EDGEWOOD UNIVERSITY

HENRY PREDOLIN COLLEGE OF HEALTH SCIENCES, SCHOOL OF NURSING

2025-2026 DOCTOR OF NURSING PRACTICE IN EXECUTIVE LEADERSHIP STUDENT HANDBOOK

1000 Edgewood College Drive
Madison, WI 53711
(608) 663–2292
https://www.edgewood.edu/academics/programs/executive-leadership-dnp/

08/2025

Contents

HENRY PREDOLIN SCHOOL OF NURSING

MISSION

The Henry Predolin College of Health Sciences, School of Nursing (SoN) reflects the Mission of Edgewood University by locating professional nursing education within the context of a Catholic, liberal arts setting in the Dominican tradition. Nursing is a profession built on knowledge from nursing theory, research and practice, the humanities, and the natural and behavioral sciences. Students are educated in a dynamic interactive environment to be knowledgeable, accountable, responsible, ethical and culturally sensitive graduates who will become leaders in a changing and diverse healthcare environment.

PHILOSOPHY OF THE NURSING CURRICULUM

The faculty develops, implements, and evaluates the curriculum to provide a broad and rich foundation for nursing practice. Faculty foster the professional development of students by offering learning challenges, promoting opportunities to think critically and creatively, and exhibiting collegiality in the teaching-learning environment. Teaching and learning is a dynamic and interactive process designed to integrate knowledge and research with professional nursing practice. Teaching and learning are facilitated when both students and faculty are actively engaged in the process.

ACCREDITATION

The Doctor of Nursing Practice (DNP) - Executive Leadership degree is accredited by the Commission on Collegiate Nursing Education and approved by the Wisconsin Board of Nursing and the North Central Association of Colleges and Schools Commission on Institutions of Higher Education.

For more information regarding the DNP curricular alignment to CCNE Essentials for Doctoral programs, see **DNP Essentials and Course Artifact Listing** (Appendix J).

DOCTOR OF NURSING PRACTICE - EXECUTIVE LEADERSHIP PROGRAM

MISSION OF THE ADVANCED DEGREE NURSING PROGRAMS

The Graduate Nursing Programs are designed to develop nurses into leaders with advanced knowledge, Dominican values, and the ability to contribute to the changing, diverse health care environment. Advanced roles in nursing require further enhancement of critical reasoning and decision-making skills as theory is translated into practice. Programs provide individuals with the opportunity to pursue professional development within a scholarly environment.

PROGRAM OVERVIEW

Edgewood University's DNP in Executive Leadership is a 30-credit post-master's program.[1] BSN-prepared candidates with a master's degree in fields other than nursing may also be considered for admission. Transcripts of students whose master's degrees are from disciplines other than nursing are evaluated on a case-by-case basis to assure attainment of prerequisite knowledge and leadership experience. Additional coursework beyond the 30-credit requirement may be necessary to meet all the Essentials of Doctoral Education for Advanced Practice in Leadership.

OUTCOMES FOR THE DNP DEGREE

At the end of the program, graduates will:

- Integrate scientific findings from nursing, biopsychosocial fields, genomics and genetics, public health, quality improvement, and organizational sciences for the continual improvement of nursing and health care across diverse settings.
- Conceptualize new care delivery models based on contemporary nursing science, organizational and systems leadership that are feasible within current organizational, political, cultural, and economic perspectives.
- Translate new science, its application and evaluation; as well as generate evidence through their practice to guide practice improvements.
- Use information systems/technology to support and improve patient care and healthcare systems.

[1] Students enrolling in any School of Nursing's Master's of Science in Nursing concentrations can enroll in MSN and DNP courses to work toward earning both degrees simultaneously.

- Analyze the policy process and engage in politically competent action at the institutional, local, state, regional, federal, and international levels through the interface between practice, research, and policy.
- Establish, participate and assume leadership in interprofessional teams to accomplish safe, timely, effective, efficient, equitable, and patient-centered care in complex environments.
- Analyze epidemiological, biostatistical, occupational, and environmental data in the development, implementation, and evaluation of clinical (disease and illness) prevention and population health.
- Demonstrate assessment and base practice on the application of biophysical, psychosocial, behavioral, sociopolitical, cultural, economic, and nursing science as appropriate in their area of specialization [leadership].
- Attain skills in human resource management, strategic planning, accounting principles, healthcare finance, healthcare economics, and other facets of leading operations within organizational mission, vision and regulatory requirements.

In addition to these outcomes, all DNP Graduates may be prepared to sit for national specialty certifications in several options below. Additional individual review and study will be necessary for successful completion of any of these exams:

- Nurse Executive (NE-BC), or Nurse Executive, Advanced (NEA-BC) as determined by the American Nurses Credentialing Center (ANCC)
- Informatics certification
- Certified Nurse Manager & Leader (CNML), or Certified Executive Nursing Practice (CENP) as determined by the American Organization for Nursing Leadership (AONL)

DNP PROGRAM REQUIREMENTS

Required courses for all DNP-Executive Leadership:

NRS 800A	Applied Research Methods 1
NRS 800B	Applied Research Methods 2
NRS 802A	Introduction to the DNP: Role, Residency, and Project 1
NRS 802B	Introduction to the DNP: Role, Residency, and Project 2
NRS 803A	DNP Residency 1
NRS 803B	DNP Residency 2
NRS 805	Healthcare Finance and Regulatory Environments
NRS 810	Population Health and Health Policy
NRS 820	Healthcare Service and Clinical Quality
NRS 830	Health Systems Informatics
NRS 845	Leadership Capstone 1
NRS 850	Leadership Capstone 2

Course options for DNP students requiring additional time for DNP project completion or residency hours:

NRS 855	Leadership Capstone 3
NRS 860	Leadership Residency 3

COURSE DESCRIPTIONS

NRS 800A and NRS 800B Applied Research Methods (1 and 2)

In this 2-course sequence, quantitative and qualitative research methods are presented in conjunction with data analyses, interpreting results from data analysis, and quality improvement methods. Course work supports applying research findings to evidence-based practice; leading and conducting quality improvement initiatives; and developing the DNP project.

NRS 802A and 802B Introduction to the DNP: Role, Residency, and Project (1 and 2)

In this two-course sequence (NRS 802A and 802B), students will self-assess and reflect upon their individual strengths and opportunities for executive leadership development. In collaboration with the course instructor, action plans for professional growth during the DNP program are

established. In the online seminar portion, students will virtually attend weekly seminars and participate in a multitude of didactic activities. Students will explore the foundations of the DNP degree and the DNP role. Students will also work with the course professor to identify preceptors to design their residency experience; culminating in the accumulation of 1000 hours of residency towards the DNP degree. Finally, students will work with the course professor to develop a relevant clinical problem/issue as the foundation for the DNP scholarly project, complete an outline of the DNP scholarly project, and draft a review of literature to support the DNP scholarly project.

NRS 803A and 803B DNP Residency (1 and 2)
This two-course sequence (NRS 803A and 803B) is specifically focused on advancing students' executive leadership knowledge and skills through residency hour experiences. In the online seminar portion, students will virtually attend weekly seminars and participate in a multitude of didactic activities. Students will continue to work with the course professor and preceptors to refine their residency experience; which will culminate in the accumulation of 1000 hours of residency towards the DNP degree. Developing expertise in collaboration within interprofessional teams will be a foundation in addressing individual, group, community, or population needs in the context of a systems network in a U.S. healthcare organization.

NRS 805 Healthcare Finance and Regulatory Environments
Study of the financing and fiscal management of the U.S. Health Care system. Policy, regulatory, health care economics and market influences are examined. Budgeting and accounting principles are reviewed. Prerequisite: admission to the MSN or DNP program.

NRS 810 Population Health and Health Policy
Population health is explored to critically examine epidemiological statistics on determinants of health; and strategies to promote health, reduce health risks at multiple levels, and promote a culture of health among diverse populations. Prerequisite: admission to the MSN or DNP program.

NRS 820 Health Care Service and Clinical Quality
The focus of this course is to understand and apply methods and practices that clinical practitioners, administrative managers and leaders of health systems deploy to measure and assure continuous improvement in patient safety and clinical quality. Prerequisite: admission to the MSN or DNP program.

NRS 830 Health Systems Informatics
Examining the optimization of information management and communication to improve the health of populations, communities, families, and individuals. Frameworks include regulatory, legislative, workflow, electronic health record, billing, and telehealth. Application in professional development, translational research, and bioinformatics (genomics) are explored. Prerequisite: admission to the MSN or DNP program.

NRS 845 Leadership Capstone 1
The DNP Project is designed to equip nurse leaders with the knowledge and skills necessary to apply relevant and current evidence to a quality improvement project working with stakeholders and resources within a practice or community system. In Capstone 1 students complete the first 3 sections of their DNP Project including review of literature, project purpose and scope, proposed quality improvement method(s) and IRB application. Prerequisite: admission to the DNP program. Prerequisite: Completion of NRS 800, 805, 810, 820, and 830.

NRS 850 Leadership Capstone 2
The DNP Project is designed to equip nurse leaders with the knowledge and skills necessary to apply relevant and current evidence to a quality improvement project working with stakeholders and resources within a practice or community system. In Capstone 2 students complete the last 2 sections of their DNP Project including review of the quality improvement process, implications for practice and system changes, as well as dissemination plan. Prerequisite: NRS 845.

NRS 855 Leadership Capstone 3 (if needed)
Capstone 3 is available if student projects require an additional semester to complete.

NRS 860 Leadership Residency 3 (if needed)
Residency 3 is available if student projects require an additional semester to complete.

DNP-EXECUTIVE LEADERSHIP PROGRAM COURSE SEQUENCE 1 (FULL-TIME STUDENT)

Fall (1st year)	Crs	Spring (1st year)	Crs	Summer (1st year)	Crs
NRS 800A (16 wks.) Applied Research Methods and Evidence Based Practice 1	2	NRS 800B (16 wks.) Applied Research Methods and Evidence Based Practice 2	2		
NRS 802A (16 wks.) Introduction to the DNP: Role, Residency, and Project 1	2	NRS 802B (16 wks.) Introduction to the DNP: Role, Residency, and Project 2	2		
NRS 830 (1st 8 wks.) Health Systems Informatics	3	NRS 805 (1st 8 wks.) Healthcare Finance and Regulatory Environments	3		
NRS 820 (2nd 8 wks.) Health Care Service and Clinical Quality	3	NRS 810 (2nd 8 wks.) Population Health and Health Policy	3		
Total	10	Total	10		
Year 1 Total Credits: 20					
Fall (2nd year)	Crs	Spring (2nd year)	Crs		
NRS 803A (16 wks.) DNP Residency 1	2	NRS 803B (16 wks.) DNP Residency 2	2		
NRS 845 (16 wks.) Leadership Capstone 1	3	NRS 850 (16 wks.) Leadership Capstone 2	3		
Total	5	Total	5		
Year 2 Total Credits: 10					

COURSE FORMAT

Didactic Courses

DNP didactic courses (NRS 800A and B, 805, 810, 820, 830, 845, and 850) are facilitated fully-online. NRS 805, 810, 820, and 830 are offered over 8-week sessions; NRS 800A/B, NRS 802A/B, NRS 803A/B, NRS 845, and NRS 850 are offered over 16-week sessions. Didactic courses are MOST OFTEN comprised of individual modules. Students are responsible for adhering to course syllabi regarding expectations and due dates related to readings, activities, and postings.

Leadership Residency Courses

Leadership Residency courses (NRS 802A/B, NRS 803 A/B) combine clinical practicum experiences with scholarly activities and are designed to support formative and summative learning for students. Residency experiences provide an opportunity for meaningful engagement with experts (nurses and others) in the areas of indirect care in systems leadership. Experiences are related to leadership/management activities that support the learning goals of the student, incorporate the identified course Essentials (respective AACN Domains of Doctoral Education in Nursing), and are mutually agreed upon by the student, Instructor of Record, and Preceptor.

Residency experiences entail accumulating a pre-determined number of post-baccalaureate clinical residency hours over four semesters.

ONLINE CLASSROOM CONDUCT

Students are expected to attend and participate in all asynchronous modules. Students anticipating a missed or late module must notify the course instructor via email as far in advance as possible. The decision as to whether a missed or late module will be excused or accepted will be made on an individual basis and at the discretion of the instructor. Work obligations, vacation travel, and technical requirements do not excuse a student from their responsibility to cover any and all content required of the module or submit assignments as scheduled.

Faculty and Student Email Expectations

All course-related email correspondence, including correspondence with faculty and clinical preceptors, should take place via BlackBoard and/or the Edgewood email system. All students must use their Edgewood University email address as their official email address. Students are responsible for checking email on a daily basis. Response to email is expected within 48 business hours.

Preview of Assignments Prior to Submission Deadline

Students are encouraged to review all assignment guidelines and rubrics prior to the submission deadline. Any specific assignment-related questions should be addressed to the course instructor via email in a timely fashion. Students may submit assignments prior to the submission deadline, however, they may not do so as an attempt to solicit formative feedback toward assignment improvement. Faculty reserve the right to allow only one submission of any given assignment.

POLICIES AND PROCEDURES FOR RESIDENCY EXPERIENCES

General Guidelines

As part of degree requirements, students must complete 1000 hours of post-baccalaureate clinical residency (Leadership Residency I and II). Most often, students admitted to the DNP program have already acquired some of these hours through their MSN program and associated practicum. Previously earned MSN hours are to be submitted for review by the Associate Dean of Nursing and Health Sciences[2] via the **Documentation of Practicum Experience Hours form** (Appendix K). Depending upon the student's previous MSN program specifics, the Associate Dean may approve up to 500 hours toward the 1000-hour DNP residency requirement. Please note, only those hours earned in an MSN program through a practicum course or an APRN clinical rotation will be accepted toward meeting DNP residency hours. Students meet with the Instructor of Record for NRS 802A to conduct a "gap analysis" using the **DNP Residency Experiences Gap Analysis and Plan** (Appendix L) and discuss a plan for meeting the remaining balance of residency hours in practice settings. A minimum of 500 residency hours must be obtained during the student's DNP program of study.[3]

Practice Settings

DNP Leadership Residency experiences can take place in a variety of settings, based on the individual student's personal/professional goals, informed by the 2021 AACN Essentials. Specific areas to consider may include but are not limited to: Admissions (medical records, information systems, informatics); Accounting and Finance (billing, procurement), Human Resources (professional development, marketing-public affairs, facilities management), Facility and Program Planning (capital improvements, capital acquisitions, new ventures); Performance Improvement (patient relations, credentialing, risk management); Corporate Compliance (hospital accreditation, reimbursement requirements); Collaboration & Quality Improvement (interdisciplinary care, care councils, quality improvement, evidence-based practice). Other areas for consideration may include policy, legislative activity, patient and community advocacy, insurance (private and public payers), professional organization leadership.

Students are primarily responsible for identifying and initiating an agreement with their preceptors and practice settings, but assistance is provided by both Faculty and the Clinical Coordinator as needed. Once the preceptor/practice setting relationship is initiated, the Graduate Clinical Placement Coordinator will formalize all necessary contractual agreements. Due to the potential extended period of time needed to establish a formal agreement between multiple parties (student, Preceptor, Edgewood University practice settings), students must notify the Graduate Clinical Placement Coordinator of their desired Preceptor and practice setting AT LEAST 90 days prior to the start of their experience via the **Clinical, Practicum, and Residency Preceptor Form** (Appendix B). Following this notification, students must anticipate follow-up communication from the Graduate Clinical Placement Coordinator regarding site-specific requirements needing completion prior to beginning the rotation. Students are held responsible for adhering to the requirements and deadlines communicated by the Clinical Coordinator. If Preceptor/practice setting guidelines are not completed by the date specified, students are at risk for not being able to remain in the next semester's residency experience. Preceptors and practice settings are subject to the approval by the Leadership Residency course Instructor of Record. Approval by the Instructor of Record affirms that experiences are appropriate for the student's stated educational and professional goals as well as the specific educational needs of the student as determined by the gap analysis process.

Once the Instructor of Record approves a student's Preceptor and practice setting for residency, the student must:

1. work through the Graduate Clinical Placement Coordinator to ensure that all documentation is complete and approved for the residency site.
2. draft and submit their resume and objectives for the residency experience to their Instructor of Record prior to the beginning of the residency course. Objectives must be measurable, realistic, and individualized. The Instructor of Record will review them and provide feedback BEFORE submission to the Preceptor.
3. draft and submit a **Preceptor Memorandum of Understanding Form** (Appendix C) to their Instructor of Record to review, discuss, and approve.
4. schedules a meeting with the Preceptor to discuss resume, objectives for the residency experience, schedule, and Preceptor Memorandum of Understanding Form (this form must be signed by preceptor). The mutually agreed upon schedule must lead to the accumulation of the hours necessary to meet **1000 DNP practice hours**. Importantly, the School of Nursing recognizes that many students need to continue outside employment while completing residency rotations, however, preceptors and residency settings may not be able to accommodate students' work schedules.

[2] Review and approval of previously earned residency hours are made by the Graduate Assessment Committee and communicated to the student by the Associate Dean of Nursing and Health Sciences.

[3] All students must be given permission to start residency hours by their Instructor of Record. Any hours completed before or without approval will not count toward course requirements.

5. submit to Instructor of Record all necessary documentation for student file (final resume, objectives, schedule, and Preceptor Memorandum of Understanding Form).
6. ensure that he/she meets all compliance requirements prior to beginning their residency experience. These compliance requirements include attendance at HIPPA classes, computer-training, fire and safety protocol, adhering to agency dress code, etc.
7. understand that completing residency experiences outside of their licensed state **may require** they obtain a current license for the state in which they are completing their residency.

