



**COLORADO CHRISTIAN**  

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**UNIVERSITY**

School of Nursing  
and Health Professions

**DNP Student Handbook**  
**2022-2023**

*This DNP Student Handbook is intended to be read in conjunction with the Student Handbook for the College of Adult and Graduate Studies (CAGS). All Colorado Christian University (CCU) DNP Nursing Students are responsible for all information in the University Catalog, the CAGS Student Handbook and the DNP Nursing Student Handbook. Failure to read the policies contained in the Catalog and Handbooks does not relieve the student of this responsibility. The School of Nursing reserves the right to change policies and procedures as appropriate. Students are notified in writing of all Nursing Student Handbook changes. Students will be responsible for accessing the most current DNP Student Handbook within the DNP community.*

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**SECTION I**  
**COLORADO CHRISTIAN UNIVERSITY INFORMATION**

## Welcome

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Dear CCU DNP Nursing Student,

I want to welcome you to Colorado Christian University's (CCU) nursing programs, offered through CCU's College of Adult and Graduate Studies (CAGS). Our nursing Vision is:

To empower nurses to practice nursing as ministry.

We challenge students to become exceptionally compassionate and competent nurse leaders who impact their world and transform health care through the uniqueness of Christ-inspired nursing practice.



CCU offers a **Bachelor of Science in Nursing (BSN)** Program with two options:

- The *BSN* Program for students the BSN degree and RN licensure.
- The *Post-Licensure RN-BSN* for licensed RNs seeking the BSN degree.

CCU offers a **Master of Science in Nursing (MSN)** Program with two emphases:

- The *Clinical Care Management* in Adult & Geriatrics emphasis prepares graduates for Advanced Practice in the role of a Clinical Nurse Specialist (CNS)
- The *Nursing Education* emphasis prepares graduates to teach in academic or clinical professional development settings

CCU offers a **Doctor of Nursing Practice (DNP)** Program in Visionary Leadership. The DNP at CCU is a post-master's clinical doctorate.

Nursing is an exciting and challenging profession. The art and science of Nursing blends intellectual inquiry, evidence-based practice, advanced technology and the heart of caring into professional practice. Nursing is a sacred profession. Hospitals are filled with holy moments. No other healthcare provider has the opportunity to care for the physical, emotional, and spiritual needs of people when they are suffering and in pain like the nurse. Here at CCU, nursing is a ministry of compassionate care for the whole person, in response to God's grace.

Consistent with the mission and purpose of the University, the CCU Nursing Programs comprise a Christ-centered community of learners and scholars who focus on academic excellence and professionalism through the integration of faith, learning, and practice. Nursing education at CCU prepares competent professionals who excel as moral leaders in the roles of servant, shepherd, steward and scholar. The program embraces the truth of Scripture as the foundation for those who are called to the nursing profession and who view nursing as ministry.

I am honored that you have chosen to join us. May you be richly blessed by your faculty and patients as you serve Jesus in this exceptional profession we call "nursing."

"For I know the plans I have for you, declares the Lord, plans to prosper you and not to harm you, plans to give you a hope and a future." Jeremiah 29:11.

With every blessing,

**Barbara J. White EdD, RN, CNS**

Professor and Dean, School of Nursing and Health Professions

## School of Nursing & Health Professions: Faculty/Staff Directory

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**COLORADO CHRISTIAN UNIVERSITY**  
*Grace and Truth*

## **Colorado Christian University Mission**

### **Mission**

*Christ-centered higher education transforming students to impact the world with grace and truth.*

Colorado Christian University cultivates knowledge and love of God in a Christ-centered community of learners and scholars, with an enduring commitment to the integration of exemplary academics, spiritual formation, and engagement with the world. We envision graduates who think critically and creatively, lead with high ethical and professional standards, embody the character and compassion of Jesus Christ, treasure the gospel, and who thereby are prepared to impact the world in their callings. The Nursing Program mission reflects the mission of the university.

### **Christ-centered community**

Our community of interdependent students, faculty, and staff seek to honor and obey Jesus Christ, who is present in Spirit and speaks in Scripture, in order to advance God's purposes in the lives of every member.

### **Exemplary academics**

Our undergraduate and graduate curriculum integrates faith and learning in a scholarly environment that fosters critical and creative thinking, academic excellence, and professional competence.

### **Spiritual formation**

Our academic and student development programs cultivate a deep and enduring faith that affirms the authority of Scripture and embraces Christ as the authentic center of life.

### **Engagement with the world**

Our students experience and engage the world in ways that prepare leaders to serve and transform their professions, churches, and communities.

<https://www.ccu.edu/about/mission/>





COLORADO CHRISTIAN UNIVERSITY

*Grace and Truth*

## Colorado Christian University Strategic Priorities

Colorado Christian University's Strategic Priorities were adopted by the CCU Board of Trustees to serve as a guiding compass for the University. They direct the implementation of CCU's long-established mission and vision, and provide context for our first priority – an enduring commitment to Jesus Christ and His Kingdom. The Strategic Priorities provide a point of convergence for every member of the CCU community and for every aspect of life at CCU, from how we teach and learn in the classroom to how we live with and serve others. The Nursing Program curriculum is designed to integrate the Strategic Priorities at the University.

### Colorado Christian University shall:

- Honor Christ and share the love of Christ on campus and around the world
- Teach students to trust the Bible, live holy lives, and be evangelists
- Be a magnet for outstanding students and prepare them for positions of significant leadership in the church, business, government, and professions by offering an excellent education in strategic disciplines
- Teach students how to learn
- Teach students how to think for themselves
- Teach students how to speak and write clearly and effectively
- Give students significant opportunities to serve our Lord while they are at CCU and to help them develop a lifetime habit of such service
- Impact our culture in support of traditional family values, sanctity of life, compassion for the poor, Biblical view of human nature, limited government, personal freedom, free markets, natural law, original intent of the Constitution, and Western civilization
- Be seekers of truth
- Debunk "spiced ideas" and those who traffic in them
- Ask God to multiply our time and ability to the glory of His great name
- Be a servant of the Church
- Become a great university

<https://www.ccu.edu/about/strategic-priorities/>



COLORADO CHRISTIAN UNIVERSITY  
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## College of Adult & Graduate Studies Mission & Vision

Colorado Christian University exists to produce graduates who think critically, live faithfully, and effectively impact their spheres of influence through a distinctive integration of academic achievement, character development, and spiritual formation. All programs in the College of Adult and Graduate Studies (CAGS) are designed for the adult learner and recognize the importance of honoring hard work and family commitments.

### **Our Vision**

To deliver transformational continuing, undergraduate, and graduate education to adults through the biblical renewing of minds by:

- Integrating faith, learning, and living into courses, through faculty, and through the delivery of high-quality services.
- Impacting families, churches, corporations/organizations, communities, and cultures through satisfied, educated students; committed, qualified faculty and staff; and strategic church and business partners.
- Fostering the development of a personal faith and Christian worldview leading to ethical behavior, service to others, and continuing personal renewal.
- Delivering education and services through formats and mediums that maximize quality, use of resources, and access for students wherever they are.

Additional CAGS Student Handbook information:

<https://www.ccu.edu/files/documents/cags/cags-student-handbook.pdf>



COLORADO CHRISTIAN UNIVERSITY  
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## College of Adult & Graduate Studies: Student Learning Outcomes

The College of Adult and Graduate Students *Student Learning Outcomes* reflect the four pillars of the university and are congruent with the CCU Mission: Christ Centered Community, Exemplary Academics, Spiritual Formation, and Engagement with the World. All students within the university are expected to engage with Christian faculty, examine the discipline from a biblical worldview, reflect on their own spiritual formation and apply their new knowledge and skills to influence the world.

### CCU and CAGS Four Pillars

1. Students engage with the community of faculty who seek to honor and obey Jesus Christ to advance God's purpose in the life of the student.
2. Students examine theories, concepts, principles, and practices in a particular content/discipline area from a biblical worldview.
3. Students reflect on their own learning and biblical truths with the goal of cultivating a faith that embraces Christ as the authentic center of life.
4. Students apply a proficient body of new knowledge and skills synthesized with prior knowledge and skills in a particular content/discipline area to serve and influence their workplaces, families, and communities.

### CAGS Program Student Learning Outcomes

Each Program within CAGS formulates Student Learning Outcomes that are congruent with the university mission, reflect professional standards and guidelines and consider the needs and expectations of the community of interest. Student Learning Outcomes (SLO) advance in level of knowledge, thinking, application and rigor based on the degree. Assessment of SLO are program specific.

Students within CAGS meet the following SLO:

1. Students examine course content from a biblical perspective.
2. Students demonstrate proficient knowledge and skills.
3. Students use critical thinking skills to critique issues and provide solutions.
4. Students demonstrate proficiency of academic writing.
5. Students demonstrate information literacy according to the norms of their profession.
6. Students reflect on their Christian educational experience and its influence on their personal and professional life.
7. Students apply knowledge and skills to serve and influence their workplace, families, and society.



# COLORADO CHRISTIAN UNIVERSITY

## School of Nursing and Health Professions

### School of Nursing Vision, Mission, & Heritage

#### Our Vision

To empower nurses to practice nursing as ministry.

#### Our Mission

To prepare competent, compassionate, moral leaders who excel as servants, shepherds, stewards, and scholars to impact the profession and the world. We are a Christ-centered community of learners and scholars with a commitment to academic excellence and spiritual formation.

#### CCU Nursing Program Heritage

With nearly a one-hundred-year history of exceptional education, CCU began nursing programs in the fall of 2007. The Licensed Practical Nurse to Associate of Science in Nursing (LPN-ASN) program has given way to the statewide Pre-Licensure Bachelor of Science in Nursing (BSN) Program Option which began in January 2011. The online Registered Nurse to Bachelor of Science in Nursing (RN-BSN) Program Option, which began in January 2009, now enrolls students from across the nation. The Master of Science in Nursing Program began August, 2014 and the DNP program accepted its first cohort of students in the Summer of 2019.

#### Accreditation

Colorado Christian University is regionally accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools. The baccalaureate nursing curriculum meets the educational community's standards, Colorado Board of Nursing educational program standards, AACN Essentials, and the Colorado Nursing Articulation Model guidelines. The masters nursing curriculum meets the AACN Essentials and ANCC specialty certification standards. "The baccalaureate degree program in Nursing and master's degree program in Nursing and DNP program at Colorado Christian University are accredited by the Commission on Collegiate Nursing Education (CCNE) at <http://www.ccneaccreditation.org/>."

**Commented [MK1]:** I added the part in the yellow highlights, but not sure this is correct wording because it is in quotes. However, we need to add the DNP accreditation to this handbook and could delete the others as needed.



## School of Nursing Program Philosophy

The nursing faculty believes nursing is an evidence-based and practice-focused discipline. Nursing at CCU is grounded in the liberal arts and sciences, and Biblical truth. We believe that the curriculum is developed with ever increasing difficulty and complexity, emphasizing the health-illness continuum, care management and restoration in order to support safe, effective, and compassionate nursing practice. Faculty members facilitate the integration of faith, learning and professional practice in order to empower nurses to practice nursing as ministry.

As a Christ-centered educational program we support the professions' Code of Ethics for Nurses (American Nurses Association [ANA], 2015), Nursing's Social Policy Statement (ANA, 2010a), Nursing Scope and Standards of Practice (ANA, 2010b), and the educational competencies of the various levels of nursing education. We believe that we come to the preparation of nurses with an additional set of suppositions and intentions that give the graduate nurse in the practice of nursing greater purpose and meaning and a larger context of practice: nursing as ministry (Miller, 2002). We believe that education is a life-long transformation process in which our minds, behaviors and attitudes (cognitive, psychomotor and affective domains) are challenged by a search for knowledge and a quest for truth. Since we believe that all truth is God's truth, we integrate faith into learning and practice in order to instill passion in students through honest exploration, serious reflection, and intellectual inquiry (Dockery, 2006). In addition to innovative formats and delivery systems, we seek to encourage distinctively Christian thinking, beginning scholarship and spiritual formation.

The ultimate aim of CCU's nursing education program is to prepare nurses who are more like Christ on earth, living through His grace with a ministry of compassionate care for the whole person, encompassing spiritual care, demonstrating moral leadership, fostering optimum health and bringing comfort in suffering and death for anyone in need (Shelly & Miller, 2006; Willard, 2006). An outflow of this focus is to reach beyond our immediate vicinity and be globally engaged as servants, stewards, shepherds, and scholars in the concern for availability, accessibility, cost, and quality of nursing care to patients, families, communities, and global populations.

The metaparadigm concepts for nursing are person, nursing, caring, health and environment. The School of Nursing supports and embraces the CCU statement of faith as set forth by the University, and integrates these tenants into the metaparadigm of nursing. The Holy Scriptures and a personal faith in Jesus Christ empower the nurse to interpret knowledge and practice the profession as a means of allowing faith to inform and shape the person of the nurse and the practice of professional nursing. Faculty members facilitate the integration of faith, learning and professional practice in order to prepare nurses to make a difference in the world. The metaparadigm of nursing in the context of a Biblical worldview is further explained here.

**Person or Personhood** is the result of the creative work of the living, relevant God. The intended purpose of this creative work is to be His image-bearer reflecting His character and nature to the world around us (Crist, 2000). We believe in the sanctity of life for all human beings at all stages of existence. We believe that God has designed persons to live independently, interdependently and dependently. Through cooperation with His purposes, we are empowered to author our purpose in life, our God-inspired life story, and to influence the world around us.

**Professional nursing** is a scientific practice-based discipline and a sacred calling, oriented toward human good and healing. We believe nursing to be powered by moral good with certain values and standards that support quality of care, professionalism and moral leadership. Nursing knowledge is the result of scientific inquiry and the integration of physical sciences, social

sciences, psychological sciences and various theoretical propositions. This is the basis for providing the highest quality evidence-based nursing practice. Nursing is "the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations" (ANA; 2003/2010; p 3).

**Caring**, as provided by nurses, is always specific and relational: involvement and caring reside together resulting in common meanings between nurse and patient (Benner, 1989). Compassionate care is hands-on, patient-centered, physical, psychosocial and involves spiritual interventions to meet the needs of patients regardless of how the nurse feels and regardless of the patient's ethnic identity, race, gender, age, status, diagnosis or ability to pay (Shelly & Miller, 2006; Trafecanty, 2006). Christian spiritual caring is an act of faith and a response to God's truth and grace through a compassionate presence.

**Health** is a state of wholeness, well-being, peace (Shalom) and a completeness that permeates all areas of human life (Punton, 1996). The concept carries with it the idea of universal flourishing and delight or a rich state of existence. We believe health is God's original created goodness, which in its fullest sense is complete physical, mental and spiritual flourishing that makes possible one's ability to fulfill our created purposes. Such fulfillment brings glory to our Creator. Participation of the nurse in the promotion of health, the prevention of disease, the management of care and the restoration of shalom as true health, becomes the focus of faith-driven practice.

The **environment** within which the nurse practices nursing is comprised of the physical conditions and circumstances surrounding the person, and also includes relationships and social structures such as the family, educational system, legal system, and health care system. In this environment, inter-professional communication and technology management are essential in order to deliver high quality healthcare. From a Christian perspective we believe in the Biblical idea of the fallen nature of people and things resulting in evil, suffering and separation from the Creator, God (Sponheim, 1993). Due to this fallen nature, all of the systems in place for intended good are flawed and often ineffective. For the Christian nurse, our concern is for the reconciliation of all things under Christ who is the personification and available fulfillment of Shalom.

While the philosophy of CCU's nursing programs is clearly from a Christian perspective, we welcome and respect students with diverse worldviews. CCU encourages students to explore their personal faith journey throughout their educational process.

The **educational philosophy** of the nursing department at Colorado Christian University follows the vision, mission and purpose of the university as a whole. As nursing faculty, we seek to serve God by providing Christ centered nursing education. This education has Biblical integration throughout each course with each faculty individually incorporating the mission and purpose of CCU in their classroom instruction. Nursing faculty believe that students are to be empowered nurses, encouraged to live out their nursing vocation through faith, challenged to use their giftedness to serve God as nurses and prepared to be transformational leaders of healthcare where-ever they choose to serve as professional nurses.

Furthermore, the nursing faculty embrace the philosophy of enabling adults to learn and grow through education. The meta-paradigms of nursing (person, health, environment and nursing care) influence the process of nursing education. The learning is both theoretical and skills based since nursing is a discipline of applied knowledge as art and science. At CCU nursing as ministry continues to inform the ongoing educational process of the students. Faculty seek to create a

classroom environment that is respectful and professional while being a learning lab of nursing knowledge.

Each faculty, as a competent practitioner becomes a facilitator of learning for students. The sharing of theory and applied nursing skills happens through application of case studies, active learning principles using the five senses and integration of technology. Throughout the nursing program students are encouraged to be individuals while connecting with fellow classmates to be collaborating team members. This synthesis of ideas further cements and grows the application of critical thinking to clinical reasoning. During the educational process students are stimulated to "do nothing out of selfish ambition or vain conceit, but in humility consider others better than yourselves. Each of you (both student and instructor) should look not only to your own interests, but also to the interests of others. (Phil 2:4-5); and "Do not conform any longer to the pattern of this world, but be transformed by the renewing of your mind. Then you will be able to test and approve what God's will is—His good, pleasing and perfect will." Romans 12:2 (NIV)

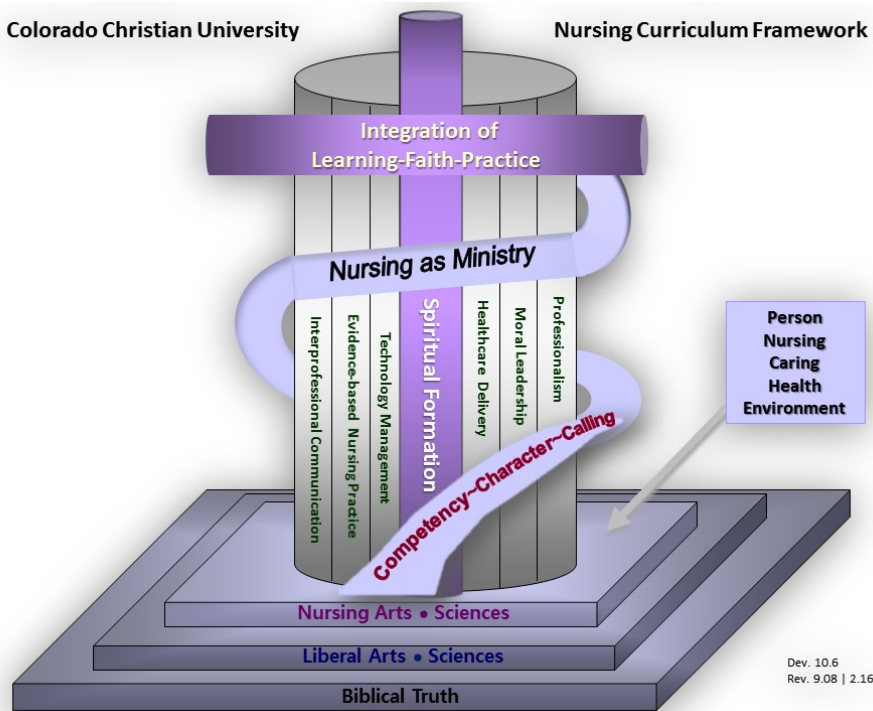
## **School of Nursing Curriculum Framework**

The conceptual framework for CCU's nursing programs emphasizes several key aspects of the nursing philosophy. It is a means of conceptualizing and organizing the knowledge, skills, values and beliefs critical to the delivery of a coherent curriculum that facilitates the achievement of desired curriculum outcomes. The conceptual model is a meaningful mental picture, or blueprint, for faculty and students, delineating what knowledge is important to nursing. The framework describes how nursing knowledge is defined, categorized, and linked with other knowledge.

