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Welcome to Seattle University College of Nursing!

We look forward to having you as students and hope that doctoral education intrigues and challenges you. We are certain that the time spent here at Seattle University will be a productive learning experience.

The College of Nursing DNP Student Handbook* is designed to assist you during your experience as a student in the College of Nursing. Information provided includes what you need to know that may not be available in other Seattle University publications. As a doctoral student in the College of Nursing, you are responsible for the information in this handbook as well as the Seattle University Graduate Bulletin of Information, and the Class Schedule (posted at SU Online each quarter).

* All information found in this handbook is superseded by information contained in the most recent version of the Seattle University Graduate Bulletin of Information.

History of the College of Nursing

The history of Seattle University College of Nursing is linked to the early history of Providence Hospital in Seattle. In 1877, the Sisters of Providence responded to a request to care for the sick poor in the Seattle area. The “Poor House” at 5th and Spring Street was eventually moved to 17th and Jefferson and became Providence Hospital. By 1907, 17 Sisters of Charity of Providence were registered as nurses in Washington State. Needs for nursing care increased, and the Providence Hospital College of Nursing was opened July 16, 1907, with four lay students enrolled. The first class of the Providence Hospital College of Nursing graduated in 1910.

The school grew and in 1923 it affiliated with the University of Washington for instruction in specific science courses. During this period, students spent 48 hours a week “on duty” and were assigned to older students on an apprenticeship basis. Classes were held at night on the students’ own time. Enormous uniform pockets, covered by voluminous white aprons, were convenient for carrying candy or hot water bottles on a cold night.

In 1934, Providence Hospital School of Nursing strengthened its nursing education program with the University of Washington and met the requirements that led to a degree of Bachelor of Science in Nursing. The first class to finish under this program received their degrees in 1937. Students still had the option of completing only the diploma requirements and graduating from Providence Hospital School of Nursing.

In the fall of 1931, Seattle College became the first Jesuit school to admit women to its evening extension. In 1933, this privilege was extended to day classes. In 1935, the Department of Nursing was introduced at Seattle College. The first graduates completed the program in 1939. The same type of affiliation that the University of Washington had for Providence students was arranged with Seattle College and, for a few years, students were permitted to select their collegiate affiliation with either Seattle College or the University of Washington, or to terminate after the diploma requirements were met. Completion of the collegiate program required 5 years, since the student was unable to carry more than a couple of courses each quarter due to the time spent in the hospital “on duty.” The Department of Nursing was given the status of School when the entire collegiate program was transferred to Seattle College in 1941. Affiliation with the University of Washington continued for some courses, though students graduated from Seattle College.
In 1948, Seattle College became Seattle University, and the nursing school became Seattle University School of Nursing. In February, 1953, the Seattle University School of Nursing basic collegiate program was approved by the National League for Nursing (NLN), making it the second program in Washington State to receive this honor. The program maintained continuous accreditation by NLN from 1953 to 2002. In 2002, the College of Nursing was awarded a full accreditation by the Commission on Collegiate Nursing Education.

In the spring of 1961, the nursing students moved from the nurses' residence at Providence Hall to the women's dormitories on the Seattle University campus. In the mid-1960's faculty offices and classrooms were transferred to the Seattle University campus; the move was completed in August, 1967. Experience in additional clinical facilities expanded the opportunities for student learning.

During the academic year, 1980-1981, the School of Nursing moved to its own building on campus in the renovated Gene E. Lynn Building. In July, 1994, the School of Nursing moved again into its present location in the completely renovated historic Garrand Building at the center of campus. This building, the oldest on campus, was the original site of Seattle College. The rededication of the building was held on December 8, 1994, with Archbishop Thomas Murphy officiating at a morning mass.

Many people have played a part in the development of the school. Several Deans have guided the program through the years; Sister Mary Ruth Niehoff, who was Dean from 1956-1969, played a major role in establishing the School of Nursing as a sound academic unit within Seattle University and provided the inspiration for subsequent Deans to follow her direction in achieving and maintaining a quality program. A core of “continuing” faculty has devoted time, energy, and talent to develop and maintain high standards for the program. Curricular changes over the years reflect changing health care needs and care delivery systems, as well as growth and development of the profession. Several grants have been awarded to improve the curriculum over the years.

In response to current health needs and trends, Seattle University School of Nursing initiated plans to institute a graduate nursing program. In September 1994, the graduate nursing program admitted its first class. The first MSN graduates received their degrees in June 1996. A master’s entry option for students holding non-nursing undergraduate degrees admitted its first class in 2002. Continued expansion of clinical facilities and the integration of simulation and the new Clinical Performance Laboratory have increased opportunities for student learning.

In 2004, the College of Nursing changed its name to “College of Nursing” to emphasize that the school is an integral part of the larger academic community at Seattle University.

In 2005, the College of Nursing opened a state-of-the art learning lab in James Tower on the Swedish-Providence Cherry Hill campus in order to increase the use of simulation, standardized patients and other innovative pedagogies for undergraduate and graduate education. The 19,000 square feet of space in the newly renovated and retrofitted building, a project of the Sabey Corporation, was made possible by the Jim & Janet Sinegal Initiative for Nursing Education, which provided Seattle University College of Nursing with $5 million to improve access to quality nursing care. The new learning lab includes twenty four beds, several clinical practice rooms with simulators, a diagnostic laboratory, 6 examination rooms, research facilities, a large computer classroom, as well as audio-visual equipment for additional training in diagnostic skills, treatment procedures, and strategies for patient care.

In 2011, in response to national trends in Advanced Practice Nursing education, the College of Nursing received approval from the SU Board of Trustees to offer a Doctor of Nursing Practice program. The first class was admitted, fall, 2012.
The College of Nursing is located in the Garrand Building, between the Administration building and Casey building on the Seattle University campus. The Garrand Building was built in 1893. It was named for Father Victor Garrand, S.J. In 1891, Father Garrand with his colleague, Father Adrian Sweere, S.J. established the Parish and School of the Immaculate Conception. The School became Seattle College in 1898. The oldest building on campus, the Garrand Building was the original site of Seattle College, the parish boys' school that became Seattle University. The building housed the Immaculate Conception Church, Jesuit living quarters, biology and chemistry labs, the Cave (a student cafeteria), and the university bookstore.

The building's original pitched roof and upper floors were destroyed by a fire in 1907. It was partially rebuilt and later left vacant from 1918 to 1931. Today, the building's interior and exterior have undergone extensive renovation. The exterior masonry was cleaned and restored, and the structure was updated to meet current seismic safety standards. A new pitched roof and cupola were added to mirror the look and feel of the original building. The building is equipped with faculty and administrative offices, classrooms and faculty workrooms.

In 2005, the first floor of the building was reconfigured and now houses several technology-enhanced classrooms. The second floor is occupied by the College of Nursing administration, several faculty offices, and a faculty/staff workroom. The Dean's Suite contains a beautifully appointed conference room. Located on the third and fourth floors are a number of faculty offices, conference rooms, as well as a faculty/staff lounge.

**Statement on Diversity**

Founded in 1891, Seattle University is the largest and among the most diverse independent universities in the Northwest. As set forth in the University's Mission Statement, Seattle University is dedicated to educating the whole person, to professional formation, and to empowering leaders for a just and humane world. Seattle University is committed to achieving excellence as the premier independent university of the Northwest in academic quality, Jesuit Catholic inspiration, and service to society. Seattle University Statement on Diversity can be found at: [http://www.seattleu.edu/policies/diversity/](http://www.seattleu.edu/policies/diversity/)

**Statement on Disabilities**

Seattle University is dedicated to educating the whole person, to professional formation, and to empowering leaders for a just and humane world. Students with disabilities are considered fully enfranchised members of the educational community. Seattle University recognizes that traditional
methods, programs, and services are not always appropriate or sufficient to accommodate the limitations experienced by some students with disabilities.