Once the residency begins:

1. students are responsible for accurately and punctually documenting all residency hours into **Typhon** (Appendix M). Residency hour documentation will be reviewed by the Instructor of Record and approved. If the Instructor of Record has any concerns regarding documentation, the student will be contacted. Students MAY NOT count travel time as part of their residency hours. Hours can only be satisfied within the scheduled dates of the semester unless mutually agreed upon between Instructor of Record, Preceptor, Student, and practice setting.
2. students are expected to punctually attend all scheduled residency experiences. In the event a student is not able to attend a previously arranged residency experience, the student must notify the Instructor of Record and Preceptor/site as soon as possible. Additional scheduled hours will have to be arranged (be aware that preceptors are not compensated for their time and are under no obligation to make accommodations).
3. there may be occasion to work with individuals other than the assigned Preceptor. These opportunities may present themselves due to scheduling issues, Preceptor or Instructor of Record suggestion, Preceptor illness, etc. In these instances, the Instructor of Record must be notified and the experience must be noted on the clinical log (Typhon). Importantly, the majority of residency hours should be spent with the primary Preceptor(s) in order for a comprehensive evaluation of performance to be given.
4. the Instructor of Record will review each student's progress with preceptors to validate progress toward educational objectives. Additional hours may need to be completed should skills be deemed "lacking" (***see Section entitled: Preceptor and Student Evaluation Process***).
5. students are responsible for additional expenses connected to residency experiences and should be anticipated and planned for in advance (e.g., parking, identification badges).
6. students are expected to provide their own transportation to and from the residency experiences.

Please note that students MAY complete residency hours within their organization of employment, but not in the area/unit they are employed or by their direct supervisor. The Preceptor should be at a level higher than the student's level as students are encouraged to seek preceptors who will provide a strong mentoring opportunity and are appropriately prepared academically. *Under no circumstances may the Preceptor be a family member or close friend of the student.*

Dress Code
Students are expected to wear appropriate professional attire during all residency experiences. Some agencies may have other requirements for their dress code. Students should check with their advanced clinical preceptor and/or site to identify appropriate dress code.

Preceptor and Student Evaluation Process
Faculty will discuss students' progress with preceptors throughout the semester to validate hours and completion of course objectives. The **Preceptor Evaluation of DNP Residency Student** (Appendix N) will be completed by residency faculty, in consultation with the Preceptor at mid-semester and at the end of the semester. The Preceptor Evaluation of Student Performance will be completed by the Preceptor at the end of each residency rotation.

Students will complete **Student Evaluation of Preceptor** (See Appendix O) at the end of each residency. Completion and submission of this documentation is needed to complete the requirements of each residency course.

VIEWPOINT SCREENING (HEALTH REQUIREMENT AND BACKGROUND CHECK COMPLIANCE)

Before earning Residency hours, students must provide evidence of completing all compliance requirements for the SoN and the practice setting as outlined in the **On-Boarding & Compliance Requirements Form** (Appendix D). Compliance files are maintained by **Viewpoint Screening**. The student is held responsible for accurately uploading their health information into Viewpoint Screening by the established due date (dates may vary depending upon agency guidelines). It is further the student's responsibility to submit any additional health-related documentation required by the agency where the advanced practice clinical or practicum is to be held (including proof of current physical examination). Associated fees for Viewpoint Screening and any additional documentation required by the agency are covered by the student. Failure to comply with the student health policies will result in exclusion from advanced practice clinical or practicum, as well as possibly being dropped from the course.

Students are required to contact the Graduate Clinical Placement Coordinator immediately with any change in their health status.

The SoN and all clinical agencies under contract to the SoN require that every student and faculty member submit to a background check.

Background checks are initiated through the Viewpoint Screening registration process. Students may also be required to complete additional background checks by the agency where residency is to be held. Failure to submit to a background check will result in exclusion from residency as well as possibly being dropped from the course. Potential criminal background history concerns are addressed on a case-by-case basis.

Students are required to contact the Graduate Clinical Placement Coordinator immediately with any change in their criminal background history.

Students are responsible for keeping all documentation updated as needed to complete their residency experience. Students should keep copies of these documents in a personal file so they are available if requested by the agency hosting the residency.

NON-PRECEPTED RESIDENCY HOURS

In consultation with the Leadership Residency Instructor of Record and in accordance with the agreed upon DNP Residency Experiences Gap Analysis and Plan, students can earn non-precepted hours toward their accumulation of DNP residency hours. Hours must be approved, documented, and verified using the **DNP Student Contact Hours Verification Form** (Appendix P).

DNP PROJECT INFORMATION

Overview

As part of degree requirements, DNP candidates must successfully complete a DNP Project that is of professional dissemination quality. The DNP Project can build on the foundation of Master's-level research experience, or be a practice problem of interest to the student. The scholarly process of developing and completing the DNP Project equips advanced practice nurses with the knowledge and skills necessary to further the application of translational research in a clinical practice setting.

Project Scope

The scope of the DNP Projects may vary greatly among students, however, all projects should be related to "quality" initiatives intended to positively impact healthcare outcomes through either direct or indirect care. Planning for the DNP Project begins in the first semester of enrollment and evolves as the student progresses through the program with guidance from the DNP Project Chair (NRS 845 and NRS 850 Instructor), Clinical Expert, and supporting faculty (as applicable).

DNP Project Committee

In the first and second semester of enrollment, DNP faculty review students' initial project ideas. When DNP Project ideas begin to crystallize, the student is assigned a DNP Project Chair (projected NRS 845 and NRS 850 Instructor) to guide the DNP Project process. Each student will work with their DNP Project Chair to identify an appropriate Clinical Expert to serve on their DNP Project Committee. The Clinical Expert typically is a non-faculty nurse leader situated within the student's field of interest. These two individuals (DNP Project Chair and Clinical Expert) serve as the DNP Project Committee. It is important to note, however, that throughout the process, the student will also receive support from course and non-course DNP faculty.

Project Requirements, Format, and Process

Together, the DNP candidate and Committee members will plan the DNP Project and establish a project timeline for submission of completed written chapters and DNP Project Defense. In general, students are expected to:

- submit a written proposal to the DNP Project Committee by the completion of Capstone 1*, with oral defense of the proposal prior to Capstone 2
- submit a written proposal to the Edgewood University Human Participant Review Board (HPRB) along with the review board at the institution where the DNP Project will be completed (student should have HPRB approval prior to beginning Capstone 2)
- orally defend the completed DNP Project (to be completed near the end of Capstone 2 or thereafter)
- produce a final written **DNP Project** (Appendix Q) in a five-chapter, thesis format*
    1. Introduction (containing problem statement)
    2. Review of Literature
    3. Methodology
    4. Results
    5. Discussion (including recommendations and implications for future practice)
- provide a plan that describes the dissemination of work (to be discussed with DNP Project Committee).

**all submissions for review must follow the most recent APA format.*

PROGRESSION

ACADEMIC ADVISING

Upon admission, students are jointly advised by both the Graduate Program Advisor and a faculty member (most often the DNP Project Committee Chair).

The Graduate Program Specialist/Outreach Coordinator serves as the Graduate Program Advisor and assists students in understanding the administrative and logistic components of the DNP program. The Graduate Program Advisor establishes a program plan in students' initial meeting, maintains a complete record of each student's program plan throughout their academic career, communicates policy changes, and makes referrals as needed. Students in the DNP program should consult with the Graduate Program Advisor every semester before registering for courses, or when their course plan changes.

Faculty advisors serve as all DNP students' point-of-contact for educational and professional interests and concerns as well as initial DNP Project and residency resources. At the beginning of the second semester of the DNP program, faculty begin to explore DNP Project interests.

ACCESSIBILITY AND DISABILITY SERVICES

If you know or think you may have a learning, physical, emotional, or mental health disability or difference OR if you are a Multi-Language Learner (i.e., English is not your first language) who needs academic assistance, please contact the **Disability and Accessibility Services Office** to discuss what kinds of accommodations or support might be helpful to you.

- Office: Predolin 240A (Inside PRD 240)
- Email: AccessDisabilityServ@edgewood.edu
- Phone: 608-663-2831
- Website: https://www.edgewood.edu/accessibility

The Disability and Accessibility Services Office will keep your information confidential but will discuss with you the benefits of notifying your instructors, with your permission, of any needs you have for accommodations such as additional testing time and shared note taking.

COURSE INFORMATION AND SCHEDULE

The majority of coursework for all DNP programs will be delivered in a fully-online format (residency courses require face-to-face meetings and in-practice hours). Courses are offered over 8-, -, and 16-week sessions. Students should speak to the Graduate Program Advisor if they have further questions regarding the format of course facilitation.

Students may be able to complete the DNP program in 21 months. Although students meet with the Graduate Program Advisor to plan out their course sequences, their plans may change during their time in the program. The time to complete the DNP degree depends on the number of courses taken per semester and communicating with the Graduate Program Advisor regarding any changes in the course plan.

Students can enter the programs at the beginning of any fall, spring, or summer session.

ACADEMIC DATES AND REGISTRATION POLICY

Registration consists of course selection for the next semester, with the assistance of the Graduate Program Advisor as necessary. Registration has two distinct steps:

1. Registration
2. Payment of Fees

Registration is open prior to each fall, spring, and summer semester. Online registration is available to new and continuing students. Graduate students are held responsible for knowing the registration policies and procedures as printed in the *Registration Guide*.

Registration is complete when all fees are paid or payment arrangements are made with the Business Office. Credit may not be earned unless a student is properly registered and fees are paid. Students who have not paid fees or made payment arrangements by the end of the first week of classes will be withdrawn.

Academic Dates and Deadlines

Students are held responsible for knowing and adhering to academic dates and deadlines regarding add/drops, refunds, and withdrawals as published by the Registrar: https://registrar.edgewood.edu/academic-dates-and-deadlines

Add/Drop Policies

Students may use the online registration system to add or drop courses until the deadline has been reached. Students may also use the official Course Change Form obtained from the Graduate Program Advisor or the Office of the Registrar to add or drop a course. This form must be submitted to the Registrar's Office before the student will be considered officially added or dropped from a class. All other changes in course registration follow a similar procedure. Failure to comply with the official Add/Drop procedure may result in a loss of credit or a grade of "F" for an unofficial drop from a course. Absence from classes or informing the instructor does not constitute withdrawal or dropping a course and will result in a failure for the course(s).

GRADE REPORTS

Grades may be viewed online.

Only graduate courses numbered 800 or above are used to determine a student's cumulative and semester GPA. In accordance with University Policy, no grade below a C is applicable for meeting requirements for a graduate degree.

GRADING POLICY

A……95-100%
AB……90-94%
B…… 85-89%
BC……80-84%
C…… 75-79%
D……70-74%
F…… 0-69%

INCOMPLETE GRADES

In accordance with University Policy, "incompletes" may only be given when they are initiated by the student and the proper procedure is followed.

1. The student submits a "Request for Incomplete" to the instructor. The form must be signed by the student and the instructor before it is filed with the Registrar's Office. The Request for Incomplete must be filed either before or at the same time grades are submitted by the instructor.
2. Reasons for an Incomplete must be illness or an emergency—a situation beyond the student's control, which makes the student unable to finish the class. The student must have attended regularly and done the work up until the point of the Incomplete. Incompletes may not be given by the instructor for missed exams or late work.
3. If a student has not formally requested an Incomplete and misses exams or does not complete the coursework, a grade of "A" to "F" must be given for the work that has been done to date according to the course syllabus.
4. Incomplete work must be submitted and a grade given within 10 weeks of the close of the term in which the Incomplete is given, unless a request to extend the time for completion has been filed with the Registrar's Office before the 10-week period is completed.
5. Incompletes submitted by an instructor without the appropriate form will not be accepted. If such a grade appears, the Registrar will assign a grade of "F" for the class.

ACADEMIC STANDING

There are three categories of academic standing for students enrolled in graduate programs at Edgewood University: good standing, probation, and dismissed.

Good Standing

An enrolled student in good standing is one who maintains a cumulative 3.00 GPA while enrolled in graduate courses.

Probation

An enrolled student whose cumulative GPA in graduate courses falls below 3.00 is placed on probation.

Dismissed

A student on probation is dismissed if his or her cumulative GPA remains below 3.00 after completing nine additional graduate credits. Coursework which is not included in the grade point average does not count as part of the nine additional credits (courses numbered below 800, withdrawals, or pass/fail graded courses). Students may also be dismissed for academic dishonesty.

Academic standing is posted at the close of each semester and is reported on the grade report for each student.

REPEATING A COURSE

Most courses cannot be repeated for additional credit. Only the most recent attempt at the course will be included in the GPA calculation even if the most recent attempt at a course results in a lower grade. The credits for a course are earned only once, provided at least one of the courses has

a passing grade. All repeated courses and their grades will appear on the transcript in the terms they were taken, and the repeated course will be noted as "R" (repeated).

STOP-OUT STUDENTS

Stop-out students are previously admitted and/or enrolled students at Edgewood University who have stopped taking credit courses for an extended period.

Return Requirements

1. Stop-out students seeking to return to the DNP program after 3 or more semesters of non-enrollment simply need to contact the Graduate Program Advisor to fill out a re-entry form.
2. If the student had taken courses elsewhere while they were away from Edgewood University, they must submit official copies of their transcripts to turn in to Graduate and Professional Studies Admissions.

STUDENT RECORDS

During a graduate student's enrollment at Edgewood University the official file of records is kept by the Registrar's Office. A copy of the student's file may be maintained by the Graduate Program Advisor and the student's faculty advisor. Official Edgewood University transcripts are maintained in the Office of the Registrar where copies may be obtained upon proper application.

Privacy of Student Records

The Family Educational Rights and Privacy Act (the Buckley Amendment) provides that, with certain explicit exceptions, students have the right to see their records (accessibility) and the right to determine who else will see their records (confidentiality). Detailed information about the provisions of the act and its implications on this campus may be obtained from the Edgewood University catalog.

WITHDRAWAL

Withdrawal is complete severance of attendance at Edgewood University. There are two types of withdrawal: student withdrawal and administrative withdrawal.

Student Withdrawal

Students may withdraw at any point following registration for any term. Students who withdraw during the first 10 weeks after the beginning of the semester will receive a recorded grade of "W" for the current semester. Students who withdraw after the 10th week will receive an "F" for each course.

Withdrawal does not remove the costs incurred that may apply for the semester in question. Refund schedules are published in the semester and summer session sections of the *Registration Guide*.

Withdrawal during summer session is governed by policies described in the summer session section of *the Registration Guide*.

Students who wish to drop their entire academic load should either obtain a Withdrawal Form or call Edgewood Central at 663-4300. Withdrawal forms are also available online from the Office of the Registrar's Student Resource Page.

Administrative Withdrawal

Students who have not paid fees or made payment arrangements by the end of the first week of classes will be withdrawn. There is a reinstatement fee. Appeals of Administrative Withdrawal should be made directly to the Edgewood University Business Office.

ACADEMIC APPEALS

Student appeals are limited to requests to continue in the major, or for grades that impact student progression in the SoN. Any student who feels he/she has cause for appeal may initiate the appeal process.

Appeal Procedure

Prior to initiating the appeal process a student should make every effort to resolve the situation with the course faculty most immediately and directly involved. If the concern is unresolved, it is expected that the student will contact the Graduate Program Advisor and his/her faculty advisor to explore other options.

I. If the student chooses to initiate the appeal process, he/she must submit a written letter requesting an appeal addressed to the Dean of the SoN via the Director of Academic Operations. A written appeal must be filed within 10 business days of the date of the letter notifying the student that s/he is being dismissed from the program, or the right to appeal is denied.

The student's letter to the Dean must include the following information:

A. Precise grounds on which the appeal is based;

B. Circumstances associated with the appeal;
C. Rationale supporting the appeal, including student attempts to resolve the situation prior to requesting an appeal;
D. Description of proposed specific remedial actions to be taken to improve the student's academic performance.

II. The College of Health Sciences (CoHS) Dean will make the final decision regarding the disposition of the student appeal.
III. The CoHS Dean will notify the student in writing of this final decision within 5 business days of receiving the appeal.

Student Complaints and Review/Maintenance of Records

Students have a right to voice a concern to the course instructor. A student who has a concern related specifically to his or her experience in the nursing program should consult with the course instructor in an attempt to arrive at a resolution of the issue. If the concern is not resolved at the instructor-student level, the following sequence should be followed:

1. Discuss the concern with the SoN Graduate Advisor, if not resolved at this level;
2. Discuss the concern with the SoN Associate Dean, if not resolved at this level;
3. Discuss the concern with the CoHS Dean, if not resolved at this level, the CoHS Dean instructs the student to complete a Formal complaint. The CoHS Dean is responsible for disposition and documentation of all formal complaints. The CoHS Dean will maintain records for a period of three years following the student's graduation or leaving the program.

If not resolved at the CoHS level, the student may contact the office of the Vice President for Academic Affairs (VPAA).

ACADEMIC HONESTY POLICY

As members of a scholarly community dedicated to healthy intellectual development, students and faculty at Edgewood University are expected to share the responsibility for maintaining high standards of honesty and integrity in their academic work. Each student should reflect this sense of responsibility toward the community by submitting work that is a product of his or her own effort in a particular course, unless the instructor has directed otherwise. In order to clarify and emphasize its standards for academic honesty, the University has adopted this policy.

The following are examples of violations of standards for academic honesty and are subject to academic sanctions: cheating on exams, submitting collaborative work as one's own, falsifying records, achievements, field or laboratory data, or other course work, stealing examinations or course materials, submitting work previously submitted in another course, unless specifically approved by the present instructor, falsifying documents or signing an instructor's or administrator's name to any document or form; plagiarism, or aiding another student in any of the above actions.