As the framework model depicts, Biblical truth is the primary foundation upon which the curriculum is built followed by the liberal arts and sciences. Building and expanding on the concepts of the nursing metaparadigm (concepts of person, nursing, health, caring and environment), the faculty have identified seven major concepts and two progressive constructs that result in the program outcome of the integration of learning, faith, and practice and serve as the framework for the curriculum. The curriculum concepts flow from the nursing program philosophy and are organized within the courses to achieve the program goals. These concepts are: integration of learning-faith-practice, spiritual formation, nursing as ministry, interprofessional communication, evidence-based nursing practice, technology management, healthcare delivery, moral leadership, professionalism, and competency-character-calling.

The progressive constructs build from simple to complex and are identified as competent-caring-calling culminating with nursing as ministry. The program outcome in which faith is integrated into both learning and practice is the cornerstone and capstone of all curriculum development and is depicted by a cross. The cross represents the centrality of Jesus Christ in spiritual formation and integration of faith, learning and practice. The nursing metaparadigm—person, nursing, caring, health, and environment—is embedded in each of the other concepts and constructs. Each course addresses components of the concepts and constructs, with specific content increasing in complexity throughout the curriculum. The concepts and constructs serve as broad categories under which a variety of content can be expressed. They are not considered mutually exclusive. The rapid evolution of nursing science, practice, and education demands ongoing reexamination of concepts, and constructs.

## Curricular Framework Model



### Definition of Terms

**Spiritual Formation:** Spiritual formation is the cultivation of one's professional practice and the transformation of one's character, attitudes, and actions in response to God's grace, based upon Jesus as the ultimate teacher, and by the power of the Holy Spirit. Spiritual formation is the central tenet of the curriculum framework as it has as its ultimate aim the conformity to Christ-likeness—to be more like Christ on earth through genuine love and effectual caring for all without discrimination.

**Integration of Learning, Faith, and Practice:** The integration of learning, faith, and practice is both the cornerstone and capstone of the curriculum. Faith, or the confident belief or trust in God and His will for one's life, is foundational to the educational experience both inside and outside the classroom. Intentional opportunities are presented for students to gain greater knowledge about faith and the Bible, to grow in their personal relationship with God, and to actively participate in using their God-given gifts to reach out to the world. This process takes place in the context of a Christ-centered community that offers freedom and accountability, opportunities to lead and to serve, and a chance to ask questions and seek out answers. The



goal is to help students develop thoughtful Christian perspectives that build a foundation for the rest of their lives and nursing careers.

**Character:** Character is the sum of all behaviors, public and private, consistently arranged across the spectrum of the individual's life (Maxwell, 2005).

**Calling:** Calling is God's personal invitation to work on His agenda using the individual's talents that are deemed eternally significant (Maxwell, 2005).

**Competency:** Competency (skill) is knowing something completely and then transforming that knowledge into creations of wonder and excellence (Maxwell, 2005).

**Nursing as Ministry:** Nursing as ministry is to serve God and others as Jesus did, as He is our example. The unique calling of the Christian nurse is the realization that one is gifted by God for a specific nursing practice to make a significant difference in the world. Nursing as ministry encompasses compassionate care and is directed by the nurse's faith, which shapes the understanding of roles, privileges and responsibilities within practice and health care.

**Professionalism:** Major aspects of being a professional include a commitment to the profession, dedication to life-long learning, adherence to the standards of professional practice, and the practice of professional nursing within legal, ethical, and regulatory parameters. Professionalism also involves engaging with peers, faculty, employers and patients in a manner that is civil and God honoring. Professional nursing incorporates the inherent values as the basis for wholistic care for all types of clients, recognizing the interconnectedness of physical, mental, social, emotional, cultural, and spiritual factors in any and all nursing interventions.

**Moral Leadership:** Our community of interdependent students, faculty, and staff seeks to honor and obey Jesus Christ, who is present in Spirit and speaks in Scripture, and to advance God's purposes in the lives of each member.

**Healthcare Delivery:** Healthcare includes health promotion, risk reduction, disease and injury prevention, illness care and rehabilitation across the life span at both the individual and population levels. In order to deliver healthcare, nurses diagnose and treat human responses to actual and potential health problems along the health-illness continuum with the goal of assisting the individual toward optimal functioning. (Adapted from ANA, 2010b).

Clinical prevention or the individually focused interventions (e.g. immunizations) to prevent escalation of diseases and conditions have become a major focal point for nurses and other healthcare providers. Inherent in the healthcare system are issues related to healthcare policies including financial and regulatory policies. Nurses need to understand the influence of the political process upon healthcare and participate in making changes that will result in improved quality for individuals, families, communities, the nursing profession and the healthcare system. Ethical issues such as equity, access, social justice, and affordability are inherent in discussions related to the provision of healthcare.

**Information and Technology Management:** Information and Technology Management is the assimilation of computer and information literacy to competently use information management systems and apply patient care technologies to provide the safe, effective delivery of health care to diverse populations in a variety of settings, through a variety of means. Safe, cost-effective, compassionate quality-care requires nurses to manage information and use

technology to ethically obtain, assimilate, apply, evaluate, and communicate a multiplicity of information to the healthcare team in a diverse and continuously changing healthcare environment which contributes to continuity of care and improved patient outcomes. (Adapted from AACN, 2008).

**Evidence-Based Nursing Practice:** “Evidence-based practice (EBP) is the conscientious integration of best research evidence with clinical expertise and patient values and needs in the delivery of quality, cost-effective health care” (Grove, Burns, & Gray, 2013, p. 17). Evidence-based practice is supported by “...multiple ways of thinking, such as clinical reasoning and clinical imagination as well as critical, creative, scientific, and formal critical reasoning” (Benner, Sutphen, Leonard & Day, 2010, p. 85). Clinical reasoning is the ability to think through changing clinical situations within the context and concerns of the individual and family. Clinical imagination involves becoming aware of possibilities, resources and limitations in individual and family situations. Critical thinking is a cognitive process used to analyze knowledge based on subjective and objective data. Creative thinking uses a “fresh perspective” or “thinking outside the box” such as with a brainstorming session to assess a situation or an issue thereby generating new ideas or approaches. Critical reasoning is comparing situations or issues with established principles or standards in making decisions. Scientific reasoning is a systematic hypothesis testing method for validation of data.

**Interprofessional Communication:** Interprofessional communication involves working across health care professions to communicate, cooperate, collaborate, negotiate, and advocate in order to insure continuous and reliable care. Interprofessional communication demonstrates caring, compassion, problem-solving and cultural humility. Therapeutic communication, which includes interactive verbal and non-verbal processes between the nurse and client is based on trust and assists the client to cope with change, integrate new knowledge and skills. It occurs in an environment of hope and support, and is a critical component of Interprofessional communication.

**Christian Spiritual Care:** Christian Spiritual Care expands on spiritual care as a means of “putting people in touch with God through compassionate presence, active listening, appropriate and respectful witness, prayer, reading of scripture, and partnering with the church community and clergy. It is never coercive or rude. It always focuses on the patient, not the nurse” (Shelly & Miller, 2006, p. 265). Christian spiritual care assists patients in meeting their spiritual needs including meaning and purpose, love and belonging, forgiveness and hope for the future.

**Spirituality:** Spirituality is the invisible, unseen core of individuals that contributes to their uniqueness and includes elements of love, compassion, caring, transcendence, relationship with God or a higher power, and the connection of body, mind and spirit (O'Brien, 2014).

**Spiritual Care:** Spiritual care seeks to assist individuals in aspects of their spirituality based on the nursing process. This includes spiritual assessment, nursing diagnosis, outcomes, interventions to enhance spiritual well-being or address spiritual distress, and subsequent evaluation of the spiritual care provided.

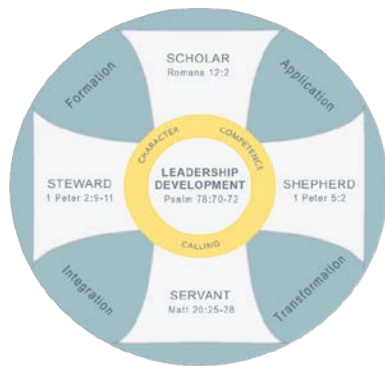
**Relationship Based Care:** Relationship based care is a model of care based on three crucial relationships: relationship with self, relationship with colleagues, and relationship with patients and families (Glembocki & Fitzpatrick, 2013). At CCU, relationship-based care includes one's relationship with God and the divine intervention that occurs within relationships.



# COLORADO CHRISTIAN UNIVERSITY

School of Nursing and Health Professions

## The CCU Nursing Leadership Model



### Servants

A servant leader is a servant first. Servant leadership begins with the natural feeling that one wants to serve and then conscious choice brings one to aspire to lead. The best test of a servant leader is this: Do those served grow as persons? Do they, while being served, become healthier, wiser, freer, more autonomous, more likely themselves to become servant leaders? Servant leaders are the hands and feet of the team (Greenleaf, 2002).

### Shepherds

A shepherd leader is one who nurtures enduring trusting relationships with their team. In the relationship model of shepherd leadership, the shepherd leader is available, committed and trustworthy, providing direction, correction, mentoring and safety. Shepherds enable others on the team to act with success and encourage the heart of team members.

### Stewards

A steward is one who manages the property, finances, resources and affairs of the organization. Good stewardship involves wisdom and discernment in allocating and managing the resources provided. Stewards view themselves as change agents and recognize patterns of behavior that become habits.

### Scholars

A scholar is a critical thinker who is intelligent, wise and profound. Scholars act based on evidence, reflect on their behavior by seeking feedback from others and engage others in thoughtful discourse. A scholar renews the mind by thinking on those things that bring peace and harmony to the team.

**SECTION II  
DNP PROGRAM INFORMATION**



**COLORADO CHRISTIAN UNIVERSITY**  
School of Nursing and Health Professions

## **Doctor of Nursing Practice DNP Program Information**

### **DNP Program Overview**

The Doctor of Nursing Practice (DNP) in Visionary Leadership is a practice doctorate that will prepare experts in specialized advanced nursing practice to apply credible research and translate evidence-based practice into improved health outcomes. The DNP provides development of advanced competencies for increasingly complex practice and enhanced leadership to strengthen practice and healthcare delivery within the interprofessional work environment.

Nursing courses are five, ten, and 15 weeks in length: theory only courses are delivered in five weeks whereas courses that include clinical practice experiences or EBP project hours are offered in ten or 15 weeks. All courses are offered in online format with synchronous discussions to enhance instructor-student engagement.

Additional program highlights are found at: <https://www.ccu.edu/Academics/nursing/>

### **Visionary Leadership Definition**

At Colorado Christian University School of Nursing, a visionary leader is one who impacts the world with grace and truth by envisioning creative solutions, developing strategic initiatives, and inspiring intra- interprofessional teams. The visionary leader is transformative, leading change with advanced knowledge and skills to impact systems and organizations, healthcare policy, and national/global health outcomes. The visionary nurse leader, seeking to lead like Jesus, functions as a servant, shepherd, steward, and scholar, building on a foundation of Biblical truth and nursing as both art and science.



**CCU Model of DNP in Visionary Leadership**

### **DNP Program Student Learning Outcomes**

1. Integrate scientific foundations of professional nursing with visionary moral leadership to transform nursing practice and health care. (DNP E I)
2. Design strategic system initiatives to influence organizational change in care delivery models. (DNP E II)
3. Appraise evidence as a clinical nurse scholar to promote health within diverse populations and settings. (DNP E III)
4. Evaluate current and emerging healthcare information systems/technological resources to improve healthcare outcomes. (DNP E IV)
5. Analyze healthcare policy to advocate for ethical policy formation. (DNP E V)
6. Create inter/intraprofessional teams to inspire change in healthcare and complex healthcare delivery systems. (DNP E VI)
7. Integrate data in health promotion/clinical prevention strategies for improving national/global health. (DNP E VII)
8. Demonstrate competency as a visionary moral nurse leader in healthcare from a biblical worldview. (DNP E VIII)
9. Demonstrate proficiency of scholarly academic writing in the discipline of advanced nursing practice. (DNP E VIII)
10. Formulate a DNP visionary leadership platform based on a biblical worldview. (DNP E VIII)
11. Critique the Christian educational experience and its influence on personal and professional life. (DNP E VIII)

The DNP Program Learning Outcomes follow the American Association of Colleges of Nursing document: *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006). In summary, these essentials are:

- I. Scientific Underpinnings for Practice
- II. Organizational and Systems Leadership for Quality Improvement and Systems Thinking
- III. Clinical Scholarship and Analytical Methods for Evidence-Based Practice
- IV. Information Systems/Technology and Patient Care Technology and Patient Care Technology for the Improvement and Transformation of Health Care
- V. Health Care Policy for Advocacy in Health Care
- VI. Interprofessional Collaboration for Improving Patient and Population Health Outcomes
- VII. Clinical Prevention and Population Health for Improving the Nation's Health
- VIII. Advanced Nursing Practice

The eight essentials provided by the AACN and the foundational concepts and mission of Colorado Christian University's School of Nursing serve as the framework for the DNP learning outcomes. In an effort to develop both advanced nursing knowledge and competency, and the opportunity to gain wisdom from a biblical worldview, the DNP program learning outcomes represent the intersection of the profession of nursing with the values of truth and grace.

#### **CCU Nursing Program Goals**

1. Network with the Christian nurse leaders worldwide.
2. Explore in-depth knowledge of the discipline from a biblical perspective.
3. Prepare exceptional nurse leaders to practice nursing as ministry.
4. Facilitate the integration of faith, learning and practice.

## DNP Curriculum Plan

The DNP program includes 10 courses in 5, 10, or 15 week blocks and a total of 525 clinical practicum hours post-MSN. Students will also participate in an online orientation at the beginning of the program. The sequence of courses for all cohorts is as follows:

### Required Core Courses for the Doctor of Nursing Practice

#### Year 1 – Full Time Study

Semester I			Semester II			Semester III		
1	2	3	1	2	3	1	2	3
NUR700: Theoretical Foundations of DNP Studies and Visionary Leadership (3T = 3Cr)	NUR710: Translational Research and Evidence-Based Practice (3T = 3Cr)		NUR720: Leadership in Healthcare Systems and Organizations (2.5T, 0.5C= 3Cr) *		NUR725: Ethics and Advocacy (3T = 3Cr)	NUR740: Leadership in Populations and Global Health (2.5T, 0.5C= 3Cr) *		NUR750: Leadership in Healthcare Policy (3T = 3Cr)
**NUR701: Advanced Clinical Practicum								

#### Year 2 – Full Time Study

Semester IV			Semester V			Semester VI		
1	2	3	1	2	3	1	2	3
NUR770: Business and Legal Aspects of Entrepreneurial Nursing (3T=3Cr)	NUR797: DNP Project Development (1T, 2C = 3Cr)		NUR798: DNP Project Implementation (0.5T, 2.5C= 3Cr)			NUR799: DNP Project Evaluation and Dissemination (1T, 2C=3Cr)		
**NUR701								

\*Variable clinical credit. Additional hours available for students on an enhancement plan.

\*\*NUR701 -Advanced Clinical Practicum. This course is only applicable to students on an enhancement plan and is available Fall 2020-Summer 2021-Block 1.

T=theory; C=clinical; Cr=total credits; T = 15 contact hours/Credit; C= 70 contact hours/credit

Note: Students in Cohort 1 will take NUR760 in place of NUR770 during Semester IV.



## DNP Course Descriptions

**NUR 700: Theoretical Foundations of DNP Studies and Visionary Leadership** (3 credits = 3T) This course prepares students to appraise nursing knowledge, science-based theories, and data analytics as expert clinicians and clinical scholars for the purpose of leading strategic system initiatives, impacting nursing and healthcare. Students will utilize self-awareness methodologies, biblical principles, and concepts surrounding emotional intelligence in order to lead self, teams, and organizations as visionary leaders, exemplifying the character of Jesus.

**NUR 710: Translational Research and Evidence-Based Practice** (3 credits = 3T) This course prepares students to explore the relationship between translational science and evidence-based practice. The steps of evidence-based practice are analyzed along with strategies for evaluating, implementing, and disseminating existing research. Concepts of data management systems and analysis of data through statistical methods are examined.

**NUR 720: Leadership in Organizations and Systems** (3 credits = 2.5T, \*0.5C) This course prepares students to examine the role of the DNP prepared nurse in the moral leadership of organizations and systems through the use of evidence-based practice to promote cost effective quality health outcomes. Students will be prepared to use data management systems and information technology to evaluate, design, and implement care delivery models.

**NUR 725: Ethics and Advocacy** (3 credits = 3T) This course prepares students to critically analyze ethical decision-making models for the advocacy of individuals, families, populations, and the nursing profession. Ethical principles related to conducting research and engagement in evidence-based practice (EBP) projects is emphasized, using the moral leader concepts of scholar, steward, shepherd, and servant.

**NUR 740: Leadership in Populations and Global Health** (3 credits = 2.5T, \*0.5C) This course prepares students, as visionary nurse leaders, using a Biblical worldview, to improve population and global health outcomes. Students will be prepared to use epidemiological, biostatistical, environmental, occupational, and cultural data and principles in the development, implementation, and evaluation of clinical prevention and population health intervention.

**NUR 750: Leadership in Healthcare Policy** (3 credits = 3T) This course prepares students to meet the competencies needed to design, implement, and advocate for healthcare policy to address issues of care delivery, access to care, equity, and nursing practice. Students will be prepared to education others including policy makers at all levels. Critical analysis of health policies and related issues affecting stakeholders are discussed within a Biblical worldview.

**NUR 770: Business and Legal Aspects of Entrepreneurial Nursing** (3 credits = 3T) This course prepares students to focus on principles of business, finance, and healthcare economics to create effective plans for practice-level and/or system-wide initiatives aimed at improving the quality of care delivery. Entrepreneurial nursing skills such as budget development, cost analysis, legal nurse consultation, and Christian business acumen are emphasized.

**NUR 797: DNP EBP Project Development** (1T, 2C = 3Cr) This course prepares students to analyze, evaluate, and synthesize evidence to propose a change project that addresses an

identified gap in healthcare. This course is the first of three EBP project courses. The EBP project is one that promotes quality care delivery and positive health outcomes within a population, health system, or organization.