If you have, or think you may have, a disability (including an ‘invisible disability’ such as a learning disability, a chronic health problem, or a mental health condition) that interferes with your performance as a student in class, you are encouraged to discuss your needs and arrange support services and/or accommodations through Disabilities Services. See http://www.seattleu.edu/sas/disabilityservices/Inner.aspx?id=28740 for more information.

**Seattle University- Nondiscrimination Policy**

Seattle University does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, marital status, sexual orientation, gender identity, political ideology or status as a Vietnam-era or special disabled veteran in the administration of any of its education policies, admission policies, scholarship and loan programs, athletics, and other school-administered policies and programs, or in its employment related policies and practices. In addition, the University does not discriminate on the basis of genetic information in its employment related policies and practices, including coverage under its health benefits program. Seattle University Non-Discrimination Policy can be found: http://www.seattleu.edu/policies/nondiscrimination/

**College of Nursing Policy on Abortion**

Because Seattle University is a Catholic University, faculty and students do not participate in elective termination of pregnancy procedures. Caring for a client before or after an abortion is not regarded as participating in an abortional act (rev. 1989).

**College of Nursing Personnel**

<table>
<thead>
<tr>
<th><strong>Administration</strong></th>
<th><strong>Phone (206)</strong></th>
<th><strong>email</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Kristen Swanson</td>
<td>296-5675</td>
<td><a href="mailto:swansonk@seattleu.edu">swansonk@seattleu.edu</a></td>
</tr>
<tr>
<td>Dean of the College of Nursing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anne Hirsch</td>
<td>296-5665</td>
<td><a href="mailto:hirscha@seattleu.edu">hirscha@seattleu.edu</a></td>
</tr>
<tr>
<td>Associate Dean for Graduate Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Janiece DeSocio</td>
<td>296-2237</td>
<td><a href="mailto:desocioj@seattleu.edu">desocioj@seattleu.edu</a></td>
</tr>
<tr>
<td>DNP Track Lead</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Katherine Camacho Carr</td>
<td>296-5666</td>
<td><a href="mailto:kcarr@seattleu.edu">kcarr@seattleu.edu</a></td>
</tr>
<tr>
<td>DNP Internship Coordinator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ben Graves</td>
<td>296-6479</td>
<td><a href="mailto:gravesbe@seattleu.edu">gravesbe@seattleu.edu</a></td>
</tr>
<tr>
<td>Graduate Program Coordinator</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For a directory of College of Nursing personnel visit: http://www.seattleu.edu/nursing/Directory.aspx

(In addition, Appendix A contains biographical sketches of full time doctorally prepared CON faculty)
Program Overview

The Doctor of Nursing Practice (DNP) is a Post-Master's program that prepares advanced practice nurses to meet the demands of complex health care systems, the rapidly expanding scientific knowledge needed for practice, and the increasing needs for interprofessional collaboration and leadership. Graduates will provide leadership for just and humane health care policies and promote access to high quality, culturally competent health care and healthcare systems for vulnerable individuals, families, communities and populations through regional, national and global engagement.

College of Nursing Mission and Vision

Vision
We are recognized as an engaged, creative and dynamic learning organization, committed to social justice, innovation, scholarship, teaching excellence, and the formation of professionals ready to meet the evolving health care needs of a global community.

Values
- Empowerment
- Innovation
- Caring
- Social Justice
- Integrity

Mission
We educate and inspire leaders to transform healthcare for a just and humane world.

Special Features of the Doctoral Nursing Program

Students bring their previous graduate educational preparation and practice as a foundation for the doctoral learning experience. Exploration of nursing theory and education in translational research methods leads to new knowledge and alternative perspectives that can be applied to clinical practice and health care delivery system problems. The capstone project is an opportunity to critically examine current practice, develop innovative ideas, approaches or policies, and translate research to improve programs and systems of care.

Program Focus: Vulnerable Populations

In contemporary American society, many people face unique challenges related to exposure to physiological and psychosocial stressors, economic hardship, the heterogeneity and complexity of diverse cultures, and societal violence. These factors, in conjunction with personal, political or social vulnerabilities, create situations of high health risk in which nurses intervene to protect, promote, or restore high level wellness.

Graduates of the Seattle University Doctor of Nursing Practice (DNP) program are prepared to care for people who are vulnerable. These include families, individuals within families, as well as communities and populations who are at particularly high risk for incurring illness and decreased wellness. This
includes people living on the margins of society, or those who are at risk of being forced into the margins because of illness, financial hardship, or discrimination.

Providing health care to vulnerable people is consistent with Seattle University's commitment to social justice, which leads to compassionate human service. Further, Seattle University's mission seeks to develop in its graduates a sense of responsibility and the leadership skills to impact the society and world in which they live.

The graduate faculty at Seattle University’s College of Nursing believes that nursing care of vulnerable people requires both traditional and unique approaches of care. Doctoral students will consider the physiological, psychosocial, cultural, and spiritual dimensions of human responses to wellness and to the experience of illness. Students will design and implement nursing interventions based on critical analysis and synthesis of literature, which examine the multiple dimensions of vulnerability. Learning to care for vulnerable people will require an ability to expand the use of all senses in assessing needs, and an openness to the experiences of clients and care providers.

An important outcome of developing new and innovative nursing care strategies for vulnerable people is the efficient use of scarce resources. Resources can be used more wisely when health care providers focus on prevention of health alterations and employ effective management of chronic illness, rather than focusing on crisis care. Another outcome of the knowledge fostered by the DNP program is the opportunity for nurses to make a unique contribution to nursing's scientific knowledge by articulating new insights and translating research to improve the care of vulnerable people.

One of the primary approaches for nurses to intervene with vulnerable people is through partnership with those who are vulnerable. Essential dimensions of partnership include reflective listening, collaboration, empowerment, participatory decision-making and teaching, which are connected to the lives of the learners. Graduates will combine reflection and action to intervene with families, communities, populations and to advance societal changes. Partnership creates self-esteem, nurturing a sense of connectedness to others and promoting hope through the fulfillment of achievable goals by promoting health promotion campaigns, community organizing and strategies to influence social and health policy.

Partnership includes caring. Caring is a philosophy and a way of interacting with others that takes into account the worth and dignity of every individual. Caring creates an environment in which nursing care can be given and received, and teaching and learning can be maximized.

The ability to care, however, is hindered by an inability or unwillingness to understand the experience of another person, and is restrained by a lack of self-understanding. Graduate nursing education at Seattle University seeks to improve the level of understanding between clients and a nurse. A better understanding of others’ experience, as well as oneself, is a goal for all graduate nursing students, regardless of how individual backgrounds or experiences relate to those of clients.

In conclusion, the Doctor of Nursing Practice program at Seattle University focuses on a multidimensional concept of vulnerability in the context of families, individuals within families, communities and populations. Doctoral study emphasizes the use of traditional and non-traditional approaches to understanding human responses to wellness and illness. In fulfillment of Seattle University's mission, DNP graduates are prepared to assume diverse clinical, educational, and leadership roles in service to vulnerable populations.

**Program Learning Outcomes**

Graduates of the Seattle University College of Nursing DNP Program will demonstrate the following in the care of individuals, families, and/or communities within culturally diverse and vulnerable populations:
• Synthesize knowledge from nursing and other disciplines in the provision of evidence-based advanced practice nursing care.
• Utilize information systems technology to improve health care access, quality, and outcomes.
• Demonstrate competence in an advanced nursing practice specialty.
• Exercise leadership through scholarship, advocacy, and community engagement to achieve just and equitable health care systems that improve health potential and reduce health disparities of vulnerable populations.
• Evaluate and influence health care systems and health policy at local, state, federal, and global levels.
• Demonstrate effective communication and interprofessional collaboration in the promotion of health care access, quality, and outcomes.
• Evaluate beliefs, values, and ways of knowing to foster lifelong personal and professional development.
• Apply principles of ethical decision-making in complex clinical situations.

