be able to devote full time to the curricular plan of study.

Employment is **highly discouraged** for students in the program.

Under no circumstance can a student work by position or function as a nurse anesthetist while enrolled in the Jefferson College of Nursing Doctor of Nursing Practice Nurse Anesthesia Program.

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JEFFERSON COLLEGE OF NURSING DOCTOR OF NURSING PRACTICE PROGRAM STUDENT HANDBOOK 2022-2023

This information guides DNP students in program progression, the DNP Project and practicum hours.

These guidelines supplement the 2022-2023 Jefferson College of Nursing Student Handbook and Course Catalogue

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Jefferson College of Nursing Thomas Jefferson University

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Welcome!

Welcome to the Doctor of Nursing Practice (DNP) Program at Jefferson's (Philadelphia University + Thomas Jefferson University) College of Nursing! This guidebook was created to be a reference for all Jefferson DNP students and faculty and is not meant to be an exhaustive resource. The guidelines are revised annually and include information to guide DNP students in the completion of program progression, the DNP Project and practicum hours.

The DNP is a practice doctorate designed to prepare professional nurses for scholarly practice as clinical and health systems experts who will lead and inspire health care improvement and reform. Jefferson College of Nursing's DNP curriculum focuses on leadership, systems thinking, reflective practice, health policy, implementation science and evidence-based clinical practice.

Doctoral study is rigorous and requires independence, discipline and self-direction. The best way to succeed is to immerse oneself in the educational process. An expectation of all students is to stay current with course work and keep informed by maintaining communication with the Graduate faculty, checking the course board/s and JeffMail email daily.

Jefferson College of Nursing DNP Organizing Framework

Jefferson University, Jefferson College of Nursing Graduate Program has adopted the components of doctoral education defined in *The Essentials of Doctoral Education for Advanced Nursing Practice* published by the American Association of Colleges of Nursing as the organizing framework of the Doctor of Nursing Practice (DNP) program. Two components form the organizing framework for the doctoral level curriculum: 1) core curriculum comprised of the DNP Essentials 1 through 8 that are the foundational outcome competencies deemed essential for all graduates of a DNP program regardless of specialty or functional focus, and 2) specialty curriculum comprised of the specialty competencies/content that prepares the DNP graduate for those practice and didactic learning experiences for a particular specialty. Competencies, content, and practicum experiences needed for specific roles in specialty areas are delineated by national specialty nursing organizations. The core curriculum constitutes foundational curriculum content that has been identified as essential for all students who pursue a DNP degree in nursing.

The courses incorporated into the core curriculum are foundational to all advanced nursing practice roles.

- Essential I: Scientific Underpinnings for Practice prepares graduates to: 1) use science-based theories and concepts to determine the nature and significance of health and health care delivery phenomena, describe the actions and advanced strategies to enhance, alleviate, and ameliorate health and health care delivery phenomena as appropriate, and evaluate outcomes; and 2) develop and evaluate new

practice approaches based on nursing theories and theories from other disciplines.

- Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking prepares graduates to: 1) develop and evaluate care delivery approaches that meet current and future needs of patient populations based on scientific findings in nursing and other clinical sciences, as well as organizational, political, and economic sciences; 2) ensure accountability for quality of health care and patient safety for populations with whom they work, and 3) develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the health care organization, and research.
- Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice prepares graduates to: 1) use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice; 2) design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient-centered care; 3) apply relevant findings to develop practice guidelines and improve practice and the practice environment; 4) use information technology and research methods appropriately; 5) function as a practice specialist/consultant in collaborative knowledge-generating research; and 6) disseminate findings from evidence-based practice and research to improve healthcare outcomes.
- Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care prepares graduates to: 1) design, select, use, and evaluate programs that evaluate and monitor outcomes of care, care systems, and quality improvement including consumer use of health care information systems; 2) analyze and communicate critical elements necessary to the selection, use and evaluation of health care information systems and patient care technology; 3) demonstrate the conceptual ability and technical skills to develop and execute an evaluation plan involving data extraction from practice information systems and databases; and 4) evaluate consumer health information sources for accuracy, timeliness, and appropriateness.
- Essential V: Health Care Policy for Advocacy in Health Care prepares graduates to: 1) critically analyze health policy proposals, health policies, and related issues from the perspective of consumers, nursing, other health professions, and other stakeholders in policy and public forums; 2) demonstrate leadership in the development and implementation of institutional, local, state, federal, and/or international health policy; 3) educate others, including policy makers at all levels, regarding nursing, health policy, and patient care outcomes; 4) advocate for the nursing profession within the policy and healthcare communities; 5) develop, evaluate, and provide leadership for health care policy that shapes health care financing, regulation, and delivery; and 6) advocate for social justice, equity, and ethical policies within all healthcare arenas.
- Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes prepares graduates to: 1) employ effective communication and collaborative skills in the development and implementation of practice models, peer review, practice guidelines, health policy, standards of care, and/or other scholarly

products; and 2) lead interprofessional teams in the analysis of complex practice and organizational issues.

- Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health prepares graduates to: 1) analyze epidemiological, biostatistical, environmental, and other appropriate scientific data related to individual, aggregate, and population health; and 2) synthesize concepts, including psychosocial dimensions and cultural diversity, related to clinical prevention and population health in developing, implementing, and evaluating interventions to address health promotion/disease prevention efforts, improve health status/access patterns, and/or address gaps in care of individuals, aggregates, or populations.
- Essential VIII: Advanced Nursing Practice prepares graduates to: 1) conduct a comprehensive and systematic assessment of health and illness parameters in complex situations, incorporating diverse and culturally sensitive approaches; 2) design, implement, and evaluate therapeutic interventions based on nursing science and other sciences; 3) develop and sustain therapeutic relationships and partnerships with patients (individual, family or group) and other professionals to facilitate optimal care and patient outcomes; 4) demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes; 5) guide, mentor, and support other nurses to achieve excellence in nursing practice; 6) educate and guide individuals and groups through complex health and situational transitions; and 7) use conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal, and policy issues. The specialty curriculum constitutes the specialty competencies/content that prepares the DNP graduate for those practice and didactic learning experiences for a particular specialty. Competencies, content, and practice experiences needed for specific roles in specialty areas are delineated by national specialty nursing organizations.

American Association of Colleges of Nursing (2006) *The Essentials of Doctoral Education for Advanced Nursing Practice* Washington D.C.

**Jefferson College of
Nursing DNP
Program Outcomes**

Upon completion of this program, the graduate will be able to:

1. Synthesize knowledge from ethics and the biophysical, psychosocial, analytical, and organizational sciences into the conceptual foundation of advanced nursing practice at the doctoral level. (Essential I)
2. Employ organizational and systems-level leadership principles in the development and evaluation of care delivery approaches that meet the current and future needs of communities and populations. (Essential II)
3. Design, direct and evaluate scholarly inquiries that incorporate evidence appraisal, research translation, and standards of care to improve practice and the practice environment. (Essential III)
4. Analyze ethical and legal issues in the use of information, information technology, communication networks, and patient care technologies used to support safe, high-quality patient care. (Essentials II, IV)
5. Influence policy makers through active participation on committees, boards, or task forces at the institutional, local, state, regional, national, and/or international levels to improve health care delivery and outcomes. (Essential V)
6. Integrate skills of effective communication, collaboration, shared decision-making, and leadership with interprofessional teams to create change in health care. (Essential VI)
7. Synthesize individual, aggregate, and population health data in the development, implementation, and evaluation of interventions that address health promotion/disease prevention, access, and disparities. (Essential VII)
8. Demonstrate advanced levels of leadership, systems thinking, clinical judgement, and analytical skills in designing, delivering, and evaluating evidence-based care at the highest level of advanced practice. (Essential VIII)

Academic Advising

Upon enrollment, students in the DNP program are assigned a DNP faculty member(s) as an academic advisor. The academic advisor will assist students in interpreting DNP and College of Nursing program and policy requirements as well develop a plan of study. Students shall arrange a meeting with their academic advisor as soon as possible after being assigned as well as communicate with their advisor at least once per semester and keep the advisor informed regarding current or anticipated plans, goals, and progression issues. Students should initiate meetings with advisers. It is recommended that these meeting are held via Zoom, Teams, Skype, Face Time, and/or in person. Students having questions about academic advisors should contact the DNP Program Director.

The following list of faculty includes nursing faculty who advise students and/or teach in the DNP program:

Jennifer Bellot, PhD	jennifer.bellot@jefferson.edu
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Doctor of Nursing Practice Program Options

Please refer to the 2022-2023 Jefferson College of Nursing Student Handbook & Course Catalog for DNP program options and full-time and part-time plans of study. All students should consult with their advisor to create and/or revise their plan of study.

Doctor of Nursing Practice Course Listing and Course Descriptions

NU701: Scientific Underpinnings for Nursing Practice

Explores the evolution and development of theories relevant to nursing practice, grand and middle-range theories, and their philosophical underpinnings and implications. *This course has a minimum practicum component of 20-40 hours.*

NU702: Practice Inquiry: Designs, Methods and Analyses

Examines advanced research designs, methods and analysis common to clinical research focused on solving clinical problems and improving health outcomes. The course will prepare students to design, implement, interpret and translate research into clinical practice. Methodologies to be studied include quantitative, qualitative and mixed methods. The course will focus on the formulation of researchable questions and hypotheses, various research designs, types of research variables and measurement. *This course has a minimum practicum component of 20-40 hours.*

NU703: Theoretical Foundations for Organizational Change in Healthcare Systems

Provides a comprehensive exploration of organizational change theories and systems thinking approaches within an ethical context. The goal of this course is to develop and refine the leadership/management change skills of students to transform practice and educational environments in order to enhance the quality of nursing and healthcare

delivery systems. *This course has a minimum practicum component of 20-40 hours.*

NU704: Philosophy, Foundations and Methods for Evidence Based Practice

Introduces the concepts associated with evidence-based nursing practice models. The steps in implementing evidence-based practice are explored in depth. Issues related to information management technology will be introduced. Strategies for creating a culture of evidence-based practice both for individual and systems will be identified and barriers to evidence-based practice will also be identified. *This course has a minimum practicum component of 20-40 hours.*

NU705: Advanced Topics in Health Informatics

Examines advanced topics in health informatics including revolutionizing health care through information and computer technology. *This course has a minimum practicum component of 20-40 hours.*

NU706: Quality Measurement and Outcomes Analysis in Healthcare

Focuses on quality and patient safety initiatives. Strategies for creating a culture of quality and patient safety will be examined. The goal of the course is to provide the student with the scientific knowledge base and practical tools necessary for leadership in healthcare quality and patient safety initiatives so that an organizational quality infrastructure can be built. *This course has a minimum practicum component of 20-40 hours*