**NUR 798: DNP EBP Project Implementation** (0.5T, 2.5C= 3Cr) This course prepares students to implement the evidence-based quality improvement project. This second evidence-based practice (EBP) project course builds on NUR 797. Students work with their advisor/chairperson to engage in and lead a change project involving inter/intra professional collaboration at the systems/organizational level.

**NUR 799: DNP EBP Project Evaluation and Dissemination** (1T, 2C=3Cr) This course prepares students in the final evidence-based practice (EBP) project course to evaluate and disseminate results. Outcomes from the EBP project are analyzed, discussed, and disseminated through a major paper, poster presentation, and final public oral defense.

\*Variable clinical credits. T=theory; C=clinical; Cr=total credits; T = 15 contact hours/Credit; C = 70 contact hours/credit

## Cohorts

To create a more enriching environment for students, the DNP Program uses a cohort model of learning. Courses are offered in a pre-determined sequence. Graduate students join their cohort at the time of admission into the nursing program.

Cohorts offer a stimulating and intellectually challenging environment, while promoting a sense of community. Students who participate in cohort groups have higher graduation rates, a greater sense of community with their peers, and the ability to better plan their degrees, due to the structured order of courses.

The cohort model of learning has long been embraced within the Christian tradition. We see examples in the New Testament of believers gathering in communal settings for the purpose of study and fellowship (Acts 2). The writer of the Book of Hebrews encouraged this spirit of collaboration (Hebrews 10).

*See also the CAGS Student Handbook*

[https://issuu.com/ccuedu/docs/cags\\_student\\_handbook](https://issuu.com/ccuedu/docs/cags_student_handbook)

## Nursing Advising

The graduate program director (GPD) is the nursing advisor for all graduate students. While students also work with their SSA to register for classes and meet CAGS requirements, the GPD provides an opportunity at the beginning of each semester for students to meet to review their program plan of study. Students who are struggling or facing challenges in their program are encouraged to contact the GPD. Students may, at any time during the semester, contact the GPD for information or advising related to academic progression, career options, questions about the program etc.

### **Academic Advising/Faculty Mentor**

As a DNP nursing major, the nursing student will work not only with the CAGS Student Services Advisor (SSA) but also with DNP nursing faculty. The DNP nursing faculty function as Academic Advisors/Mentors and guide students in their doctoral career path. The faculty mentor will answer questions of an academic nature and serve as a resource person, referring the student to other support services available both within the university and outside the university as needed. The student will be assigned a faculty mentor in the second year of the DNP program and is then responsible to make an appointment to meet regularly with the assigned faculty mentor.

## **DNP Events**

### **Hooding**

Students who have successfully completed the DNP nursing program have the opportunity to participate in the CAGS hooding ceremony. The ceremony is held prior to Commencement. Academic regalia has been a part of Commencement ceremony for centuries. The colorful hood is reserved for those individuals who have attained academic degrees beyond the bachelor's degree. The hood is a special part of the academic regalia that denotes scholarly and professional achievements.

The CCU hood is lined with the official colors of the university, blue and yellow, usually with one color forming a chevron pattern over the other. Hoods are edged and bound with velvet of the color appropriate for the degree. The color for the discipline of Nursing is Apricot. Graduates are hooded by the DNP Program Director and the Dean.

### **Commencement Participation**

The CCU Commencement Ceremony takes place annually in May. According to university policy, students who have 6 credits or less remaining to complete during summer semester are still eligible to participate in Commencement. Participation is encouraged but not mandatory. Contact your Student Services Advisor (SSA) for further details. Doctoral students who participate in commencement must purchase the appropriate doctoral regalia.

### **Graduation Honors**

Graduation honors are calculated by the office of the Registrar and awarded with graduation.

## **International Nursing Honor Society**

### **International Nursing Honor Society**

Nursing students who demonstrate excellence in scholarship could be accepted into the Honor Society of Nursing, Sigma Theta Tau International (STTI), an international organization advancing world health and honoring nursing excellence in scholarship, leadership and service. Colorado Christian University is one of four Colorado institutions which comprise the Alpha Kappa Chapter at Large (<http://www.sttialphakappa.org>). Membership into STTI is by invitation only.

### **Sigma Theta Tau International (STTI) Scholarship**

DNP students who are members of STTI are eligible to apply for Alpha Kappa Chapter at Large annual scholarship awards. Applications are submitted through an online common application process and are due annually in February. Recipients receive awards at the annual spring meeting of STTI Alpha Kappa Chapter at Large.

**Students are encouraged to apply for the following scholarship opportunities:**

## **Additional Scholarship Information**

### **Friends of Nursing (FON) Scholarship**

Students who meet the leadership and academic criteria are eligible to apply for Friends of Nursing Scholarships. Friends of Nursing is a statewide Colorado nursing organization with the distinct purpose of providing scholarships to Colorado nursing students. Applications are submitted through an online common application process and are due in the fall of each year. Scholarship recipients are then chosen the following spring. Recipients receive awards at the annual Spring FON luncheon.

### **Colorado Nurses Foundation Scholarship**

Students who meet the criteria are eligible to apply for Colorado Nurses Foundation Scholarships. The Colorado Nurses Foundation is an organization dedicated to improving healthcare and nursing practice in Colorado. Nursing students throughout the State of Colorado are encouraged to apply for scholarships, which are awarded each January. The School of Nursing offers two CCU University Nursing Scholarships which are given annually and selected by faculty.

### **CCU Nursing Endowed Scholarship**

This scholarship is awarded annually to a nursing student who exhibits excellence in scholarship and clinical practice, demonstrates outstanding leadership ability and lives the mission of CCU nursing. Award recipients are selected by the nursing faculty. Scholarship recipients are recognized at the annual CCU Scholarship Luncheon spring semester.

### **CCU Nightingale Funded Scholarship**

This scholarship is awarded by the Dean. This scholarship award is reserved for exceptional students or situations in which special needs occur.

Students receive additional information on scholarships as it becomes available. Students are encouraged to explore scholarship opportunities through their local community and on nursing websites.

**SECTION III**  
**DNP Admission, Progression and Retention Policies and**  
**Procedures**

## Admission Policies

Admission requirements for the Doctor of Nursing Practice are found on the CCU website at <https://www.ccu.edu/ccu/nursing/dnp/requirements/>  
Admission Committee decisions are final.

### Admission Criteria

#### Students will submit the following admission documents:

- Official transcripts from all college/university educational experiences, including clinical hours completed in an MSN program.
- Current resume or curriculum vitae.
- Proof of RN licensure and any current certifications.
- Three letters of professional reference who can evaluate the applicant's potential for success in a graduate program. One letter must be from a graduate program faculty who can speak to the student's ability to be successful in a doctoral program. Additional letters could be from other graduate program faculty, professional colleagues, or work supervisors.
- Personal narrative (1-2 pages) describing practice experience, professional goals, and why the applicant wishes to pursue a DNP.
- If English is not the applicant's native/first language, provide proof of meeting the College of Adult and Graduates Studies requirements related to English language proficiency.

#### DNP Admission Procedures Additional Information:

1. Students who apply to the DNP program having completed less than 500 clinical hours in their MSN program will need to complete additional practice hours for a total of no less than 1025 clinical practice hours required for graduation. There are opportunities within the program to complete additional hours as needed.
2. Verification of 500 hours (or the total hours) completed in the MSN program must be provided in writing from the student's prior university.
3. Students who do not enter the DNP program with 500 clinical hours from the MSN will work with their advisor on a gap analysis to determine how these hours will be completed. Students should be aware that time to complete missing clinical hours not transferred in may result in a longer time frame to completion of the DNP degree.
4. All students must have a reliable computer throughout the program that meets the CAGS requirements for internet connections and broadband width. (See [CAGS Student Handbook](#).)
5. Since this is an online program and you can take classes from outside Colorado, students will need to have adequate software and internet capabilities to participate in web-based discussions, watch video streaming, and internet-based learning activities.

#### Conditional Admission

On occasion, students are admitted to the DNP Program on Conditional Admission status (CAD). Nursing students who fail to meet the standards outlined in their CAD agreement will be dismissed from the nursing program.

### **Transfer Credit**

The DNP Program at CCU accepts requests for limited transfer credits from other accredited universities. Appropriate courses submitted for transfer will be evaluated for equivalency on a case-by-case basis and the majority of content must be equivalent. Transferred courses will not exceed 6 total credits.

### **State Exclusions for Online Students**

The College of Adult and Graduate Studies (CAGS) at Colorado Christian University offers courses to online students in all states with the exception of the following **program-specific state exclusions**:

- CAGS does not offer **Master of Science in Nursing with a track in Clinical Care Management in Adult and Geriatrics courses** to online students who reside in Alabama, Alaska, Arizona, California, District of Columbia, Illinois, Kentucky, Louisiana, Maryland, New York, North Dakota, Oregon, Rhode Island, Tennessee, Washington, Wisconsin, and Wyoming.
- CAGS does not offer **Master of Science in Nursing with an track in Nursing Education courses** to online students who reside in Alabama, Alaska, Illinois, Louisiana, Maryland, New York, North Dakota, Oregon, Rhode Island, Tennessee, Washington, Wisconsin, and Wyoming.

The graduate program coordinator checks the state of residence for all DNP applicants prior to scheduling an interview. If a student moves during their DNP program, it is the student's responsibility to both notify the program coordinator and Student Service Advisor and to check the current list on the website to be sure that the new state is not on the exclusion list. Moving to a state on the exclusion list during the program may result in the inability of the student to complete the program at CCU.

Refer to the website for the most updated program-specific state exclusions at <https://www.ccu.edu/ccu/nursing/dnp/>

## DNP Progression and Retention Policies and Procedures

### Satisfactory Coursework

Progression in the DNP nursing program is dependent on satisfactory completion of courses, which includes theoretical knowledge, integration competency, with a grade of "C" or higher. Clinical performance with a "Pass" grade is required in clinical courses.

**Students may repeat a specific course only once. Students receiving a C- or lower in two courses, or in one course twice, are dismissed from the nursing program.**

The faculty may consider factors in addition to academic performance when determining whether or not a student may continue in the program. These factors include but are not limited to: class and clinical attendance; patient safety; respect for others; professional behavior; and cognitive, affective, and psychomotor competencies. The student must maintain a 3.0 average or greater in order to graduate. (See the *CAGS Student Handbook* for more information). A grade of "C- "or lower in any course is considered unsatisfactory at the graduate level and the student must retake the course. Students with a "Fail" or "No Pass" in their clinical practicum are considered as failing the entire course and must repeat the entire course. All repeated courses will only have a transcript grade for their highest grade.

### Progression Policies:

- A course failure requires that a learning contract plan be instituted defining specific requirements for program progression.
- Students who are not allowed to continue in the program due to course failures or conduct are to schedule an exit interview with the graduate program director. During the exit interview, conditions for re-entry will be defined and documented. If this interview does not take place, there are no options for re-entry.
- All students self-selecting to leave the program or needing to repeat a course for any reason typically delays the student's progression with additional breaks required, as some courses are taken only in sequence or courses may not be taught every semester. This requires an interview and course plan provided by the DNP program director.
- Students who have withdrawn from the DNP program for any reason and have not completed a course at CCU for 365 days must re-apply for admission into the University **and** the DNP Program.
- Students re-enter the DNP program on a space-available basis and all conditions for re-entry must be satisfied.
- Students who are not able to maintain an unencumbered background check or RN license, are fired "for cause," or who have had a positive drug test, may be required to withdraw from the program without a potential for re-admission based on investigation findings.
- Students must complete all DNP courses and the project within 9 semesters or 3 years.



**To successfully complete the DNP Program, students must:**

- Have a total of 30 credits post-MSN with a letter grade of C or better for any course and a cumulative grade point average of 3.0 or higher on the University's 4.0 grade scale in all CCU course work.
- Have a total of 1025 DNP clinical hours post-BSN.
- Successfully complete all required DNP courses, 525 clinical /EBP project hours, satisfactory defense of the final EBP project, and be in good standing to graduate.
- Maintain current RN licensure in the state of residency.
- Formal and timely application for graduation by the date specified by the University Registrar.
- No outstanding financial obligations to the University.
- Meet university residency requirements.

**Course Withdrawal**

Students in nursing are not allowed to withdraw from a course because they may be failing the course. Students who are currently passing the course, but desire to withdraw for personal or professional reasons must meet with the Graduate Program Director if such a withdrawal will interfere with their ability to progress through the program as originally planned.

**“At Risk” Students**

CCU is committed to providing opportunities for the success of all its students. Nursing students at risk of failing a course are identified as “at risk.” Students may be considered at risk for various reasons including: a failing course grade at the midpoint of the course, unprofessional behavior, late assignments, pattern of low grades, clinical tardiness or absences, or poor writing skills. Students considered at risk will be notified of this status by the course faculty. Students “at risk” for any course issue will be required to meet with the faculty to discuss success strategies and may be placed on a learning contract by the graduate program director.

Because many nursing courses must be taken in sequence, students who fail a course are typically out for several months before the course is offered again.

**Learning Contracts**

Learning contracts are initiated by faculty when a student has an academic or behavioral issue requiring improvement in performance. Learning contracts delineate the academic issue, behavioral issue or performance items in question and identify strategies for success. Failure to meet the requirements of the Learning Contract will result in a course failure. In some cases, the Learning Contract may span more than one course.

**Students who do not successfully meet the criteria and standards identified on the Learning Contract may be dismissed from the nursing program.**

**Withdrawing from a Nursing Course**

Nursing students are not allowed to withdraw from a course because of low grades and potential course failure. Students who are currently passing the course, but desire to withdraw for personal or professional reasons must meet with the DNP Program Director.

- A course withdrawal will interfere with the student's ability to progress through the

program as originally planned.

- Students who must withdraw from a course will need to change cohorts and have an extended graduation date. The plan of study must be completed with the DNP Program Director.

### **Course Assignments and Late Assignments**

Course assignments are due at 11:59 PM Sunday as designated on the course "Due date" table in each Blackboard course shell.

- All assignments are graded according to the assignment prompt utilizing assignment rubrics.
- Late assignments receive a 10% deduction per day up to five days after which the assignment is no longer accepted and the student receives a "0."
- **Extra credit is not given on any course assignment.**
- Students are expected to notify faculty of an extenuating circumstance before the day the assignment is due. An extension request after the due date has passed will not be approved.

### **Grading Scale**

The grading scale below is used when evaluating all nursing students in all nursing courses. Nursing students must receive a course grade of "C" or higher to pass a nursing course.

Clinical and simulation components (when applicable) are graded on a pass or no pass scale.

- If the student receives a no-pass in either simulation or clinical, the student fails the course regardless of the theory grade.
- The course grade will be recorded as an "F" on the student's transcript.

Final course grades only are rounded from the tenth place to a whole final course percentage.

- A 91.52% is a final grade of 92%.
- A 74.45% is a final grade of 74% and would result in a course failure.
- Extra credit is not permitted in nursing courses and at no time can extra credit be given or retesting be administered to assist a student in receiving a passing grade.

Grade	Quality Points	Percentage	Comment
A	4.00	94–100%	
A-	3.70	92–93%	
B+	3.30	90–91%	
B	3.00	85–89%	
B-	2.70	83–84%	
C+	2.30	81–82%	
C	2.00	75–80%	
C-	1.70	73–74%	Failing, No Credit
D+	1.30	71–72%	
D	1.00	66–70%	
D-	0.70	64–65%	
F	0.00	Below 64%	

### Final Course Grade Appeals

An academic appeal occurs when stated academic standards are violated. Academic appeals provide guidelines for a timely and equitable resolution of problems or complaints of an academic nature when reasonable and/or direct discussions between the student and faculty have failed to do so. Academic appeals are not regarding the professional judgment or personality of faculty or staff.

A student may appeal a final nursing course grade when the student believes the faculty member has not followed the stated standards of the course. The standards include assignment prompts within Blackboard, grading rubrics, and announcements posted by the faculty member to provide clarification of the standards.

Individual course assignments are not appealable.

**Students following the process outlined below will have their final course grade appeal reviewed in a timely manner.**

1. Within 2 days of the course end date, a student can appeal an awarded course grade.
2. Grade review from Faculty: The student should submit documentation through email to request a grade review from the course faculty. The faculty will review and respond to the student through email with written approval or denial, within 2 business days of receiving the student's request.
3. Grade review by the Dean: If unresolved, the student may appeal the faculty decision within 2 business days, in writing through email, providing the same documentation to the academic Dean. The Dean will acknowledge the appeal in writing within 2 business days. The decision of the Academic Dean will be returned to the student by email within

- 2 business days.
4. Grade Review by VP of Academic Affairs: The student may appeal the Academic Dean's decision to the Vice President of Academic Affairs in writing through email within 2 business days of the dean's decision. The decision of the Vice President of Academic Affairs is based on the information provided by the student. The Vice President of Academic Affairs decision is final.

**The student is responsible to monitor email daily throughout the appeals process.**

Nursing students who initiate a grade appeal within the specified timeframe will be allowed to participate in the theory and simulation portions of the subsequent course while they await a decision on their appeal.

**Faculty Availability**

Students are encouraged to communicate with faculty before, during, or after weekly class sessions to ask questions and clarify information. Faculty are also available during weekly office hours or by appointment. Faculty office hours are posted in Blackboard course shells.

When questions arise outside of classroom or office hour times, students should seek clarification/answers via the Questions for Faculty tab in the Blackboard course shell rather than faculty e-mail. All students are expected to subscribe to this thread so as to receive e-mail updates when new answers are posted. Since faculty will not re-post these answers in a different area, it is the responsibility of each student to stay informed of posted information.

Faculty e-mail should be reserved for questions of personal nature. For faculty e-mail and the Questions for Faculty forum, faculty will have a full 24 hours to respond during regular business hours Monday-Friday.

Student emails sent on the weekend will not be answered until Monday or during normal business hours.

**Academic Integrity**

The DNP Nursing Program at CCU adheres to the University academic integrity procedures as well as to the American Nurse Association Code of Ethics for Nurses (American Nurses Association, 2015). Failure to exhibit integrity and ethical conduct may warrant dismissal from the program. "The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy" (ANA, 2015).

The DNP program incorporates a number of learning modalities in which the academic integrity policy is applied in a similar manner. A lack of academic integrity, and academic integrity incident (plagiarism), cheating or aiding another in the act of cheating will be handled according to the following procedure:

- A first offense will result in a "0" (zero) on the assignment.
- The second offense will result in a failure of the course.
- The third offense will result in a failure of the course and dismissal from the program.

### **Attendance and Absence**

As the DNP program is 100% online, students are expected to participate in all discussion forums and to turn assignments in on time. Students should notify the course faculty of any absence due to an extreme or exceptional circumstance. See the CAGS policy for online attendance. [CAGS Student Handbook](#)

### **Campus Closures:**

#### **Holidays**

CCU School of Nursing and Health Professions does not always observe every University holiday. Please be aware that you may still be required to attend class, lab or clinical experiences on some holidays. Thanksgiving break, Christmas break and Easter (Good Friday) holidays are observed and the School of Nursing is closed.