Plagiarism, which is defined as the deliberate use of another's ideas or words as if they were one's own, can take many forms, from the egregious to the mild. Instances most commonly seen in written work by students in order from most to least serious are:

- Borrowing, buying or stealing a paper from elsewhere; lending or selling a paper for another's use as his or her own; using printed material written by someone else as one's own
- Getting so much help on a paper from someone else, including a University tutor, that the student writer can no longer legitimately claim authorship
- Intentionally using source material improperly, e.g., neither citing nor using quotation marks on borrowed material; supplying an in-text citation but failing to enclose quoted material within quotation marks; leaving paraphrased material too close to the original version; failing to append a works-cited page when sources have been used
- Unintentional misuse of borrowed sources through ignorance or carelessness

Sanctions recommended for dishonesty are an "F" on the assignment and/or an "F" in the course. More serious violations may be referred to the Academic Dean's Office for appropriate action.

DUE PROCESS

Students aggrieved by decisions made at the classroom, department, or SoN-level may appeal that decision to the VPAA's Office. The VPAA will make a determination of final resolution or will forward the grievance to the appropriate policy committee for consideration and action.

FERPA STATEMENT

The Family Educational Rights and Privacy Act (FERPA) of 1974, also known as the Buckley Amendment, provides that students have the right to see their records (accessibility) and to determine who will see their records (confidentiality). Detailed information on the provisions of the Act and its applications are included in the Edgewood University catalog.

GRADUATION

Graduation Requirements
To graduate, a student must have earned the number of credits appropriate to the degree sought. For the DNP program, only credits in courses numbered 800 or above count toward meeting this requirement. The student must have maintained a 3.00 GPA on those credits and successfully met all school or departmental and general degree requirements. No degree will be officially conferred by Edgewood University until all defined degree requirements for the student's academic program(s) have been met. Grades of a C or above will fulfill program requirements; grades of CD or below cannot be used to fulfill program requirements.

School or Departmental Requirements
Students must satisfy all coursework as required by the school or department offering the graduate program in which the student is registered. To graduate from the DNP program, a student must have earned the number of credits required for the degree and satisfied all coursework as required, completed the 1000 hours residency requirement, and successfully defended his/her DNP Project with accompanying **Doctor of Nursing Practice-DNP Project Approval Form** (Appendix R). Students are encouraged to publish their DNP Project on **Proquest** (Appendix S), however, publication is NOT a requirement of the program (only manuscripts of publishable quality [fully-edited, approved by the SoN] will be approved for Proquest).

In addition, all degree-seeking students at Edgewood University must satisfy institutional "time-to-degree" and "residency" requirements as outlined below.

Time Limits for Degree Completion (Seven-Year Rule)
Only those courses completed within the seven years prior to the granting of a degree will be counted toward meeting the degree requirements.

Residency Requirements for Degree Programs
A minimum to the nearest multiple of three (3) of 2/3 of the coursework credits presented for a graduate degree must be taken at Edgewood University.

Intent to Graduate Form
Students must file a formal application for a degree in the Registrar's Office. The Intent to Graduate form is required for four important reasons:

1. To inform the Registrar's Office that the student is planning to graduate at the end of the term.
2. To inform the Registrar's Office whether the student intends to participate in the commencement ceremony.
3. To allow the student an opportunity to indicate how he or she wants their name spelled on their diploma.
4. To allow the student the opportunity to provide a mailing address for his or her diploma that may be different from any other address that may be on file for the student (with graduation, many students move to new addresses).

If all graduation requirements have been met, but the Intent to Graduate Form has not been submitted to the Registrar's Office, the student's degree will be conferred, but no diploma will be released until the form is received.

APPENDICES

EDGEWOOD
UNIVERSITY

APPENDIX A

Code of Professional Conduct

Introduction

Edgewood University's Henry Predolin College of Health Science, School of Nursing offers a variety of nursing degrees from the Bachelor's of Science in Nursing to the Doctorate of Nursing Practice. Each degree/degree concentration are professional programs that expect the highest standards of ethical and professional conduct. The School of Nursing (SoN) Code of Professional Conduct is based on the American Nurses' Association (ANA) Nursing: Scope and Standards of Practice (2021) and ANA Code of Ethics (2015), and is an integral part of student development and professional performance. The SoN believes that professional behavior is an integral part of each student's nursing education and adheres to the Code of Professional Conduct throughout all educational endeavors, activities, and events sponsored by the SoN. Our duty is to maintain an environment supportive of personal growth, as well as to ensure safe, effective quality health care to the public. Students are not simply seeking a Nursing degree but to join a profession with a very specific and rigorous set of ethical and professional responsibilities.

Henry Predolin College of Health Sciences, School of Nursing Standards of Conduct

NURSES ARE ACCOUNTABLE AND RESPONSIBLE FOR THEIR ACTIONS

As a professional nurse, it is our obligation and duty to adhere to the Nursing Scope and Standards of Practice (*4th Edition*) (*American Nurses Association [ANA], 2021*), and the Nursing Code of Ethics (*ANA, 2015*).

American Nurses' Association Scope and Standards of Practice
Standards of Practice: The Standards of Practice describe a competent level of nursing practice demonstrated by the critical thinking model known as the nursing process. Accordingly, the nursing process encompasses significant actions taken by registered nurses and forms the foundation of the nurse's decision-making.

Standard 1. Assessment: The registered nurse collects pertinent data and information relative to the healthcare consumer's health or the situation.

Standard 2. Diagnosis: The registered nurse analyzes the assessment data to determine the actual or potential diagnoses, problems or issues.

Standard 3. Outcomes Identification: The registered nurse identifies expected outcomes for a plan individualized to the healthcare consumer or the situation.

Standard 4. Planning: The registered nurse develops a collaborative plan encompassing strategy to achieve expected outcomes.

Standard 5. Implementation: The nurse implements the identified plan.
- **Standard 5A. Coordination of Care:** The registered nurse coordinates care delivery
- **Standard 5B. Health Teaching and Health Promotion:** The registered nurse employs strategies to teach and promote health and wellness.

Standard 6. Evaluation: The registered nurse evaluates progress toward attainment of goals and outcomes.

Standards of Professional Performance:
The Standards of Professional Performance describe a competent level of behavior in the professional role, including activities related to ethics, culturally congruent practice, communication, collaboration, leadership, education, evidence-based practice and research, quality of practice, professional practice evaluation, resource utilization, and environmental health. All registered nurses are expected to engage in professional role activities, including leadership, appropriate to their education and position. Registered nurses are accountable for their professional actions to themselves, their healthcare consumers, their peers, and ultimately to society.

Standard 7. Ethics
The registered nurse integrates ethics in all practices of nursing.

Standard 8. Advocacy
The registered nurse demonstrates advocacy in all roles and settings.

Standard 9. Respectful and Equitable Practice
The registered nurse practices with cultural humility and inclusiveness.

Standard 10. Communication
The registered nurse communicates effectively in all areas of professional practice.

Standard 11. Collaboration
The registered nurse collaborates with the healthcare consumer and other key stakeholders.

Standard 12. Leadership
The registered nurse leads within the profession and practice setting.

Standard 13. Education
The registered nurse seeks knowledge and competence that reflects current nursing practice and promotes futuristic thinking.

Standard 14. Scholarly Inquiry
The registered nurse integrates scholarship, evidence, and research finding into practice.

Standard 15. Quality of Practice
The registered nurse contributes to quality nursing practice.

Standard 16. Professional Practice Evaluation
The registered nurse evaluates one's own and others' nursing practice.

Standard 17. Resource Stewardship
The registered nurse utilizes appropriate resources to plan, provide, and sustain evidence-based nursing services that are safe, effective, financially responsible, and used judiciously.

Standard 18. Environmental Health

The registered nurse practices in a manner that advances environmental safety and health.

Source: ANA. (2021). *Nursing: Scope and Standards of Practice* (4th ed.) (p. 89-107). Silver Spring, MD: ANA.

American Nurses Association Code of Ethics for Nurses

Provision 1. The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

Provision 2. The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.

Provision 3. The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.

Provision 4. The nurse has authority, accountability and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to provide optimal patient care.

Provision 5. The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.

Provision 6. The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.

Provision 7. The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.

Provision 8. The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.

Provision 9. The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.

American Nurses' Association Standards of Professional Nurse Practice and Standards of Professional Performance
As a professional nurse, it is our obligation and duty to adhere to the Nursing Scope and Standards of Practice (*3rd edition*) (*American Nurses Association [ANA], 2015*), and the Nursing Code of Ethics (*ANA, 2015*).

Academic Accountability and Responsibility
In addition to professional accountability and responsibility, students must also assume the same standards of accountability and responsibility for their education. Part of educational responsibility and accountability addresses preparation for participation in academic advising.

Advising
NURSING students are required to meet with their academic advisor every semester. It is the student's responsibility to schedule and keep this appointment. During this time, students and faculty members will discuss the advisee's academic plan, academic progress, and plans for graduation as well as answer any questions related to future employment, internships, graduate school or preparing for the state board exam (NCLEX). It is the student's responsibility to come prepared for their advising appointment. Adequate preparation includes having a course plan developed prior to the appointment, knowing how many credits remain prior to graduation, and, if necessary, prior calculation of GPA.

As a student progresses in the nursing program, additional preparation for advising will include discussion of ATI results.

NURSES DEMONSTRATE PROFESSIONAL BEHAVIOR, RESPECT, CIVILITY

Students will fulfill professional nursing roles including client advocate, direct care provider, and educator. Students will treat peers, faculty, members of the healthcare team, and clients with respect and compassion. Clients and their families come from different cultural backgrounds and hold different values. Students will respect these differences providing professional, empathetic and holistic health care for all.

Each student is expected to display behaviors that represent Edgewood University's Dominican values (TRUTH, JUSTICE, COMPASSION, COMMUNITY, PARTNERSHIP) as well as the values and beliefs of SoN. In order to exhibit the quality and caliber of professionalism deemed appropriate for the Edgewood University student nurse, it is expected that the student will display the professional behaviors addressed in this code.

Clinical and Classroom Expectations
Students enrolled in the nursing major are expected to attend all classes, laboratories and clinical experiences in order to fulfill credit requirements for each course. In the event of an absence from clinical, students will be required to complete additional learning experiences as determined by the clinical instructor. ***No*** *on-site clinical make-up experiences will be offered.* Students cannot attend a different clinical section to make up an absence from clinical. There are no excused or unexcused absences from clinical and completing additional learning experiences as required by the clinical instructor does not remove the absence from clinical evaluations.

Students are not to miss clinical, lab, simulation, or theory class to meet the needs of another course (nursing or non-nursing). Likewise, students are not to miss clinical, lab, simulation, or theory class to meet other obligations (e.g., job interviews and/or orientation for employment, elective/non-urgent appointments). Please note that the Edgewood University Calendar is posted for the entire academic year before the start of fall semester. Therefore:

- Students are expected to plan outside activities during university breaks. Students should not schedule vacations at any other time during the academic semester.
- Travel arrangements for a scheduled break should not include any day in which a class, lab or clinical is scheduled.
- Students will not be excused from class, lab or clinical, or exams/quizzes prior to or immediately after a scheduled break or for any other vacation during the academic semester.

Additional attendance policies and expectations may be listed in individual course syllabi.

Participation at the Center for Healthcare Education and Simulation (CHES) and other activities related to being a student at Edgewood University including Student Nurses Association events, travel experiences, and participation in other off campus experiences related to the SoN are treated as clinical activities in terms of professional behavior expectations. The student will display a caring and compassionate attitude when providing care for any patient, including simulation activities. Students must maintain confidentiality and privacy according to all HIPPA and health care policies and regulations.

Students are expected to arrive on time and be prepared for **all clinical, lab, simulation, and theory class activities.** Preparation in the nursing student context entails readiness to administer safe and appropriate nursing care. Students unprepared to safely administer safe and appropriate care due to poor preparation may be denied to participate in clinical and/or sent home and reprimanded according to SoN policy. Any student reporting to clinical or lab under the influence of any substance, whether prescribed or illicit, that may interfere with the cognitive and/or physical ability to render safe patient care will be sent home and reprimanded according to SoN policy.

All students are expected to maintain professional behavior in both the clinical and classroom settings. This professional behavior includes, but is not limited to:

- Attending all class, lab, and clinical activities.
- Taking exams as scheduled (including ATI tests).
- Arriving on time and leaving class/clinical as scheduled.
- Adhering to the SoN clinical dress code for all clinical activities.
- Accepting responsibility and accountability for one's own actions. Responsibility and accountability in the nursing student context include completing assignments on time and clinical preparation as required by the clinical rotation. Failure to complete assignments and/or clinical preparation on time can result in a course failure.
- Giving prior notification in writing, voice mail, email, or per faculty course guidelines, to the faculty when he/she is unable to meet commitments. Students are to check with course faculty as to the method of communication required for concerns or questions regarding attendance. The faculty acknowledges that life emergencies do exist and will work with the student in these situations as they arise.

  NOTE: True life emergencies do NOT include:

  1. Scheduling work or vacation during class/lab or clinical, or exam times (including ATI testing).
  2. Missing class in order to work; this is not an excused absence.
  3. Non-emergent doctor or dental appointments.
  4. Fatigue associated with personal choices such as work, extra-curricular activities, or social activities.
  5. Planning "special" events that interfere with class, clinical time, or exam times (e.g., wedding/vacation).
- Interacting with others (peers, faculty, and patients/clients) in a respectful, sensitive and nonjudgmental manner.
- In the clinical setting, professional behavior must be maintained at all times including your time during patient preparation, breaks, lunch, and any other time you are at the clinical agency.
- Respect others' space and quiet time.
- Addressing faculty in a respectful manner by use of appropriate titles: Dean, Professor, Mr. /Mrs., and last name. Do not assume a first-name basis is acceptable until you obtain permission from the faculty member.
- Use of professional language (no profanity and/or inappropriate gestures).
- Approved Cell Phone Use: Cell phone use is prohibited in all nursing courses unless otherwise specifically approved by course faculty.
- Appropriate Cell Phone Use: If cell phone use is permitted by course faculty, it may only be used as directed.
- Constructive verbal and non-verbal behavior.
- Care for others in an empathetic manner.
- Honest, open, therapeutic communication.
- Confidentiality of all patient information.
- Teamwork and helping behavior for peers.
- Professional and personal courtesy, honor, ethics, and integrity.
- Maintaining professional boundaries.
- Respecting all individuals' differences (i.e., culture, ethnicity, religion, work experience, gender, age, sexual orientation, etc.).
- Refrain from personal conversations and comments during lectures and other class presentations.
- Avoid using laptops for purposes other than educational or class activities as directed by course faculty.
- Wait until it is declared appropriate by the professor to gather things for breaks and at the end of class.
- Avoid leaving the room in the middle of a lecture or exam.
- Attending final clinical evaluations as scheduled and submitting the necessary paperwork prior to the final evaluation.

Examples of serious violations that are subject to immediate dismissal from the PROGRAM include, but are not limited to:

- Illegally removing healthcare agency or patient property from the premises.
- Destruction to any healthcare agency or patient property.
- Falsifying or fabricating clinical experiences.
- Calling in sick for clinical under false pretenses.
- Documenting nursing care that was not performed. Please note, documentation in advance of nursing performance or falsifying any documentation is illegal.

Bullying or Lateral Acts of Violence
Bullying or other lateral acts of violence will not be tolerated by the SoN. Bullying is the demeaning, and downgrading of an individual through vicious words and cruel acts that undermine confidence and self-esteem. Bullying can involve both psychological and physical actions that can include, but are not limited to, social media, written, and verbal material that results in psychological or physical harm. Any student engaging in this type of behavior may be dismissed from the nursing program.

No-Gift Policy
On occasion, students may want to recognize or thank a faculty member for their work throughout the semester. This practice more commonly occurs in the clinical setting. Even though gifts are intended as a gesture of thankfulness, they can create uncomfortable feelings among students who may not support the effort or who cannot contribute financially. As such, SoN faculty members support a **no-gift** policy for all instructors. If students want to offer a card of thanks, that would be appropriate.

Use of Social Media
People gain information, education, news, etc., through electronic media and print media. Social media is distinct from industrial or traditional media, such as newspapers, television, and film. Social media is relatively inexpensive and accessible to enable anyone to publish or access information, compared to industrial media, which generally require significant resources to publish information.

Use of social media (Facebook, Twitter, phone texts, blogs, etc.) is strictly prohibited in all capacities related to your SoN experience. Posting pictures, comments, or discussions addressing any classroom and/or clinical experiences on any of these sites could result in dismissal from the program. If you discover you have been "tagged" on a Facebook site, notify the individual responsible for the posting to remove the posting immediately. Follow-up on this request with documentation from the individual who posted the comment/picture that it has been removed.

It is a common misconception that content that has been deleted from a site is no longer accessible. Any and all content posted on any social media site can be accessed if so desired.

"Nurses have been disciplined by boards, fired by employers, and criminally charged by authorities for the inappropriate or unprofessional use of social media". (www.ncsbn.org)

Edgewood University faculty may require a student to use social media as part of the course curriculum. This use of social media is at the discretion of the faculty and will be the only exception to the use of social media at Edgewood University during clinical or classroom settings.