NU707: Leadership and Inter-professional Collaboration

Focuses on the knowledge and skills necessary to provide exemplary leadership of groups and inter-professional teams with an emphasis on relationship building and team building. The goal of this course is to further enhance the student's leadership skill development in order to resolve complex clinical situations, improve practice environments, and lead integrated healthcare delivery teams. *This course has a minimum practicum component of 20-40 hours.*

NU708: Clinical Prevention and Population Health for Improving the Nation's Health

Examines concepts related to health care outcomes identification, health promotion, disease prevention, disease management, and the design of innovative health care delivery models for vulnerable, underserved, and minority populations. *This course has a minimum practicum component of 20-40 hours.*

NU709: Current Issues in Health and Social Policy: Planning, Participating and Policy Making

Focuses on understanding how health care is organized, financed, and delivered in the U.S. and examines key issues currently on the U.S. national policy agenda. Students will conduct health policy analysis, examine stakeholders' perspectives and environmental factors, and develop feasible policy options and recommendations. *This course has a minimum practicum component of 20-40 hours.*

NU710 Practicum I

This is the first of three practicum courses to provide students the opportunity for application of knowledge gained in all core courses over the final three semesters of doctoral study. The Practice Inquiry Project begins in this course. *This course has a minimum practicum component of 20-60 hours.*

NU711 Practicum II

This is the second of three practicum courses to provide students the opportunity for application of knowledge gained in all core courses over the final three semesters of doctoral study. The Practice Inquiry Project continues in this course. *This course has a minimum practicum component of 20-60 hours.*

NU712 Practicum III

This is the third of three practicum courses to provide students the opportunity for application of knowledge gained in all core courses over the final three semesters of doctoral study. The Practice Inquiry Project concludes in this course. *This course has a minimum practicum component of 20-60 hours.*

Clinical Practicum Requirements

The American Association of College of Nursing requires 1,000 post BSN practicum hours for the DNP. On application to the DNP program, students submit a letter from the college where they earned a master's degree, stating the hours they obtained in their program. This serves as the baseline to determine the number of hours still to be earned throughout the DNP Program. Students entering the BSN to DNP will earn all 1,000 throughout their clinical placements and the DNP practica. The hours requirement is determined at admission and recorded on the student's Plan of Study

Practicum hours earned in a course are null and void in the case of course failure or course withdrawal. When the course is repeated, practicum hours are not counted from the first attempt. Therefore, when the course is repeated, the student must complete all required hours at that time.

Clinical Affiliation Agreements and Consent and Release Forms

While JCN strives to provide enriching and engaging clinical practicum experiences for our DNP students, it is imperative that we respect and protect legal and ethical boundaries of both our students and clinical sites.

- For practicum sites that constitute *ongoing contact*, the university must have a **clinical affiliation agreement** with the agency/site/individual. Students shall work with individual course faculty to determine if the university has a pre-existing clinical affiliation agreement with the intended agency/site/individual.
- For one-time interfaces (observations, interviews, etc.) or experiences that constitute *a single contact and/or one-time event*, students must complete a consent and release form with the agency/site/individual. **Note: Some course assignments may require a consent and release form as well.** Students shall provide copies of completed consent and release forms with their practicum log submissions or course assignments, as appropriate.
- The consent and release form can be found in the Forms section of the DNP Handbook.

Prior to confirming an individual's participation with you in an interview designed to fulfill curricular requirements of the Jefferson College of Nursing, the following must occur:

- You must explain to the intended interviewee/observation location who you are.
- You must explain your role as a Doctor of Nursing Practice (DNP) student at the Jefferson College of Nursing, Thomas Jefferson University.
- You will explain the project upon which you are working, the extent to which you will publish or otherwise share the information obtained from your interactions with them, and the media you intend to utilize to obtain information.
- You will read a description of your intended activities to the interviewee or provide them with the option to read an explanation of your planned interview.

The Consent and Release Form will help you fully convey to the interviewee/observation location the important elements of their participation. After the potential interviewee/location receives information sufficient to satisfy the criteria identified in the section above, you must ask them to sign the Agreement to Interview/Observe Form. Give the interviewee/observation location a copy of the signed form and submit a copy of the signed form to the course board. You may also keep a copy for your records. Do not conduct the interview/observation until you have obtained a signed copy of the Consent and Release Form.

**Practicum Hours:
NU701 through
NU709**

Each course contains practicum hours related to the course purpose and objectives. The nature of the hours is mutually agreed upon by the student and course faculty, and is detailed in each course's syllabus. At the beginning of each course, students will write a practicum hour completion plan and discuss the plan with the course faculty. Using the program template, students will maintain a practicum journal that includes practicum goals and objectives, a description of practicum activities, alignment with the course objectives, an evaluation of practicum activities and completed hours. At the course completion, students will submit lessons learned from the overall practicum experience, identify areas of clinical strength, areas for improvement and a plan of action. ***Students who do not submit practicum journals (initial or interim) by the established due dates will be considered in clinical jeopardy.*** A cumulative practicum journal will be submitted to the course board at the end of the semester. All cumulative journals must be signed by the student, attesting to the veracity of the practicum hours earned. **At the conclusion of the semester, students will load their faculty approved journal to the Doctoral Practicum Journal Repository in Canvas.**