## **Classroom Dress Code**

The classroom (in-seat or remote) is considered a learning environment in which students reflect professional behavior. Dress code policies related to clinical or simulation experiences are identified under the Clinical and Simulation sections of this Handbook

## **Academic Guidelines**

### **Essential Functions (Technical Standards)**

The goal of CCU's nursing program is to prepare every student to think critically, competently, and compassionately in rapidly changing practice environments. All efforts are designed to build nursing knowledge, enhance nursing practice and patient safety, while fostering professional integrity. The ultimate goal is to improve the health outcomes of patients, families, and communities across the continuum of care. To meet these goals and outcomes, the faculty has determined that certain technical standards are requisite for admission, progression, and graduation from the nursing program.

In addition to classroom learning, clinical learning occurs throughout the program and involves considerations (such as patient safety and clinical facilities) that are not present for classroom accommodations. For this reason, any applicant or student who seeks accommodations prior to or immediately after enrolling in the nursing program must discuss the situation with program director and also request an assessment of reasonable accommodations needed for the lab and clinical training component of the program. Students who enter the program do so with the understanding that they will be expected to meet all course requirements, with or without any reasonable accommodations.

An individual must be able to independently, with or without reasonable accommodation, demonstrate the following abilities:

- General
- Environmental awareness

- Observational capacity
- Communication skills
- Self-motivation and personal growth
- Motor skills
- Intellectual, conceptual, and quantitative reasoning
- Essential behavioral and social attributes
- Stress management
- Technological competency

**General:** The student is expected to possess functional use of the senses of vision, touch, hearing, and smell so that data received by the senses may be integrated, analyzed, and synthesized in a consistent and accurate manner. A student must also possess the ability to perceive pain, pressure, temperature, position, vibration, and movement which are important to that student's ability to gather significant information needed to effectively evaluate patients. A student must be able to respond promptly to urgent situations that may occur during clinical training activities and must not hinder the ability of other members of the health care team to provide prompt treatment and care to patients. Refer to the Fit for Practice form required prior to admission for specific parameters. If a student develops a new medical condition or impairment after admission to the nursing program, another Fit for Practice form must be completed by a physician and the DNP program director must be made aware of the change of condition. Any condition that keeps a student from being unable to perform their duties as a student nurse (as evidenced by reported impairment from faculty or clinical preceptors) may result in a leave or dismissal from the program.

**Environmental Awareness:** The student must be able to work in an environment that is NOT latex-free. The student must be able to respond to critical patient situations, never placing the patient at risk of abandonment due to latex in the environment. The hospital environment is NOT latex free and many equipment items contain latex. Latex allergies can result in symptoms such as skin rashes/hives, nasal, eye or sinus symptoms, shortness of breath/wheezing, and (rarely) shock. The severity of a reaction can increase with subsequent exposure. If the student has a latex allergy, the student will be required to have a complete Occupational Health exam (Level 3) with a Latex Titer from an approved site prior to being allowed in the clinical setting. Furthermore, students will be required to sign a latex waiver accepting the risk of potential latex exposure in the theory, lab or clinical setting. Other types of allergies are also serious issues for practicing nurses and include, but are not limited to: bleach, chlorhexidine, alcohol, and restroom cleaners.

**Observational Capacity:** The student must have sufficient capacity to make accurate visual observations and interpret them in the context of laboratory studies, medication administration, and patient care activities. In addition, the student must be able to document these observations and maintain accurate records.

**Communication Skills:** The student must communicate effectively, both verbally and non-verbally, to elicit information and to translate that information to others. Each student must have the ability to read, write, comprehend, and fluently speak the English language to facilitate communication with patients, their family members, and other professionals in health care settings. In addition, the student must be able to maintain accurate patient records, present information in a professional, logical manner and provide patient counseling and instruction to effectively care for patients and their families. The student must possess verbal and written communication skills that permit effective communication with patients, faculty, and other students in both the classroom and clinical settings.

**Self-Motivation and Personal Growth:** The student must show the ability to self-assess, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding. Furthermore, they must possess the ability to organize time, tasks, and functions so as to complete assigned nursing responsibilities in a timely fashion. The student must be receptive to constructive feedback and be able to apply lessons learned effectively in their nursing practice.

**Motor Skills:** The student must be able to perform gross and fine motor movements with sufficient coordination as needed to perform complete physical examinations utilizing the techniques of inspection, palpation, percussion, auscultation, and other diagnostic maneuvers. A student must develop the psychomotor skills reasonably needed to perform or assist with procedures, treatments, administration of medication, management and operation of diagnostic and therapeutic medical equipment, and patient care activities. It is essential the student be able to provide wheel chair guidance and support mobility for the patient. Additional requirements include: bending, kneeling, squatting, and supporting a patient to a bed or chair safely. The student must have sufficient levels of neuromuscular control and eye-to-hand coordination to provide safe care. Nursing practice requires physical endurance for shifts up to 12 hours that involve sitting, standing, moving, and physical exertion to include providing CPR.

**Intellectual, Conceptual, and Quantitative Reasoning:** The student must be able to think critically as well as develop and refine problem-solving skills that are crucial to practice as a nurse. Critical thinking entails the ability to question logically, to identify, to generate, and to evaluate elements of logical argument; to recognize and differentiate fact, illusions, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant. Problem-solving involves the ability to measure, calculate, reason, analyze, and synthesize objective and subjective data. Students will make time-urgent decisions that reflect thoughtful deliberation and sound clinical judgment. Each student must demonstrate mastery of these skills and possess the ability to incorporate new information to formulate sound judgment in patient care.

**Essential Behavioral and Social Attributes:** Nursing students need to have personal attributes of compassion, integrity, motivation, effective interpersonal skills, and concern for

others. Personal comfort with and acceptance of the role of a student nurse functioning under supervision of clinical faculty or preceptor is essential. The student possesses the development of mature, sensitive, and effective relationships with patients, peers, faculty, and other members of the health care team. They have the ability to establish rapport and maintain sensitive, interpersonal relationships with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds. The student must be able to adapt to rapidly changing environments, display flexibility, accept and integrate constructive criticism given in the classroom, lab, and clinical settings. Students are expected to exhibit appropriate professional conduct at all times, represent the profession effectively and possess the ability to fulfill commitments, be accountable for actions, take responsibility for behavior and demonstrate effective outcomes. Students shall not insult or degrade faculty, other health professionals or students. (This ethics statement does not infringe upon a student's right to raise questions and request clarification, but does modify the manner in which the question or clarification is brought forth).

**Stress Management:** The student must be able to adapt to and function effectively in stressful situations in the classroom, lab and clinical settings, including emergency situations. The student will encounter multiple stressors from multiple sources while in the nursing program. The student must possess sufficient coping strategies to effectively deal with stress. Students who are not able to demonstrate coping skills and full functionality in a nursing capacity or student role may be put on a progression plan or be required to take a leave from the program.

**Technological Competency:** The student must be able to demonstrate basic technological proficiency while enrolled at Colorado Christian University. Technology proficiency includes, but is not limited to: online coursework, electronic charting, electronic textbooks, databases and learning aides, and computer assisted learning and testing. Technology tutorials are provided within the Blackboard platform for online courses and serve to enhance the student's technological proficiency. Computer courses are also available through the School of Business and Technology or students may call the CCU Help Desk.

## Standards of Conduct

CAGS students refer to the CAGS Student Handbook, and CUS students refer to the CUS Student Handbooks for a comprehensive overview of Student Conduct expectations. CCU and the School of Nursing Standards of Conduct seek to create and maintain a community of learners and scholars in which all CCU students, whether on or off campus, strive to deepen their spiritual commitment and understanding of the Bible, develop Christ-like moral character, expand their intellectual abilities, grow in professional competency, participate constructively in community life and observe and adhere to the rules and regulations of the University.

### Disposition and Behavioral Expectations

Nursing students are expected to behave in a civil and professional manner at all times. Students who fail to behave in such a manner may be dismissed from in-seat, simulation, o



clinical or may be placed on a behavioral learning contract. In some cases, dismissal from the program may be warranted.

General guidelines include those that hold each other accountable to an environment of civility and one that models the love of Christ:

- Maintain a supportive and positive team environment and rejecting any rudeness or undermining of others
- Recognize the vital role of each member of the cohort and treating all classmates with respect
- Practice caring, commitment and collaboration in relationships with students and faculty, and be committed to finding solutions to problems rather than complaining about them
- Be respectful of others' time by being diligent in course requirements and on time for all classes and other commitments
- Protect the privacy and feelings of others and refuse to gossip
- Praise fellow students in public and provide constructive feedback in private, remembering that no one is perfect and that human errors are opportunities for learning, not for shame or guilt
- Respect cultural, spiritual, and educational differences among peers and superiors
- Respect faculty in class, lab and clinical environments.

Students, faculty, and staff are asked to hold each other accountable to these commitments; thus, anyone whose behaviors are not in compliance with the above statements are encouraged to seek resolution in a confidential conversation with the involved person.

#### **Students with Disabilities/Needing Accommodations**

For CUS student, refer to the CUS Student Handbook

For CAGS Students, refer to the CAGS Student Handbook

#### **Guests/Pets**

- Guests are not permitted in the classroom, for online learning or clinical environments.
- Children and/or pets are not permitted in nursing classroom, online learning or clinical settings with the exception of service animals with ADA documentation.

#### **Professional Boundaries**

It is essential that students maintain professional communication with faculty and staff at all times.

- While faculty cell phone numbers are available to students, the only appropriate use of these numbers is to contact faculty when an unexpected situation arises during class, simulation or clinical days. Any other communication with faculty or staff should be done by CCU e-mail accounts.
- **Students are required to use their @ccu.edu e-mail account to communicate on e-mail for all School of Nursing business.**
- Text messaging to faculty or staff is not an acceptable form of ongoing communication.

While students are in the program they should not socially engage with faculty or staff on any social media site. Any student seeking an exclusive networking friendship relationship with faculty or staff will be declined. If a faculty or staff networks with students, the forum should allow all students access to join, such as on CCUConnect.

- Faculty members will not meet with an individual student outside of campus, simulation, or clinical settings.
- Faculty or staff are not allowed to accept monetary gifts from students.

### **Prohibited Items**

Fireworks, paint guns, air soft guns, incendiary devices, dangerous chemicals, explosives, guns, knives or other items intended to cause harm or intentionally generate fear are strictly prohibited.

### **Prohibited Behavior**

In addition to those behaviors identified in the CAGS and CUS Student Handbooks, the following behaviors are prohibited by the School of Nursing given that they lack the professionalism expected of the nursing profession.

- Failing to adhere to University, School of Nursing, or clinical facility policies and behavioral standards.
- Behaving in a way that creates a threat to the welfare of the University, a clinical facility or a patient/client.
- Engaging in behavior that threatens the continued relationship between the college and a clinical or lab facility.
- Complaining in the lab or clinical area or the expression of discontent to inappropriate parties.
- Acting discourteous or disrespectful to peers, faculty, patients or staff (ex. arguing, using offensive language, sleeping during instruction, arriving late or leaving early without permission, addressing faculty by their first name, etc.).
- Disrupting the learning of others (ex. talking during videos/presentations, engaging in non-class related activities such as Facebook, online shopping, e-mail, texting, failing to silence cell phone, packing up before faculty is finished, etc.)
- Showing lack of respect for intellectual property of faculty and thus disseminating or recording resources without permission.
- Posting negative feedback about the University, nursing program, faculty, or lab/clinical facilities on social media.
- Violating patient confidentiality by any means.
- Refusing to carry out assigned duties or instructions.
- Failing to alter behavior after constructive feedback.
- Misrepresenting personal competency level.
- No personal phone conversations or texting at any time while in patient/client areas or in the simulation center or classroom. If a student needs to respond to an emergency text or phone call during class, the student is asked to leave the room and respond as deemed necessary.
- No pictures, videotape or audio tape of professors or fellow students for personal or social media use without the express written permission of the faculty or fellow student.

### **Controlled Substances (Alcohol, Tobacco, Marijuana, Illegal/Illicit drugs)**

Policies related to controlled substances or illegal drugs apply to the campus, classroom, simulation and clinical environments.

**Use of alcohol, tobacco, illegal/illicit drugs and marijuana in is strictly prohibited in these settings while in the nursing program.**

### **“For Cause” Performance Evaluation**

If a student is demonstrating behavior that is not at the expected level of the course immediate action will be taken to determine if the student is under the influence of a controlled substance, alcohol, marijuana, or illegal drug. Such behavior includes a pattern of unsafe performance, lack of accountability, inconsistency in performance or alterations in mental status. This behavior may be observed in the classroom, simulation, or clinical area. The action steps faculty may take include either terminating the experience or conducting a “For Cause” evaluation with the student. The evaluation is used to determine the cause of the unsafe clinical behavior.

### **“For Cause” Procedure:**

When a student is found to be at risk for failing to provide safe practice, the simulation or clinical faculty will immediately escort and instruct the student to wait in a safe area (e.g. a cafeteria or waiting area). The simulation or clinical faculty will call the lead course faculty (or Program Director if lead faculty unavailable) to report what has been observed. The lead course faculty will listen via open phone line as the clinical faculty explains to the student what has been observed. The student will be informed that they need to have an immediate assessment conducted. The student will be driven by the clinical faculty or their designee to a designated clinic where they will be required to sign a consent form for treatment. The student will be required to give CCU written permission to have a copy of the results. The student will submit to the following:

- 10+ panel urine Rapid Test “For Cause” (This test is requested as a result of agitated, incoherent behavior; sluggishness; inability to stay alert; alcohol odor; erratic clinical behavior or any other behavior significantly outside the normal behavior of the student.)
- Breathalyzer test for alcohol (Only a reading of 0.0 is acceptable.)
- Chemistry and CBC blood test (This test detects metabolic or other disease etiology.)
- Complete medical history and medication history
- Physical examination by an occupational physician or other qualified clinician.

The faculty should request the clinician describe in his/her best clinical judgment any and all possible causes for the behavior or affective changes. A copy of these findings will be released to the faculty at the time the student is evaluated. The faculty should immediately bring all documents to the Dean of the School of Nursing.

### **“For Cause” Treatment Plan:**

**A student who has had a positive drug screen showing the use of illegal drugs or whose Breathalyzer indicated any level of alcohol, will be immediately dismissed from the DNP**

**Program.** While recreational marijuana is legal in the state of Colorado, CCU does not tolerate its recreational use as safe practice for any nursing student and may result in a course failure.

Students taking prescription medication(s) which cause the behaviors described above are encouraged to have a medication management plan. This plan may include having the medication exchanged for a non-narcotic or a medication without as many side effects. Students will be given a warning regarding the behavior which led to the initial screening, but will be allowed to progress in the program if they have a new treatment plan in place.

If the behavior(s) leading to this assessment are due to a medical condition, the student will need to obtain documentation of full clearance by an appropriate clinician to resume safe practice. In each event of a "For-Cause" screening, students will be counseled regarding possible complications related to their future application for licensure in the State of Colorado. They will be referred to the Colorado Board of Nursing screening application material and requirements for licensure. In addition, the student will be required to contact the Board of Nursing's peer assistance program for any abuse or addiction needs.

Students who refuse to sign the release or refuse to have the testing completed prevent the Nursing Program or University from providing a safe student practice and safe patient care. This is a serious violation of our agreements with those institutions and cannot be tolerated. Therefore, any student who refuses to sign the release or submit to the assessment "for cause" will be immediately withdrawn from the course, and dismissed from the University. The University reserves the right to deny admission, continued enrollment, or readmission to any student whose personal history and background indicate that his or her presence at the University would endanger the following: their health, safety, or welfare; or property or welfare of the members of the academic or greater CCU community.

### **Social Media Policy**

Social networking can be a positive tool that fosters professional connections, enriches a nurse's knowledge base, and promotes timely communication with patients and family members. The American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBC) caution nurses and student nurses that they need to be aware of the potential consequences of disclosing patient-related information via social media and mindful of employer policies, relevant state and federal laws, and professional standards regarding patient privacy and confidentiality. Distribution of confidential and sensitive information is protected under HIPAA and FERPA whether discussed through traditional communication channels or through social media.

Social media are defined as mechanisms for communication designed to be disseminated through social interaction created using highly accessible [publishing techniques. Social media is commonly thought of as a group of internet-based technologies of the Web that allows for

creation and exchange of user-generated content. Examples include but are not limited to Facebook, LinkedIn, Instagram, Snapchat, Flickr, blogs, podcasts, Allnurse.com and YouTube. While new technologies and social networking tools continue to emerge, the spirit of this policy remains the protection of sensitive and confidential information.

Students are expected to represent the University and the School of Nursing in a fair and accurate manner while protecting the brand, essence and reputation of the institution. When publishing information on social media sites, remain cognizant that information may be public for anyone to see and can be traced back to you as an individual. There is no such thing as a "private" social media site. Search engines can turn up post's years after the publication date. Comments can be forwarded or copied by others. Archival systems save information, including deleted postings. Future healthcare employers hold nursing students to a high standard of behavior. By identifying yourself as a CCU nursing student through posting and personal Webpages, you are connected to your colleagues, clinical agencies, and even clients/patients. Always ensure that content is consistent with your professional goals.

**Students can be put on behavior learning contract or dismissed from the program for inappropriate or disrespectful content on any social media site(s) related to the nursing program or any of the nursing faculty or staff.**

The National Council of State Boards of Nursing (NCSBN) provides Six (6) Tips to Avoid Problems

- Remember that standards of professionalism are the same online as in any other circumstance.
- Do not share or post information or photos gained through the nurse-patient relationship.
- Maintain professional boundaries in the use of electronic media. Online contact with patients blurs this boundary.
- Do not make disparaging remarks about patients, employers or co-workers, even if they are not identified.
- Do not take photos or videos of patients or patient data and documentation on personal devices, including cell phones.
- Promptly report a breach of confidentiality or privacy.

#### **CCU Nursing Social Media Policy**

- Protect confidential, sensitive and proprietary information. Do not post confidential or proprietary information about the university, the School of Nursing, students, staff, faculty, clinical facilities patients/clients or others with whom you have contact while a student at CCU.
- Respect copyright and fair use. When posting, be mindful of the intellectual property rights of others and of the university
- Do not use the CCU or School of Nursing logo or graphics on personal social media sites. Do not use the CCU name to promote a product, cause, or political party or candidate.

- If you identify yourself as a student, ensure your profile and related content is consistent with university policies and with how you wish to present yourself to colleagues, clients, and potential employers. Identify your views as your own. Do not claim or imply you are speaking on behalf of the university.
- At no time should social media be used to speak negatively about, defame, harass or slander the School of Nursing, faculty, administration, staff or the university. Remarks made in such fashion may result in immediate dismissal. Students and parents should seek professional means to air concerns as delineated in course protocols and academic processes.

### **HIPAA Violations**

Violations of patient/client privacy with an electronic device will be subject to HIPAA procedures and consequences. Students who share confidential or unprofessional information do so at the risk of disciplinary action including placement on a learning contract, course failure and/or dismissal from the program.

- At NO time shall patient/clients or their chart be videotaped or photographed.