Admission Requirements
• Applicants to the DNP program must have a cumulative graduate GPA of at least 3.25 on a 4.00 scale. Applicants with less than a 3.25 may be considered on an individual basis given evidence of other achievements.
• Current unencumbered RN license. If applicant is a nurse practitioner, he/she must also have a current, unencumbered ARNP license.
• Master’s degree in nursing or other health related field from a CCNE or NLNAC accredited nursing program and/or a regionally accredited college or university.
• Credit will be granted for up to 500 post-baccalaureate supervised academic clinical hours contributing to the 1000 total supervised clinical hours required for graduation from the DNP program. Each applicant’s transcript will be individually evaluated for qualifying practice hours acquired in previous academic programs. Individual plans for completion of the 1000 required practice hours will be developed with each applicant.
• Letter of interest and resume/curriculum vita demonstrating academic ability, potential for leadership and clinical scholarship, and fit with Seattle University and the College of Nursing mission and values.
• Two letters of recommendation (at least one from an academic source) who can speak to the applicant’s potential for success in a doctoral level advanced practice nursing program.
• Completed Application for Graduate Admission and nonrefundable $55 application fee (fee waived for SU alumni).
Other specific admission criteria are described in the Graduate Catalog. Seattle University’s policy on “Admission to the University (2004-2)” and Admission Records Incomplete Documents (76-7)”: https://www.seattleu.edu/registrar/academic-policies/

Note: If English (ESL) is your second language and in order to fully engage in the program, you must submit official and sufficient English proficiency test scores from an accredited program or language school.

All applications are carefully reviewed and selected applicants will be invited to participate in a faculty interview process. A writing sample is required and is part of the interview process.

DNP Program Requirements
AACN Essentials for Doctoral Education for Advanced Practice Nursing (See http://www.aacn.nche.edu/publications/position/DNPEssentials.pdf ) form the foundation for the DNP Program curriculum and are embedded in the courses. The eight Essential areas of study include:

- Scientific underpinnings for practice
- Organizational and systems leadership for quality improvement and systems thinking
- Clinical scholarship and analytic method for evidence based practice
- Information systems/technology and patient care technology for the improvement and transformation of health care
- Health care policy for advocacy in health care
- Inter-professional collaboration for improving patient and population health outcomes
- Clinical prevention and population health for improving the nation’s health
- Advanced nursing practice

Nursing Graduate Course Credits

Clinical/Internship Practica
1 credit hour = 5 contact hours per week, or 50 contact hours per quarter.

Lecture Courses
These contact hours are considered to be both the minimum hours required and the maximum hours allowed per week.

<table>
<thead>
<tr>
<th>Credits</th>
<th>Contact Minutes</th>
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<tbody>
<tr>
<td>5</td>
<td>250</td>
</tr>
<tr>
<td>4</td>
<td>200</td>
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<tr>
<td>3</td>
<td>150</td>
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<tr>
<td>2</td>
<td>100</td>
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<td>1</td>
<td>50</td>
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These contact hours are consistent with University Policy.

Graduate Transfer Credit

Rationale: This policy statement is based on the Seattle University Transfer Credit Policy Number 77-1. It is meant as a guide for faculty teaching graduate courses in the College of Nursing in order to determine whether or not courses are acceptable for transfer of credit in the graduate program. Currently there is no challenge mechanism available for required courses in the DNP program.

Seattle University Transfer Credit Policy: Regionally accredited colleges and universities in the United States which have been approved by regional accrediting associations are considered to have academic standards of sufficient quality to allow acceptance of their courses as transferable equivalents to Seattle University. Credits from all other U.S. schools are not usually accepted. International school transfer credit evaluations are done in accordance with nationally established norms.

Seattle University Transfer Credit Policy can be found at: https://www.seattleu.edu/registrar/credits/transfer/ and then choose Transfer Credit Policy (77-1).

Process:
1. Post-baccalaureate and graduate credits are used in admission evaluations but are not transferred until a request for consideration of the transfer credit is filed on a Petition for Exception to Policy, and approved by the course faculty, Track Lead and Associate Dean.
2. The student requests in writing, using a “Petition for Exception to Policy” form, available from the Graduate Program Coordinator, that a graduate course they completed in the past be accepted.
and credits transferred. The student should complete the top portion of the form and submit to the appropriate course faculty with the information listed in step 3.

3. The student should provide the syllabus and any additional supporting material to faculty responsible for teaching the course the credits will replace. The faculty member will make a determination to establish whether or not the course is equivalent to the Seattle University College of Nursing DNP course. For some courses, faculty may also require previous coursework, a test of knowledge or a clinical skills check to assure competency and currency. Students need to submit all materials at least 8 weeks prior to the first day of the quarter in which the course requested for waiver is offered.

4. When a course is determined to be equivalent and is acceptable for credit transfer according to the criteria listed below, the course instructor, DNP Track Lead and the Associate Dean will then sign the “Petition for Exception to Policy” and send it to the Office of the Registrar for further evaluation.

5. The requesting student sends an official transcript to the Office of the Registrar prior to the posting of the transfer credit. More often than not, your transcripts will already be on file. Grades are not transferred, only course credit.

Acceptable Courses for Credit Transfer:
- The course must be from a U.S. regionally accredited institution.
- The course must have been completed within the last 6 years.
- The course must have been taken at the graduate or doctoral level and with graduate standing by the student at the time taken.
- The grade must be at least 3.0 on a 4.0 scale.
- Correspondence courses or extension courses are not acceptable.
- On-line courses need additional review by the Associate Dean for Graduate Studies.

Credit Transfer Limits
Up to 9 credits taken at the Master’s or Doctorate level within the past 6 years may be applied to satisfy program requirements based on review of transcripts and course syllabi. Credit must meet the criteria as outlined in the Transfer Credit Policy (Policy 77-1) and must be reviewed and approved by the College of Nursing and the University via a Petition for Exception to Policy.

Note: A minimum of 45 credits must be taken post-masters and 36 DNP course credits must be taken from Seattle University in order to obtain a DNP degree from Seattle University College of Nursing.
For Students who Graduated from Seattle University with an MSN/ARNP degree.
Student should contact the DNP Coordinator to check that a graduate course they completed in the past is accepted and credits are entered correctly on their student record. A Petition for Exception to Policy will need to be submitted to the Office of the Registrar in order for credits taken during the MSN degree to apply to the DNP degree.

Part-time Study: Individualized part time programs of study may be developed in consultation with DNP faculty and the DNP Track Lead. Students who seek approval for a part-time DNP program of study must realize that courses are not offered every quarter, and most courses are offered only once a year. This may affect the timing of DNP program completion.
# Typical Program of Study*

<table>
<thead>
<tr>
<th>First Year</th>
<th>Second Year</th>
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<tbody>
<tr>
<td><strong>Fall Quarter</strong></td>
<td><strong>Fall Quarter</strong></td>
</tr>
<tr>
<td><strong>NURS 6017</strong> Health Care System Economic &amp; Financial Analysis 3</td>
<td><strong>NURS 6002</strong> Vulnerability, Culture and Nursing 2</td>
</tr>
<tr>
<td><strong>NURS 6130</strong> Philosophy of Science in Nursing 3</td>
<td><strong>NURS 6010</strong> Ethical Considerations and Health Policy in Nursing 4</td>
</tr>
<tr>
<td><strong>NURS 6160</strong> Leadership in Health Care Systems 3</td>
<td><strong>NURS 6701</strong> DNP Capstone seminar and Internship I (150 internship hours) 3</td>
</tr>
<tr>
<td><strong>Total:</strong> 9 credits</td>
<td><strong>Total:</strong> 9 credits</td>
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<table>
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<tr>
<th>Winter Quarter</th>
<th>Winter Quarter</th>
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</thead>
<tbody>
<tr>
<td><strong>NURS 6014</strong> Critical Inquiry I 3</td>
<td><strong>5000-6000</strong> Level – Elective 3</td>
</tr>
<tr>
<td><strong>NURS 6018</strong> Health Program Planning and Development 3</td>
<td><strong>NURS 6702</strong> DNP Capstone Seminar and Internship II (100-200 internship hours) 2-4</td>
</tr>
<tr>
<td><strong>NURS 6120</strong> Population-Based Health Care 4</td>
<td><strong>Total:</strong> 5-7 credits</td>
</tr>
<tr>
<td><strong>Total:</strong> 10 credits</td>
<td><strong>Total:</strong></td>
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</table>