**Practicum Hours:
NU710, NU711 and
NU712**

Practicum hours are directly related to the student's unique scholarly project and support the Doctor of Nursing Practice Project (DNP Project) and the student's identified clinical practice goals and course objectives. The practicum hours are mutually agreed upon among the student, course faculty, committee chair, and co-operating agencies. At the beginning of each of these courses, students will write a practicum hour completion plan and discuss the plan with the course faculty and their committee chair. Using the program template, students will maintain a practicum journal that includes practicum goals and objectives, description of practicum activities, evaluation of practicum activities and completed hours. The template can be found on the NU710, NU711, and NU712 DNP course boards. At the course completion, students will submit lessons learned from the overall practicum experience, identify areas of clinical strength, areas for improvement and a plan of action. A cumulative practicum journal will be submitted to the course board periodically and at the end of the course. A cumulative practicum journal will be submitted to the course board at the end of the semester. All cumulative journals must be signed by the student, attesting to the veracity of the practicum hours earned. **At the conclusion of the semester, students will load their faculty approved journal to the Doctoral Practicum Journal Repository in Canvas.**

The NU710, NU711 and NU712 practicum experience may include, but is not limited to:

- Practice experiences
- Conference attendance (pre-approved)
- Site visits
- Consultation with a national expert

- Planning meetings with the organization where the project will be implemented
- Leading the change team
- Creating/leading support groups

Clinical Practicum Preceptors/Mentors

The practicum hours in NU710, NU711 and NU712 require a student preceptor/mentor. This individual is usually the external member of the student’s DNP Project Team.. Preceptors assist the student to conceptualize and approach practice through a scientific mindset – challenging the habits of practice, cultivating curiosity about the scientific and theoretical underpinnings of practice, and formulating practice inquiry questions. Students are encouraged to select preceptors who are subject matter experts in their selected area of inquiry, and who agree to guide, advise, counsel, motivate, coach and facilitate the work of the student.

To be successful with the DNP Project and as a mentee, students must establish clear goals and expectations, determine their personal and professional interests, be open to learning, correction, and even failures, and carefully choose the project topic and mentors. Successful mentoring relationships require commitment from both parties, as well as the recognition of the needs of both and the understanding that these needs will change with time.

Students must collect a CV, professional license and credentials, when appropriate, from the preceptor/mentor at the beginning of the NU710 semester.

Clinical Practicum Evaluation

A clinical practicum evaluation is required for NU710, NU711 and NU712. The clinical practicum evaluation incorporates identified behaviors outlined in the AACN’s *Essentials of Doctoral Education for Advanced Practice Nursing*. The clinical evaluation will be completed at the end of each semester by the student’s preceptor/mentor. As well, each student will complete a Practicum Site/Preceptor-Mentor Evaluation at the end of each semester. The form for preceptor evaluation of the student is placed in the NU 710, 711 and 712 course boards. Student evaluations of their preceptor will be conducted through a Qualtrics survey link provided by email from the College of Nursing each semester. A copy of completed evaluations from each semester shall be submitted to the project team leader as well as maintained in the student’s files.

DNP Scholarly Project

All Doctor of Nursing Practice (DNP) students are expected to complete a DNP Project. The DNP Project is a faculty-guided scholarly process to address a theoretically and clinically relevant problem. The DNP Project provides evidence of the student's practice inquiry knowledge and skills and their ability to apply evidence, clinical practice and leadership principles. Students identify a problem or area for improvement, develop a proposal to address the problem or improve quality related to clinical practice, the health care delivery system, or a health care policy issue. Students implement their plan and evaluate the outcomes.

Much of what goes into the DNP Project selection reflects the professional and personal interests of the student. As with any major undertaking, success includes a series of realistic and achievable goals and expectations. Students are expected to begin NU710 with a well-defined Project topic, working closely with the DNP Project chairperson.

The DNP Project is guided by a two or three member project team, including a project team leader from the JCN faculty, a TJU faculty member, and an external team member. The external team member also typically serves as the student's practicum preceptor. Requirements for project team members are outlined below.

The DNP Project is conducted during three consecutive courses. Typically, in NU710, students write the proposal and submit the proposal to the appropriate Institutional Review Board, in NU711, students implement the project, and in NU712, students evaluate and disseminate the project results.

Types of DNP Projects

DNP Projects may include, but are not limited to, the following examples.

1. Quality Improvement projects are strongly encouraged as a prototype of professional practice change initiatives. Practice change initiatives may also be represented by a pilot study, demonstration project, program evaluation, research utilization project, or an evaluation of a new practice model.
2. Development of innovative products to foster patient engagement in health-related activities.
3. Substantive involvement in a large-scale clinical practice project.
4. Feasibility studies
5. Case study research

DNP Project Timeline

Students must begin NU710 with a solid practice inquiry topic and question related to clinical practice, the health care delivery system or a health care policy issue. During the semester prior to beginning NU710, each student will submit a 1 to 2 page paper. This document must include the proposed DNP Project type, title, purpose, objectives, 1-2 referenced paragraphs indicating the need for such a Project, the anticipated practicum site and any student preferences for their project team leader. This information provides the

DNP faculty the opportunity to review and discuss the topics/ideas and discuss and identify appropriate chairs and determine if a clinical affiliation agreement exists for the anticipated practicum site. DNP faculty will meet to discuss the assignment of faculty team leaders to student projects and students will be notified of their team leader prior to the beginning of NU710. Students are not to assemble a project team prior to being assigned a project team leader and discussing the team composition with the assigned team leader.