## **Student Governance & Chain of Command**

### **Student Representation on Committees**

Each cohort of nursing students will have student representation on school committees as designated by the Faculty Nursing Organization (NFO) Bylaws. A Student representative and alternate will be chosen. The student representative can be self-nominated or nominated by a student or faculty member in the first and third semesters of the nursing major. The student representative must be in "good academic standing" and will serve for a period of one year. Student representatives who wish to continue in the role can be nominated and re-elected.

The main responsibility of the student representative is to serve as liaison and spokesperson for the student body they represent. Student representatives may be asked to attend the Student Faculty Affairs Committee (SFAC) at least once per semester. The Student representative is also asked to attend the School of Nursing Advisory Board meeting held annually fall semester. As a student liaison, the student representative will be responsible for referring students who have concerns to the SBAR form.

### **Student/Cohort Concerns: Chain of Command**

Cohort and student concerns can be addressed by the student representative by using the Student Concerns Document (SBAR) found in the DNP Student Blackboard Community. The SBAR was created to give the student body a formal process to voice their concerns for overall program issues.

Complete each section of the form using SBAR format. Submit this document in electronic format to the Program Director. SBAR concerns will be reviewed by the SFAC. If you feel your concern needs to be addressed sooner, please alert the Program Director when the form is submitted. This form does not serve as the formal complaint procedure.

Students are expected to share concerns with the individual or person directly involved and work collaboratively toward resolution. Issues that are private or personal in nature can be shared with faculty when requesting prayer support and guidance. Individual course concerns should follow the chain of command defined below for formal complaints.

### **Student Complaints**

Students with a grievance or formal complaint are expected to address such complaints in the following manner (See CAGS Student Handbook and below).

- First take concerns or complaints to the lead course faculty.
- If unresolved, concerns may be taken to the Program Director.
- If still unresolved, concerns may be presented to the School of Nursing Dean.
- If still unresolved, the student should complete a Student Complaint Form found in CCU Connect and in [CAGS Student Handbook](#).

CAGS Student Formal Complaints (from pg. 41 – 42 of the CAGS Student Handbook)

Students who would like to file a formal complaint will use a form located on the “Registration and Records” page in the Connect student portal. Students may click on this form and complete information regarding the nature of the complaint; it will be directed to the appropriate department for review and resolution.

If the complaint has not been resolved or the student is unsatisfied with the resolution, the student may file a complaint with the other resources listed below.

Higher Learning Commission (Colorado Christian University’s accrediting body):  
<https://www.hlcommission.org/StudentResources/complaints.html?highlight=WyJzdHVkZW50Iiwic3R1ZGVudCdzIiwuY29tcGxhaW50Ii0=>

Colorado Department of Higher Education:  
<https://higher.ed.colorado.gov/Academics/Complaints/>

Heather DeLange, Director, Office of Private Postsecondary Education  
Heather.delange@dhe.state.co.us  
303-862-3001

CCU students outside of Colorado should contact their local higher education agency/state portal entity to file a complaint: <https://www.nc-sara.org/content/state-portal-entity-contacts>

**Section IV**  
**Clinical Practicum Policies and Procedures**





## COLORADO CHRISTIAN UNIVERSITY

School of Nursing and Health Professions

### Clinical Experiences

#### Introduction

To earn the DNP, students must complete a total of 1000 post BSN clinical hours per accreditation standards. Post Master's entry students are permitted by the Commission on Collegiate Nursing Education (CCNE) to be credited up to a maximum of 500 hours for clinical experiences during their master's program. At CCU, the DNP Program provides 525 clinical practicum hours, for a total of 1025 clinical hours post-BSN.

Clinical practicum experiences in the DNP program are designed to provide clinical learning experiences for DNP students to meet the DNP Essentials (AACN, 2006). As such, clinical hours in the CCU DNP program have been designed to expand the experiences and knowledge of the MSN prepared nurse as leader and meet the learning objectives set forth by the DNP Essentials (AACN, 2006). Within the NUR 720 and NUR 740 courses, students will be in practice immersion experiences with clinical preceptors, learning more about the role of advanced nurse leader. In the DNP Evidence-Based Project courses (NUR 797, 798 and 799) students will be working closely with their preceptor and faculty mentor to complete and document clinical hours that reflect advanced knowledge of the discipline of nursing and leadership while the DNP EBP project is developed and completed. The majority of clinical hours in the CCU DNP program are designed to increase the leadership and evidence-based practice abilities of the student.

Nurses obtaining a DNP must be able to translate evidence into practice, develop leadership skills, lead intra/inter-professional collaborative teams, utilize and implement technological advancements to promote health care and patient outcome improvements, apply clinical investigative skills to improve health/ population outcomes, and impact health policy. Students will experience a broad range of learning opportunities to meet the DNP competencies. The DNP Practicum courses consist of three major components: faculty guidance/assignments, scholarship (completion of a scholarly project and manuscript) and completion of practicum experience under the guidance of the faculty and preceptors.

Students may count up to a total of 15% of clinical practicum/EBP project hours (78 hours) for data collection, analysis, discussion, evaluation, and dissemination related to the EBP project in collaboration with their clinical preceptors/leadership/interprofessional team at the host site. This may include presentation preparation and dissemination of the final EBP project outcomes to the host organization. Students must provide documentation and evidence of work accomplished with their posting of hours via the clinical log.

#### Purpose of DNP Clinical Experiences

The DNP Clinical Practicums provide in-depth clinical experiences for students. Students gain advanced clinical skills, translate research into practice and to act as change agents for health care systems. AACN (2006) states:

These experiences should be designed to provide systematic opportunities for feedback and reflection. Experiences include in-depth work with experts from nursing as well as other disciplines and provide opportunities for meaningful student engagement within practice environments. Given the intense practice focus of DNP programs, practice experiences are designed to help students build and assimilate knowledge for advanced specialty practice at a high level of complexity. (p. 19)

Guidelines for the practicum experiences are provided in each course syllabus and in the Blackboard course shell. Course faculty will help students create an individualized clinical plan to meet the course Student Learning Outcomes (SLOs) and the student's personal goals. The course instructor, student, and preceptor will collaborate to help the student meet these specified learning outcomes. Students are responsible for securing their own preceptors in their geographic location. This should be done well in advance of the clinical courses.

**The following courses require clinical practicum hours:**

NUR720 Leadership in Health Systems and Organizations	35 hours	<i>*Variable credit</i>
NUR740 Leadership in Populations and Global Health	35 hours	<i>*Variable credit</i>
NUR797 - DNP Capstone Project Development	140 hours	
NUR798 - DNP Capstone Project Implementation	175 hours	
NUR799 – DNP Capstone Evaluation and Dissemination	140 hours	
TOTAL	525 hours	

*\*variable hours for students transferring less than 500 clinical hours who need to add additional hours.*

All DNP students are required to complete a minimum of 525 hours of clinical practicum hours during the DNP program. These hours are integrated into required courses. A maximum of 500 clinical hours are transferable into the CCU DNP program from Master's degree programs. All CCU DNP students will complete at least 1025 clinical hours post-BSN in accordance with program and graduation requirements.

**Variable Clinical Hours**

For students who enter the Post-Masters DNP program with less than 500 clinical hours, opportunities are available to enhance the number of clinical hours to meet program and graduation requirements. The courses in which students can increase the number of hours include NUR720 Leadership in Health Systems and Organizations and NUR 740 Leadership in Populations and Global Health. Both of these 10-week courses require 35 hours of clinical, but these hours may be increased as needed to fulfill the required program hours. The graduate program director must approve all course enhancements in advance. Upon acceptance to the program, students should work with the DNP Program Director to develop a unique plan to fulfill additional hours as needed. Course enhancements may come in the form of additional clinical time with preceptors on projects and/or with course faculty members as preceptors in the form of an international trip with projects assigned. There will be additional costs to students for these extra clinical hours/credits. In addition, NUR701 Advanced Clinical Practicum, has been created to help students who enter the program with a more substantial number of gap hours. Upon acceptance to the program, students should work with the DNP Program Director to develop a unique plan to fulfill additional hours as needed.

### **Calculation of Clinical Hours**

Each student must provide documentation during the application process of the number of clinical hours completed in their MSN program. For students who cannot document the number of clinical hours completed in their MSN, the minimum number of hours required by the certification body at the time of the student's advanced practice certification will be used. Credit to clinical clock hour ratios in the DNP program is 1:70.

A minimum of 1025 graduate level practicum hours are required to be eligible for graduation. A maximum of 500 practicum hours may be transferred from an accredited master's program with verification from the student's MSN program director and approval of the CCU DNP program director.

1. Students must maintain an active license in the state where practicum requirements are completed.
2. All RN licenses must remain unencumbered throughout the program.
3. Total additional clinical hours (beyond the 500 for MSN) = 525 hours
4. Those not entering the DNP program with 500 hours will have to take additional credits in courses that offer variable credit (NUR720, NUR 740, or NUR701) to complete a total of 1025 clinical hours post-BSN required by the CCU DNP program. A gap analysis of missing clinical hours will be completed in conjunction with the student's plan of study. The SSA, the graduate program director, and the Clinical Education Director (CED) will work with students on an individualized plan of study to fulfill the CCU DNP clinical hour requirements.

## **DNP Preceptor and Clinical Site Requirements**

### **Clinical Sites**

The clinical sites for the practicum hours are important to the development and implementation of the skills leading to the DNP EBP Project. DNP students are encouraged to select clinical sites that can provide the facilities and expertise for their professional growth. Clinical sites may include a variety of settings such as: acute care hospital, a health care system, a nursing home, a church or other faith-based organization, an insurance company, a school system, a public health agency, a school/college of nursing, a research institute, a rehabilitation institute, a nonprofit agency, or other organizations. It may be necessary for the student to travel outside of his/her hometown in order to obtain clinical experiences which meet individual course objectives. DNP students are required work with faculty to locate a clinical site within his/her chosen geographical location. All sites must be approved by the course faculty (instructor) and the CED. Students experiencing difficulty securing a site may contact the faculty member or the CED for assistance. The CCU School of Nursing reserves the right to approve or disapprove any clinical site.

### **Affiliation Agreements (Contracts) for Clinical Sites**

The School of Nursing and Health Professions has existing clinical agreements across Colorado and many other states. Students are also welcomed to develop their own clinical sites from the area or outside of Colorado. However, it may take up to a few months to establish new contractual arrangements, so students should begin to work early with faculty to make those arrangements. Contact the CED for assistance. Students may not participate in clinical practicums in any agency in which there is not a current affiliation agreement.

## Clinical Expectations

Students must have approval from the course faculty and director of clinical education, all contractual paper work completed, background checks, drug screens, and health requirements met prior to the start of any clinical experiences. The CCU dress code and policies must be followed.

## Preceptor Qualifications

Each DNP student will work collaboratively with their faculty and the CED, seeking input, guidance and final faculty approval, to select and secure a preceptor for their clinical experiences. This may be a single preceptor, or the student may select several preceptors. However, the preceptor for the scholarly final EBP Project should be the same person. The preceptor must have a Master's degree in Nursing or higher and be an expert in the area in which the DNP student wishes to develop expertise. If the student is unable to find a DNP prepared nurse to act as a preceptor, he/she should work with the faculty mentor to secure a person with advanced credentials. This might include: an advanced practice nurse or other professional with a doctoral degree; an advanced practice nurse with considerable experience and recognition as an expert in a particular clinical field; a nurse with a high-level administrative position as the Director, Vice President, President, or CEO within a health care organization who is doctoral prepared; a doctorally-prepared nurse educator; a PhD nurse researcher. The clinical preceptor must hold a position in the organization where he/she can facilitate the DNP student's access to team collaboration and leadership/administration in order to meet the DNP student's clinical experience objectives and implement the capstone project (if applicable) during the practicum within the organization.

The CED works with the student to assure affiliation agreements and all regulatory documents are in place. If the student chooses to complete the DNP project practicum hours at his/her place of employment, then employment, clinical, and project hours and project(s) (if applicable) must be clear to all parties. Under no circumstances may a student use employment hour as clinical or project hours. All clinical practicum hours and capstone project hours must be documented in the clinical log provided for each course.

## Clinical Documentation

Students will use a document tracking system during their time in the CCU Nursing Programs. Students are responsible for uploading all required documents to the document tracking system. All documents must be current and uploaded at least one month prior to the start of the first clinical experience. It is the student's responsibility to ensure that all documentation remains current throughout the nursing program. If documents are not current, students are not allowed to enter the clinical setting.

All DNP nursing students must be in compliance with the following basic health and regulatory requirements prior to the start of clinical experiences:

- Immunizations
  - MMR (Measles, Mumps, Rubella) – Two vaccinations or a positive antibody titer
  - Hepatitis B- Three vaccinations or a positive antibody titer

- Varicella (Chicken Pox) – Two vaccinations, a positive antibody titer or medical documented history of the disease
- Influenza Vaccination – To be renewed every year no earlier than August of current flu season
- Tdap – To be renewed every 10 years'
- TB Test – PPD, QuantiFERON Gold blood test or a chest x-ray
- Current CPR Card- American Heart Association Healthcare Provider only
- Student Release Form provided by CCU
- Physical Exam Form provided by CCU and signed by your Healthcare provider
- COVID-19 vaccinations may be required by the facility.

### **Immunizations**

The Center for Disease Control and Prevention (CDC, 2015, July) recommends an adult immunization schedule. Please refer to the website for the most current recommendations. CCU nursing students adhere to the CDC healthcare worker immunization recommendations found at <https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html> at the time of this printing. Prospective students will follow the prospective nursing student admission requirements. Students progressing through the nursing program will follow the immunization requirements outlined in the immunization tracker system.

Failure to supply appropriate copies of clinical documents to the student tracking system will result in the student not being able to attend clinical experiences and may delay program progression and graduation date. Some clinical agencies may have more stringent immunization requirements. Students practicing in these settings are responsible for meeting these requirements.

### **Immunization Exemption**

In rare instances students may need to have an exemption made for a specific immunization requirement. Students seeking an exemption to a specific immunization should obtain an Immunization Exemption from the CED.

**Students who do not submit a required immunization may be excluded from a clinical facility or be required to take special precautions during clinical hour completion.**

Please Be Advised: CCU does not require a COVID-19 vaccination, but some nursing clinical placements (hospitals, care facilities) may require the student nurse be fully vaccinated against COVID-19. Alternative placements may not be possible in all cases for unvaccinated students.

## **Clinical Dress Code**

Clinical attire for a DNP student is to be consistent with the dress code of the agency as well as CCU. Professional attire, appearance and a CCU picture ID are required at all times. DNP students should wear the white CCU lab coat as appropriate in clinical areas.

A standard of personal grooming, dress, and hygiene is important to ensure a safe environment conducive to the delivery of health care services. The appearance of students can affect the confidence that patients have about the care students provide.

The CCU dress code for clinical practicum experiences adheres to the statewide guidelines of the Alliance of Clinical Education and addresses issues of patient safety, infection control, and professionalism. The dress code also reflects the image and essence of the university. Students are expected to adhere to the agency's policies for attire as well as all of the following dress code policies (which are considered the CCU uniform) when in the clinical setting:

- Dress in business casual with CCU lab coat or scrubs with nursing ID badge under direction of your preceptor for each clinical course.
- Scrubs, if worn, must be neat, clean and without wrinkles.
- No objects can be worn with or attached to the CCU uniform or be visible from the uniform. No hats, caps, or head coverings are permitted.
- The nursing ID badge must be clean and without additional decoration.
- The nursing ID badge must be worn on the upper right shoulder (high and right).
- Wear closed toed and closed heel shoes with either hose or socks underneath.
- Sandals or flip flops are not acceptable.
- Footwear selection must be safe, clean, in good repair, and professional with minimal patterning and a preference for subtle colors. No mesh tennis shoes or sandals are permitted.
- For direct patient care clinical experiences, students should have a watch with a second hand, a calculator, a pair of bandage scissors, a pen light, a stethoscope with a bell and diaphragm, and a pen with black ink.
- Jewelry must be minimal.
  - Only wedding rings and one pair of small post-style earrings are allowed.
  - Permanent ear jewelry must be covered and not visible.
  - No facial (lip, cheek, eyebrow, and nose) or tongue jewelry is allowed.
- Body piercings and tattoos must be covered in a professional manner (i.e. long sleeves, tattoo sleeve, etc.).
  - Ear lobe expanders are to be covered with a neutral colored cap.
- All hair must be clean, groomed, must be a natural looking color, and may not obstruct the student's vision.
- Mustaches and beards will be clean and neatly trimmed.
- Perfume, cologne, or perfumed lotions are not permitted due to the potential for nausea, headaches, or allergies among patients or staff.
- Nails must be kept short, clean, unpolished, and natural.
  - Artificial nails and overlays are not allowed in patient care areas per Center for Disease Control.
- Good hygiene is imperative. Any personal hygiene habits that are offensive to patients/clients, such as breath and body odors, missing teeth or unkempt appearance must be controlled while in the clinical areas.
- When visiting a clinical site for patient data collection wear approved CCU uniform with white lab coat if appropriate.
  - No jeans or shorts are permitted.

Students are guests in the clinical agency and must demonstrate respect and follow policies and procedures specific to that agency. If the clinical agency dress policy is more restrictive than the CCU clinical dress code, the policy must be followed. If the clinical agency dress code is less restrictive than the CCU clinical dress code, the CCU dress code will still be enforced. Course faculty validate professional CCU dress code through communication with preceptors. Failure to follow the dress code policy will result in the student being sent home and clinical hours being made up.

## Picture ID

- Picture IDs are available through the School of Nursing office from the CED. DNP students will be required to submit an appropriate photo. The completed ID will be mailed to the student. Should a student lose/misplace their ID, they will be required to contact the nursing graduate program coordinator and have a new one printed at the student cost of \$10.
- A picture ID shall be worn and visible at eye level when in a clinical facility.
- If a student leaves the program before graduation, they are to return their ID to the CED.

## Clinical Attendance

Students are expected to attend all scheduled clinical practicum experiences within a course and to arrive on time and be prepared.

Clinical attendance is mandatory and thus these experiences are expected to take precedence over other life responsibilities. Attendance includes being on-site, prepared, and actively participating in the clinical experience. Students should let their clinical preceptor know of their absence as soon as possible and before the start time of their shift. The student must coordinate clinical make up with their clinical preceptor and notify their course faculty.

### Excused Clinical Absences:

Per CAGS policy, the following reasons would be considered an excused clinical absence: 1) Death in the immediate family (parent, spouse, sibling, child, etc.), 2) Student hospitalization or acute illness, 3) Hospitalization of an immediate family member (parent, spouse, sibling, child) and 4) Military deployment. Clinical make-up is still required for excused absences.

### Inclement Weather and Clinical Experiences

Closure of the campus or a Center does not correlate to cancellation of clinical experiences. A student who makes an individual decision not to attend clinical due to inclement weather should communicate with their clinical preceptor and must arrange with the preceptor for make-up time.