<table>
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<tr>
<th>Spring Quarter</th>
<th>Spring Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NURS 6011</strong> Nursing Informatics 4</td>
<td><strong>NURS 6703</strong> DNP Capstone Seminar and Internship III (100-200 internship hours) 2-4</td>
</tr>
<tr>
<td><strong>NURS 6015</strong> Critical Inquiry II 3</td>
<td><strong>DNP Capstone Presentation</strong></td>
</tr>
<tr>
<td><strong>NURS 6190</strong> Quality Improvement Processes and Methodologies 3</td>
<td><strong>Total:</strong> 2-4 credits</td>
</tr>
<tr>
<td><strong>Total:</strong> 10 credits</td>
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</tbody>
</table>

* A typical program of study is subject to change based on faculty and other resource availability.
Performance Criteria for College of Nursing Doctoral Program

Doctoral nursing students are subject to all of the academic policies set forth in the Seattle University Graduate Catalog of Information and the University’s Academic Probation, Dismissal, and Appeal Policies and Procedures for Graduate Programs. See http://catalog.seattleu.edu/index.php?catoid=18 to access the entire Graduate Catalog.

Seattle University’s policies on Academic Probation, Dismissal and Appeal Policies and Procedures can be found at: https://www.seattleu.edu/redhawk-axis/policies/

Progression
Progression through the nursing program of study is assured only when the student:

a. Achieves a grade of at least B- in all courses required for graduation.
b. Maintains a cumulative GPA of at least 3.25.
c. Has not withdrawn from any required nursing course.
d. Has not withdrawn from the University for any reason.
e. Takes the required nursing credits each quarter based on the assigned program of study, unless a change in the program of study is approved by the DNP Track Lead.

Progression is based on the sequential arrangement of the curriculum. Students may not take a succeeding level course without completion of the previous level course(s) or prerequisite courses, without recommendation of the progression committee and/or the approval of the DNP Track Lead.

The student whose conduct is judged unsafe, unethical, or unprofessional by faculty may not be allowed to complete the course(s). Unethical conduct includes academic dishonesty. Unprofessional or unsafe behavior, as documented by faculty, is the basis for a failing grade. The student will also be placed on academic probation, or may be subject to academic dismissal or disciplinary sanctions.

When a curriculum change occurs, the student must complete his/her enrolled program of study within one (1) year of the last regularly scheduled course in the former curriculum, OR apply to be reinstated in the new curriculum.

As a condition to progress in the DNP program, and as a condition of placement in internship sites, students must maintain an RN license in good standing. Students who have any stipulation or encumbrance on their licenses will be suspended until all encumbrances are removed. Failure to report such stipulation or encumbrance to the College of Nursing will result in immediate suspension. Readmission to the program will be dependent upon space and recommendation from the Progression Committee (see Appendix B for a full description of the CON Progression Committee).

Graduate students who have been absent from Seattle University for more than four consecutive quarters must complete a readmission application and have official transcripts of interim academic work sent to the Graduate Admissions Office, meeting the individual program's application deadline. For additional information, please see Readmission Requirements (76-10) at https://www.seattleu.edu/redhawk-axis/policies/

Graduation
A minimum 3.25 cumulative grade point average is required for graduation with a Doctor of Nursing Practice degree.
Seattle University’s policy on “Grade Point Average Requirements for Degree Completion (75-2): https://www.seattleu.edu/redhawk-axis/policies/
Academic Probation, Dismissal and Appeal Policy and Procedures for Graduate Students

Seattle University’s policy on Academic Probation Dismissal Appeal GR (2005-3):
https://www.seattleu.edu/redhawk-axis/policies/

Academic Probation
1. A student will be placed on academic probation in any of the following circumstances:
   a. The student enters the University with a GPA of less than 3.25.
   b. The student’s cumulative GPA falls below 3.25.
   c. The student achieves a grade lower than B- (2.75) in any course required for the program of study.
   d. The student withdraws from one required graduate nursing course.
   e. The student is found to have engaged in unsafe, unethical, or unprofessional conduct. Serious violations may warrant academic suspension or dismissal rather than probation.

2. When a student is placed on probation, the Associate Dean, the DNP Track Lead and/or the Progression Committee may establish conditions for the student’s continuing progression in the DNP program. If the student does not agree to the conditions, s/he will not be allowed to progress in the nursing program.

Seattle University’s policy on “Academic Probation Dismissal Appeal GR (2005-3):
https://www.seattleu.edu/redhawk-axis/policies/

Repeating a Course
1. A student who achieves a grade lower than B- (2.75) in a any course required for degree completion must repeat that course. The student may repeat the course only once after receiving a grade lower than B- (2.75).

2. The student will be permitted to register for a course being repeated only on a space-available basis.

3. A new plan of study must be developed by the student in consultation with his/her nursing advisor for progression through the sequence of nursing courses and a copy will placed in the student’s academic file.

4. A student may repeat only one (1) course in their DNP program of study.

5. Withdrawal from a course that is being repeated is not permitted.

Seattle University’s policy on “Repeated Courses (77-2)”: https://www.seattleu.edu/redhawk-axis/policies/

Withdrawing from a Course
1. A student may withdraw only once from the same nursing course.

2. A student may withdraw from a total of one (1) nursing course during the DNP program except in cases of hardship withdrawal.

Seattle University’s policy and procedures for Withdrawal (77-2): https://www.seattleu.edu/redhawk-axis/policies/

Academic Dismissal may result from any of the following:
1. A student on academic probation for any three (3) academic quarters (including summer, if enrolled) will be dismissed from the College of Nursing. Following this academic dismissal, the student may not apply for reinstatement for at least one quarter.

2. Achievement of a grade lower than a B- (2.7) in a specialty course being repeated.

3. Two (2) withdrawals from the same nursing course.

4. Withdrawal from more than one (1) nursing courses.
5. Unsafe, unethical, or unprofessional conduct or behavior.

Violation of the Seattle University Academic Integrity Policy 2011-03 (See SU Student Handbook at https://www.seattleu.edu/redhawk-axis/policies/)

**Disciplinary Dismissal** may result from any of the following:

1. Violation of the **Seattle University Code of Student Conduct** (see Section 3 below and SU Student Handbook).

2. Violation of other University policies and procedures.

3. Manifesting a pattern of unprofessional conduct that reflects poorly on Seattle University, the College of Nursing, or affiliated agencies. Examples of unprofessional conduct include, but are not limited to, boundary violations, speaking negatively about the University, its programs, or affiliated agencies in public, or harassment of faculty, staff or students. See RCW Chapter 18.79 (Washington State Nurse Practice Act) for information on boundary violations.

4. Students may be suspended from the clinical setting and/or the DNP program, while an investigation is on-going for alleged unprofessional, unethical or illegal activities, and/or alleged behavior in conflict with the regulations of the Washington State Quality Assurance Commission for Nursing or the licensing board in the jurisdiction where clinical practice is occurring. If allegations are not substantiated, the student may request reinstatement through the Progression Committee.