Use of Cell Phones and Laptop Computers in Class
Behaviors such as talking in class, surfing the internet, and use of cell phones (including text messaging during class), are distracting, disruptive, and disrespectful to individuals conducting class and your fellow classmates. These unprofessional behaviors will not be tolerated. Out of respect for your colleagues and instructors, **CELL PHONES MUST BE TURNED OFF AND STORED DURING CLASS MEETINGS.** In the case of a life crisis or for individuals who must be "on call" or "accessible for a text message" on a specific date, please inform the instructor before class begins that you need to keep your cell phone switched on and nearby.

Laptops are allowed in class. Students using laptops must plan to sit in the back row to decrease distractions for other students. If this privilege is abused (i.e. using your laptop for purposes that are not class related) it will be removed at the discretion of the professor.

NURSES MAINTAIN ACADEMIC HONESTY

The Edgewood University Academic Honesty Policy states:

"As members of a scholarly community dedicated to healthy intellectual development, students and faculty at Edgewood University are expected to share the responsibility for maintaining high standards of honesty and integrity in their academic work. Each student should reflect this sense of responsibility toward the community by submitting work that is a product of his or her own effort in a particular course unless the instructor has directed otherwise. In order to clarify and emphasize its standards for academic honesty, the University has adopted this policy".

The following are examples of violations of standards for academic honesty and are subject to academic **sanctions**:

- Cheating on exams
- Submitting collaborative work as one's own
- Falsifying records, achievements, field or laboratory data or other course work
- Stealing examinations or other course materials; submitting work previously submitted in another course or the same course if repeating, unless specifically approved by the present instructor
- Posting exam questions or other course materials on the internet without the instructor's permission.

- Falsifying documents or signing an instructor's or administrator/s name to a document or form
- Plagiarism
- Aiding another student in any of the above actions.

Plagiarism, which is defined as the deliberate use of another's ideas or words as if they were one's own, can take many forms, from the egregious to the mild. Instances most commonly seen in written work by students in order from most to least serious are:

- Borrowing, buying or stealing a paper from elsewhere, lending or selling a paper for another's use as his or her own, using printed material written by someone else as one's own.
- Getting so much help on a paper from someone else, including a college tutor, that the student writer can no longer legitimately claim authorship.
- Intentionally using source material improperly; e.g., neither citing nor using quotation marks on borrowed material; supplying an in-text citation but failing to enclose quoted material within quotation marks; leaving paraphrased material too close to the original version; failing to append a works-cited page when sources have been used.
- Unintentional misuse of borrowed sources through ignorance or carelessness.

Plagiarism---nurses or other authors do not claim the words and ideas of another as their own; they give credit where credit is due (*American Psychological Association Ethics Code Standard 8.11*)
Self- Plagiarism---nurses and other authors do not present their own previously published work as new scholarly work. An author may cite their own previous work, but they cannot submit that work as new material (*American Psychological Association, 2019*).

- Example: A student submits a paper to CNURS 305 and then with a few minor edit changes submits the paper for another class or resubmits the paper, with minor edits, if repeating a course.
- Example: A student submits a paper, from another class, in which he/she has augmented previous learning but fails to cite the original work.

Plagiarism and self-plagiarism are unprofessional, unethical, and are considered violations of the academic honesty code of the University and the School of Nursing. Participating in any act of plagiarism and/or self-plagiarism directly violates the Nursing Code of Ethics.

NURSES MAINTAIN A PROFESSIONAL APPEARANCE

Students are expected to maintain a professional appearance for both functional and aesthetic reasons. Students engaged in nursing clinical experiences are expected to comply with the SoN dress code requirements. The dress code may vary with selected clinical field trips or conferences; faculty will inform students of appropriate professional attire. Each student is responsible for purchasing the required uniform and Edgewood University nametag PRIOR TO beginning clinical and are responsible for all uniform costs. Faculty may suspend a student from the clinical setting for non-compliance with the Henry Predolin College of Health Sciences, School of Nursing dress code (this will be counted as an absence).

SANCTIONS FOR NOT ADHERING TO THE SCHOOL OF NURSING CODE OF CONDUCT

A student may be dismissed from the SoN for any of the following reasons:

- Failure to meet the academic standards.
- Behavior which is contrary to the ethical code of the nursing profession. This behavior includes any violations against current HIPPA regulations.
- Three early alerts issued during a clinical rotation will result in failing the clinical rotation. Any failure in a nursing course results in dismissal from the nursing program.

Students whose behavior does not comply with the Code of Professional Conduct presented in this document will receive sanctions which may include, but are not limited to, the following: A lower or failed grade, reprimand, campus or community service, restitution, suspension or dismissal from the clinical/classroom or nursing program. The Dean of the College of Health Sciences may define further sanctions not listed in this document.

- *REPRIMAND*- official warning in writing that continuation or repetition of wrongful conduct may result in further disciplinary action (e.g. early alert notice, documentation in clinical evaluation).
- *DISCIPLINARY PROBATION*- may be imposed for any misconduct, failure to follow the Code of Professional Conduct, or any other violations that do not warrant suspension from the nursing program, but require further consequences. Disciplinary probation is imposed for a designated period of time determined by the College of Health Sciences Dean. This probationary status includes the probability of further penalties if the student commits additional acts of misconduct or fails to comply in any probation contract details.
- *CAMPUS AND/OR COMMUNITY SERVICE*- requirement that services will be offered for a specified period to an appropriate nonprofit

community agency and/or to the campus community.

- *RESTITUTION*- reimbursement for damage to or loss of property which occurred as a result of the misconduct.
- *SUSPENSION*- exclusion from classes, enrollment, and other privileges in the SoN.
- *EXPULSION*- permanent termination of admission and enrollment status in the SoN.

Disciplinary actions, to include expulsion and suspension, shall be included in the student's permanent academic record.

PROCEDURE FOR PROFESSIONAL DISCIPLINARY ACTION

An allegation of professional misconduct may be made by other students, faculty, staff, clients/patients, visitors, or any member of an agency that has a verbal or written agreement to provide learning experiences for students.

The allegation of misconduct should be submitted in written form to the faculty member in whose class or clinical setting the misconduct occurred and the SoN Dean. Information about the misconduct should include:

- *Date, time, location, and description of the incident.*
- *Names of all parties involved and witnesses.*
- *Supporting facts and justification for the complaint.*
- *Brief description of efforts to resolve the complaint.*
- *Date and signature of the person(s) making the allegation of misconduct.*

Students should first discuss any conduct allegations with the faculty member responsible for the clinical or classroom setting in which the infraction occurred. A faculty member who witnesses or observes a student will discuss the situation with the SoN Dean or designated faculty as directed by the Dean. The College of Health Sciences Dean has the right to impose sanctions as deemed appropriate and may involve faculty members as needed. The Dean may also refer the student to the Appeal Process as described in the NURSING Student Handbook.

Students who violate any part of the Code of Professional Conduct a second time will be dismissed from the SoN.

If a student is in violation of the Code of Conduct as described in the University Student Handbook, it is the student's responsibility to notify the College of Health Sciences Dean immediately upon being contacted of their violation by the Dean of Student's Office.

EDGEWOOD
UNIVERSITY

STUDENT AGREEMENT

I understand the Henry Predolin College of Health Sciences, School of Nursing at Edgewood University Code of Professional Conduct is consistent with the ethical obligations of nursing, and pledge to uphold the Code of Professional Conduct by abstaining from dishonesty, deceit, fraud, or other unprofessional behaviors as described in the Code.

I understand that my adherence to the Code of Professional Conduct is a required and appropriate requisite for enrollment and participation in this nursing program.

I accept responsibility and accountability for my professional behavior and conduct within all aspects of clinical and classroom instructional opportunities.

I understand that if I witness unprofessional conduct or behavior that I am ethically and morally obligated to report this information to appropriate faculty.

I understand that failure to comply with the Code of Professional Conduct as noted in the document may result in sanctions and possible expulsion from the School of Nursing.

I have read and understand all aspects of the student handbook including but not limited to academic integrity, professional expectations, assumptions of risk, photo/video release forms, and eligibility for licensure.

Student Printed Name: _____

_____

Student Signature Date

_____

Witness Signature (anyone 18 or older) Date

EDGEWOOD
UNIVERSITY

APPENDIX B

Clinical, Practicum, and Residency Preceptor Form
Henry Predolin College of Health Sciences, School of Nursing
Edgewood University
1000 Edgewood College Drive
Madison, WI 53711

Program (i.e. BSN, FNP, AGCNS, DNP) _____
Course (i.e. NRS 712) _____
Date:_____

Student Name:_____

Student Contact Information:_____ _____
Phone Email

Student Current Employer:_____

Student Position Held (include unit, dept, or floor)**:**_____

Preceptor Name and Credentials:_____

Preceptor Contact Information:_____ _____
Phone Email

Clinical Site (Include unit, dept, or floor)**:**_____

Clinical Site Coordinator: _____
Name

Contact: _____ _____
Phone Email

Hours Requested:_____

Clinical Site Address:_____

_____

Daily Patient Population Description: _____

_____

*Students must obtain and attach a copy of each preceptor's CV/Resume for approval. APRN forms should be provided at least 180 days prior to the start date. A new form is required for each preceptor or course. Students may complete the form electronically at https://edgewood.co1.qualtrics.com/jfe/form/SV_cuXAvf6AAjnm1j8

Required Program Hours:

BSN – 120 (Immersion)	CNS – 500	PMHNP – 750
MSN Comp – 180	AGCNS – 500	DNP – 1000 (100 required precepted hours)
FNP – 750	AGPCNP – 500	

APPENDIX C

Preceptor Memorandum of Understanding

Henry Predolin College of Health Sciences, School of Nursing
Edgewood University
1000 Edgewood College Drive
Madison, WI 53711

Thank you for your willingness to provide an educational experience for students in the Edgewood University Bachelor of Science in Nursing (BSN), Master of Science in Nursing (MSN), or Doctor of Nursing Practice (DNP) programs. The following information is provided to assist you in the process.

Mission of Edgewood University

Edgewood University, rooted in the Dominican tradition, engages students within a community of learners committed to building a just and compassionate world. The university educates students for meaningful personal and professional lives of ethical leadership, service and a lifelong search for truth.

Course Background

BSN students engage in 'Immersion' with nursing professionals. 'Practicum' and 'Advanced Practice Clinical' experiences are provided for MSN students. 'Residency' experiences are provided for DNP students. The combined seminar and practicum, advanced practice clinical, or residency is intended to bridge theory and research with actual practice. Students will collaborate with the course professor and preceptors to design these experiences that further their professional development as expert practitioners, leaders, and educators in practice settings.

Immersion, Practicum, Advanced Practice Clinical, or Residency Experience

The immersion, practicum, advanced practice clinical, or residency experiences and instruction that students receive is a critical educational component of the Nursing Programs at Edgewood University. It is viewed as a mutual sharing of responsibility between the graduate student, site preceptor, and course professor.

The immersion clinical provides BSN students a space for the integration and application of evidence-based practice, leadership, and professional practice within a diverse population across the continuum of care. Under the guidance of a BSN-prepared preceptor, the immersion clinical is a minimum of 120 hours working toward mastery of the AACN competencies.

The practicum experience is a minimum of 180 hours over one semester (this hour requirement can be split between two or more sites/preceptors as the student's contract outlines). MSN Comprehensive students must acquire 180 total practice hours through both advanced clinical-focused (e.g., practice setting includes activities where the student engages in complex care such as advanced wound care; care of ventilator-dependent patients) and advanced role-specific experiences (e.g., leadership/management; nurse education/staff development). The division of 180 hours is to be determined by the Student and Instructor of Record. For the advanced clinical component of the practicum experience, students should identify a specific population with whom they would like to develop further expertise caring for in practice; it is beneficial for the student to select a population with whom they have limited experience in order to maximize the potential for new clinical learning. The clinical preceptor should specialize in this clinical area. The advanced-role component of the practicum experience should align with the student's area of focus (e.g., leadership/management; nurse education/staff development). The advanced role preceptor should specialize or have significant experience working in the student's chosen focus area of nursing education. Note that qualified individuals can serve simultaneously as both the clinical and advanced-role preceptor. However, if an MSN Comprehensive student is precepted by an individual teaching undergraduate students in a clinical setting, practicum hours spent in this setting are categorized as "Nurse Education" and not "Clinical."

Advanced practice clinical experiences are a minimum of 167 hours over a 16-week period for CNS and AGCNP students; 250 hours for FNP and PMHNP students. This hour requirement can be split between two or more sites/preceptors as the student's contract outlines. Experiences are related to the direct care/leadership activities that support the learning goals of the advanced practice nursing student, incorporate the identified course Essentials (respective AACN Essentials of Master's Education in Nursing), fulfill the requirements needed to sit for the intended licensing exam (respective of the American Nurses Credentialing Center [ANCC] guidelines), and are mutually agreed upon with the preceptor and course professor.

Residency experience hour requirements are variable but can reach up to 500 hours over a 16-week period (this hour requirement can be split between two or more sites/preceptors as the student's contract outlines). Experiences are related to leadership/management and/or educational activities that support the learning goals of the student, incorporate the identified course Essentials (respective AACN Essentials of Doctor of Nursing Practice), and are mutually agreed upon with the preceptor and course professor.

Responsibilities of Each Party

Course Professor (Instructor of Record) will:

- Provide the academic requirements for successful completion of the experience (student contract with preceptor).

- Assist student in selecting a qualified preceptor to meet student's learning objectives.
- Direct students to provide agency required information (RN license [direct care experiences], health information, criminal background check, required training, etc.) and communicate with students that they cannot start an experience until all the required documentation is complete.
- In consultation with the preceptor and student, provide approval of the student contract and verification that the student has met the required performance standards during the placement period.
- Serve as the educational supervisor of the student and consultant to preceptors to assure there are opportunities for enriched learning experiences for the student.
- Provide evaluation forms for student to share with preceptors at the mid-point and end of the experience. Collect, aggregate and share information to determine areas of improvement regarding student learning outcomes.
- As needed or requested, provide consultation to the student and preceptor in order to resolve conflict or mediate differences.
- Consult with the appropriate School of Nursing Associate Dean, the preceptor and student when changes or termination of placement are deemed appropriate.
- Follow agreements in contractual agreement with agency.
- Grade all student work.
- Keep all records and reports on students' practicum experience placement experiences and record the final grade with the Office of the Registrar.

Course Preceptor will:

- Assist the student in establishing a plan that will meet both the course and personal objectives. Review and approve the student's proposal to assure expected activities are available. Negotiate with student for alternative experience if necessary.
- Provide access to necessary materials needed to complete the experience (examples include: library, procedure manuals, client records if applicable).
- Facilitate and supervise the student's experience by arranging specific opportunities and contacts with other institutional personnel as needed or arises.
- Meet with the student on a regular basis to review the progress of the experience and to offer appropriate direction, coordination and availability for consultation sessions designed to enhance the student's learning and performance.
- Complete a written mid-term and final evaluation of the student, review with the student, and submit to the course professor within required timeframe.
- Notify the course professor of any difficulties encountered in the experience in which consultation with the course professor might be helpful.
- Withdraw from the placement a student whose health or conduct, in the judgment of the experienced preceptor, poses a threat to clients, employees, the public or property. If the Instructor of Record is not immediately available for consultation, the preceptor shall remove the student until she/he can consult with either an Associate Dean or Instructor of Record. If reinstatement of the student becomes a question, it shall be addressed through a conference between the preceptor and the Instructor of Record, and, when appropriate, the student. In all cases the decision of the preceptor or institutional director shall be final.
- Make available emergency health service access if needed to students who become ill or injured while on duty at the experience; costs of such care to be incurred by the student.

Student will:

- Identify learning objectives to address both course objectives and personal learning goals.
- Select preceptor in coordination with Instructor of Record.
- In consultation with the preceptor, develop an implementation plan to meet the course/personal objectives.
- Meet with the preceptor to review and approve (sign) the experience proposal.
- Comply with the course and institutional requirements prior to beginning the experience.
- In consultation with the preceptor, establish days and times for precepted experiences.
- Seek advice and call upon the expertise of the preceptor throughout the experience to enhance educational opportunities.
- In consultation with the preceptor, assure completion of a written mid-term and final evaluation of the student within the required timeframe.
- Notify the course professor of any difficulties encountered in the experience in which consultation with the course professor might be helpful.
- Present a final summary of the experience (and presentation or project if appropriate) to the Agency staff.

<u>Preceptor Qualifications</u>

Primary preceptors overseeing BS in Nursing student experiences must have at least a Bachelor's Degree in nursing. Primary preceptors overseeing MS in Nursing student experiences must have at least a Master's Degree in nursing (Advanced Practice Clinical preceptors must also hold specific nursing credentials). Primary preceptors overseeing DNP residency student experiences ideally have a DNP or PhD in nursing. However, additional

individuals who augment the student's experience and learning activities may have degrees outside of nursing, such as accounting, business or administration, or medicine.

Preceptor Verification for Advanced Practice Clinical Placement

National Task Force (NTF) on Quality Nurse Practitioner Education requires that preceptors verify they have received appropriate orientation. The School of Nursing provides each preceptor a Preceptor Manual and Typhon training opportunities. If preceptors need further guidance or training, the course Instructor of Record and the Clinical Coordinator are available to provide needed assistance.

Institutional Agreement

The School of Nursing has a signed institutional agreement with your facility that stipulates the responsibilities of the agent and the affiliating agency.

Termination Stipulation

Any problem related to the operation and administration of the experience placement, not provided for in this agreement or any question relative to an interpretation of this agreement can be discussed by the preceptor and School of Nursing course professor. If further clarification or resolution is needed, the problem or issue should be referred to the Dean of the School of Nursing or designee for final action. Either party may terminate this agreement with 45 days written notice.