### Returning After Hospitalization, Injury, or Surgery

Before being allowed to return to the clinical site after hospitalization, injury or surgery, the student must have a medical release signed from their medical provider. The medical release will be placed in the student's file to validate that the student is capable of returning without restrictions. **Any falsification of medical documentation will result in immediate dismissal from the program.**

If the student will miss 50% or more of the clinical rotation, the student will receive a course extension in order to complete the remaining clinical hours. Medical documentation must be provided showing the student's ability to return to full clinical participation.

If the student has limitations, then the release from a health professional will need to indicate their approval of clinical participation and the duration and type of limitations that may exist. If the student is no longer capable of meeting the "Fit for Practice" requirements then they will

need to meet with the program director to discuss limitations and to determine if progression in the program is feasible with reasonable accommodations.

Students will not be permitted to enter the clinical facility if impaired by any narcotic or mental altering medications. Furthermore, full disclosure of the student's abilities must be presented to the clinical facility, and it is at the discretion of the facility as to whether or not they will accept the student in their current state. Failure to secure a clinical placement could impair the student's progression in the program.

### **Scope of Practice**

DNP students are already RNs and have a defined scope of practice as outlined by their State Board of Nursing Practice Act. For example, the Colorado Nurse Practice Act is found at:

- Website: <https://www.coloradonurses.org/colorado-nurse-practice-act>

Students must practice safely with appropriate knowledge, skill, and ability and within their Nurse Practice Act for their individual state and level of practice.

### **Safe Practice Responsibilities**

If security clearance is given to a student by the agency in the form of an agency ID badge, the student must return these badges at the end of the last clinical shift.

In addition to the Colorado Nurse Practice Act, students are expected to adhere to the American Nurses Association Scope and Standards of Practice (2010), and thus be familiar with the following:

- The ANA Scope of Practice (<https://www.nursingworld.org/practice-policy/scope-of-practice/>)
- The ANA Social Policy Statement (<https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/>)
- The ANA Code of Ethics for Nurses (<https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/>)
- QSEN Standards (<https://qsen.org/competencies/>)
- The Joint Commission National Patient Safety Goals (<https://www.jointcommission.org/standards/national-patient-safety-goals/>)
- Agency Policies and Procedures
- Course Specific Clinical Guidelines
- 

All students are responsible for their own actions.

### **Infectious Disease Protection Protocol**

In order to prevent accidental exposure to infectious diseases, students should be aware of which tasks and procedures they may be performing where infectious diseases can occur, but also must practice universal precautions with all patients regardless of their medical diagnosis.

Tasks and Procedure in which Infectious Exposure may occur:

- Handling of blood, blood products, body fluids, or contaminated object
- Invasive procedures



- Phlebotomy or vascular access procedures and care thereof
- Contact with lab specimens
- Wound care contact with mucous membranes or non-intact skin
- Handling or disposal of medical waste
- Cleaning or processing contaminated equipment
- Suctioning or sputum induction
- CPR
- Handling of soiled linen
- Cleaning or decontamination of environmental surfaces

#### **Personal Protection Protocol**

- Students are to wear gloves for all contact with blood, body fluids, and moist body surfaces.
- Students are to wear gowns if soiling of clothing is likely.
- Students are to wear masks and eye protection if spraying of bodily fluids to the face is likely.
- Students are to use sharps safety devices and practices (e.g. not recapping dirty needles, and prompt disposal in the sharps box). All suctioning, irrigating, and intubation procedures require face and eye protection.
- Students must observe all regulations in the facility related to biological or radiation risks.
- Students are to comply with and follow all isolation precautions in the clinical setting according to agency policies.

All nursing students and faculty are professionally and ethically obligated to provide client care with compassion and respect for human dignity. No nursing student or faculty may refuse to treat a patient solely because the patient is high risk or is diagnosed with an infectious disease (positive for HIV, hepatitis, etc.).

#### **Performing a Procedure**

When the student is performing a procedure for the first time, the clinical preceptor must be present. When the student has mastered the skill, the faculty will inform the student when he or she may perform the skills independently. Until then, the faculty must be present when the student performs such procedures.

#### **Safe Medication Administration**

The student is expected to know the appropriate information for each medication that is administered. This includes action, dose, and route of administration, side effects, contraindications, and patient teaching points.

#### **Student Injury/Exposure**

Colorado Christian University policy regarding the injury of a CCU student, faculty, or staff member at a clinical site or at another campus learning site is designed to ensure that urgent care for an injury is provided and supervised. Under this policy, CCU will assist in the provision of Workers Compensation for CCU nursing students.

If a student is injured or exposed to contaminated body fluids while in the clinical or lab setting the following steps should be completed:

- If emergency care is needed seek care at the nearest emergency department or call 911.
- Report the incident to clinical faculty/scholar immediately.
- Immediately file an incident report with the hospital and follow facility policies for injuries.
- Report the incident to the Director of Clinical Education within 24 hours. If the student is unable to reach the Clinical Education Director, the student should contact the Program Director.
- Provide information needed to file an incident claim form.
- Obtain a list of occupational health clinics for non-urgent or follow-up care.
- Maintain communication with the Clinical Education Director to give updates on injury/exposure status and submit a medical release prior to returning to clinical.

Non-contaminated needle sticks must be documented by the clinical faculty and course faculty must be informed, even if the clinical agency and a First Report of Injury are not required.

#### **Use of Alcohol and Other Psychoactive Substances**

Nursing students are entrusted with the health, safety and welfare of patients in the clinical setting. This requires the exercise of good judgement and unhindered cognitive faculties. For this reason, alcohol should not be consumed within four hours of a clinical shift or during breaks while completing a clinical rotation. Those found in violation of this policy will be subject to disciplinary action (see "For Cause Procedure", p 42).

### **Elder Abuse, Child Abuse and Neglect Information Act**

Colorado Christian University follows all State and Federal regulations on reporting either elder abuse or child abuse and neglect. In the clinical setting, students who become aware of an occurrence of elder or child abuse will report such abuse to their clinical faculty, staff nurse, or case manager immediately.

### **Clinical Performance Evaluation**

The student must meet clinical competency requirements and clinical standards of professional practice in order to successfully pass the clinical component of each nursing course. These competency standards are defined in the course Clinical Competency Evaluation Tool (CCET). Clinical experiences are graded Pass/No-Pass using individual CCETs for each clinical nursing course. Any episode of unsatisfactory clinical practice will be documented on the CCET in the week that it occurred and could result in the student being placed on a learning contract. If, at the end of the course, the student fails to meet the minimum standard or established objectives, they will be given a No Pass for the clinical component of the course. A student who has earned an Unsatisfactory/No Pass in clinical performance will receive a failing grade for the course, regardless if all theory components of the course have been above the required 75% average.

**Section V**  
**DNP Evidence-Based Practice Project Requirements**



**COLORADO CHRISTIAN UNIVERSITY**  
School of Nursing and Health Professions

## **Evidence-Based Practice Project**

### **Introduction**

Since the DNP is a practice versus research degree, students should focus on a clinical problem or project that enhances their knowledge and skills in a specific area of expertise for which research evidence already exists. The DNP degree does not prepare students to conduct original research (as with the PhD), but rather to translate and utilize existing evidence in clinical practice.

The AACN permits a variety of types of projects. However, all DNP projects must meet final goals of the program as expressed here (AACN, 2006, p. 20):

The final DNP project produces a tangible and deliverable academic product that is derived from the practice immersion experience and is reviewed and evaluated by an academic committee. The final DNP product documents outcomes of the student's educational experiences provides a measurable medium for evaluating the immersion experience and summarizes the student's growth in knowledge and expertise. The final DNP product should be defined by the academic unit and utilize a form that best incorporates the requirements of the specialty and the institution that is awarding the degree.

The CCU Student DNP project will follow the AACN Essentials (2006) and investigate a problem of interest. The student will first identify a research problem in an area of interest, then review and synthesize the literature dealing with this problem area and refine a problem statement. The student will then investigate the problem by collecting and analyzing data to generate evidence for nursing practice. The DNP student will design interventions for practice based on the literature available and their data analysis and predict and analyze the outcomes of the intervention(s). The analysis will include an examination of patterns of behavior in relation to the outcomes and identify any gaps in evidence for practice. The student will make suggestions for future projects or research based on their findings and analysis. Finally, the DNP student will evaluate the project to determine its application to practice settings, and implementation of best nursing practice.

## **DNP Project Committee**

The CCU DNP EBP project committee includes a faculty mentor, a second faculty reader, and a third standing member of the faculty suggested by the Dean and/or Graduate Program Director (GPD). All members of the EBP project committee will hold a doctorate in nursing (DNP or PhD), with the faculty mentor and second reader assisting the student in project creation, implementation, and academic writing to meet CCU DNP project guidelines and AACN DNP Essentials (2006). Evidence of faculty ability will be determined by the CCU GPD in collaboration with the Dean. The GPD must be present at all EBP project defenses and validates successful completion. The second reader will be the course instructor. The third DNP

project committee member may be external, depending on the topic of the student's EBP project and the expertise of the faculty mentor and second reader. At least one member of the committee must have expertise in the methodology used in the student's project. Each DNP faculty member serving on DNP committees will not be asked to be the faculty mentor for more than 3 students and will not be asked to be on more than 6 committees at one time. The faculty teaching the EBP project courses will also be expected to assist students as they engage in their projects with associated coursework.

## **Faculty Mentor**

The DNP Faculty Mentor will be the primary faculty member working with the student in the DNP evidence-based project courses. The faculty mentor will help the student develop, implement, and evaluate the DNP project. A list of approved DNP faculty is available in Section VI of this student handbook.

DNP students will complete the Proposed Project Form that outlines the tentative project topic and potential DNP faculty members whom they would most like to work with on the project. The DNP faculty and GPD will consider student requests when assigning mentors to students, based on faculty availability and qualifications. Students will be informed of the approved topic and faculty committee prior to the start of the DNP evidence-based project courses (NUR 797).

### **DNP Faculty Mentor Responsibilities:**

The faculty mentor has the following responsibilities:

1. Serve as the faculty mentor for the student EBP project.
2. Chair the EBP project committee.
3. Notify the Program Director in writing of the proposed DNP project topic.
4. Collaborate with the second faculty reader and the GPD to approve the student's EBP project proposal.
5. Guide, advise, and mentor the student in all phases of the EBP project.
6. Sign the checklist of required items for the student.
7. Approve, evaluate, and sign the final EBP project paper/report document, both oral and written.
8. Give final approval to progress to EBP project defense.

## **DNP Student Responsibilities**

Students will be responsible for a number of activities to develop and implement the DNP project. The DNP Student Final Checklist is intended to guide the student in this process and help with meeting deadlines. Each item on the checklist must be completed, and the checklist signed by both the student and the faculty mentor in order to meet graduation requirements. The DNP Student Final Checklist can be found in the Section VI of this student handbook.

Students will:

- collect appropriate and accurate data to generate evidence for nursing practice
- analyze data from clinical practice
- design interventions based on evidence

- predict and analyze outcome
- examine patterns of behavior and outcomes
- identify gaps in evidence for practice
- evaluate project to determine and implement best practices
- be responsible for communicating with the faculty mentor and DNP EBP project committee members. (AACN, 2006).
- Meet with a statistician during NUR797 and NUR799 to discuss statistical tests and data analysis.
- Use the services of professional editor and/or qualified peer reviewer for review of the EBP final project report/paper. A list of professional nursing editors is provided by the university (students assume all costs).

### **Second Reader/Additional EBP Project Committee Member Responsibilities:**

The second reader will be the designated course instructor. The second reader and third committee member will each have the following responsibilities:

1. Review student work related to the project and provide both written and verbal constructive, timely feedback.
2. Provide input on all aspects of the student's project.
3. Defer to the faculty mentor as the leader of the DNP EBP project committee for decisions regarding the EBP project.
4. Approve the EBP project proposal using the standard guidelines provided.
5. Read the final EBP project paper/report and provide constructive, timely feedback.
6. Attend and evaluate the final EBP project presentation and provide input to the EBP Project Committee.

### **The DNP EBP Proposal Requirements**

Students will write a proposal for their EBP project that must be approved by their faculty mentor and second reader. The length of proposals can vary. Students may find that they need to rework their proposal several times to achieve clarity, brevity, and completeness. Proposals must be succinct, direct, and free of any jargon. All proposals are written in the future tense (which is later changed to past tense for the final EBP paper that presents the entire EBP project). Statements should be stated as, "This proposed EBP project will involve collecting participant information using..." or "Outcomes of this project will be used to ...". The proposal should also be written in third person. The proposal must be written in APA format. There is no specified length for the proposal. The format for the proposal includes:

#### **EBP Proposal**

##### **Chapter 1: Introduction**

- a. Background
- b. Statement of the problem
  1. Data from the literature supporting the need for the project

- 2. Data from the clinical agency supporting the need for the project
- c. Purpose of the EBP project
  - 1. Identify the compelling clinical question
  - 2. PICOT format question
- d. Significance of the project

#### **Chapter 2: Theoretical Framework and Review of the Literature**

- a. Theoretical frameworks
  - b. Describe theoretical frameworks
    - 1. EBP framework to guide the process
    - 2. Nursing or other discipline theory to guide the project
    - 3. Biblical framework or perspective
  - c. Apply theoretical framework(s) to EBP project
  - d. Identify strengths & limitations of theoretical framework in context of the EBP project
  - e. Literature search
    - 1. Identify sources examined for relevant evidence
      - a) Search engines
      - b) Key words
      - c) Inclusion/exclusion criteria
      - d) Expert opinions
    - 2. Describe levels of evidence
    - 3. Appraise relevant evidence (grading/quality)
- EBP recommendations:
- 1. Synthesize critically appraised literature to support your EBP recommendations
  - 2. Describe the best practice model recommendation that will be used
  - 3. Explain how the best practice recommendation will answer the clinical question

#### **Chapter 3: Design and Methodology**

- a. Design
- b. Sample and setting
- c. Methods
- d. Data analysis
- e. Management of data Reliability and validity
- f. Protection of human subjects (CCU and clinical agency if applicable)

## **Final EBP Project Report Guidelines**

### **Submission of Final Report to Mentor**

A template for writing the final EBP project paper/report will be provided in the DNP project courses. Use of this template is expected for the submission of the final draft to the faculty mentor. The final report will be submitted into the Blackboard course shell and will be graded according to the Rubric provided.

### **Content of Final EBP Project Report**

The content is a continuation of the EBP project proposal written in NUR 797. The length of reports can vary. Students may find that they need to rework their reports several times to achieve clarity, brevity, and completeness. Reports must be succinct, direct, written in 3<sup>rd</sup> person, and free of jargon. All reports are written in past tense, thus chapters 1-3 from NUR 797 will need significant editing.

The content for the report shall include:

- Title Page
- Copyright Page
- Dedication (optional)
- Acknowledgments (optional)
- Preface (optional)
- Table of Contents
- List of Tables
- List of Figures
- Abstract

Chapter 1: Introduction

- a. Background
- b. Statement of the problem
  1. Data from the literature supporting the need for the project
  2. Data from the clinical agency supporting the need for the project
- c. Purpose of the EBP project
  1. Identify the compelling clinical question
  2. PICOT format question
- d. Significance of the project

Chapter 2: Theoretical Framework and Review of the Literature

- a. Theoretical framework
- b. Describe theoretical framework
  1. EBP framework to guide the process
  2. Nursing or other discipline theory to guide the project
  3. Biblical framework
- c. Apply theoretical framework(s) to EBP project
- d. Identify strengths and limitations of the theoretical framework in the context of the EBP project
- e. Literature search
  - i. Identify sources examined for relevant evidence
  - ii. Search engines
  - iii. Key words
  - iv. Inclusion/exclusion criteria
  - v. Expert opinions
  1. Describe levels of evidence
  2. Appraise relevant evidence (grading/quality)
- f. Construct EBP
  1. Synthesize critically appraised literature to support your EBP recommendations
  2. Describe the best practice model recommendation that will be used
  3. Explain how the best practice recommendation will answer the clinical question

Chapter 3: Design and Methodology

- a. Design
- b. Sample and setting
- c. Methods
- d. Data analysis
- e. Reliability and validity



- f. Management of data
- g. Protection of human subjects (CCU and clinical agency if applicable)

#### Chapter 4: Findings

- a. Sample characteristics
  1. Size
  2. Demographics
- b. Changes in Outcomes
  1. Statistical testing
  2. Significance

#### Chapter 5: Discussion

- a. Explanation of findings
- b. Evaluation of the applicability of the theoretical framework
- c. Strengths of the EBP project
- d. Limitations
- e. Implications for the future
  1. Practice
  2. Theory
  3. Research
  4. Education
- f. Conclusion

#### References:

Biographical Statement

Appendices

#### **Formatting Instructions**

A template will be provided in NUR799 for your convenience. The body of the paper should be written using APA style; however, some changes have been made in the template or are expected in the body of the paper:

- Use the template for the front matter.
- Use Arial 11 size font in the paper.
- Use a 1½ inch margin on the right -> allows extra space for putting in binder.
- Content should be ordered as indicated in the Table of Contents in the template.
- The dedication is optional. Use it if you would like to honor somebody, usually family members, friends, or mentors.
- The acknowledgments are optional. Use it if you would like to mention individuals who were helpful (advisor, mentor, staff at clinical site) or organizations that monetarily supported your work such as grants or scholarships
- The preface is optional. This may be a quotation that you find meaningful.
- Include tables and figures in the body of the paper (this is different from APA format). Place the table or figure alone on the page subsequent to when it is cited in the body of the report. If a table is excessively long to include in the body of the paper (such as a lengthy evidence summary table), it may be labeled as an Appendix at the end of the paper.
- Table and figures should use chapter numbering (1.1, 1.2, etc.), *not* APA numbering.
- Tables conform to APA style except for using single spacing in table to improve readability and save space. Be sure to include citation or note if indicated.

- Figures should be labeled according to APA style; however, the labeling should be at the top of the page above the figure. Do not put the heading on an individual page. Be sure to include citations if appropriate. Any borrowed figures or tables must have written permission from the author to include in the final paper.

### **Submission of Report to Library**

When the report has earned a satisfactory grade, it will be returned to the student. The student is responsible for submitting a final electronic pdf version to the library to be uploaded to the university repository, the faculty mentor, and other Committee members. This version should include the signature sheet with signatures of the student, all committee members and GPD.

## **DNP EBP Final Project Defense**

The DNP program coordinator will set up a separate Zoom meeting for each defense. The EBP project defenses will be scheduled by the course instructor and graduate program director to occur during daytime business hours within the NUR799 course parameters and dates. Students must obtain a grade of PASS on the EBP final project defense in order to pass NUR799 and to graduate. Students not passing the EBP final project defense will need to repeat NUR799 to fulfill the program requirements and successfully defend their EBP project. Students who are told by the faculty mentor/chair that they are not ready to defend their EBP project should request an extension of NUR799 (up to 3 extensions and with permission of the Dean through a request for an exception) and complete the work necessary to obtain approval from their faculty mentor/chair to defend.

Students will prepare a PowerPoint presentation using a template provided in NUR799 that summarizes their final EBP project. Students will have 30 minutes to make this final presentation online with up to 30 minutes allowed for questions afterwards from the EBP committee members and others attending the online presentation. Since this is an evaluative process, attendance at each EBP project defense is by invitation only. The student and the EBP project committee are required to attend.