**Appeals**

1. An appeal of academic penalty involving academic suspension, probation, or dismissal must be filed by the student in writing with the Associate Dean of the College of Nursing by the third Friday of the following quarter. The Progression Committee will review the appeal and make the presumptively final decision regarding progression, dismissal, and readmission with academic and/or disciplinary difficulties. Students wishing to appeal other academic penalties are referred to the Academic Integrity Policy (https://www.seattleu.edu/uploadedFiles/COE/Current_Students/Academic_Integrity_2011-3.pdf) in the Seattle University Student Handbook and the SU Professional Conduct policy (https://www.seattleu.edu/uploadedFiles/COE/Current_Students/Professional_Conduct_2011-2.pdf)

2. If a student is readmitted following an appeal of dismissal or suspension, the student must achieve a grade of at least B- (2.7) in all courses in the DNP program of study and a cumulative GPA of at least 3.25. No withdrawals will be allowed, nor will there be any further probation period.

3. Students should also be aware of the academic grievance procedure which will guide the University’s response to allegations of arbitrary and capricious behavior by any member of the teaching faculty in the evaluation of a student’s academic performance and in the assignment of final course grades.

4. An appeal of disciplinary sanction involving a violation of University policies and procedures, including the Code of Student Conduct, will be processed according to the Code of Student Conduct Appeal procedures, which are published in the Seattle University Student Handbook.

**Reinstatement After Dismissal**

1. After an absence (following dismissal) from Seattle University of one quarter or more (excepting summer quarter for students whose program does not require summer attendance), a student must formally apply in writing for readmission to the University and College of Nursing. A readmission
application is subject to review by the Progression Committee, the Associate Dean, the DNP Track Lead, or his/her designee who may establish conditions for readmission. The student who agrees to and accepts the conditions for readmission will be required to meet both program and academic performance requirements in place at the time of readmission. Readmission to nursing courses is subject to space available.

If the student does not agree to or accept the conditions for readmission, the readmission will be rescinded. Future application may be made no sooner than one year from the time of dismissal, and is made through the formal admissions process. The admissions decision is subject to review by the Associate Dean and Progression Committee, which may establish conditions for readmission. If readmitted, the student is required to meet program and academic performance requirements in place at the time of readmission. Readmission to nursing courses is subject to space available, and the student may not apply for readmission for at least one year.

2. After an absence of four or more consecutive quarters (excepting summer quarter for students whose program does not require summer attendance), a student must provide evidence of competence in nursing courses previously completed. Criteria for demonstrating competence are determined by the Associate Dean, Track Lead of DNP Program in collaboration with course faculty and the Progression Committee as a condition of readmission.

3. Following readmission after an appeal of dismissal, a student must achieve a grade of at least B- (2.7) in all courses in the DNP program of study and maintain a cumulative GPA of at least 3.25. No withdrawals will be accepted, nor will there be any further probationary period.

4. A student may be readmitted only once after having been dismissed for academic reasons.

Seattle University Academic Policies for Graduate Students

Please refer to the Seattle University 2014-2015 Graduate Catalog for information regarding the following policies (see https://www.seattleu.edu/redhawk-axis/policies/)

- Degree Requirements
- Time Limits for Completing Degree
- Transfer Credits for Graduate Courses Taken at another Institution
- Retaking of Courses
- Grading
- Academic Probation
- Academic Dismissal
- Readmission
- Simultaneous Enrollment
- Hardship Withdrawal
- Official Withdrawal
- Grieving a Course Grade

Students should be familiar with the academic policies of the University above. In addition, the College of Nursing academic policies for graduate students are found on the pages that follow.
**Seattle University Grading Policy**

Seattle University “Grade Point Average Requirements for Degree Completion (75-2)”
[https://www.seattleu.edu/redhawk-axis/policies/](https://www.seattleu.edu/redhawk-axis/policies/)

B- is the lowest acceptable grade for DNP courses. A DNP student must repeat a course with a grade of C+ or below.

Seattle University “Repeated Courses (77-2):” [https://www.seattleu.edu/redhawk-axis/policies/](https://www.seattleu.edu/redhawk-axis/policies/)

The grading scale for all College of Nursing graduate courses is as follows:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Value</th>
<th>Score Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>4.0</td>
<td>94 and above</td>
</tr>
<tr>
<td>A-</td>
<td>3.7</td>
<td>90-92</td>
</tr>
<tr>
<td>A+</td>
<td>3.3</td>
<td>87-89</td>
</tr>
<tr>
<td>B</td>
<td>3.0</td>
<td>83-86</td>
</tr>
<tr>
<td>B-</td>
<td>2.7</td>
<td>80-82</td>
</tr>
<tr>
<td>C+</td>
<td>2.3</td>
<td>77-79</td>
</tr>
<tr>
<td>C</td>
<td>2.0</td>
<td>73-76</td>
</tr>
<tr>
<td>C-</td>
<td>1.7</td>
<td>70-72</td>
</tr>
<tr>
<td>D+</td>
<td>1.3</td>
<td>67-69</td>
</tr>
<tr>
<td>D</td>
<td>1.0</td>
<td>63-66</td>
</tr>
<tr>
<td>D-</td>
<td>.7</td>
<td>60-62</td>
</tr>
<tr>
<td>E</td>
<td>0</td>
<td>below 60</td>
</tr>
</tbody>
</table>

“B-” is the minimum passing grade in the College of Nursing DNP program.

**Challenging a Course Grade**

The ultimate responsibility for the integrity of the academic grading process belongs to the university as an institution. Individual faculty members routinely act as agents for the institution in evaluating the student’s academic performance and in assigning final course grades. In the event of a student’s challenge to a final course grade, the burden of proof lies with a student who claims a grievance. The faculty member has an obligation to award course grades on the basis of standards set at the beginning of the course. The following process will guide the university’s response to allegations that a faculty member acted arbitrarily and capriciously in assigning course grades. The procedure does not apply to mathematical errors in calculating the grade, academic dismissals from the university, or questions of professional judgment concerning course content, instructional methods and appropriateness of performance standards.

Seattle University’s policy and procedures for Academic Grading Grievances (2004-7)”:
[https://www.seattleu.edu/redhawk-axis/policies/](https://www.seattleu.edu/redhawk-axis/policies/)

**Seattle University Code of Student Conduct**

As a Catholic and Jesuit university, Seattle University is a learning community that values the dignity and worth of persons. Consistent with its values, the University fosters the respect needed for students to live, work, study, and socialize together as a community. All members of the University community are expected to observe standards that reflect personal accountability and responsibility for the common good; demonstrate regard for the safety, security and health of others; maintain the atmosphere needed for study and reflection; show respect for individuals; and value truthfulness and personal integrity. This
policy is referred to as the “Code of Student Conduct” or “Code.” The entire Code of Student Conduct including Standards of Contact can be found at http://www.seattleu.edu/deanofstudents/policies/conduct/

**Seattle University Professional Conduct Appeals**

In preparation for their chosen professions, Seattle University students may work in direct contact with clients or patients as a part of their practice, clinical or field experiences. Due to the obligation to protect clients and patients, students in practice and other professional settings must demonstrate the requisite knowledge, skills, and judgment needed to be a competent practitioner. Additionally, students in practice and other professional settings must at all times conform to conduct that demonstrates the appropriate ethical, professional and social (behavioral) attributes expected of professionals in that practice. Professional conduct is, therefore, determined by the professional standards and codes of ethics of the profession for which the student is being prepared and educated.

These procedures apply to student violations of a school, college and/or program’s professional standards of conduct that are considered to be so egregious by the school or college as to warrant dismissal from a professional program and/or denial of a certificate, licensure or degree for violation of professional standards.

Seattle University’s “Professional Conduct: Appeals Policy 2011-2) can be found at: https://www.seattleu.edu/uploadedFiles/COE/Current_Students/Professional_Conduct_2011-2.pdf

**Seattle University Academic Integrity Policy**

Seattle University asserts that academic honesty and integrity are important values in the educational process. Academic dishonesty in any form is a serious offense against the academic community. Acts of academic dishonesty or fraud will be addressed according to the Academic Integrity Policy.