Contact Reviewed and Accepted:

_____	_____
Preceptor (please print)	Agency
_____	_____
Preceptor (please sign)	Date
_____	_____
Preceptor's Certification(s) & Renewal Date	Preceptor's Program/School Where Degree was Earned
_____	_____
Course Professor	Date
_____	_____
Student (please sign)	Date
_____	_____
Program (Include track)	Course (NRS#)

APPENDIX D

On-Boarding & Compliance Requirements
Henry Predolin College of Health Science, School of Nursing
Edgewood University
1000 Edgewood College Drive
Madison, WI 53711

The following documents must be on file with the School of Nursing prior to beginning your Practicum, Residency, or Advanced Practice Clinical experience (this process should begin at least 60 days in advance of the start-date). Compliance requirements must be uploaded to the compliance tracker Viewpoint Screening (Edgewood University - Student Screening - Viewpoint Screening). Viewpoint costs $68 for the caregiver background check and health portal.

A list of acceptable uploads, expirations, and relevant forms can be found in Viewpoint: Immunization Manager - Viewpoint Screening

All documents must be completed before beginning clinical experiences or data collection activities.

Compliance Requirements

1. Copy of RN license (For MSN/DNP students)
2. Completed criminal background check (Offenses Affecting Caregiver Eligibility for Chapter 50 Programs, P-00274)
3. Documentation of current 2-step TB skin test or QuantiFERON Gold blood test (within one year). Continuing students may renew their 2-step skin test with a 1-step test. All new tests must include the DHS Symptom Screening Form.
4. Documentation of current American Heart Association BLS CPR
5. Immunization Documentation for MMR, HepB, Influenza (Due October 1st), Varicella, Tdap(current tetanus), and Covid-19.

Preceptor Requirements

6. Preceptor Resume (sent to placement coordinator for approval)
7. Signed Memorandum of Understanding (Appendix C)
8. All requests for clinical placement should be entered into Qualtrics (submit once for each site/preceptor): https://edgewood.co1.qualtrics.com/jfe/form/SV_cuXAvf6AAjnm1j8

For Edgewood On-Boarding:
The School of Nursing needs to be compliant with all our clinical agencies regarding documents noted above and any additional required forms. Note that student requirements are governed by our affiliation agreements and not necessarily the same as employee health requirements. Many local sites including UW, Meriter, Aurora, Prohealth, and more require a MyClinicalExchange account which costs $20/6 months. Other sites may have other requirements or ask that requirements such TB tests or background checks to be renewed earlier than the typical expiration. Sites such as SSM, Froedtert, and UW Rehab require a 10-panel drug screen ordered through Viewpoint for $45. When you submit the Qualtrics placement request, the clinical coordinator with follow up with you regarding any placement requirements unique to that site.

Site Contracts: If you are having your precepted experience at a site other than UW, UW Medical Foundation, AFCH, Meriter-Unity Point, VA, St. Mary's or Monroe Clinic, please verify with Edgewood's clinical coordinator as soon as possible to confirm we have a valid affiliation agreement. We're partnered with most major health systems in WI and constantly adding new clinical sites, but some major health systems can take months to approve new affiliation agreements. Please plan accordingly.

APPENDIX E

Clinical Experiences
Assumption of Risk

Clinical experiences (practicum, clinical rotations, supervised practice, or observations) are a required component of academic programs in the Henry Predolin College of Health Sciences. These experiences allow students to practice skills and techniques learned in didactic and lab courses as well as develop critical thinking skills that are important for health care providers. Clinical experiences occur in hospitals, clinics, schools, community organizations and other appropriate settings where students can interact with patients, clients and families.

Sites selected for students' clinical experiences are required to take reasonable and appropriate measures to protect students' health and safety in the clinical setting. Use of PPE in the clinical setting is based on CDC guidelines as well as the clinical setting-specific policy. Students will have access to appropriate PPE during their clinical experiences. Students have the responsibility to report any potential exposures to their clinical instructor.

However, even with such measures in place, there are risks inherent to clinical experiences. Potential risks associated with working in healthcare include, but are not limited to:

· Exposure to infectious diseases through blood or other bodily fluids via skin, mucus membranes or parenteral contact
· Exposure to infectious diseases through droplet or air-borne transmission · Hazardous chemical exposure
· Environmental hazards, including slippery floors and electrical hazards
· Physical injuries including back injuries
· Psychosocial hazards
· Offensive, inappropriate, or dangerous conduct by patients or clients, including violence, harassment, and sexual harassment These risks have potential complications including trauma or bodily injury.

SPECIAL NOTICE REGARDING COVID-19

COVID-19, the disease caused by the coronavirus, is a contagious disease that causes symptoms that can range from mild (or no) symptoms to severe illness. In some cases, COVID- 19 can lead to death. Anyone is at risk of COVID-19 and currently, there is no immediate cure available. Although anyone who contracts COVID-19 may experience complications, the CDC has found that individuals with certain underlying health conditions are at higher risk of developing more severe complications from COVID-19. These underlying medical conditions include: chronic lung disease, asthma, conditions that cause a person to be immunocompromised, obesity, diabetes, chronic kidney disease and liver disease. Participating in clinical experiences, even when wearing recommended PPE, may not eliminate the risk of contracting COVID-19. However, students will not be assigned patients or clients with known COVID-19 or individuals experiencing respiratory symptoms that could later be diagnosed as COVID-19.

ACKNOWLEDGEMENT OF RISK

I certify that I have carefully read and understand this document. I acknowledge and understand that, as explained in this document, my degree program requires the participation in clinical experiences, and that such participation carries risks that cannot be eliminated. I fully understand these risks.

I understand that it is my responsibility to follow all instructor and supervisor instructions and take all available precautions so that the risk of exposure is minimized. I will follow all program specific information as well as clinical site recommendations relating to prevention of diseases.

Knowing these risks, I certify that I desire to pursue my chosen degree program, including the participation in clinical experiences. I expressly agree and promise to accept and assume all risks associated with doing so. I am voluntarily agreeing to be bound by this document's terms by signing the Henry Predolin College of Health Sciences Code of Conduct Form.

APPENDIX F

Formal Complaint Form
Henry Predolin College of Health Sciences, School of Nursing
Edgewood University
1000 Edgewood College Drive
Madison, WI 53711

Policy for Filing a Formal Student Complaint
A formal complaint is a written report from a student or other constituent that expresses a serious concern about the quality of the nursing programs or the conduct of a faculty member or student in the Henry Predolin College of Health Sciences at Edgewood University. A formal complaint should be initiated when all other appropriate SoN channels have failed to produce a satisfactory resolution from the point of view of the complainant.

Process for Filing:
1. The first step in any disagreement or conflict is to directly discuss it with the person/s involved.
2. If there has not been satisfactory resolution, the complainant may utilize the appropriate process outlined in the Edgewood University Student Handbook: *Student Complaints and Review and Maintenance of Records.*

Formal Complaint Form:

Date: _____

Name of Person Filing Complaint: _____

Program (if student): _____

If you are not a student, what is the nature of your relationship to the School of Nursing:

_____

Email Address: _____Phone: _____

Please provide a description of the issue giving rise to your complaint in as much detail as possible. If appropriate, include any and all dates and/or times where an issue occurred that relates to this formal complaint. Attach additional sheets if required, as well as copies of any relevant documents.

What have you done so far to resolve this complaint directly with persons involved or through established Edgewood University School of Nursing procedures?

Please describe as clearly as you can what measures would resolve this issue in a satisfactory manner, in your opinion. Attach additional sheets if required.

Complaints can be submitted via email, fax or mailed to:
Email: QMullikin@edgewood.edu
Fax: 608 663-3444
Mail: 1000 Edgewood College Drive, Madison WI 53711

APPENDIX G

EDGEWOOD
UNIVERSITY

Photo and Video Release Policy

This form covers photographs, video and audio used by Edgewood University for communications purposes, such as in newsletters, viewbooks, magazines, promotional pieces, social media, and advertising for the University and its programs, or on the University website.

I give my permission to Edgewood University to use my likeness in photograph or video in any and all media produced and controlled by Edgewood University. I make no monetary or other claim against Edgewood University for the use of the photograph(s) or video(s).

I further affirm that I am legally able to grant my consent to Edgewood University for use of my likeness in photograph or video in any and all media produced and controlled by Edgewood University.

I will upload the code of conduct signature page (Appendix A) to indicate I have read and agree to the policy.

APPENDIX H

State Attestation

Henry Predolin College of Health Sciences, School of Nursing
Edgewood University
1000 Edgewood College Drive
Madison, WI 53711

For the purposes of professional licensure disclosure compliance, Edgewood University determines student location and time of enrollment in the following ways:

- "Student location" is defined as the permanent mailing address, or "Home" address, provided to the university by the student and stored in the student's record. This definition applies to all students.

- "Time of Enrollment" is defined as the point at which students have been admitted to a program or major, but have not yet registered for courses in that program or major. Student location designations will remain in effect unless and until a student officially notifies the College that their permanent address has changed. Once a student notifies the College, the date of entry will be used as the effective date of a student's revised location for the purposes of this policy.

- Student location designations will remain in effect unless and until a student officially notifies the University that their permanent address has changed. Once a student notifies the University, the date of entry will be used as the effective date of a student's revised location for the purposes of this policy.

The Department of Education requires prospective students who are located in a "does not meet" location must be provided with information about licensure and attest that they will seek licensure and employment in a designated "meets" state/territory to enroll. Furthermore, it aligns with Edgewood's mission to ensure that all students' education provide a direct pathway to a career in the community where they wish to live. More information regarding Edgewood's accreditation can be found at https://www.edgewood.edu/about/accreditation

EDGEWOOD
UNIVERSITY

Written Attestation

I, _____**(First and Last Name)** attest that I plan to seek licensure and employment in _____**(State or Territory)** after completing the _____**(Degree)** program. Edgewood University has determined using all reasonable efforts that _____**(Degree)** program meets educational requirements for licensure.

I understand that educational and other requirements can change and that other factors, including but not limited to criminal background, work experience, and additional training may affect my eligibility for licensure.

_____ _____

Prospective Student Date

BSN Graduates are eligible to apply for licensure in any US State or Territory.

DNP and MSN-Comprehensive Students do not need to apply for new licenses.

State Disclosures:

Meets Professional Licensure Requirements	Does Not Meet Requirements	Not Determined
WI, CA, CO, GA, IA, IL, KY, MA, MI, MN, NY, FL	LA	AL, AK, AR, AS, AZ, CT, DE, DC, GU, HI, ID, IN, KS, ME, MD, MS, MO, MT, NE, NV, NH, NJ, NM, NC, ND, MP, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, TT, UT, VT, VA, VI, WA, WV, WY

APPENDIX I

EDGEWOOD
UNIVERSITY

Simulation and Skills Lab Guidelines

For simulation labs and skills labs located at:

Edgewood University, DeRicci Hall, 1000 Edgewood College Dr., Madison, WI 53711
Center for Healthcare Education and Simulation (CHES), 3001 W. Beltline Hwy, Madison, WI 53713
Center for Health Sciences, 1255 Deming Way, Madison WI, 53717
Mercyhealth Medical Science Hub, UW-W Rock County, 2909 Kellog Ave., Janesville, WI 53546
Beloit College, Sanger Center for the Sciences, 801 Pleasant St., Beloit, WI 53511

During their education, Edgewood University students may be given the opportunity to engage in learning in simulation at a simulation lab and/or skills in a nursing lab. Edgewood's simulation and skills lab sites offer a safe learning environment where participants learn through active participation in an environment where errors are integral to learning and enable a safe place where patients cannot be harmed. State of the art technology such as manikins that look, feel, and respond to your actions as a manikin like a real human being are utilized to advance your learning and progression. You will be able to perform an assessment, administer medications, perform nursing skills and integrate theory into a patient care environment. It is expected that participants will follow ground rules listed below.

1. As a participant, you are expected to conduct yourself in a professional, responsible, and ethical. This conduct includes, but is not limited to, the following areas:

• You must dress in proper attire that would be acceptable while treating a patient in a healthcare setting.

• You must treat the manikin in the same professional manner that a patient would be treated.

• Absolutely no unprofessional conduct will be tolerated with regard to the manikins, simulation staff or Edgewood faculty including, but not limited to:

- Inappropriate comments
- Inappropriate giggling, laughing or distracting others.
- Ignoring simulation staff or Edgewood faculty instruction
- Failure to be adequately prepared for simulation
- Cell phone or computer usage in the simulation center
- Any behavior that simulation staff or Edgewood Faculty view as unprofessional.

• No conversations or engaging in other activities not related to observations of the simulation experience are permitted.

• The simulation staff and/or Edgewood faculty reserve the right to remove you from the premise if perceived to be behaving unprofessionally.

• If you are asked to leave the simulation center or lab, your action may result in a failed course. Your conduct will be reported to Edgewood University, College of Health Sciences administration for possible disciplinary action.

2. As a participant you are responsible for fully preparing yourself prior to visiting as well as actively participating in all aspects of the simulation experience.

• Arrive the day of simulation with your written preparation completed and reflecting your own work, not reflective of anyone else's work. All preparation materials should be carefully read, and any concerns or questions should be handled, by the clinical instructor, prior to the day of the visit.

• It will be understood that during the simulation experience that you may be asked to be an observer and give constructive criticism to fellow students in the process of learning. This needs to be done in a respectful manner.

• Anything that was observed during your simulation experience must be kept confidential. This includes your observations of your fellow students and of the scenario that was presented by your clinical instructor. HIPAA confidentiality rules and guidelines apply to both components. Failure to comply with these rules/guidelines would be considered a breach in confidentiality and would be treated as such regarding academic consequences.

3. As a participant, you acknowledge and understand that your participation at the simulation lab authorizes the video taping of your lab experience and that this videotaping may be viewed and used for educational purposes beyond the day of the visit. Videotaping is essential to the simulation learning experience and will be used to critique, evaluate and learn from the experience.

4. As a participant, you acknowledge that the facility and equipment at the simulation lab and skills lab must be properly maintained by all visitors. In this effort you are asked to:

• Limit food and beverages to authorized conference rooms only.

• Honor the no cell phone and computer use policy. Cell phones and computers are prohibited from personal use. Only authorized use of such devices for learning purposes will be granted by simulation staff or your clinical instructor.

• Honor the no pens, markers or ink-based writing utensils in the simulation room policy. The ink cannot be removed from the manikins. Pencils may be provided if you do not have one on the day of the visit.

5. As a visitor, you acknowledge that you are to park in designated parking spots as applicable to each simulation location. For the CHES location, only park in non-designated spots or CHES-designated spots located at the far West end of the parking lot. Do not park in the CHES Management spot.

******I agree to the above conditions when participating in simulation at the simulation sites for the duration of my nursing program(s). I understand that failure to comply with any of the above guidelines may result in my removal from simulation, result in a report to the school of nursing administration and may result in a potential failing grade in the clinical course. I assume full responsibility for my actions and professional behavior. I attest that I have read and agree to these terms by signing the Edgewood University code of conduct.**

APPENDIX J

DNP Domains and Course Artifact Listing

Henry Predolin College of Health Science, School of Nursing
Edgewood University
1000 Edgewood College Drive
Madison, WI 53711

The Doctor or Nursing Practice (DNP) curriculum is built upon the American Association of Colleges of Nursing (AACN) *Essentials of Doctoral Education for Advanced Nursing Practice (2006).* The Domains delineate the content that must be contained within courses that comprise the program, and the necessary competencies to be attained by graduates of the DNP program. The *Domains* are woven throughout individual courses. Particular *Domains* and associated competencies/sub-competencies stressed within an individual course are listed prominently in the course syllabus. A course's curriculum may, and often does, devote attention to multiple *Domain* and associated competencies. However, for accreditation reporting purposes, the Henry Predolin School of Nursing DNP program matches a single *Domain* to a course assignment known as an *Artifact.* This practice allows the student to provide a concrete example of how they have met all *Domains* at the conclusion of their program. In turn, rubrics for each *Artifact* are aligned with the *Domain* and its associated *Level 2 Competencies/Sub-Competencies* (rubrics that correspond to an *Artifact* are available in the respective course's syllabus). The following is a listing of the *2021 AACN Essentials* and the corresponding course from which the *Artifact* will be submitted.

Domain 1: Knowledge for Nursing Practice Artifact: NRS 845/850
Descriptor: Integration, translation, and application of established and evolving disciplinary nursing knowledge and ways of knowing, as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences. This distinguishes the practice of professional nursing and forms the basis for clinical judgment and innovation in nursing practice.

Domain 2: Person-Centered Care Artifact: NRS 802 A/B
Descriptor: Person-centered care focuses on the individual within multiple complicated contexts, including family and/or important others. Person-centered care is holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate. Person-centered care builds on a scientific body of knowledge that guides nursing practice regardless of specialty or functional area.

Domain 3: Population Health Artifact: NRS 810
Descriptor: Population health spans the healthcare delivery continuum from public health prevention to disease management of populations and describes collaborative activities with both traditional and non-traditional partnerships from affected communities, public health, industry, academia, health care, local government entities, and others for the improvement of equitable population health outcomes.

Domain 4: Scholarship for Nursing Discipline Artifact: NRS 800 A/B and NRS 845/850
Descriptor: The generation, synthesis, translation, application, and dissemination of nursing knowledge to improve health and transform health care.

Domain 5: Quality and Safety Artifact: NRS 805
Descriptor: Employment of established and emerging principles of safety and improvement science. Quality and safety, as core values of nursing practice, enhance quality and minimize risk of harm to patients and providers through both system effectiveness and individual performance.