The EBP project committee will use the Grading Rubric for Final EBP Project Defense to evaluate the student's final defense. The defense moderator (usually the graduate program director) will recognize each EBP member in turn, beginning with the faculty mentor/chair, for questions to the student and then open the question and answer time to all participants. After the question and answer period, all attendees and the student will be dismissed while the EBP project committee remains for discussion. Up to one hour will be allowed for EBP committee discussion per student. Students will be notified by the faculty mentor by phone of the EBP project committee's decision no later than the close of the same business day.

**Section VI**  
**Additional Student Resources**



COLORADO CHRISTIAN UNIVERSITY  
*Grace and Truth*

## Technical Support

### CCU Technical Support

Phone: 303-963-3444

Email: [techsupport@ccu.edu](mailto:techsupport@ccu.edu)

Hours of Operation: Monday – Friday 7:30am to 6:30pm

## Nursing Specific Technical Support

### My Clinical Exchange (mCE)

Email: [support@myclinicaexchange.com](mailto:support@myclinicaexchange.com)

Contact Online: <https://www.myclinicaexchange.com/Contactus>

### Intellectus Statistical Software

Contact Support: (888) 383-6639

Email Support: [Info@IntellectusStatistics.com](mailto:Info@IntellectusStatistics.com)

### Unbound

Phone: 610-627-9090

Contact Online: <https://www.unboundmedicine.com/contact>

Hours of Operation: Monday - Friday 9am-5pm EST (7 AM – 3 PM MST)

## Blackboard Support

Phone: (303) 963-3444

Contact Online: [blackboard@ccu.edu](mailto:blackboard@ccu.edu)

Hours of Operation: Monday – Friday 7:30am-6:30pm (MST)

## Technology Requirements

Students in the DNP program are required to have a laptop that meets CAGS system requirements (computers must have a current version of Microsoft Office). Additional device specifics will be provided at the time of acceptance into the nursing program. No Chromebooks are allowed. It is also imperative that your laptop supports “**dual band**” **wireless** (AKA 5Ghz band) to ensure you will have Wi-Fi access during classroom activities and exams.

## Additional Student Resources

### Career & Professional Development

Nursing faculty may hold professional development *Lunch and Learn* sessions. The Dean schedules *Dialogue with the Dean* Sessions throughout the year. At times, special Nursing Summits or Seminars are scheduled from the Office of the President or by the Dean.

### Library Support

#### APA Resources

An APA Resources tab can be found on the left-hand side of every nursing Blackboard shell. Within this tab students can find a sample APA paper, a PowerPoint presentation exemplar, and an APA-ready document with title page and running head.

#### Textbook Resources

Nursing students are encouraged to access the supplemental on-line learning tools that accompany their textbook. Registration information for these resources are typically located on the inside cover of the book or through access codes.

#### Tutoring and Counseling

Nursing students in need of a personal counselor may obtain a referral from the nursing office. These resources may be available to students at reduced or sliding scale costs.

#### Change of Address/Personal Information

Nursing students should update their personal contact information in the University system when changes occur throughout the program. Nursing Students must update their personal contact information with the Nursing Program Coordinator throughout program and prior to graduation.

#### Email/University Email

The School of Nursing will only send correspondences to student's CCU e-mail address. Personal accounts will not be utilized. It is the responsibility of the student to check their CCU account regularly in order to avoid missing important nursing information.

### **Photo Identification Cards**

All nursing students will be required to obtain a nursing photo ID upon entering the program. DNP students will receive information about photo IDs during orientation and will receive their badge by the first day of class. Nursing IDs should be worn at eye level and at all times during clinical or simulation experiences. Should a student lose/misplace their ID, they will be required to contact the nursing Program Coordinator and arrange to have a new one printed at the student cost of \$10. If the student leaves the program, they are to return the ID to the nursing office.

**Section VII**  
**Forms, Rubrics and DNP Faculty Listing**



**COLORADO CHRISTIAN UNIVERSITY**  
School of Nursing and Health Professions

**DNP Gap Analysis Form**

Student Name \_\_\_\_\_

Date \_\_\_\_\_

Number of hours transferred in from MSN program \_\_\_\_\_

Letter of confirmation from MSN program Yes No

Hours granted towards DNP from MSN \_\_\_\_\_

Gap hours needed? Yes No

# of gap hours needed \_\_\_\_\_ (must total 500 hours including hours transferred)

Initial plan for completing gap hours:

NUR701

Enhance NUR720

Enhance 740

Next, refer to the student's Plan of Study.

This form should be attached to the student's Plan of Study.





**COLORADO CHRISTIAN UNIVERSITY**  
School of Nursing and Health Professions

**DNP Program Planning**

Plan of Study

Student: \_\_\_\_\_ DNP Faculty Mentor: \_\_\_\_\_

Course Plan:	Credits	Taken (sem./blk/grade)
NUR 700 - Theoretical Foundations and Leadership in Visionary Leadership	3	
NUR 710 - Translational Research and Evidence-Based Practice	3	
NUR 720 - Leadership in Organizations and Systems	3 Variable:	
NUR 725 - Ethics and Advocacy for the Profession	3	
NUR 740 - Leadership in Populations and Global Health	3 Variable:	
NUR 750 - Leadership in Healthcare Policy	3	
NUR 770 - Business and Legal Aspects of Entrepreneurial Nursing	3	
NUR 797 - DNP Project Development	3	
NUR 798 - DNP Project Implementation	3	
NUR 799 - DNP Project Evaluation & Dissemination	3	

*\*Variable credit may be needed for students entering the program with fewer than 500 clinical hours documented in the master's program upon admission.*

*\*\*Students that do not complete the plan of care in the expected time will need to maintain active student status in order to continue in the program.*

Plan reviewed with student on: \_\_\_\_\_

Plan revised on: \_\_\_\_\_

Signatures:

Student \_\_\_\_\_

Date \_\_\_\_\_

Faculty \_\_\_\_\_

Date \_\_\_\_\_

Program Director \_\_\_\_\_

Date \_\_\_\_\_



**COLORADO CHRISTIAN UNIVERSITY**  
School of Nursing and Health Professions

**NURXXX Preceptor Agreement**

Please complete and submit this form to the University using the contact information on the last page of this document by the due date posted in the course shell.

**Course Student Learning Outcomes:**

(Learning Outcomes listed here for each course.)

**Student Role:**

1. The student will provide the agency a signed copy of this agreement.
2. The student will discuss the Preceptor Agreement, the outcome requirements for the course and learning experiences with the preceptor and provide the preceptor a copy of the Preceptor Agreement.
3. The student will provide the agency, preceptor, and the course faculty with all the contact information needed for effective communication.
4. The student will evaluate both the preceptor and the clinical site.
5. The student will function within the scope of the residing state Nurse Practice Act at all times.
6. The student will acknowledge that the preceptor has the right to refuse to continue to work with the student if the preceptor or agency judge that the student is not participating in a safe, professional, or confidential manner. The student will notify the faculty within 24 hours of such action.
7. Agency policies and procedures will be followed by the student at all times. The student can be dismissed at any time for behavior that is or may be considered inappropriate.
8. The student will maintain professional liability insurance and RN license in the state of the clinical.
9. The student will record their scheduled clinical experiences, times, and dates using a Clinical Activity Log.
10. The student may not transport clients in their own cars.

**Preceptor Role:**

1. The preceptor that agrees to participate in the learning experience will sign the Preceptor Agreement form and provide the necessary information to the university.
2. The preceptor has the right to refuse to work with a student who, in the preceptor's or agency's judgment, is not practicing safe, professional care. Any concerns regarding the student will be called immediately to the attention of the course faculty.
3. The role of the preceptor is to be a resource person for the student and to assist engagement of the student in experiences that meet the course and individual objectives.
4. The preceptor agrees to participate in on-going evaluation of the student and will complete a written evaluation of the student at mid-term and the end of the course.
5. The preceptor agrees to be in regular contact with the course instructor and will notify him/her of any student issues or concerns within 24 hours of an incident.

**Agency Role:**

1. The agency will provide the student with an orientation based upon the student and agency needs.
2. The agency's policies and procedures will be made readily available to the student.

**Course Faculty Role:**

1. The faculty will facilitate the clinical experience where needed and provide oversight of the preceptor-student relationship.
2. The faculty will be in regular communication with students via email, phone or video conference to review clinical logs and to discuss any problems or concerns.
3. The faculty will communicate by phone, email or in person, with the preceptor at least two times during the rotation in order to assess the progress of the learning experience and any areas of concern. Communication will also include one contact at the end of the course. Course faculty should attempt to make initial contact within the first two weeks of the clinical experience.
4. The faculty will participate in collaborative student evaluations.
5. The faculty will have full responsibility for all permanent student records and final grades.
6. The faculty will complete a final evaluation of the preceptor and clinical site.

\*An actual copy of the preceptor's specialty certification must be provided to the Director of Clinical Education.

Directions to Agency: Please complete and submit this form to Colorado Christian University using the contact information below.

The **Agency** agrees to provide a preceptored learning experience for:

Name of Clinical Agency: \_\_\_\_\_

Student's Name: \_\_\_\_\_

It is understood that the student's learning experience will consist of approximately \_\_\_\_ hours to be completed between the dates of \_\_\_\_\_ to \_\_\_\_\_.

Preceptor Name/Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Credentials: \_\_\_\_\_

Certifications (CNS, NP, Administration, etc.): \_\_\_\_\_

RN License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Years of Experience in the Area of Responsibility: \_\_\_\_\_

*Typing my name is equivalent to my electronic signature. I agree my electronic signature is legal and binding.*

Preceptor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit the completed document to the course shell and send to the Director of Clinical Education:**

Christy Neifert

Email: [cneifert@ccu.edu](mailto:cneifert@ccu.edu)

Office: 720-872-5629

Fax: 720-872-5729



**COLORADO CHRISTIAN UNIVERSITY**  
School of Nursing and Health Professions

**Doctor of Nursing Practice Project  
Approval of Topic and Site**

**Student Name:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**Project Site:** \_\_\_\_\_

Proposed Faculty Mentor

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Proposed 2<sup>nd</sup> DNP Faculty Reader for Project:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Approval Signatures:**

DNP Faculty Mentor: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director: \_\_\_\_\_ Date: \_\_\_\_\_



**COLORADO CHRISTIAN UNIVERSITY**  
School of Nursing and Health Professions

**NUR797, 798, 799 DNP Project  
CCU DNP Student Final Checklist**

<b>Task</b>	<b>Completion Date</b>	<b>Initials</b>	<b>Comments</b>
Participate in DNP program orientation			
Initiate contact with faculty mentor			
Complete approval of topic and site form			
PICOT question approved			
Submit IRB proposal to CCU (and organization if needed)			
Present EBP proposal satisfactorily			
Develop poster presentation			
Submit paper to professional journal			
Complete all clinical logs			
Satisfactory CCETs			
Complete all clinical/EBP hours			
Complete first draft of EBP final paper			
Satisfactory EBP defense of project			
Submit final draft of EBP final paper			
Submit Final EBP paper/report to Clinton Fowler Library for archival			
Complete final program evaluations (exit surveys)			

Student signature: \_\_\_\_\_

Faculty mentor signature: \_\_\_\_\_



**COLORADO CHRISTIAN UNIVERSITY**  
School of Nursing and Health Professions

**Colorado Christian University  
School of Nursing and Health Professions  
NUR797 DNP Project: Planning**

**Guidelines for the EBP Project Proposal**

Students will write a proposal for their EBP project that must be approved by their faculty mentor and second reader. The length of proposals can vary. Students may find that they need to rework their proposal several times to achieve clarity, brevity, and completeness. Proposals must be succinct, direct, and free of any jargon. All proposals are written in the future tense (which is later changed to past tense for the final EBP paper that presents the entire capstone project). Statements should be stated as, "This proposed study will collect data using..." or "Results of this study will be used to ...." The proposal should also be written in third person. The proposal must be written in APA format. There is no specified length for the proposal. The format for the proposal includes:

**Chapter 1: Introduction**

- a. Background
- b. Statement of the problem
  1. Data from the literature supporting the need for the project
  2. Data from the clinical agency supporting the need for the project
- c. Purpose of the EBP project
  1. Identify the compelling clinical question
  2. PICOT format question
- d. Significance of the project

**Chapter 2: Theoretical Framework and Review of the Literature**

- a. Theoretical framework
- b. Describe theoretical framework
  1. EBP framework to guide the process
  2. Nursing or other discipline theory to guide the project
- c. Apply theoretical framework(s) to EBP project
- d. Identify strengths & limitations of theoretical framework in context of the EBP project
- e. Literature search
  1. Identify sources examined for relevant evidence
    - a) Search engines
    - b) Key words
    - c) Inclusion/exclusion criteria
    - d) Expert opinions
  2. Describe levels of evidence
  3. Appraise relevant evidence (grading/quality)
- f. Construct EBP
  1. Synthesize critically appraised literature to support your EBP recommendations

2. Describe the best practice model recommendation that will be used
3. Explain how the best practice recommendation will answer the clinical question

### **Chapter 3: Design and Methodology**

- a. Design
- b. Sample and setting
- c. Methods/interventions
- d. Data analysis
- e. Management of data
- f. Reliability and validity
- g. Protection of human subjects (CCU and clinical agency if applicable)



**COLORADO CHRISTIAN UNIVERSITY**  
 School of Nursing and Health Professions

**NUR797 DNP Project: Development  
 EBP Project Proposal Approval Rubric**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Project \_\_\_\_\_

Title: \_\_\_\_\_

Project Criteria	Approval Status	Comments
DNP Project Topic Summary from CCU IRB form: Concise, accurate, provides project overview		
Problem clearly identified in PICOT format		
Background information: Adequate description of population Data support evident Environment for change described Review of literature supports project		
Conceptual Framework: 1 EBP framework, 1 nursing or other theory, 1 Biblical framework Described fully Application to project evident		
Objectives of Project: Outlined and clearly stated/supported		
Evaluation: Proposed measures for evaluation identified, linked to outcomes, explained and justified		
Implementation plan: Methods/designs/strategies/interventions explained and appropriate Clearly stated with timeline for implementation Appropriate and achievable		
Scope of project proposed realistic and appropriate		
Timeframe for project reasonable for DNP timeline		
APA Format, writing style, grammar, organization at doctoral level		



Final comments/Suggestions:

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Approval Status Legend: S=Satisfactory; NR – Needs Revision; U=Unsatisfactory; NA=Not Applicable

Faculty Mentor Signature: \_\_\_\_\_/Date: \_\_\_\_\_

Second Faculty Signature: \_\_\_\_\_/Date: \_\_\_\_\_



**COLORADO CHRISTIAN UNIVERSITY**  
School of Nursing and Health Professions

**NUR799 EBP Project/Clinical Log**

Name: \_\_\_\_\_ Data Range of Submission: \_\_\_\_\_  
Total Hours-This Submission: \_\_\_\_\_ Cumulative Clinical Hours-This Course: \_\_\_\_\_  
Preceptor Name/Credentials: \_\_\_\_\_ Clinical Site: \_\_\_\_\_

NUR799 CCET Competencies:
<b>1. Community Engagement and Collaborations</b> (P-1, 2, 6, 7, 8; E-I, II, VI, VII, VIII; Q-1, 2)
<ul style="list-style-type: none"><li>• Conducts community needs assessments and implements strategies to respond to findings (e.g., marketing, communication, education, readiness to change) (S)</li><li>• Develops and maintains stakeholder alliances and partnerships (e.g., academic, board member relationships, community outreach, emergency planning) (S)</li></ul>
<b>2. Organizational Structure and Compliance</b> (P-1, 2, 4, 6, 8; E-I, II, IV, VI, VIII; Q-2, 5)
<ul style="list-style-type: none"><li>• Facilitates interdisciplinary collaboration in the decision-making processes (S)</li><li>• Implements change based on risk assessment, patient safety data, and technology (S)</li></ul>
<b>3. Care Delivery Systems</b> (P-1, 2, 6, 8; E-I, II, VI, VIII; Q-2)
<ul style="list-style-type: none"><li>• Fosters interdisciplinary collaboration across the continuum of care (including patients and their support systems) (S)</li></ul>
<b>4. Quality Monitoring and Improvement</b> (P-1, 2, 3, 4, 8; E-I, II, III, IV, VIII; Q-4, 5)
<ul style="list-style-type: none"><li>• Creates a culture of continuous quality improvement (S)</li><li>• Translates data into information (including the use of internal and external benchmarks), and disseminating it at various levels within the organization (S)</li><li>• Selects the appropriate continuous improvement technique for a given situation (S)</li><li>• Evaluates outcomes of care delivery (e.g., nurse sensitive indicators, ORYX indicators, National Patient Safety Goals, Leapfrog, CDC, HCAHPS) (S)</li></ul>
<b>5. Strategic Planning</b> (P-1, 2, 6, 7, 8; E-II, VI, VII, VIII; Q-2)
<ul style="list-style-type: none"><li>• Develops community coalitions and business partnerships to execute the strategic plan (S)</li><li>• Builds consensus at all levels of the organization (S)</li><li>• Develops new programs and sponsoring initiatives (S)</li></ul>
<b>6. Professional Practice Model</b> (P-1, 2, 7, 8; E-I, II, VII, VIII; Q-1, 5)
<ul style="list-style-type: none"><li>• Establishes and evaluates programs that enhance professional practice and professionalism (S)</li></ul>
<b>7. Advocacy</b> (P-1, 2, 5, 6, 8; E-I, II, V, VI, VIII; Q-2)
<ul style="list-style-type: none"><li>• Prioritizes competing demands and interests related to decision-making (S)</li><li>• Uses effective mechanisms (e.g., conflict resolution, negotiation, power, alliances, data, marketing, collaboration) to influence organizational decision making and ensure operational excellence (S)</li><li>• Cultivates diversity and a climate of inclusion (S)</li><li>• Leads and sustains change using appropriate change theories and concepts (S)</li><li>• Identifies and addresses the needs of disenfranchised and vulnerable populations (S)</li></ul>
<b>8. Leadership Effectiveness</b> (P-1, 2, 3, 8; E-I, II, III, VIII; Q-3)
<ul style="list-style-type: none"><li>• Selects a leadership style appropriate to the situation (S)</li></ul>

**NUR799 CCET Competencies:**

- Incorporates relevant research and evidence-based principles into leadership practice (e.g., authentic leadership, pervasive leadership, servant leadership, appreciative inquiry) (S)

**9. Research and Evidence-Based Practice (P-1, 2, 3, 4, 6, 8; E-II, III, IV, VI, VIII; Q-1-5)**

- Creates a culture and advocates for resources that support research and scholarly inquiry (S)
- Disseminates research and evidence-based findings (S)
- Ensures policies, standards, procedures, and guidelines are built on evidence (S)
- Evaluates and incorporates new knowledge, including published and unpublished research findings into practice (S)

**10. Innovation Adoption (P-1-8; E-I-VIII)**

- Creates a culture that values, encourages, and recognizes novel ideas and innovation that benefit the patient, family, organization, or community (S)
- Influences architecture and space design to support practice and patient care (S)

**Student Developed Clinical Outcomes:**

Objective 1 (Course):

Objective 2 (Course):

Objective 3 (Personal):

Objective 4 (Spiritual):

**Clinical Activity Log:**

Date	Clinical Hours	Clinical Activities (list as bullet points)	Relevant CCET Competencies (record # from list above)	Reflection (What did you learn from this experience? How did it improve your skillset? How did it bring you closer to meeting the CCET competencies?)