NU710 DNP Project Requirements

- Identify a DNP Project Team Leader. A team leader will be identified prior to beginning NU710. The leader must hold an earned doctorate and be a member of the Jefferson College of Nursing graduate faculty. The student and team leader are expected to work closely throughout all stages of the doctoral project. The student and team leader will discuss their communication expectations and needs, as well as identification of potential committee members.
- Identify a Practicum Site. Using the student's professional network, determine a practicum site for completion of the Project. Work with the DNP Project team lead to determine if a current clinical affiliation agreement exists for this site.
- Select DNP Project Team Members. In consultation with the DNP Project team leader, the student will identify up to two additional team members. The internal team member should be a subject matter or methods expert or have interest in the topic, hold an earned doctorate and be a member of the Jefferson University faculty. The external team member must hold an earned doctorate. This committee member will have clinical expertise or a research collaborative relationship that may either facilitate the student's access to the study site, population or data or supplement the clinical expertise of faculty team members. The external team member also typically agrees to serve as the student's practicum preceptor/mentor. The student must obtain and submit a curriculum vitae (CV) for all team members other than those affiliated with Jefferson College of Nursing. Students must also obtain license and/or credentials, when appropriate, from external team members and/or preceptors. Students may at times also have an internal team member who should be a subject matter or methods expert or have interest in the topic, hold an earned doctorate and be a member of the Jefferson University faculty. ***Students should not contact, ask or speak with potential DNP Project team members until after they meet with their project leader, and the leader approves of the members.***
- Complete Form A. The student will obtain the leader's and team members' signatures on the ***Doctoral Project Team Member Appointment (Form A)***.
- The form can be found on the NU710 course board. The student shall submit the completed form to the DNP Project team leader and to the NU710 course board. The student will develop a DNP Project proposal timetable, including a plan to meet the clinical practicum hour requirement and review the plan with their team leader.
- Refine the DNP project question and project purpose. Once the student and team leader agree on the type of project and a clinical question/purpose, the student will begin to write the DNP Project proposal, consistent with writing the DNP Project format, noted below.

- Write and revise. The student will review the draft proposal with the team leader and revise as recommended, allowing ample time between revisions. The student should plan to have the proposal completed and approved by the faculty project team in sufficient time for the full team to review and revisions to occur, when necessary, prior to the end of the semester. Once approved, the team leader will distribute the proposal to the project team members for review. Members should be given two weeks to review the proposal.
- Complete Form B. Once all project team members approve the project proposal, the student will direct each member to sign the *DNP Project Proposal Approval* (Form B). The form can be found on the NU710 course board. Students shall submit the completed form to their team leader and to the course board.
- IRB submission. Upon project team approval of the DNP Project proposal, the student is ready to submit the proposal to the appropriate Institutional Review Board (IRB). Under most circumstances, the student will require IRB approval only from the organization where the project will take place. The student shall prepare the required IRB application forms in consultation with the appropriate institutional IRB departments. NU 710 Course and Project Team Faculty will guide students regarding IRB submission. ***The student is not permitted to start official work implementing the project until the project receives IRB approval from all required organizational IRBs. IRB submission is a requirement of NU710.***

NU711 DNP Project Requirements

- **Implement.** Once IRB approval is obtained, the student implements the DNP Project. During this time, the student maintains frequent communication with the project team members throughout the implementation and completion of the project.

NU712 DNP Project Requirements

- Analyze and synthesize results.
- **Write and revise.** The student will write the remainder of the Project document and submit to the project team leader according to a mutually agreed-upon schedule. As with the DNP Project proposal, ample time should be allocated for revisions. Once approved, the team leader will distribute the proposal to the project team members for review. Members should be given two weeks to review the proposal.
- **Prepare a final oral report.** Once the project team leader and members approve of the final DNP Project report, the student shall arrange a mutually agreed-upon date and time for oral presentation. The student will give a 20-minute oral summary including significance or implications for theory, future research, clinical practice, health policy or education. The oral summary will be followed by discussion. The oral presentation is open to project team, JCN faculty and DNP students.
- **Complete Form C.** The student will complete the DNP Project Successful Completion (Form C). The form can be found on the NU712 course board. Upon final DNP Project approval, the student must submit an electronic copy to the NU712 course board. The student is encouraged to deposit the DNP Project abstract into the

Jefferson Digital Commons AFTER the committee has approved the DNP Project and signed Form C.

- Disseminate results. The student shall begin to prepare a manuscript for submission to an identified peer-reviewed journal. If possible, the student will submit the manuscript before the completion of NU712.

Writing the DNP Project

The length of the proposal may vary depending on the DNP Project option selected. Students may find that they need to rework their proposals several times to achieve clarity, brevity and completeness. All work is to adhere to the most recent edition of the APA style manual.

As appropriate to the nature of the project, the following format should be followed.

Title Page

Abstract should not exceed 120 words

Part I: Problem Identification, Conceptual Framework and Review of the Literature, Project Design and Methods

Background and Significance

- Description of the problem
- Population affected
- Epidemiology
- Brief description of the state of general knowledge Organizational/local knowledge of the problem Significance
- Purpose statement
- Clinical questions
- Project objectives
- Assumptions and limitations

Conceptual Framework

- Description of framework or model
- Figure or model, if relevant
- Clear link to purpose and clinical question/s Conceptual definitions

Review of the Literature

- How have other researchers examined the problem?
- Other sources of evidence: guidelines, expert panels
- Critical synthesis (what are the similarities and differences among studies)
- What is the level of evidence to date?
- Gaps in the literature

Setting

- Population/sample
- Inclusion/exclusion criteria

Methods:

- What data will be collected?
- What tools will be used to collect these data?
- What is the quality of the measure?
- Who will collect the data?
- How will the data collection methods be systematic and rigorous?
- How will the data be protected, and how will the data be analyzed?