Domain 6: Interprofessional Partnerships Artifact: NRS 802/803 A/B
Descriptor: Intentional collaboration across professions and with care team members, patients, families, communities, and other stakeholders to optimize care, enhance the healthcare experience, and strengthen outcomes.

Domain 7: Systems-Based Practice Artifact: NRS 820
Descriptor: Responding to and leading within complex systems of health care. Nurses effectively and proactively coordinate resources to provide safe, quality, equitable care to diverse populations.

Domain 8: Informatics and Healthcare Technologies Artifact: NRS 830
Descriptor: Information and communication technologies and informatics processes are used to provide care, gather data, form information to drive decision making, and support professionals as they expand knowledge and wisdom for practice.

Informatics processes and technologies are used to manage and improve the delivery of safe, high-quality, and efficient healthcare services in accordance with best practice and professional and regulatory standards.

Domain 9: Professionalism Artifact: NRS 802/803 A/B
Descriptor: Formation and cultivation of a sustainable professional nursing identity, accountability, perspective, collaborative disposition, and comportment that reflects nursing's characteristics and values.

Domain 10: Personal, Professional, and Leadership Development Artifact: NRS 802/803 A/B
Descriptor: Participation in activities and self-reflection that foster personal health, resilience, and well-being, lifelong learning, and support the acquisition of nursing expertise and assertion of leadership.

APPENDIX K

Documentation of Practicum Experience Hours
Henry Predolin College of Health Science, School of Nursing
Edgewood University
1000 Edgewood College Drive
Madison, WI 53711

Student Name (Please Print):_____

Date:_____ **Email Address**:_____

Doctor of Nursing Practice (DNP) degree candidates at Edgewood University must document a minimum of 1000 post baccalaureate hours of supervised residency experience. Post-master's students must provide documentation from their MSN program substantiating the number of practicum/advanced clinical hours earned. A maximum of 500 hours will be credited. Practicum/advanced clinical hours applied toward the DNP degree must be approved by the Associate Dean for Nursing and Health Sciences. The maximum number of hours any student may apply toward DNP residency hours is 500.

Institution:_____

Degree or Certificate:_____

Year Completed:_____

Nursing Specialty:_____

Verification of Hours Completed: Please attach a brief letter from your institution's graduate nursing program director. This letter should include the number of supervised practicum hours received as part of the program.

Calculation of Practicum Hours: (to be completed by NRS 802A Instructor of Record)

Hours Required: **1000**

Hours from MSN Program: _____

Student Signature:_____Date:_____

(Previous Institution) Advisor's Signature:_____Date:_____

Edgewood University's Associate Dean for Nursing and Health Science's Signature:

_____Date:_____

Please return to the Associate Dean for Nursing and Health Sciences: kpoole@edgewood.edu

APPENDIX L

DNP Residency Experiences GAP ANALYSIS and PLAN

Henry Predolin College of Health Science, School of Nursing
Edgewood University
1000 Edgewood College Drive
Madison, WI 53711

Course Descriptions

NRS 802A and 802B Introduction to the DNP: Role, Residency, and Project (1 and 2)
In this two-course sequence (NRS 802A and 802B), students will self-assess and reflect upon their individual strengths and opportunities for executive leadership development. In collaboration with the course instructor, action plans for professional growth during the DNP program are established. In the online seminar portion, students will virtually attend weekly seminars and participate in a multitude of didactic activities. Students will explore foundations of the DNP degree and the DNP role. Students will also work with the course professor to identify preceptors to design their residency experience, culminating in the accumulation of 1000 hours of residency towards the DNP degree. Finally, students will work with the course professor to develop a relevant clinical problem/issue as the foundation for the DNP scholarly project, complete an outline of the DNP scholarly project, and draft a review of literature to support the DNP scholarly project.

NRS 803A and 803B DNP Residency (1 and 2)
This two-course sequence (NRS 803A and 803B) is specifically focused on advancing students' executive leadership knowledge and skills through residency hour experiences. In the online seminar portion, students will virtually attend weekly seminars and participate in a multitude of didactic activities. Students will continue to work with the course professor and preceptors to refine their residency experience, which will culminate in the accumulation of 1000 hours of residency towards the DNP degree. Developing expertise in collaboration within interprofessional teams will be a foundation in addressing individual, group, community, or population needs in the context of a systems network in a U.S. healthcare organization.

Procedure: DNP students will need to provide documentation from their MS program substantiating the number of practicum hour earned. A maximum of 500 hours will be credited for post-baccalaureate practicum hours. Capstone project will be awarded 150 hours. DNP students will work with their Residency course faculty of record to devise a plan to complete a compliment of 1000 practice hours post BSN. Residency hours can include a combination of:

3) **Category 1: Foundations** –
   b) Documented clinical/practicum hours from previous MSN degree up to 500 hours as verified from the degree granting institution.
   b) Capstone Project direct active learning (up to 150 hours).
   b) NRS802 A/B (40 hours or 20 hours per course)
   b) NRS803 A/B (40 hours or 20 hours per course)

3) **Category 2: Professional Development** –
   b) Work completed as part of professional development, such as active certification, must be earned while a student in the DNP program.
   b) Examples: direct participation time conference attendance (contact hours only), certification exam (time of exam only), serving on health or community organizations, committee work beyond work role responsibilities, CEUs, etc.
   This option MUST involve faculty approval.

3) **Category 3: Mentored Experiences** –
   b) Approved preceptors working directly with students during the DNP program.

b) Examples: Working with a preceptor on a project or learning experience. This option MUST involve a written proposal with objectives, clinical contract agreements, meeting clinical on-boarding requirements, completion of student and preceptor evaluations. Precepted experiences must occur outside of normal job description and/or duties.

Approval of Category One is awarded by the Associate Dean for Graduate Programs in consultation with the Dean of the School of Nursing.

Approval of Category Two and Category Three hours are awarded by the course instructor for NRS802 A/B: Intro DNP: Role, Residency, Project or NRS803 A/B: DNP Residency I & II in collaboration with the student's faculty advisor.

Residency hours must demonstrate engaged and interactive work (e.g., preparing a presentation would not demonstrate engaged/interactive work).

Category 1 Hours – Verified		# Of Hours
Master's (500 hrs. maximum)		
Post-Masters Course		
Post-Masters Course		

To best assure that program and professional goals are attained, residency experiences should parallel the AACN Essentials of Doctoral Education for Advanced Nursing Practice and AONE Nurse Executive Competencies (below).

AACN Domain 1: Knowledge for Nursing Practice
Descriptor: Integration, translation, and application of established and evolving disciplinary nursing knowledge and ways of knowing, as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences. This distinguishes the practice of professional nursing and forms the basis for clinical judgment and innovation in nursing practice.

1.1 Demonstrate an understanding of the discipline of nursing's distinct perspective and where shared perspectives exist with other disciplines

1.1e Translate evidence from nursing science as well as other sciences into practice.
1.1f Demonstrate the application of nursing science to practice.
1.1g Integrate an understanding of nursing history in advancing nursing's influence in health care.

1.2 Apply theory and research-based knowledge from nursing, the arts, humanities, and other sciences.

1.2f Synthesize knowledge from nursing and other disciplines to inform education, practice, and research.
1.2g Apply a systematic and defendable approach to nursing practice decisions.
1.2h Employ ethical decision making to assess, intervene, and evaluate nursing care.
1.2i Demonstrate socially responsible leadership.
1.2j Translate theories from nursing and other disciplines to practice.

1.3 Demonstrate clinical judgment founded on a broad knowledge base.

1.3d Integrate foundational and advanced specialty knowledge into clinical reasoning.
1.3e Synthesize current and emerging evidence to Influence practice.
1.3f Analyze decision models from nursing and other knowledge domains to improve clinical judgment.

Domain I	Professional Objectives	Learning Activities	Dates	Residency Hours	Advisor Approval
Knowledge for Nursing Practice					

TOTAL

AACN Domain 2: Person-Centered Care

Person-centered care focuses on the individual within multiple complicated contexts, including family and/or important others. Person-centered care is holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate. Person-centered care builds on a scientific body of knowledge that guides nursing practice regardless of specialty or functional area.

2.1 Engage with the individual in establishing a caring relationship.

2.1d Promote caring relationships to effect positive outcomes.

2.1e Foster caring relationships.

2.2 Communicate effectively with individuals.

2.2g Demonstrate advanced communication skills and techniques using a variety of modalities with diverse audiences.

2.2h Design evidence-based, person-centered engagement materials.

2.2i Apply individualized information, such as genetic/genomic, pharmacogenetic, and environmental exposure information in the delivery of personalized health care.

2.2j Facilitate difficult conversations and disclosure of sensitive information.

2.3 Integrate assessment skills in practice.

2.3h Demonstrate that one's practice is informed by a comprehensive assessment appropriate to the functional area of advanced nursing practice.

2.4 Diagnose actual or potential health problems and needs.

2.4f Employ context driven, advanced reasoning to the diagnostic and decision-making process.

2.4g Integrate advanced scientific knowledge to guide decision making.

2.5 Develop a plan of care.

2.5h Lead and collaborate with an interprofessional team to develop a comprehensive plan of care.
2.5i Prioritize risk mitigation strategies to prevent or reduce adverse outcomes.
2.5j Develop evidence-based interventions to improve outcomes and safety.
2.5k Incorporate innovations into practice when evidence is not available.

2.6 Demonstrate accountability for care delivery.

2.6e Model best care practices to the team.
2.6f Monitor aggregate metrics to assure accountability for care outcomes.
2.6g Promote delivery of care that supports practice at the full scope of education.
2.6h Contribute to the development of policies and processes that promote transparency and accountability.
2.6i Apply current and emerging evidence to the development of care guidelines/tools.
2.6j Ensure accountability throughout transitions of care across the health continuum.

2.7 Evaluate outcomes of care.

2.7d Analyze data to identify gaps and inequities in care and monitor trends in outcomes.
2.7e Monitor epidemiological and system-level aggregate data to determine healthcare outcomes and trends.
2.7f Synthesize outcome data to inform evidence-based practice, guidelines, and policies.

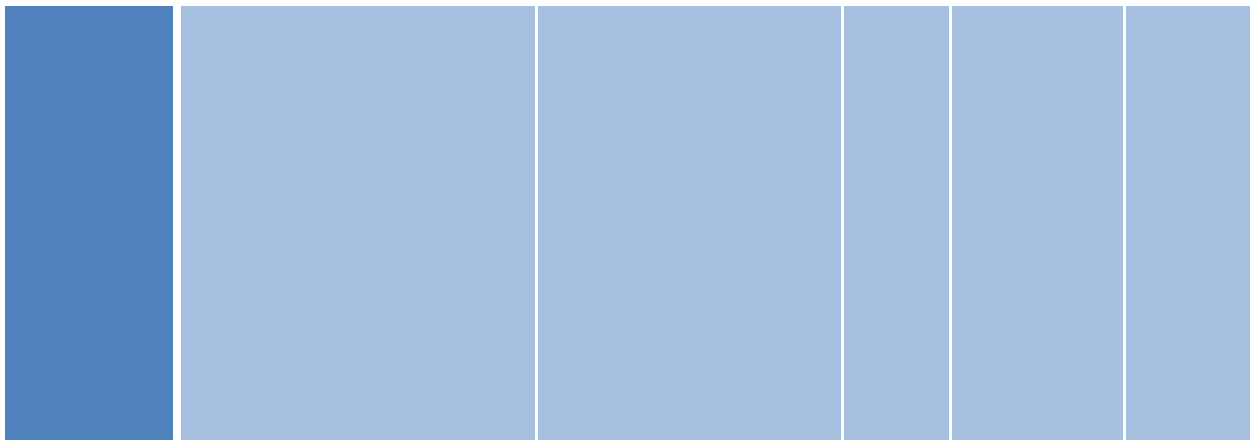
2.8 Promote self-care management.

2.8f Develop strategies that promote self-care management.
2.8g Incorporate the use of current and emerging technologies to support self-care management.
2.8h Employ counseling techniques, including motivational interviewing, to advance wellness and self-care management.
2.8i Evaluate adequacy of resources available to support self-care management.
2.8j Foster partnerships with community organizations to support self-care management.

2.9 Provide care coordination.

2.9f Evaluate communication pathways among providers and others across settings, systems, and communities.
2.9g Develop strategies to optimize care coordination and transitions of care.
2.9h Guide the coordination of care across health systems.
2.9i Analyze system-level and public policy influence on care coordination.
2.9j Participate in system-level change to improve care coordination across settings.

Domain 2	Professional Objectives	Learning Activities	Dates	Residency Hours	Advisor Approval
Person-Centered Care					



TOTAL

AACN Domain 3: Population Health

Population health spans the healthcare delivery continuum from public health prevention to disease management of populations and describes collaborative activities with both traditional and non-traditional partnerships from affected communities, public health, industry, academia, health care, local government entities, and others for the improvement of equitable population health outcomes. (Kindig & Stoddart, 2003; Kindig, 2007; Swartout &Bishop, 2017; CDC, 2020).

3.1 Manage population health

3.1j Assess the efficacy of a system's capability to serve a target sub-population's healthcare needs.

3.1k Analyze primary and secondary population health data for multiple populations against relevant benchmarks.

3.1l Use established or evolving methods to determine population-focused priorities for care.

3.1m Develop a collaborative approach with relevant stakeholders to address population healthcare needs, including evaluation methods.

3.1n Collaborate with appropriate stakeholders to implement a sociocultural and linguistically responsive intervention plan.

3.2 Engage in effective partnerships.

3.2d Ascertain collaborative opportunities for individuals and organizations to improve population health.

3.2e Challenge biases and barriers that impact population health outcomes.

3.2f Evaluate the effectiveness of partnerships for achieving health equity.

3.2g Lead partnerships to improve population health outcomes.

3.2h Assess preparation and readiness of partners to organize during natural and manmade disasters.

3.3 Consider the socioeconomic impact of the delivery of health care.

3.3c Analyze cost-benefits of selected population-based interventions.

3.3d Collaborate with partners to secure and leverage resources necessary for effective, sustainable interventions.

3.3e Advocate for interventions that maximize cost-effective, accessible, and equitable resources for populations.

3.3f Incorporate ethical principles in resource allocation in achieving equitable health.

3.4 Advance equitable population health policy.

3.4f Identify opportunities to influence the policy process.

3.4g Design comprehensive advocacy strategies to support the policy process.

3.4h Engage in strategies to influence policy change.

3.4i Contribute to policy development at the system, local, regional, or national levels.

3.4j Assess the impact of policy changes.

3.4k Evaluate the ability of policy to address disparities and inequities within segments of the population.

3.4l Evaluate the risks to population health associated with globalization.

3.5 Demonstrate advocacy strategies.

3.5f Appraise advocacy priorities for a population.
3.5g Strategize with an interdisciplinary group and others to develop effective advocacy approaches.
3.5h Engage in relationship-building activities with stakeholders at any level of influence, including system, local, state, national, and/or global.
3.5i Demonstrate leadership skills to promote advocacy efforts that include principles of social justice, diversity, equity, and inclusion.

3.6 Advance preparedness to protect population health during disasters and public health emergencies.

3.6f Collaboratively initiate rapid response activities to protect population health.
3.6g Participate in ethical decision making that includes diversity, equity, and inclusion in advanced preparedness to protect populations.
3.6h Collaborate with interdisciplinary teams to lead preparedness and mitigation efforts to protect population health with attention to the most vulnerable populations.
3.6i Coordinate the implementation of evidence-based infection control measures and proper use of personal protective equipment.
3.6j Contribute to system-level planning, decision making, and evaluation for disasters and public health emergencies.

Domain 3	Professional Objectives	Learning Activities	Dates	Residency Hours	Advisor Approval
Population Health					

TOTAL

AACN Domain Four: Scholarship for the Nursing Discipline

Descriptor: The generation, synthesis, translation, application, and dissemination of nursing knowledge to improve health and transform health care (AACN, 2018).

4.1 Advance the scholarship of nursing.

4.1h Apply and critically evaluate advanced knowledge in a defined area of nursing practice.
4.1i Engage in scholarship to advance health.
4.1j Discern appropriate applications of quality improvement, research, and evaluation methodologies.
4.1k Collaborate to advance one's scholarship.
4.1l Disseminate one's scholarship to diverse audiences using a variety of approaches or modalities.
4.1m Advocate within the interprofessional team and with other stakeholders for the contributions of nursing scholarship.

4.2 Integrate best evidence into nursing practice.

4.2f Use diverse sources of evidence to inform practice.
4.2g Lead the translation of evidence into practice.
4.2h Address opportunities for innovation and changes in practice.
4.2i Collaborate in the development of new/revised policy or regulation in the light of new evidence.
4.2j Articulate inconsistencies between practice policies and best evidence.
4.2k Evaluate outcomes and impact of new practices based on the evidence.

4.3 Promote the ethical conduct of scholarly activities

4.3e Identify and mitigate potential risks and areas of ethical concern in the conduct of scholarly activities.
4.3f Apply IRB guidelines throughout the scholarship process.
4.3g Ensure the protection of participants in the conduct of scholarship.
4.3h Implement processes that support ethical conduct in practice and scholarship.
4.3i Apply ethical principles to the dissemination of nursing scholarship.

Domain Four	Professional Objectives	Learning Activities	Dates	Residency Hours	Advisor Approval
Scholarship for Nursing Discipline					

TOTAL

Domain 5: Quality and Safety

Descriptor: Employment of established and emerging principles of safety and improvement science. Quality and safety, as core values of nursing practice, enhance quality and minimize risk of harm to patients and providers through both system effectiveness and individual performance.