**College of Nursing Policies and Procedures**

**Communication**

The major means of communicating with students is through the Seattle University e-mail system. If you are new to Seattle University, you must establish your campus e-mail address as soon as you matriculate. **It is the Seattle University e-mail address, not your personal server address that faculty and staff will use to communicate with you.** You can have your Seattle University e-mail forwarded to your personal address if that is most convenient for you.

Each student is provided a Seattle University e-mail address free of charge. It is set up through the Information Services office at (206) 296-5571 after receiving a Seattle University Student I.D. Card (Campus Card) at (206) 296-2273. One major advantage of using your Seattle University e-mail account is that, while your mailing address may change throughout the course of your enrollment, your e-mail account may always be accessed via the “Current Students” page on the Seattle University website.

List-serves are established to inform you of class activities, employment opportunities, scholarships, class meetings, and special events. When your health record requires an update, notification will be sent to you by e-mail. In addition, faculty directs course information, assignments, discussions, and clarifications to you through e-mail. **Remember to check your Seattle University e-mail account daily, as you are responsible and accountable for messages and information sent to you through this means.**
Because the need to communicate with you may occur outside of classroom hours, we request that your current address, telephone number and Seattle University e-mail address be available on file with the Registrar’s Office. An emergency contact phone number is also helpful. The confidentiality of this information will be respected according to your instructions.

To contact faculty, students should use instructor office telephone number/ voicemail or e-mail to leave messages. Faculty will supply you with additional contact info, such cell phone number or Skype moniker.

**Professional Behavior**
Students are expected to maintain professional behavior at all times while participating in the CON programs. Consistent with the College of Nursing’s mission, respect for clients, faculty, staff, and student colleagues is expected. Agreement with expressed opinions and facts may not always be possible or even desirable; however, respect for individuals to express those thoughts is the basis for professionalism. As we strive to work in cooperative teams, communication and evaluation of our behaviors and practice by others is inherent for growth. Therefore, willingness to listen to critique and to modify behaviors accordingly are expectations of the CON community. Goals of the CON are to nurture an atmosphere of collegiality among students, students and faculty in order to foster a positive learning environment.

**Taping in class**
Students who wish to audio tape, record or videotape lectures or other classroom activities must obtain permission of the instructor. Instructors may require signed assurance that the taping is for personal student use only. Instructors have the right to refuse to permit taping in the classroom.

**Professional Appearance**
Advanced practice nurses are professionals, and professional clothing and behavior is expected at all times when representing the nursing profession or the College of Nursing to the public. Individual faculty has the right to set standards for professional appearance in their courses, but general guidelines follow.

In DNP Internship Rotations, students are expected to present a neat, clean, professional appearance at all times. A lab coat may be required in some settings, especially in primary care clinics. Guidelines for hair, jewelry, fragrances, and accessories should follow clinic or agency standards. Jeans, stretch pants, and sweats are never appropriate. Tops do not require collars, but low-cut tops and those that expose the midriff are inappropriate for women. T-shirts should not be worn as outerwear in clinical settings.

**American Psychological Association Format for Papers**
Formal papers submitted for all doctoral nursing courses should follow the writing and documentation guidelines of the *Publication Manual of the American Psychological Association* (6th ed., 2009). The manual can be purchased at the Seattle University Bookstore. An orientation to APA format will be offered each fall quarter. Students are encouraged to take advantage of this helpful offering to familiarize themselves with the basics of APA format. There are also several helpful websites with information about APA format.

**Technology Recommendations**
Drug and other reference books are increasingly large and heavy. Due to the continually updating of this critical information, these books are also often out-of-date at the time of their publication, so consider investing early in a smart phone. The Graduate Curriculum & Evaluation Committee recommends the purchase of an iPhone, android, or other smart phone/Wi-Fi-enabled device, if you do not have one already. A wide variety of nursing and medical references are already available for download, including...
nursing and medical drug references, Taber’s Medical Dictionary, ePocrates, Up-to-Date, and a number of additional diagnostic and disease reference tools as supplemental resources for advanced practice.

It is also advisable for doctoral students to have a laptop computer with Wi-Fi that they are able to bring to and from class, as well as enable them to access course materials online. Software and Hardware may be purchased at a discounted rate through the SU OIT Technical Purchasing program if desired. The OIT Technical Purchasing website is: https://www.seattleu.edu/oit/ServicesDetail.aspx?id=54707. Microsoft Office is strongly recommended and is available at a discount to students. Additionally the Seattle University Bookstore sells computers and some software.

It is suggested that computers have the latest version of the following free software:

- Mozilla Firefox (http://www.getfirefox.com) and/or Google Chrome (https://www.google.com/chrome)
- Adobe Flash (http://get.adobe.com/flashplayer)
- Java (http://java.com)
- Microsoft Silverlight (http://www.microsoft.com/getsilverlight)
- Adobe Reader (http://get.adobe.com/reader)
- VLC Media Player (http://www.videolan.org/vlc)

Although the Office of Information Technology (SU OIT) HelpDesk and nearly all software we use is supported by both Mac and PC operating systems, the College office computers and faculty are overwhelmingly PC-based.

You will need a reliable Broadband connection. You will be able to access your SU e-mail, course webpages, and SU Library search from home. In addition, some of the DNP courses will be offered in a hybrid format (online and on campus) and you will need to access course materials online or skype into class from your distant location. You may also find a personal USB thumb drive handy for moving files from one computer to another and a printer.

**Expectations for Student Computer Skills***

- Ability to input data via mouse and keyboard
- Ability to open, close, save, print, copy, cut and paste, and make attachments to files
- Ability to access and search the internet, send and receive e-mail, download, install and handle files and graphics.
- Ability to install programs and manage files
- Ability to word process documents and search databases
- Ability to use PowerPoint
- Ability to use Microsoft Excel program at a basic level

*Seattle University has a site license to the comprehensive video based technical training site Lynda.com, which is accessible at http://www.seattleu.edu/lynda. Feel free to use this site as much as needed to enhance your technical skills.

**Student Name Pin**

Ensuring safety and security in clinical settings is of critical importance to health care agencies. Therefore, students wear a name pin identifying them as Seattle University students in all clinical settings. Name pins are ordered from the Customer Service Representative in the Seattle University Bookstore,
and should be obtained prior to beginning DNP Internships. Name pins should have the following information: Name (first and last), and the appropriate credentials such as MSN, ARNP or RN, Doctoral Student, and Seattle University College of Nursing. It is helpful if you order two name pins so you have an extra in case you lose one.

**Academic Advising and Selection of a Capstone Chair**

**Seattle University Graduate Advising Mission Statement**

Seattle University recognizes that academic advising is integral to the achievement of our educational mission. Academic advising at Seattle University is guided by our values: care, academic excellence, diversity, faith, justice, and leadership. Seattle University Mission Statement for Advising: [http://www.seattleu.edu/advising/about/mission/](http://www.seattleu.edu/advising/about/mission/)

All DNP students are initially assigned a faculty member as an academic advisor. The advisor is a resource for program information and advice. Students should meet with their advisor at least once a quarter.