Timetable

- Resources: Personnel, technology
- Identification of key stakeholders and site support
- Protection of human subjects

Plan for dissemination to key stakeholders

Part II: Results, Discussion and Conclusions, Implications and Recommendations.

Presentation of data and results

Explanation of analysis used

Extent to which each objective was achieved or question answered Limitations and lessons learned

Application for practice, theory, policy, research and/or education

Relevance to change in practice and/or leadership role of the doctorally-prepared nurse

Recommendations

References

Appendices

**FORMS,
INSTRUCTIONS and
INFORMATION**

Thomas Jefferson University Jefferson College of Nursing

Doctor of Nursing Practice Program

Doctoral Project Proposal Approval * (Form B)

Student Name: _____ Date: _____

Title of Doctoral Project Proposal:

I hereby accept the Doctoral Project proposal submitted by the above named student.

Project Team Leader (Please print)

_____ Date: _____

Signature of Project Team Leader

Team Member (Please print)

_____ Date: _____

Signature of Team Member

Team Member, if indicated (Please print)

Not applicable

_____ Date: _____

Signature of Team Member

***NOTE:** The student is to submit a copy of the completed form to:

- Project team leader
- NU 710 Course Board

**Thomas Jefferson University
Jefferson College of Nursing
Doctor of Nursing Practice Program**

Form C: Doctoral Project Successful Completion

Student Name: _____

Title of Doctoral Project: _____

I hereby certify that the above named student has successfully completed the DNP Project requirements.

Name of Team Leader (Please print)

Signature of Team Leader Date

Signature of Student Date

Signature, Chair of Graduate Programs Date

Jefferson College of Nursing
Doctor of Nursing Practice Program
Practicum Journal, Evaluation and Hours

Student: _____ Course _____ Dates: _____

Practicum Goal: _____

Practicum Objectives:

- 1.
- 2.
- 3.

Directions: Please describe all practicum activities. In the evaluation section indicate how the activity helped you meet your practicum goal/objectives and course objectives

Date	Practicum Activity	Activity Evaluation and Associated Course Objective/s	Hours	Cumulative Hours

Date	Practicum Activity	Activity Evaluation and Associated Objective/s	Hours	Cumulative Hours

Complete this section only for final cumulative practicum hours.

Summary:

Please write a paragraph indicating the most important lessons learned from the overall practicum experience.

Identify 2 major strengths.

Identify 2 improvement areas and a brief plan of action.

*Student Signature: _____ Date: _____

**By signing this practicum log, I attest that my hours are complete, truthful and honestly earned.*

**Jefferson College of Nursing
Doctor of Nursing Practice Program
Information for
Practicum
Preceptor/Mentor**

NU710, NU711 and NU712 General Information All Thomas Jefferson University, Jefferson College of Nursing, Doctor of Nursing Practice (DNP) degree students must successfully complete a Doctor of Nursing Practice Project (DNP Project). The DNP Project is a faculty-guided scholarly process to address a theoretically and clinically relevant problem. The DNP Project provides evidence of the student's practice inquiry knowledge and skills and their ability to apply research principles through problem identification, proposal development, implementation, and evaluation of a problem related to clinical practice, the health care delivery system, or a health care policy issue.

Each of the three practicum courses (NU710, NU711 and NU712) includes a practicum component. The practicum hours are related to the student's unique area of clinical inquiry and support the DNP Project, the student's identified practicum goals, course objectives and enhance the DNP competencies as described in The American Association of Colleges of Nursing's *Essentials of Doctoral Education for Advanced Practice Nursing (2006)*.

Students are mentored by faculty and ***selected practicum preceptor(s)/mentors*** to conceptualize and approach practice through a scientific mindset – challenging the habits of practice, cultivating curiosity about the scientific and theoretical underpinnings of practice, and formulating practice inquiry questions. Students are encouraged to select preceptors/mentors who are subject matter experts in their selected area of clinical inquiry, and who agree to guide, advise, counsel, motivate, coach and facilitate the work of the student. In most cases, the preceptor will be the external member of the student's Doctoral Project Team.

Practicum Preceptor/Mentor Requirements

- Preceptors/mentors, as project team members must hold an earned doctoral degree and provide copies of the current curriculum vitae, when applicable, professional license and professional certifications.
- The preceptor-student relationship should begin with clearly defined expectations and address issues such as how long the relationship will last, how frequently the preceptor and student will meet and the need for confidentiality.
- Preceptors will complete a student practicum evaluation at the completion of each semester.

**Jefferson College of Nursing
Doctor of Nursing Practice Program
Preceptor Evaluation**

**of Student:
NU710**

Date of Review _____ Preceptor Name _____

Practicum Site _____

Student Name _____

Directions: Please circle the option which best reflects your opinion of the student’s clinical performance.