5.1 Apply quality improvement principles in care delivery

5.1i Establish and incorporate data driven benchmarks to monitor system performance.
5.1j Use national safety resources to lead team-based change initiatives.
5.1k Integrate outcome metrics to inform change and policy recommendations.
5.1l Collaborate in analyzing organizational process improvement initiatives.
5.1m Lead the development of a business plan for quality improvement initiatives.

5.1n Advocate for change related to financial policies that impact the relationship between economics and quality care delivery.

5.1o Advance quality improvement practices through dissemination of outcomes.

5.2 Contribute to a culture of patient safety.

5.2g Evaluate the alignment of system data and comparative patient safety benchmarks.

5.2h Lead analysis of actual errors, near misses, and potential situations that would impact safety

5.2i Design evidence-based interventions to mitigate risk.

5.2j Evaluate emergency preparedness system-level plans to protect safety.

5.3 Contribute to a culture of provider and work environment safety.

5.3e Advocate for structures, policies, and processes that promote a culture of safety and prevent workplace risks and injury.

5.3f Foster a just culture reflecting civility and respect.

5.3g Create a safe and transparent culture for reporting incidents.

5.3h Role model and lead well-being and resiliency for self and team.

Domain Five	Professional Objectives	Learning Activities	Dates	Residency Hours	Advisor Approval
Quality and Safety					

TOTAL

Domain 6: Interprofessional Partnerships

Descriptor: Intentional collaboration across professions and with care team members, patients, families, communities, and other stakeholders to optimize care, enhance the healthcare experience, and strengthen outcomes.

6.1 Communicate in a manner that facilitates a partnership approach to quality care delivery.

6.1g Evaluate effectiveness of interprofessional communication tools and techniques to support and improve the efficacy of team-based interactions.
6.1h Facilitate improvements in interprofessional communications of individual information (e.g.EHR).
6.1i Role model respect for diversity, equity, and inclusion in team-based communications.
6.1j Communicate nursing's unique disciplinary knowledge to strengthen interprofessional partnerships.
6.1k Provide expert consultation for other members of the healthcare team in one's area of practice.
6.1l Demonstrate capacity to resolve interprofessional conflict.

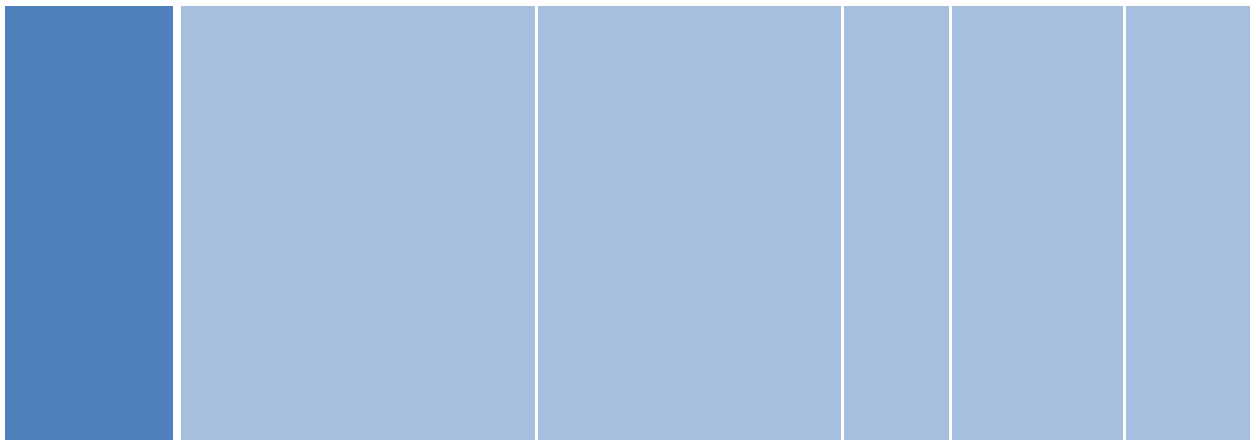
6.2 Perform effectively in different team roles, using principles and values of team dynamics.

6.2g Integrate evidence-based strategies and processes to improve team effectiveness and outcomes.
6.2h Evaluate the impact of team dynamics and performance on desired outcomes.
6.2i Reflect on how one's role and expertise influences team performance.
6.2j Foster positive team dynamics to strengthen desired outcomes.
6.3 Use knowledge of nursing and other professions to address healthcare needs.
6.3d Direct interprofessional activities and initiatives.

6.4 Work with other professions to maintain a climate of mutual learning, respect, and shared values.

6.4e Practice self-assessment to mitigate conscious and implicit biases toward other team members.
6.4f Foster an environment that supports the constructive sharing of multiple perspectives and enhances interprofessional learning.
6.4g Integrate diversity, equity, and inclusion into team practices.
6.4h Manage disagreements, conflicts, and challenging conversations among team members.
6.4i Promote an environment that advances interprofessional learning.

Domain Six	Professional Objectives	Learning Activities	Dates	Residency Hours	Advisor Approval
Interprofessional Partnerships					



TOTAL

Domain 7: Systems-Based Practice

Descriptor: Responding to and leading within complex systems of health care. Nurses effectively and proactively coordinate resources to provide safe, quality, and equitable care to diverse populations.

7.1 Apply knowledge of systems to work effectively across the continuum of care.

7.1e Participate in organizational strategic planning.

7.1f Participate in system-wide initiatives that improve care delivery and/or outcomes.

7.1g Analyze system-wide processes to optimize outcomes.

7.1h Design policies to impact health equity and structural racism within systems, communities, and populations.

7.2 Incorporate consideration of cost-effectiveness of care.

7.2g Analyze relevant internal and external factors that drive healthcare costs and reimbursement.

7.2h Design practices that enhance value, access, quality, and cost-effectiveness.

7.2i Advocate for healthcare economic policies and regulations to enhance value, quality, and cost-effectiveness.

7.2j Formulate, document, and disseminate the return on investment for improvement initiatives collaboratively with an interdisciplinary team.

7.2k Recommend system-wide strategies that improve cost- effectiveness considering structure, leadership, and workforce needs.

7.2l Evaluate health policies based on an ethical framework considering cost-effectiveness, health equity, and care outcomes.

7.3 Optimize system effectiveness through application of innovation and evidence-based practice.

7.3e Apply innovative and evidence-based strategies focusing on system preparedness and capabilities.

7.3f Design system improvement strategies based on performance data and metrics.

7.3g Manage change to sustain system effectiveness.

7.3h Design system improvement strategies that address internal and external system processes and structures that perpetuate structural racism and other forms of discrimination in healthcare systems.

Domain Seven	Professional Objectives	Learning Activities	Dates	Residency Hours	Advisor Approval
Systems-Based Practice					

Domain 8: Informatics and Healthcare Technologies

Descriptor: Information and communication technologies and informatics processes are used to provide care, gather data, form information to drive decision making, and support professionals as they expand knowledge and wisdom for practice. Informatics processes and technologies are used to manage and improve the delivery of safe, high-quality, and efficient healthcare services in accordance with best practice and professional and regulatory standards.

8.1 Describe the various information and communication technology tools used in the care of patients, communities, and populations.

8.1g Identify best evidence and practices for the application of information and communication technologies to support care.

8.1h Evaluate the unintended consequences of information and communication technologies on care processes, communications, and information flow across care settings.

8.1i Propose a plan to influence the selection and implementation of new information and communication technologies.

8.1j Explore the fiscal impact of information and communication technologies on health care.

8.1k Identify the impact of information and communication technologies on workflow processes and healthcare outcomes.

8.2 Use information and communication technology to gather data, create information, and generate knowledge.

8.2f Generate information and knowledge from health information technology databases.

8.2g Evaluate the use of communication technology to improve consumer health information literacy.

8.2h Use standardized data to evaluate decision-making and outcomes across all systems levels.

8.2i Clarify how the collection of standardized data advances the practice, understanding, and value of nursing and supports care.

8.2j Interpret primary and secondary data and other information to support care.

8.3 Use information and communication technologies and informatics processes to deliver safe nursing care to diverse populations in a variety of settings.

8.3g Evaluate the use of information and communication technology to address needs, gaps, and inefficiencies in care.

8.3h Formulate a plan to influence decision-making processes for selecting, implementing, and evaluating support tools.

8.3i Appraise the role of information and communication technologies in engaging the patient and supporting the nurse-patient relationship.

8.3j Evaluate the potential uses and impact of emerging technologies in health care.

8.3k Pose strategies to reduce inequities in digital access to data and information.

8.4 Use information and communication technology to support documentation of care and communication among providers, patients, and all system levels.

8.4e Assess best practices for the use of advanced information and communication technologies to support patient and team communications.

8.4f Employ electronic health, mobile health, and telehealth systems to enable quality, ethical, and efficient patient care.

8.4g Evaluate the impact of health information exchange, interoperability, and integration to support patient-centered care.

8.5 Use information and communication technologies in accordance with ethical, legal, professional, and regulatory standards, and workplace policies in the delivery of care.

8.5g Apply risk mitigation and security strategies to reduce misuse of information and communication technology.

8.5h Assess potential ethical and legal issues associated with the use of information and communication technology.

8.5i Recommend strategies to protect health information when using communication and information technology.

8.5j Promote patient engagement with their personal health data.

8.5k Advocate for policies and regulations that support the appropriate use of technologies impacting health care.

8.5l Analyze the impact of federal and state policies and regulation on health data and technology in care settings.

Domain Eight	Professional Objectives	Learning Activities	Dates	Residency Hours	Advisor Approval

Informatics and Healthcare Technologies					

Domain 9: Professionalism

Descriptor: Formation and cultivation of a sustainable professional identity, including accountability, perspective, collaborative disposition, and comportment, that reflects nursing's characteristics and values.

9.1 Demonstrate an ethical comportment in one's practice reflective of nursing's mission to society.

- 9.1h Analyze current policies and practices in the context of an ethical framework.
- 9.1i Model ethical behaviors in practice and leadership roles.
- 9.1j Suggest solutions when unethical behaviors are observed.
- 9.1k Assume accountability for working to resolve ethical dilemmas.

9.2 Employ participatory approach to nursing care.

- 9.2h Foster opportunities for intentional presence in practice.
- 9.2i Identify innovative and evidence-based practices that promote person-centered care.
- 9.2j Advocate for practices that advance diversity, equity, and inclusion.
- 9.2k Model professional expectations for therapeutic relationships
- 9.2l Facilitate communication that promotes a participatory approach.

9.3 Demonstrate accountability to the individual, society, and the profession.

- 9.3i Advocate for nursing's professional responsibility for ensuring optimal care outcomes
- 9.3j Demonstrate leadership skills when participating in professional activities and/or organizations.
- 9.3k Address actual or potential hazards and/or errors.
- 9.3l Foster a practice environment that promotes accountability for care outcomes.
- 9.3m Advocate for policies/practices that promote social justice and health equity.
- 9.3n Foster strategies that promote a culture of civility across a variety of settings.
- 9.3o Lead in the development of opportunities for professional and interprofessional activities.

9.4 Comply with relevant laws, policies, and regulations.

9.4d Advocate for polices that enable nurses to practice to the full extent of their education.
9.4e Assess the interaction between regulatory agency requirements and quality, fiscal, and value-based indicators.
9.4f Evaluate the effect of legal and regulatory policies on nursing practice and healthcare outcomes.
9.4g Analyze efforts to change legal and regulatory policies that improve nursing practice and health outcomes.
9.4h Participate in the implementation of policies and regulations to improve the professional practice environment and healthcare outcomes.

9.5 Demonstrate the professional identity of nursing.

9.5f Articulate nursing's unique professional identity to other interprofessional team members and the public.
9.5g Evaluate practice environment to ensure that nursing core values are demonstrated.
9.5h Identify opportunities to lead with moral courage to influence team decision-making.
9.5i Engage in professional organizations that reflect nursing's values and identity.

9.6 Integrate diversity, equity, and inclusion as core to one's professional identity.

9.6d Model respect for diversity, equity, and inclusion for all team members.
9.6e Critique one's personal and professional practices in the context of nursing's core values.
9.6f Analyze the impact of structural and cultural influences on nursing's professional identity.
9.6g Ensure that care provided by self and others is reflective of nursing's core values.
9.6h Structure the practice environment to facilitate care that is culturally and linguistically appropriate.
9.6i Ensure self and others are accountable in upholding moral, legal, and humanistic principles related to health.

Domain Nine	Professional Objectives	Learning Activities	Dates	Residency Hours	Advisor Approval
Professionalism					

Domain 10: Personal, Professional, and Leadership Development
Descriptor: Participation in activities and self-reflection that foster personal health, resilience, and well-being; contribute to lifelong learning; and support the acquisition of nursing expertise and the assertion of leadership.

10.1 Demonstrate a commitment to personal health and well-being.

10.1c Contribute to an environment that promotes self-care, personal health, and well-being.
10.1d Evaluate the workplace environment to determine level of health and well-being.

10.2 Demonstrate a spirit of inquiry that fosters flexibility and professional maturity.

10.2g Demonstrate cognitive flexibility in managing change within complex environments.
10.2h Mentor others in the development of their professional growth and accountability.
10.2i Foster activities that support a culture of lifelong learning.
10.2j Expand leadership skills through professional service.

10.3 Develop capacity for leadership.

10.3j Provide leadership to advance the nursing profession.
10.3k Influence intentional change guided by leadership principles and theories.
10.3l Evaluate the outcomes of intentional change.
10.3m Evaluate strategies/methods for peer review.
10.3n Participate in the evaluation of other members of the care team.
10.3o Demonstrate leadership skills in times of uncertainty and crisis.
10.3p Advocate for the promotion of social justice and eradication of structural racism and systematic inequity in nursing and society.
10.3q Advocate for the nursing profession in a manner that is consistent, positive, relevant, accurate, and distinctive.

Domain 10	Professional Objectives	Learning Activities	Dates	Residency Hours	Advisor Approval
Personal, Professional, and Leadership Development					

TOTAL

AONL Nurse Executive Competencies:

1	Professional Objectives	Learning Activities	Dates	Residency Hours	Advisor Approval
Communication & Relationship Building					

2	Professional Objectives	Learning Activities	Dates	Residency Hours	Advisor Approval
Knowledge of Health Care Environment					

3	Professional Objectives	Learning Activities	Dates	Residency Hours	Advisor Approval

Business Skills & Principles					

4	Professional Objectives	Learning Activities	Dates	Residency Hours	Advisor Approval
Professionalism					

APPENDIX M

NSST STUDENT INFORMATION SHEET

INTRODUCTION
Typhon Group's NSST System is software used by your school to track your clinical encounters, your time spent at clinical facilities, your evaluations, schedule, portfolio, and much more.

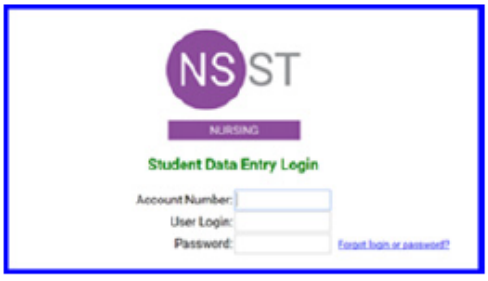
Typhon Group is web-based software. This means you can access your account and enter information on any computer or device that has a modern browser. There are no "apps" to install. You can login directly to the Typhon Group website (www.typhongroup.net) from anywhere you have internet access.

Students DO NOT self-register for Typhon. Your program creates an account for you. Once your account has been created and your program is ready to grant you access, they will send you an email with login instructions and information. Typhon Group cannot directly provide you with this information.

Once you have received the initial email from your school, you can log in to your account. If your temporary password has expired (or you forgot your password), you can request another one by clicking "Forgot Login or Password." Classroom training may be provided by your school, but once you log in, you'll gain access to the complete instruction manual and video tutorials.

PAYING FOR YOUR ACCOUNT
The first time you log in to the system, you will be directed to an online payment page. On this page, you can pay your one-time $60 system access fee with a credit card (Amex, Visa, MasterCard, or Discover). Once your credit card has been approved, the system will automatically activate your account, enabling you to start using the system.

LOG IN TIPS
Typhon Group provides several kinds of products, so to ensure you log in to the correct area, utilize the special page we created for your school. Your school's home page is http://www.typhongroup.net/**xxxx**, where **xxxx** is the main web domain of your school. Click on your specialty, then "Student Data Entry Login." Add this page to your favorites or bookmarks for future reference. You should see the screen below (with the purple NSST logo and "Student Data Entry Login"), plus your account number will automatically get inserted when you log in through your school's special page.



ADDITIONAL HELP
Although Typhon Group hosts and provides the software, the system is customized and maintained by your school. Thus, your school is responsible for handling your questions regarding access to your account and login issues. Your questions should be directed to the Typhon Group program administrator at your school. They can also answer your questions about clinical content, missing drop-down items (ie. your preceptor or clinical site is not listed), or specifics on how to use the system.

APPENDIX N

Preceptor Evaluation of DNP Residency Student

Henry Predolin College of Health Science, School of Nursing
Edgewood University
1000 Edgewood College Drive
Madison, WI 53711

Preceptor Name (Evaluator): _____Agency: _____

Student Name: _____ Date: _____

Philosophy: The preceptor acts as a teacher and mentor to the student during Residency (NRS 802A/B and 803A/B) experiences. It is important for the student to receive feedback on their performance in the practicum experience. This information provides a mechanism of dialogue between Instructor of Record, Student and Preceptor.