**Advisor’s Role/ Context of Advising Relationship**

An advisor's role is consultative in nature and is not one of granting or denying administrative approval to students for particular procedures or actions. The advisor assumes the following responsibilities, including, but not limited to:

- Faculty advisors will serve in the primary role as advocates for student welfare
- Assist students with the adjustment to school and maintain regular contact for the remainder of their academic career
- It is the advisors responsibility to make the initial contact with their assigned student(s)
- Provide guidance in helping students identify and address academic and non-academic problems early
- Provide initial guidance and evaluation of the DNP Portfolio
- Serve as or provide guidance in identifying an appropriate chair for the student’s Capstone Project Committee
- Direct advisees to resources in the University including other faculty
- Address student issues in a confidential manner except in cases where there is concern about the welfare of the student or others
- Provide students with a positive professional role model
- Inform the Graduate Program Coordinator and DNP Track Lead by completing Form C (found in Appendix H) if a student desires to change advisors

**Questions to discuss with your advisor:**

- What, if anything, worries you about your doctoral program?
- How can an advisor help you the most?
  - Policies
  - Capstone Project and IRB guidance
  - Problems – personal, academic, financial
  - Information
- Do you have concerns about adjusting to the program of study?
- Are you aware of the resources available to you? (tutoring, writing center, counseling, career planning, etc.)
- Are there special situations that may affect your participation in your program of study? For example, your job, family responsibilities, special provisions, or military obligations.
The advising process should move beyond directive practices to a more consultative approach. Such advising encourages student reflection upon and analysis of his/her Capstone Project. The resulting advisor-advisee relationship would be implemented through a mentoring process featuring interactive communication, socialization into the academic community, and sponsorship into the profession.

**Committee Chair’s Role**
In addition to the responsibilities listed below, the Capstone Chair will step in to fill the advisor role for the remainder of the student’s program.

- Guides process, works closely with student to establish timeline, assists student to access needed resources
- Acts as liaison between student, the agency where the capstone project is implemented, and the CON, seeking both formal and informal feedback on the student’s performance and progress; making at least one site visit (preferably during the first quarter) and one phone/skype contact each of the other 3 quarters. (site visits with out of the region agencies may take place via Skype or phone)
- Reviews and comments on drafts of written material
- Reviews and comments on the DNP Portfolio submissions
- Works with DNP Internship Coordinator to ensure student has and follows plan to complete required number of clinical experience hours
- Ensures project quality sufficient to meet CON and University standards
- Decides when material should be submitted to other committee members
- Approve, with committee, the proposal and the final product
- Writes letter of commendation for the student file when the project is rated as “outstanding”

Students will identify a Capstone Committee Chair no later than the end of NURS 6015, Critical Inquiry II. Once students have identified a capstone project chair, who may or may not be the originally assigned advisor, that faculty person will take over the role of academic advising for the student and guide the student through the capstone project development. Students should complete FORM C – the DNP Capstone Committee Declaration Form in Appendix H no later than the end of NURS 6015 and submit it to the Graduate Program Coordinator.

Please review Appendix D of this Handbook on the Capstone Project Guidelines for information about choosing a supervisory committee for your capstone experience. To learn about faculty areas of interest, see the faculty biosketches in Appendix A of this Handbook or the CON website. Production deadlines preclude inclusion of all current faculty biosketches in this Handbook. Consult with your academic advisor, faculty for NURS 6015 and/or the DNP Internship Coordinator for assistance in identifying faculty whose scholarly interests are similar to yours.

**Overview of the Capstone Project**

Demonstration of scholarship is an important difference between undergraduate and graduate education. A key outcome of the DNP program at Seattle University College of Nursing is completion of a capstone project. The capstone project should provide evidence of the student’s critical thinking and ability to translate research into practice through problem identification, proposal development, implementation, and evaluation. The project also incorporates a systematic review and analysis of the literature on a topic of relevance to advanced nursing practice and vulnerable populations. The capstone project requires supervision.
by a faculty committee and involves in-depth exploration of a topic with the expectation that the quality of the student work is at a level suitable for submission for publication in the scientific literature. A detailed description of the capstone project requirements is found at the end of this Handbook in Appendix D.

**DNP Internships**

**Process for finding clinical sites**

Capstone project internships for all students in the DNP program are made by the Graduate Program Coordinator in collaboration with the student, DNP Internship Coordinator and DNP Track Lead. DNP students are expected to enter the program with firm options for internship placements and mentors. Students will provide contact information for a clinical agency and a specific preceptor or site mentor and complete FORM A: DNP Capstone Preparatory Information in Appendix H and submit the form to the Graduate Program Coordinator for follow-up.

**Internship (Clinical Experience) hours**

Students complete the majority of their internship experiences when they are enrolled in the DNP Capstone Seminar and Internship courses (NURS 6701, 6702 and 6703) as well as the optional internship course (NURS 6700) for students needing more than 500 hours.

Practice hours toward the required 1000 hours may include any of the following experiences (as many as 500 hours may be counted from supervised clinical hours from Master’s preparation):

- Capstone project planning meetings
- Working with clients, administrators, other clinicians with a capstone project focus
- Community meetings
- Application of analysis and synthesis of the literature in a specific clinical context or with a patient population
- Collecting data
- Program evaluation or quality improvement activities within a clinical environment
- Working with your committee
- Policy Analysis and advocacy within a legislative or political action forum
- Interviews and in depth work with other professionals in the practice environment

Internship hours and activities for each quarter should be tracked using the online tracker spreadsheet on Google Docs and submitted quarterly to the DNP E-Portfolio. A minimum of 350 (maximum 550) internship hours must be complete during the capstone sequence 6701, 6702 and 6703. NURS 6700 may be taken if student needs additional internship hours.
HEALTH REQUIREMENTS FOR THE COLLEGE OF NURSING

ALL nursing students must have current and up-to-date documentation of meeting ALL health and safety requirements for their Clinical Passport on file with the online CertifiedBackground.com CertifiedProfile Tracker. All requirements must be met prior to participation in patient care/clinical experience and in order to maintain a status of good standing. Students will place their background check order on CertifiedBackground.com and then set up their CertifiedProfile Tracker. Students will be able to view all the requirements mandated by the College of Nursing for their Clinical Passport. Upon completion of each requirement, students are able to upload, fax or mail in their documentation to their Certified Profile Tracker. Once completed the requirements will be reviewed and verified online. Failure to meet the requirements and specified College of Nursing deadlines will prevent a student from entering or continuing in any nursing courses and thereby alter progression in the program.

As a nursing student, the requirements of the College of Nursing take precedence over any travel arrangements (including study abroad), job requirements, etc. In order to be eligible to participate in nursing courses, students must have a completed Clinical Passport, be in good standing and meet all other nursing requirements and deadlines.

Students are to keep all health records current and up to date in their online CertifiedProfile Tracker for CON Compliance and their Clinical Passport. These documents must be available at all times in order to provide immediate verification to clinical agencies, employers and other parties as required. Students have 24/7 access to their online CertifiedProfile Tracker for convenient management. Agencies conduct zero tolerance compliance audits throughout the program and will not accept records that expire during a quarter. Failure to meet the requirements and specified College of Nursing deadlines will prevent a student from entering or continuing in any nursing courses and thereby alter progression in the program and their good standing.

Washington State Registered Nursing License
DNP students are required to have an unencumbered current Washington State Registered Nursing License, Washington State Advance Registered Nurse Practitioner License and certification in their area of specialty, if appropriate, for online verification by the College of Nursing prior to participation in clinical experiences.

Background Check
You will be expected to undergo a background check through CertifiedBackground.com and Washington State Patrol and provide the report results before you are accepted for assignment to a clinical training site. In addition, your clinical site will require you to provide it with a satisfactory criminal background check before you begin your clinical assignment or may require you to undergo a criminal background check of the agency’s choice prior to beginning a clinical experience in that agency. It is the student’s responsibility to meet all deadline requirements specified by the College of Nursing in order to participate in any nursing courses and remain in good standing.

CPR Certification
Students must hold current certification in: American Heart Association - Health Care Provider Course (2 year certification). Other CPR courses are not accepted.

The BLS Healthcare Provider Course is designed to teach the skills of CPR for victims of all ages
(including ventilation with a barrier device, a bag-mask device, and oxygen); use of an automated external defibrillator (AED); and relief of foreign-body airway obstruction (FBAO). It is intended for participants who provide health care to patients in a wide variety of settings, including in-hospital and out-of-hospital.