Student Learning Outcome			
1. Analyze knowledge and evidence from the biophysical, psychosocial, analytical, and organizational sciences.	Met	Unmet	Not Applicable
	Comments:		
2. Formulate therapeutic interventions based on nursing science and other sciences.	Met	Unmet	Not Applicable
	Comments:		
3. Utilize advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.	Met	Unmet	Not Applicable
	Comments:		
4. Demonstrate advanced nursing leadership.	Met	Unmet	Not Applicable
	Comments:		

5. Implement therapeutic interventions based on nursing science and related sciences.	Met	Unmet	Not Applicable
	Comments:		
6. Evaluate therapeutic interventions based on nursing science and related sciences.	Met	Unmet	Not Applicable
	Comments:		
7. Assess information technology, communication tools and networks.	Met	Unmet	Not Applicable
	Comments:		
8. Support individuals, patients, populations and/or organizations through complex health and ethical/legal components.	Met	Unmet	Not Applicable
	Comments:		
9. Utilize conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal, and policy issues	Met	Unmet	Not Applicable
	Comments:		
10. Exhibit advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.	Met	Unmet	Not Applicable
	Comments:		

Thank you for taking the time to evaluate and comment on the student's performance.

Strengths: (Please provide specific examples):

Areas needing improvement: (please provide specific examples):

Reviewed with student (circle): yes no

Preceptor signature: _____

Student signature: _____

Course Faculty signature: _____

**Jefferson College of Nursing
 Doctor of Nursing Practice Program
 Preceptor Evaluation of Student:
 NU711**

Date of Review _____ Preceptor Name _____

Practicum Site _____

Student Name _____

Directions: Please circle the option which best reflects your opinion of the student’s clinical performance.

Student Learning Outcome			
1. Analyze knowledge and evidence from the biophysical, psychosocial, analytical, and organizational sciences.	Met	Unmet	Not Applicable
	Comments:		
2. Formulate therapeutic interventions based on nursing science and other sciences.	Met	Unmet	Not Applicable
	Comments:		
3. Utilize advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.	Met	Unmet	Not Applicable
	Comments:		
4. Demonstrate advanced nursing leadership.	Met	Unmet	Not Applicable
	Comments:		

5. Implement therapeutic interventions based on nursing science and related sciences.	Met	Unmet	Not Applicable
	Comments:		
6. Evaluate therapeutic interventions based on nursing science and related sciences.	Met	Unmet	Not Applicable
	Comments:		
7. Assess information technology, communication tools and networks.	Met	Unmet	Not Applicable
	Comments:		
8. Support individuals, patients, populations and/or organizations through complex health and ethical/legal components.	Met	Unmet	Not Applicable
	Comments:		
9. Utilize conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal, and policy issues	Met	Unmet	Not Applicable
	Comments:		
10. Exhibit advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.	Met	Unmet	Not Applicable
	Comments:		

Thank you for taking the time to evaluate and comment on the student's performance.

Strengths: (Please provide specific examples):

Areas needing improvement: (please provide specific examples):

Reviewed with student (circle): yes no

Preceptor signature: _____

Student signature: _____

Course Faculty signature: _____

**Jefferson College of Nursing
 Doctor of Nursing Practice Program
 Preceptor Evaluation of Student:
 NU712**

Date of Review _____ Preceptor Name _____

Practicum Site _____

Student Name _____

Directions: Please circle the option which best reflects your opinion of the student’s clinical performance.

Student Learning Outcome			
1. Analyze knowledge and evidence from the biophysical, psychosocial, analytical, and organizational sciences.	Met	Unmet	Not Applicable
	Comments:		
2. Formulate therapeutic interventions based on nursing science and other sciences.	Met	Unmet	Not Applicable
	Comments:		
3. Utilize advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.	Met	Unmet	Not Applicable
	Comments:		
4. Demonstrate advanced nursing leadership.	Met	Unmet	Not Applicable
	Comments:		

5. Implement therapeutic interventions based on nursing science and related sciences.	Met	Unmet	Not Applicable
	Comments:		
6. Evaluate therapeutic interventions based on nursing science and related sciences.	Met	Unmet	Not Applicable
	Comments:		
7. Assess information technology, communication tools and networks.	Met	Unmet	Not Applicable
	Comments:		
8. Support individuals, patients, populations and/or organizations through complex health and ethical/legal components.	Met	Unmet	Not Applicable
	Comments:		
9. Utilize conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal, and policy issues	Met	Unmet	Not Applicable
	Comments:		
10. Exhibit advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.	Met	Unmet	Not Applicable
	Comments:		

Thank you for taking the time to evaluate and comment on the student's performance.

Strengths: (Please provide specific examples):

Reviewed with student (circle): yes no

Preceptor signature: _____

Student signature: _____

Course Faculty signature: _____

Reviewed and Revised: College Curriculum Committee 08/26/2020
Reviewed and Approved: College Executive Committee 10/21/2020

**Jefferson College of Nursing
Student Evaluation of
Practicum Site &
Preceptor
NU 710, NU 711 and NU712**

Date of Review _____ Preceptor Name _____

Course _____ Practicum Site _____

Instructions: Describe your general impression of your clinical “site” and your preceptor.

Practicum Site:

Activity	Yes/No	Comments
1. Provides a conducive environment to meet student learning outcomes		
2. Provides orientation as needed		
3. Site personnel is supportive of doctoral nursing education		

Preceptor:

Activity	Yes/No	Comments
1. Available for and amenable to consultation		
2. Encouraged open dialogue and challenged thinking		
3. Acted as coach, advisor and facilitated the work of the student		
4. Provided abundant opportunities to meet student learning outcomes		
5. Offered suggestions for improvement in a constructive manner		
6. Please provide any additional comments that would be helpful in the evaluation of this experience:		

Reviewed and Revised: College Curriculum Committee 08/26/2020
Reviewed and Approved: College Executive Committee 10/21/2020

Frequently Asked Questions

1. What is the role of the DNP Project Team Leader?

The team leader works closely with the student as they plan and execute the doctoral project. The team leader should be aware of all plans, timelines, changes and problems throughout the project process. The team leader must hold an earned doctorate and be a member of the JCN faculty. Selection of team leader may be based upon mutual interests, similar clinical or research experience, area of expertise and/or previous mentorship relationship.