Instructions to preceptor:

- Please evaluate your student in terms of meeting AACN DNP Essentials and indicate your level of agreement by checking the appropriate rating boxes (1= strongly disagree through 5 = strongly agree). If you assign a score of 3 or below, please include a comment. If no relevant opportunity was available at the setting to observe the student's meeting of the Essential, please mark the box labeled N/A.
- This evaluation can be done at mid-semester and ***is required*** at the conclusion of the semester. The form is to be reported to the student and Instructor of Record (the Instructor of Record will then place it in the student clinical file [Typhon]). The student and Instructor of Record will determine the communication plan with the preceptor, based on student comfort.

DNP Essential	**1**	**2**	**3**	**4**	**5**	**N/A**	**Comments / Opportunities for Improvement**
Integration, translation, and application of established and evolving disciplinary nursing knowledge and ways of knowing, as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences. This distinguishes the practice of professional nursing and forms the basis for clinical judgment and innovation in nursing practice.							
Person-centered care focuses on the individual within multiple complicated contexts, including family and/or important others. Person-centered care is holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate. Person-centered care builds on a scientific body of knowledge that guides nursing practice regardless of specialty or functional area.							
Population health spans the healthcare delivery continuum from public health prevention to disease management of populations and describes collaborative activities with both traditional and non-traditional partnerships from affected communities, public health, industry, academia, health care, local government entities, and others for the improvement of equitable population health outcomes. (Kindig & Stoddart, 2003; Kindig, 2007; Swartout &Bishop, 2017; CDC, 2020).							

The generation, synthesis, translation, application, and dissemination of nursing knowledge to improve health and transform health care (AACN, 2018).							
Employment of established and emerging principles of safety and improvement science. Quality and safety, as core values of nursing practice, enhance quality and minimize risk of harm to patients and providers through both system effectiveness and individual performance.							
Intentional collaboration across professions and with care team members, patients, families, communities, and other stakeholders to optimize care, enhance the healthcare experience, and strengthen outcomes.							
Responding to and leading within complex systems of health care. Nurses effectively and proactively coordinate resources to provide safe, quality, and equitable care to diverse populations.							
Information and communication technologies and informatics processes are used to provide care, gather data, form information to drive decision making, and support professionals as they expand knowledge and wisdom for practice. Informatics processes and technologies are used to manage and improve the delivery of safe, high-quality, and efficient healthcare services in accordance with best practice and professional and regulatory standards.							
Formation and cultivation of a sustainable professional identity, including accountability, perspective, collaborative disposition, and comportment, that reflects nursing's characteristics and values.							
Participation in activities and self-reflection that foster personal health, resilience, and well-being; contribute to lifelong learning; and support the acquisition of nursing expertise and the assertion of leadership.							

Additional comments:

_____ _____

Preceptor Signature Date

APPENDIX O

Student Evaluation of Preceptor

Henry Predolin College of Health Science, School of Nursing
Edgewood University
1000 Edgewood College Drive
Madison, WI 53711

Preceptor Name: _____ Agency: _____

Student Name (evaluator): _____ Date: _____

Philosophy: the preceptor acts as a teacher and mentor to the student in NRS735 (Master's), NRS802A/B (DNP) and NRS803A/B (DNP) experiences. It is important for the preceptor to receive feedback on the execution of their role. This information can also assist course instructors in matching future students with preceptors, and provides a mechanism of dialogue between Course Instructor, Student and Preceptor.

Instructions to student:

- Please evaluate the following statements about your preceptor and indicate your level of agreement by checking the appropriate rating boxes (1= strongly disagree through 5 = strongly agree). If you assign a score of 3 or below, please include a comment.
- This evaluation can be done at mid-semester, and ***is required*** at the conclusion of the semester. The form is to be reported to the Course Instructor who will then file it on the SoN I-drive. The student and Course Instructor will determine the communication plan with the preceptor, based on student comfort. The *Student Evaluation of Preceptor* will assist the Course Instructor in determining matches for future student placement.

Practice Area	**1**	**2**	**3**	**4**	**5**	**Comments / Opportunities**
Demonstrates knowledge & competence in practice area.						
Manages priorities effectively.						
Role Clarity & Professionalism	**1**	**2**	**3**	**4**	**5**	**Comments / Opportunities**
Reviewed & signed *Preceptor Memorandum of Understanding.*						
Demonstrates understanding of preceptor role.						
Demonstrates strong interpersonal & inter-professional skills with team members.						
Openly shares own expertise with student.						
Is accessible to student.						
Is timely in responsiveness to student.						
Mentoring, Teaching & Coaching	**1**	**2**	**3**	**4**	**5**	**Comments / Opportunities**
Contributes to student's proposal.						
Plans activities to support identified goals & objectives to enhance student's learning.						
Considers student's background & level of competence when teaching/mentoring.						
Encourages student to assume increased responsibility & accountability throughout semester.						
Assists student in decision making process.						
Contributes suggestions for, and assists coordination of, additional student learning.						
Demonstrates enthusiasm for student's learning.						
Communication	**1**	**2**	**3**	**4**	**5**	**Comments / Opportunities**
Clearly communicates expectations to student.						
Gives clear & timely explanations/answers to student's questions.						
Demonstrates negotiation & conflict						

management skills.						
Integrates student's alternative suggestions to meet learning needs.						
Completes student evaluation a mid and term end.						

Additional comments:

APPENDIX P

DNP Student Contact Hours Verification Form

Henry Predolin College of Health Science, School of Nursing
Edgewood University
1000 Edgewood College Drive
Madison, WI 53711

Course: _____

Date: _____

Student Name: _____

Student Contact Information: _____ _____
Phone Email

Category of Activity: _____ non-mandatory professional development

_____ professional conference

_____ certification exam (time of exam only)

_____ serving on health or community organization

_____ committee work beyond work role responsibilities

_____ other continuing and/or professional

Title of Activity Attended: _____

Number of Contact Hours*: _____

Verified by (Name of sponsoring organization or third party): _____

Authorized individual's signature: _____

Mailing address of sponsoring organization or third party: _____

_____

_____

****One (1) residency hour = 60 minutes spent in an approved activity as a learner/participant (not including break time)***

APPENDIX Q

DNP Project Guidelines

Henry Predolin College of Health Science, School of Nursing
Edgewood University
1000 Edgewood College Drive
Madison, WI 53711

Title Page
Copyright page
Abstract
Acknowledgements
Dedication (optional)
Table of Contents
List of Tables (if appropriate)
List of Figures (if appropriate)

Chapter One: Introduction

- Background & Significance
    - Include practice, regulatory, reimbursement, policy issues as apply
- Quality Project Purpose & Aims
- Theoretical or Conceptual Framework; or Quality Improvement Method
- Potential Limitations (if known)
- Contribution to Practice

Chapter Two: Review of Literature

- Method of ROL with rationale
    - Inclusion & exclusion criteria; influences on topic: practice, regulatory, reimbursement, policy issues as apply)
- Organizing framework for Review
- Identified Limitations to Theoretical, conceptual or quality framework and identified limitations (as discovered by doing ROL)
- Summary of findings and Gaps identified
- Rationale for project, including problem statement

Chapter Three: Methods

- Intro and project purpose
- Project aims
- Proposed application quality framework or tool; theoretical or conceptual frameworks if appropriate
- Project description & design
- Sample, protection of human subjects
- Definitions of project variables, as applied in clinical setting (operational)
- Measures, interventions for quality process, other
- Procedure descriptions
- Analysis plan, integrity of data protection

Chapter Four: Results

- Findings / Results
    - Qualitative and / or quantitative as applicable
    - Quality Improvement processes (rapid cycles, A-3s, fishbone, reassessments, other as applied)
    - Review of timeframe when data points were collected for quality project (field notes, huddle documentation, staff meetings, etc.)
    - Intervention (change in practice or operation or work flow)
        - E.g. surveys, huddles, go and sees, focus groups, interviews, etc.

  Review of data points after intervention done, w/ rationale for timeline

Chapter Five: Discussion

- Summary
- Discussion of Findings
    - Quality Improvement Process used (brief recap)

    - Analysis
    - Interpretation
    - Quality reporting
    - Practice change as a result
- Strengths/Limitation of Project
- Implications and Recommendations for Practice
    - Within own institution/focus of project; as applicable
    - Within field of nursing
- Future Implications
- Dissemination plan
- Conclusions

References
Appendix

PLEASE NOTE THAT A FULLY-FORMATTED, ANNUALLY UPDATED DNP PROJECT TEMPLATE WILL BE PROVIDED TO STUDENTS IN NRS 845.

APPENDIX R

Doctor of Nursing Practice-DNP Project Approval Form

Henry Predolin College of Health Science, School of Nursing
Edgewood University
1000 Edgewood College Drive
Madison, WI 53711

Student Information

Student Name: _____

Student ID#: _____

Semester/Year of Graduation: _____

Complete DNP Project Title:

Student Agreement

I certify that I have presented my DNP Project Committee with the final copy of my DNP Project for examination and approval:

Student Signature: _____ Date: _____

DNP Project Committee Agreement

I certify that we have examined the final copy of the above student's DNP Project and have found it complete and satisfactory in all respects, and that all revisions required by the final examining committee have been made:

Committee Chair Signature: _____ Date: _____

Print Name: _____ Date: _____

APPENDIX S

DNP Project ProQuest Publishing Procedure

Henry Predolin College of Health Science, School of Nursing
Edgewood University
1000 Edgewood College Drive
Madison, WI 53711

Overview

These instructions will help you publish DNP Project in the electronic format as required by the Henry Predolin School of Nursing (SoN).

Publication in this format is encouraged as the final step in your DNP journey. Publication is NOT a requirement of the program. If you choose to publish your DNP Project, the process is not difficult and we are available to help you with any questions you may have.

The publisher:

- ProQuest/UMI, the electronic publisher

What you need:

- A computer with internet access
- A final, electronic version of your DNP Project as a PDF (with a copy of your completed DNP Project Approval Form)
- A valid credit card (only if you chose to register for U.S. copyright)

Once complete, you will be able to fully celebrate the completion of this amazing accomplishment.

Step 1: Complete the research project publication approval form

The publication process begins when you, the author, complete and submit the Final DNP Project Approval Form (signed by your Committee Chair and Committee Members).

1. This form must be submitted to Quinn Mullikin in DeRicci 343B to place in SoN archive

---

Step 2: Create a ProQuest/UMI account for electronic publication

1. Go to http://www.etdadmin.com/cgi-bin/school?siteId=18
2. Click "**Submit my dissertation/thesis**"
3. Click "**Create an Account**"

   a. Complete all fields
   b. Use an email address that you can access while completing the submission
   c. Write down your user name and password for future reference
4. Activate the account using the link in the confirmation email which UMI sends to the email you provided

Troubleshooting: Technical support is available 8:00 AM - 7:00 PM (EST) Monday through Friday at (877) 408-5027

Step 3: Submit to ProQuest/UMI

The submission steps are outlined in the left sidebar on the UMI site and each page provides detailed information about the step. Below are the Edgewood guidelines for publication.

Instructions Tab

1. Read through information
2. Click "**Continue**" when ready

Publishing Tab

1. Choose "**Traditional Publishing**" under type of publishing
2. Choose "**Yes**" for major search engines to discover your work
3. Choose **"No"** for third party retailers to sell your work
4. Click "**Save and Continue**"

Traditional Publishing Tab

1. Read through information
2. Click "**Accept**"

Contact Tab

1. Complete required fields
2. Click "**Save and Continue**"

Dissertation/Thesis Details Tab

1. Enter the exact title of your DNP Project
2. Select the year the manuscript was completed
3. Select the year your degree was awarded
4. Select "Doctor of Nursing Practice-Leadership" for degree awarded
5. Select "Department of Nursing" for department
6. Enter your primary advisor's full name, without degree information
7. Enter committee member names, without degree information
8. Select your subject categories
9. Enter any keywords or phrases related to your DNP Project
10. Copy abstract without title
11. Paste into abstract box and edit if need be
12. Click "**Save and Continue**"

PDF Tab

1. Upload your work as a PDF
2. Click "**Save and Continue**"

Supplemental Files Tab

1. Leave blank
2. Click "**Save and Continue**"

Notes Tab

1. Leave blank
2. Click "**Save and Continue**"

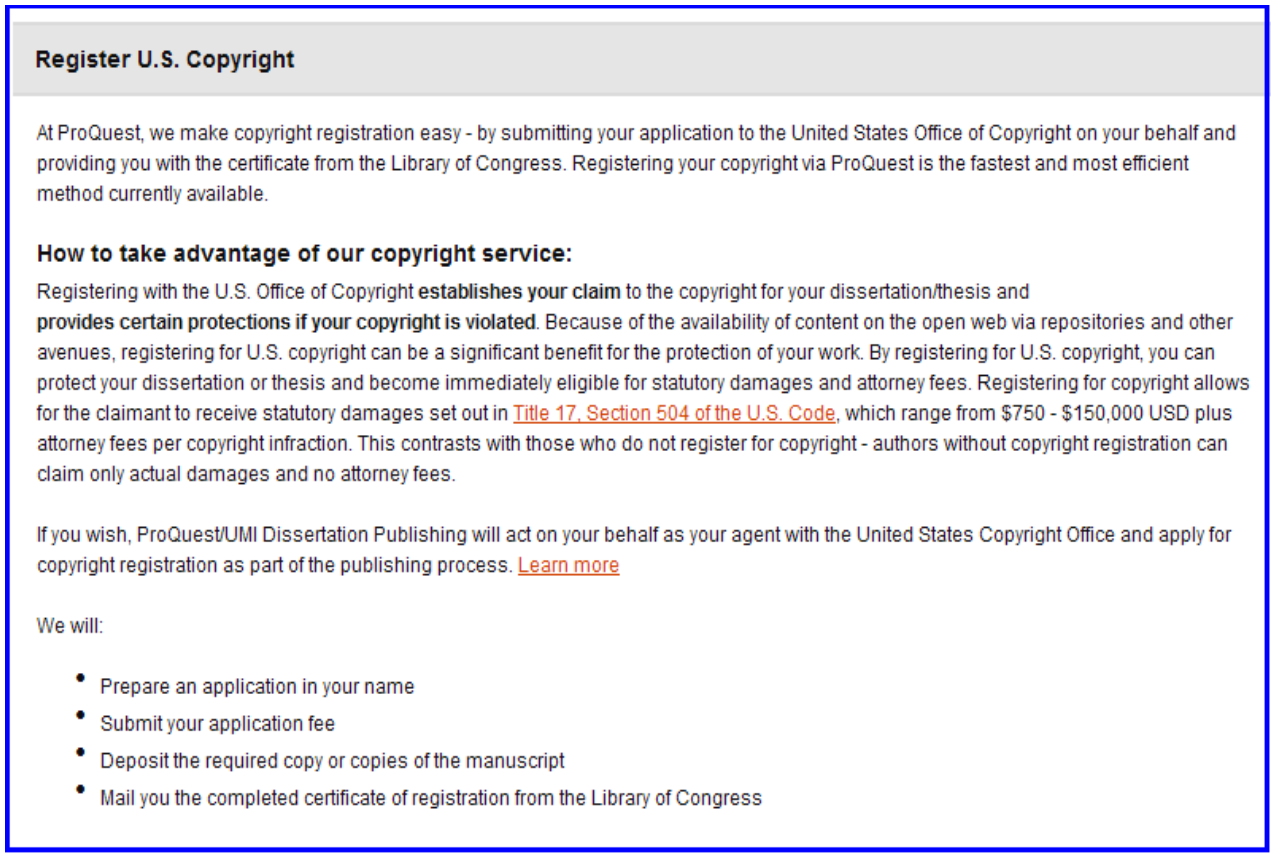
Register U.S. Copyright Tab

1. Answer whether previous copyright was requested
2. Select either "Do not file for copyright" or "File for a new copyright"

Note: There is a $55 fee for UMI to file the copyright with the U.S. Office of Copyright.

3. Click "**Save and Continue**"

From the ProQuest/UMI website, they state the benefits of copyright as:



Register U.S. Copyright

At ProQuest, we make copyright registration easy - by submitting your application to the United States Office of Copyright on your behalf and providing you with the certificate from the Library of Congress. Registering your copyright via ProQuest is the fastest and most efficient method currently available.

How to take advantage of our copyright service:

Registering with the U.S. Office of Copyright **establishes your claim** to the copyright for your dissertation/thesis and **provides certain protections if your copyright is violated**. Because of the availability of content on the open web via repositories and other avenues, registering for U.S. copyright can be a significant benefit for the protection of your work. By registering for U.S. copyright, you can protect your dissertation or thesis and become immediately eligible for statutory damages and attorney fees. Registering for copyright allows for the claimant to receive statutory damages set out in Title 17, Section 504 of the U.S. Code, which range from $750 - $150,000 USD plus attorney fees per copyright infraction. This contrasts with those who do not register for copyright - authors without copyright registration can claim only actual damages and no attorney fees.

If you wish, ProQuest/UMI Dissertation Publishing will act on your behalf as your agent with the United States Copyright Office and apply for copyright registration as part of the publishing process. Learn more

We will:

- Prepare an application in your name
- Submit your application fee
- Deposit the required copy or copies of the manuscript
- Mail you the completed certificate of registration from the Library of Congress

Order Copies Tab

1. If you chose to order copies of your DNP Project, fill this page out accordingly

(If needed) Shipping Address Tab

1. Click "**Save and Continue**"

Submit Tab

1. Review information on the screen
2. Click "**Submit Dissertation/Thesis"**

Preview Information

1. Review all of the information for accuracy
2. View the PDF for content
3. If revision necessary, use "Review/Revise Existing Submission" link

Note: DO NOT SUBMIT REVISED DOCUMENT TWICE, use revision link for changes

4. If complete, log out

This completes the electronic publication of your DNP Project.