Date	Clinical Hours	Clinical Activities (list as bullet points)	Relevant CCET Competencies (record # from list above)	Reflection (What did you learn from this experience? How did it improve your skillset? How did it bring you closer to meeting the CCET competencies?)
Total Hours:				

**Progress/Goals:**

Describe your overall progress towards meeting CCET competencies. [Click here to enter text.](#)  
 Describe your progress towards meeting your own clinical outcomes. [Click here to enter text.](#)  
 Identify strengths related to your clinical performance. [Click here to enter text.](#)  
 Identify growth areas and your plan for improvement. [Click here to enter text.](#)



**COLORADO CHRISTIAN UNIVERSITY**  
School of Nursing and Health Professions

**Colorado Christian University  
School of Nursing and Health Professions  
NUR799 DNP Project: Evaluation and Dissemination  
Grading Rubric for Final EBP Project Defense**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Project Title: \_\_\_\_\_

**Instructions to EBP project committee:** Mark the score for each criterion in the far-right column and choose Pass or Fail at the end as a total. The student must achieve a total overall Satisfactory score (with no less than a total of 30 and not more than one score of 2 or less in a category) to earn a passing grade. Any score of less than 2 must include comments. This is a Pass/Fail activity. An EBP project committee discussion will occur immediately after each student defense.

Criterion	4 Satisfactory/Pass 3		2 Unsatisfactory/Fail 1		Score/ Comments
	Chapter 1 Overall Presentatio n	Clearly describes a precise PICOT question proper to advanced practice nursing. A clear and detailed description of the implementation, findings, and discussion is provided with precision. An intra-	Describes a PICOT question relevant to advanced practice nursing. Description of the implementation, findings, and discussion lacks some precision and/or clarity. An intra-interprofes- sional	Describes a research question or a PICOT question only tangentially related to advanced practice nursing. Description about implementation, findings, and discussion is incomplete and/or unclear. An intra-interprofession- al approach is questionable.	

	interprofessional approach is clear.	approach is evident.			
Chapter 1 Introduction /significance	The topic is substantial and significant within the discipline. The question investigated is clearly, coherently, and manageably framed, given the assigned parameters.	The topic is within the discipline. The question investigated is framed reasonably well and fits within the assigned parameters.	The question is neither clearly framed and is either too particular or too general to be managed within the parameters assigned.	The topic has significance in a related discipline. The question is difficult to decipher.	
Chapter 2 Review of Literature	ROL is well-organized, thorough, and synthesized to best practice. ROL is relevant to the question, identifying sources properly and clearly sufficient to addressing the question. Levels of evidence are clearly identified.	ROL is well-organized and thorough but lacks a synthesis of the evidence for best practice. ROL is relevant to the question, identifying sources proper and clearly sufficient to addressing the question. Levels of evidence are identified.	ROL is adequately organized but is a superficial review of the literature, identifying less than a full array of relevant sources and includes some sources that are not relevant. ROL does not support best practice. Levels of evidence are not clearly identified.	ROL provides a poorly organized and spotty review of the literature, identifying only one or two relevant sources. Does not identify best practice. Levels of evidence are not identified.	

Theoretical Framework	Use of a conceptual model and nursing/-other model is evident throughout the project and is logically applied. Includes a biblical worldview/framework.	Accurate description of conceptual models.  Superficial application of models to project.  Includes a biblical worldview/framework.	Use of conceptual model is identified. No application of model to project. Does not include a biblical worldview/framework.	Absence of a conceptual model.  No inclusion of a biblical worldview or framework.	
Chapter 3 Sufficiency of Method	Articulates logical consistency for the procedures used and offers rationales throughout report. Draws conclusions that are coherently supported by the literature.  Includes a strong description of design, methods, data analysis, reliability and validity, management of data, protection of	Articulates logical consistency in the procedures and offers rationales intermittently. Draws conclusions only occasionally supported in the literature.  Includes a thorough description of design, methods, data analysis, reliability and validity, management of data, protection of human subjects (CCU and clinical	Articulates some logical consistency in the procedures used but does not provide rationales. Draws conclusions not supported in the literature.  Includes a description missing more than one key component of design, methods, data analysis, reliability and validity, management of data, protection of human subjects (CCU and clinical agency if applicable) for an EBP project aimed at	Reflects little consistency in the procedures used and fails to articulate rationales for decisions. Does not include adequate descriptions of design, methods, data analysis, reliability and validity, management of data, protection of human subjects (CCU and clinical agency if applicable); the EBP	

	human subjects (CCU and clinical agency if applicable) for an EBP project aimed at transformational change.	agency if applicable) for an EBP project aimed at transformational change.	transformational change.	project does not aim for transformational change.	
Chapters 4/5 Data Analysis Findings Discussion	<p>Appropriate statistical tests are selected. The discussion about data is presented in a logical and precise manner. Tables and figures are accurate and enhance the presentation findings.</p> <p>Includes a thorough description of setting, sample, and outcomes.</p> <p>Thoroughly explains findings as well as strengths and</p>	<p>Most statistical tests are appropriately chosen. The discussion about data is organized.</p> <p>Tables and figures are accurate and enhance the presentation findings.</p> <p>Includes a description of setting, sample, and outcomes.</p> <p>Explains findings as well as strengths and limitations of the project.</p>	<p>Statistical tests are selected inappropriately. Discussion about data is confusing or incomplete. Tables and figures are inaccurate or missing.</p> <p>Includes a weak description of setting, sample, and outcomes.</p> <p>Only a weak explanation of finding as well as strengths and limitations of the project.</p>	<p>Statistical tests are selected inappropriately or absent. Discussion about data is confusing or incomplete. Tables and figures are not included.</p> <p>Does not include a description of setting, sample, and outcomes.</p> <p>Lacks explanation of findings. Does not address strengths or limitations of the project.</p>	



	limitations of the project.				
Critical Thinking	Ideas show synthesis of content and logical consistency. Conclusions are supported by the literature. Fielded questions like an expert.	Ideas sometimes lack synthesis or logical consistency. Conclusions are not always supported by the literature. Fielded questions well.	Content borders on the trite, trivial, or unsupported by the literature. Hesitant and unsure when fielding some of the questions.	Content is illogical, tangential, and conclusions are unsupported by the literature. Unable to answer questions.	
Communication	Assertions are articulated clearly. Discussion moves briskly without unnecessary repetition.	Most assertions are articulated clearly. Some unnecessary repetition may be present.	Assertions are unclear and it is difficult to follow the logic of the argument. Unnecessary repetition is obvious.	Assertions are unclear and it is difficult to follow the logic of the argument.	
Structure and mechanics	PowerPoints are clear and subsidiary points are coherently connected to central point. There are only rare minor errors in word selection and use, sentence structure,	PowerPoints are usually clear. Central point is clearly stated, but subsidiary points are not well-connected to it. There are a few minor errors in word selection and use, sentence	PowerPoints fail to communicate ideas clearly. Writing is casual and lacks scholarly tone.  There are several significant errors in word selection and use, sentence structure, spelling or punctuation.	PowerPoints are unclear. Paragraphs lack topic sentences, coherence, and transitions are unclear. Errors in word selection and use, sentence structure, spelling and	

	spelling, or punctuation.	structure, spelling, or punctuation.		punctuation are frequent.	
Format and APA	Adherence to template format and APA standards with minor, random errors.	Adherence to template format and APA, with minor random errors. Contains one or two APA errors consistently throughout.	Required components are omitted. Some adherences to APA, but lacks consistent use of APA.	Template is not used. Little to no effort made to adhere to APA.	

**Total overall score:** Pass/Fail

General comments:

Faculty Mentor Signature: \_\_\_\_\_/Date: \_\_\_\_\_

Second Faculty Signature: \_\_\_\_\_/Date: \_\_\_\_\_

Third Faculty Signature: \_\_\_\_\_/Date: \_\_\_\_\_



**COLORADO CHRISTIAN UNIVERSITY**  
School of Nursing and Health Professions

**Full-Time and Affiliate Faculty Eligible to Teach in the DNP Program**

Faculty Name	Degree	Credentials	Areas of Specialty
<b>FT Faculty</b>			
Goree, Kristen DNP FT Faculty	BSN – University of Colorado MSN – University of Colorado ND – University of Colorado DNP – University of Colorado	BSN MSN ND DNP CNS FNP-BC NEA-BC	<b>DNP – Doctor of Nursing Practice, Doctor of Nursing</b> Population/Community Health, Family Practice, Emergency Nursing, Advanced Assessment, Advanced Pharmacology, Advanced Pathophysiology, Case/Care Management, Clinical Outcomes Research, Leadership/Administration, Health Policy and Professional Advocacy Education, Curriculum Development, Assessment and Evaluation
Mauk, Kristen Graduate Program Director	BSN – Valparaiso University MSN – Purdue University DNP – Valparaiso University PhD – Wayne State University	BSN MSN PhD DNP CRRN, GCNS-BC GNP-BC ACHPN FAAN	<b>PhD – Nursing Research</b> <b>DNP – Doctor of Nursing Practice</b> Chronic Care Management, Gerontology, Rehabilitation Nursing, Advanced Assessment, Advanced Pharmacology, Advanced Pathophysiology, Research and Evidence Based Practice, Scholarly Inquiry, Leadership in Healthcare, Health Policy, Ethics and Law, Professional Advocacy, Palliative/Hospice Care, Advanced Practice Roles/Theory, End of Life Care, Transitional Care, Quality Models, Clinical Care Management, Capstone
Bobst, Deborah	BSN – University of Phoenix MSN – Norwich University DNP – Loma Linda University		<b>DNP – Doctor of Nursing Practice</b> Critical Care & Emergency Nursing, Healthcare Finance & Quality Measurement, Leadership in Healthcare Systems, Capstone Project Advising
Huddle, Tammie	BS – Metro State University MSN Nursing Education – University of Northern Colorado	BSN MSN DNP	<b>DNP – Doctor of Nursing Practice</b> Medical-surgical Nursing, Education, Oncology, Visionary Leadership

Faculty Name	Degree	Credentials	Areas of Specialty
	DNP – Colorado Christian University		
King, Cheryl	BSN – University of Colorado MSN – University of Colorado DNP – Colorado Christian University	BSN MSN DNP CNS	<b>DNP – Doctor of Nursing Practice</b> Parent-Child and Maternal-Fetal Nursing, Women’s Health, Pediatrics, Opioid Use Disorder in Pregnant and Lactating Women, Visionary Leadership, Health Assessment, Ethics, Foundations of Nursing
Palermo, Kathryn	BA Biology – Dallas Baptist BSN – University of Colorado MSN – Western Governor’s University DNP – University of St. Augustine	BA BSN MSN DNP CMSRN	<b>DNP – Doctor of Nursing Practice</b> Leadership and Management, Quality and Safety, Medical-surgical Nursing, Biology, Theology
White, Barbara Dean	BSN – University of Illinois MSN – University of Colorado Ed D – University of Northern Colorado	BSN MSN Ed D CNS	<b>EdD – Educational Leadership and Policy</b> Administrative Leadership, Educational Leadership, Global Health, Community/Population Health, Teaching/Learning Principles, Strategies & Technology, Curriculum Development, Assessment Outcome Measurement, Clinical and Professional Ethics, Spiritual Care, Adult Learning, Distance Education
<b>Affiliate Faculty</b>			
Bottone-Post, Carolyn	BSN – Metropolitan State College MSN – University of Pennsylvania DNP – Regis University	BSN MSN DNP CNM-C	<b>DNP – Doctor of Nursing Practice</b> Nursing and Health Care Management, Midwifery, Clinical Simulation
Casey, Kathy	BSN – Pacific Lutheran University MSN – University of Colorado PhD – University of Northern Colorado	BSN MSN PhD	<b>PhD – Nursing Education</b> Transition into Practice, Clinical Practice Evaluation, Quality Research Specialist, Leadership and Healthcare Administration, Faculty Dev. Oncology, Cardiovascular
Crawford, Kathy	BSN – Northern Illinois University MSN Montana State University	BSN MSN PhD	<b>PhD – Human Resources and Higher Education</b> Community/Population Health, Rural Health, Educational Leadership, Research/EBP

Faculty Name	Degree	Credentials	Areas of Specialty
	PhD – Colorado State University		
Crewell, Judy	BSN – University of Michigan MSN – California State University PhD – University of Northern Colorado	BSN MSN PhD	<b>PhD – Nursing Education</b> Emergency, ICU, CCU, Trauma, Education, Medical/Surgical, Respiratory, Curriculum Development, Spiritual Care, Critical Care CNS
Crutcher, Arleen	BSN – University of Texas MSN – University of Oklahoma PhD – Capella University	BSN MSN PhD	<b>PhD - Education</b> Ethics, Community/Population Health, Adult Health, Medical Surgical Care, Nursing Education, Curriculum Development, Outcome Measurement Theory, Scholarly Inquiry, Professional Leadership
Draine, Susan	BSN – Olivet Nazarene University MSN – University of Alabama MBA – Olivet Nazarene University EdD – Nova Southeastern University	BSN MSN MBA Ed D	<b>EdD – Doctor of Education</b> Medical Surgical Nursing, Disaster Preparedness, Quality Management, Educational Leadership
Elliott, Shawn	BSN – William Jewell College MSN – University of Missouri DNP – University of Colorado	BSN MSN DNP PNP	<b>DNP – Doctor of Nursing Practice</b> Pediatrics, Leadership, Evidence-Based Practice, Oncology, Curriculum Development, Nursing Informatics, HIV, Pediatric ICU, Management
Hackett, CoralAnn	BSN – University of Phoenix MSN – University of Phoenix DNP – Grand Canyon University	BSN MSN DNP RN-C	<b>DNP – Doctor of Nursing Practice</b> Maternal Newborn, Perinatal, Chief Nursing Officer, Management, Director, Nurse Executive, Quality & Joint Commission Standards, Emergency, Oncology, EPIC & Transition to Practice, Capstone Project Advising
Hall, Eleanor	BSN – Vanderbilt University MSN – Vanderbilt University School of Nursing PhD – Georgia State University	BSN MSN PhD	<b>PhD – Nursing</b> Nursing Research, Health Systems Management, Educational Leadership

Faculty Name	Degree	Credentials	Areas of Specialty
Hessler, Karen	BSN – University of Nebraska MSN-University of Nebraska PhD – University of Colorado	BSN MSN PhD FNP-C	<b>PhD - Nursing</b> Doctoral Research, Nurse Scientist, Scholarship, Publication, Teaching Strategies, Rural Health, Family Practice, Outcomes Measurement, NP Practice Issues, Health Promotion
Larson, Karla	BSN – Bethel University MSN – University of Minnesota PhD – Capella University	BSN MSN PhD GNP	<b>PhD - Education</b> Adult Education, Professional Practice, Nursing Education/Curriculum Development, Educational Leadership, Academic Administration, Theory, Scholarly Inquiry, Outcomes Measurement, Geriatric Care
Malishkin, Yulia	BSN – Metro State University MSN – Regis University DNP – Aspen University	BSN MSN DNP	<b>DNP – Doctor of Nursing Practice</b> Pediatrics, Emergency Pediatrics, Clinical Coordination, Interdepartmental Collaboration, Professional Nursing Development, Capstone Project Advising
McElheny, Jill	BA History – Furman BSN – University of South Carolina MSN – University of South Carolina DNP – University of Colorado	BSN MSN DNP CPNP-BC APRN	<b>DNP – Doctor of Nursing Practice</b> Pediatric Nurse Practitioner, Emergency Pediatrics, Clinical Management, Disaster Response, Global Health, Leadership in Healthcare, Hospice, Palliative Care, Capstone Project Advising
McKinney, Kathy	BSN – Colorado Mesa University MSN – Colorado Mesa University DNP – Colorado Mesa University	BSN MSN DNP WHNP FNP-C	<b>DNP – Doctor of Nursing Practice</b> Family Nurse Practitioner, Women's Health, Chronic Pain Management, Capstone project Advising
McKnight, Sylvia	BSN – University of South Alabama MSN – University of South Alabama DNP – University of Alabama	BSN MSN DNP CNS	<b>DNP – Doctor of Nursing Practice</b> Population Health/Community Health, Psychiatric/Mental Health Nursing, Professional Staff Development, Capstone Project Advising
Pennington, Karen	BSN – University of Illinois MS – University of Colorado	BSN MS PhD	<b>PhD – Nursing Research</b> Administration, Leadership, Geriatrics, Education, Curriculum Development, Home Health Care, Pain

<b>Faculty Name</b>	<b>Degree</b>	<b>Credentials</b>	<b>Areas of Specialty</b>
	PhD – University of Colorado		Management, Care Management, Nursing Homes, Evidence-based Practice
Rieg, Linda	BSN - Edgecliff College MSN - University of Cincinnati MBA - Xavier University PhD - University of Cincinnati	BSN MSN MBA PhD	<b>PhD - Nursing</b> Nursing Education, Curriculum Development, Outcome Measurement, Healthcare Informatics, Clinical and Classroom Teaching, Teaching, Learning Strategies and Technology, Theory, Scholarly Inquiry, Leadership in Healthcare, Policy and Advocacy
Sherrer, Cathy	BSN - University of Missouri MSN - University of KS PhD - Boston College	BSN MSN DNP	<b>DNP – Doctor of Nursing Practice</b> Medical Surgical Nursing, Chronic Care Management, Leadership, Ethics, Educational Design, Curriculum Development, Research
Summers, Sandy	BSN – University of New Mexico MSN – University of Colorado DNP – University of Colorado	BSN MSN DNP FNP-BC RX	<b>DNP – Doctor of Nursing Practice</b> Advanced Assessment, Advanced Pharmacology, Advanced Pathophysiology, Theory, Scholarly Inquiry, Outcome Measurement, Quality, Technology, Clinical and Classroom Teaching, Curriculum Development, Teaching/Learning Strategies, Academic Administration
Zembles, Shawn	BSN – Graceland University MSN – University of Missouri DNP – University of Missouri	BSN MSN DNP CNS	<b>DNP – Doctor of Nursing Practice</b> Advanced Stroke Life Support, Trauma Care, Military Casualty, Emergency Nursing, Clinical Scholars and Educational Leadership, Clinical Simulation



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### **DNP Nursing Student Handbook Acknowledgment**

I have read, understand and agree to abide by the policies and guidelines outlined in this DNP Program Student Handbook. I have had the opportunity and have asked questions to clarify anything I do not understand.

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



## References

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- American Nurses Association. (2016, March 28). *Uniting on social media guidelines* [Official Publication]. American Nurses Association.
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