2. How should I determine my external DNP team member?

The external team member must hold an earned doctorate with clinical expertise or a research collaborative relationship that may either facilitate the student's access to the study site, population or data or supplement the clinical expertise of faculty committee members. The external team committee member also typically agrees to serve as the student's practicum preceptor/mentor.

3. Does writing my DNP Project count as practicum hours? No.

4. Does everyone have to apply for IRB approval?

Most students need to apply for IRB approval. Faculty will help determine if the student's project requires approval. Students are expected to publish the results of their DNP projects, and IRB approval is necessary for publication, even if a project is determined to be exempt.

5. Does my time preparing the IRB submission count as practicum hours? No.

6. Will I have to get multiple IRB approvals?

This will depend on the nature of the project and policies of the project site. It is the student's responsibility to determine if this is necessary.

7. What if my project proposal gets delayed in the IRB?

If the application does get waylaid in the review process, the student will work with their project team leader to revise the timeline and expectations.

8. What are the characteristics of a successful student?

- Student takes ownership of the project as their own scholarly work
- Synthesizes concepts from NU701 through NU709 as a foundation for project design and implementation
- Clear definition of the support and help you think you need
- Recognition that one person cannot help you meet all your mentoring needs
- Recognition that your needs for mentoring change over time
- Ability to accept and work through meaningful criticism
- Interest in working with mentors to help you grow
- Respectful of mentor and project team members' time; adhere to meeting and due dates

Jefferson Digital Commons

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Why Publish in the JDC?

Publishing in the Jefferson Digital Commons increases the reach and impact of your work. Not only will your work be discoverable through the JDC, it will also show up in major search engines like Google and Google Scholar, making it freely available to anyone in the world. Additionally, the JDC gives you access to a rich set of metrics, like the [Author Dashboard](#) and [PlumX Metrics](#), to help you track who is accessing your work.

Dissertations in the JDC

All doctoral students are encouraged to submit their completed dissertations to the Jefferson Digital Commons, and there are two ways to do so.

If you are interested in sharing your entire dissertation, please email the dissertation and a signed [release form](#) to Kelsey Duinkerken at kelsey.duinkerken@jefferson.edu. This option allows you to share your research with the widest audience possible.

Alternatively, if you are interested in sharing just your abstract we recommend depositing your dissertation in [ProQuest](#). This option allows users to access your full dissertation from ProQuest (often after paying a fee), but it also automatically adds your abstract to the Jefferson Digital Commons.

Have questions? Feel free to contact digitalcommons@jefferson.edu.

**JEFFERSON COLLEGE OF NURSING
DOCTOR OF NURSING PRACTICE
INTERVIEW AND
OBSERVATION
STUDENT
INSTRUCTIONS**

(1) Informing the Intended Interviewee(s) OR Observation Location:

Prior to confirming an individual's participation with you in an interview designed to fulfill curricular requirements of Jefferson University College of Nursing the following must occur:

- You must explain to the intended interviewee/observation location who you are.
- You must explain your role as a student at Jefferson University, Jefferson College of Nursing, Doctor of Nursing Practice.
- You will explain the project upon which you are working, the extent to which you will publish or otherwise share the information obtained from your interactions with them, and the media you intend to utilize to obtain information.
- You will read a description of your intended activities to the interviewee or provide them with the option to read an explanation of your planned interview.

(2) The Consent and Release Form

The Consent and Release Form will help you fully convey to the interviewee/observation location the important elements of their participation. After the potential interviewee/location receives information sufficient to satisfy the criteria identified in section (1) above, you must ask them to sign the Agreement to Interview/Observe form. Give the interviewee/observation location a copy of the signed form and return a copy of the signed form to the course board. You may also keep a copy for your records. Do not conduct the interview/observation until you have obtained a signed copy of the Consent and Release Form.

**CONSENT and
RELEASE FOR
INTERVIEWS and
OBSERVATIONS**

[Name of the Project]

[Student's Name and University Contact Information]

Project Description: [insert]

I, _____, hereby grant the right to use information from written notes taken during interviews and/or observations in which I participated, to _____ (student's name) and Jefferson University's College of Nursing.

I understand that materials derived from the interview/observation(s) will be kept by the University and/or the interviewer/observer, and that the information contained in the interview(s)/observation(s) will be submitted to faculty for evaluation. I received satisfactory answers to my inquiries concerning the project and I understand that my words will be utilized for educational, institutional, and/or scientific purposes. I understand that compensation for use of materials developed as a result of my participation is not available to me. All rights, titles, and interest in the materials gathered during my participation on the project will become and remain the property of Jefferson University, College of Nursing.

I understand that I may contact *[insert contact information of faculty member with whom participants may speak]* to share comments or concerns regarding the project.

_____ *By initialing here, I also agree to be identified by name in the project and related materials.*

_____ *By initialing here, I agree to be audio recorded during this interview/observation.*

I irrevocably give consent to Jefferson University, its officers, agents, employees, successors, and licensees, forever to make use of my words in the project described above. I acknowledge that I am fully aware of the scope and purpose of my participation on this project and I consent to participation freely without duress, disability, or undue influence at the time of signing this release and consent instrument.

_____ Date: _____
Signature of Interviewee

_____ Date: _____
Signature of Student