Students must show evidence of proper certification prior to starting clinical practice. Any lapse in coverage will render the student ineligible for participation in classes and in clinical nursing courses. It is the student’s responsibility to meet all deadline requirements specified by the College of Nursing in order to participate in any nursing courses and remain in good standing.

**Professional Liability Insurance**
DNP students are required to carry Personal Professional Liability Insurance. Evidence of current coverage must be on file with the online Certified Profile Tracker. If the cost or availability of personal professional liability insurance is prohibitive, students should discuss with the DNP Track Lead to seek an exception to policy.

**Health Assessment/Physical Examination**
Each student is required to obtain a physical examination from a licensed health care provider who, in turn, is requested to verify the student's health status based on professional judgment as to the student's eligibility to fully participate in the educational program of study with clients of all ages, stages of development, and who present many varied conditions/diagnoses. The clinical assignments require color recognition by testing as well as corrected vision and hearing to normal range. The extent of the physical examination is the responsibility of the health care provider. The history and physical examination report may be submitted on a form utilized by the provider, and attached to the completed health assessment / physical examination form required by the College of Nursing. Any condition which may interfere with the provision of care in the clinical setting should be discussed with the student's clinical instructor(s) and the DNP Track Lead (See Policy 90 in this Handbook for further elaboration). In most instances, this physical examination will fulfill requirements through graduation or for two calendar years. Under no circumstances will a student be allowed to progress into second quarter nursing courses without meeting this requirement.

**Health and Accident Insurance**
Students are required to carry comprehensive health and accident insurance. Information on the Seattle University student insurance plan is available through the Seattle University Student Health Center. Students must show evidence of current health insurance coverage by providing a copy of their current health insurance card.

**Students are expected to maintain continuous insurance coverage data.** Evidence of current coverage can be required at any time during the program of study. Lapse of insurance coverage will restrict clinical participation, the consequences of which are the sole responsibility of the student.

NOTE: The College of Nursing is required by clinical agencies to provide evidence of coverage by a comprehensive health and accident plan which will provide continuous coverage during participation in clinical.
Immunization / Testing Requirements

This information outlines the immunizations and testing requirements while in the nursing program of study. All records must have agency signatures and list the agency name and address. Students will place their background check order on CertifiedBackground.com and then set up their online CertifiedProfile Tracker. Students will be able to view all the requirements mandated by the College of Nursing. Upon completion of each requirement, students are able to upload, fax or mail in their documentation to the online Certifiedbackground.com CertifiedProfile Tracker. Once completed the requirements will be reviewed and verified online.

Students are to keep all health records current and up to date in their online CertifiedProfile Tracker for CON Compliance and their Clinical Passport. These documents must be available at all times in order to provide immediate verification to clinical agencies, employers and other parties as required. Students have 24/7 access to their online CertifiedProfile Tracker for convenient management. Agencies conduct compliance audits throughout the program. Failure to meet the Clinical Passport requirements and specified College of Nursing deadlines will prevent a student from participating in patient care/clinical experience and thereby alter their good standing and progression in the nursing program.

1. **TUBERCULOSIS SCREENING**

| REQUIRED RECORDS: | DATES OF ADMINISTRATION AND INTERPRETATION, RESULT OF TESTING WITH SPECIFIC INDURATION FINDINGS; AGENCY NAME OR HEALTH CARE PROVIDER SIGNATURE IS REQUIRED AS WELL AS STUDENT NAME AND BIRTH DATE. |

Must be completed annually by the specified College of Nursing deadline. 2 step TB Skin test: Two TB skin tests (each test involves two visits – one for the placement of the test and one to have the results read 48-72 hours later) within the past year OR QuantiFERON TB Gold test required. Measurement of induration, if present, must be reported in millimeters along with the lapsed time between test and reading, usually 48-72 hours. The reading must be done by the same Health Care Provider (HCP). If the student’s history or physical condition indicates the need to retest, despite negative results, a second test should be done within three weeks. If a student tests positive, a follow-up examination, chest x-ray and treatment are indicated. Reports of treatment plan and use of prophylactic drug therapy, if prescribed, must be documented. Absence of clinical disease must be verified by HCP with Annual Review and Education on symptoms of active TB form updated and kept on file.

2. **HEPATITIS B VACCINE**

| REQUIRED RECORDS: | DATES OF EACH INJECTION AND POSITIVE ANTIBODY TITER RESULTS; AGENCY NAME OR HEALTH CARE PROVIDER SIGNATURE IS REQUIRED AS WELL AS STUDENT NAME AND BIRTH DATE. |

Both of the following are required: 3 vaccinations AND a positive antibody titer (lab report required). The series of three injections must be spaced as follows: Dose one and two, one month apart; dose three, six months after dose one. A positive titer is required after all three doses (lab report required). If the titer is negative or equivocal, you must repeat series and provide a 2nd titer. If you cannot provide vaccination documentation and can demonstrate a positive antibody titer, a negative surface Antigen Titer is required IN LIEU of vaccination documentation.
3. **TETANUS-DIPHTHERIA-PERTUSSIS (TDAP)**

**REQUIRED RECORDS:**
- DATE OF IMMUNIZATION;
- AGENCY NAME OR HEALTH CARE PROVIDER SIGNATURE IS REQUIRED AS WELL AS STUDENT NAME AND BIRTH DATE.

Tdap Immunization or booster within the last 10 years. (Td is not accepted.)

4. **MEASLES / MUMPS / RUBELLA (MMR)**

**REQUIRED RECORDS:**
- DATE OF TWO IMMUNIZATIONS OR POSITIVE ANTIBODY TITER FOR ALL THREE COMPONENTS;
- AGENCY NAME OR HEALTH CARE PROVIDER SIGNATURE IS REQUIRED AS WELL AS STUDENT NAME AND BIRTH DATE.

One of the following is required: 2 vaccinations OR positive antibody titer for all 3 components (lab report required). If any titer is negative or equivocal, you must receive 1 booster shot and provide a 2nd titer.

5. **CHICKENPOX / VARICELLA**

**REQUIRED RECORDS:**
- DATE OF TWO IMMUNIZATIONS OR POSITIVE ANTIBODY TITER;
- AGENCY NAME OR HEALTH CARE PROVIDER SIGNATURE IS REQUIRED AS WELL AS STUDENT NAME AND BIRTH DATE.

One of the following is required: 2 vaccinations OR positive antibody titer (lab report required). If the titer is negative or equivocal, you must receive 1 booster shot and provide a 2nd titer. (History of disease is not accepted.)

6. **INFLUENZA**

**REQUIRED RECORDS:**
- DATE OF IMMUNIZATIONS OR APPROVED DECLINATION WAIVER;
- AGENCY NAME OR HEALTH CARE PROVIDER SIGNATURE IS REQUIRED AS WELL AS STUDENT NAME AND BIRTH DATE.

One of the following is required: documentation of a flu shot administered during the current flu season OR a declination waiver. Declination waiver must be completed on school form. Flu Declination Forms are available by permission only.

7. **ADDITIONAL IMMUNIZATIONS**

Additional immunizations may be required based on the agency or program of study. It is the student’s responsibility to meet all requirements specified by the clinical agency as well as the College of Nursing in order to participate in any nursing courses and remain in good standing. If students participate in international field experiences, additional immunizations may be required. The Center for Disease Control and Prevention Travel Advisory Guidelines for the specific region or country will be used to determine requirements.
Seattle University and College of Nursing Resources

College of Nursing Clinical Performance Lab

Student Orientation to the Clinical Performance Lab

Background:

Located at James Tower on the Swedish Medical Center Providence Campus, the College of Nursing has an extensive facility housing a basic skills, advanced skills, practice, simulation, community, and computer labs. Lab hours are posted at the front desk in the lab. The facility is typically open 8:00 am - 4:30 pm Monday through Friday, but this is subject to change based on course schedules. Students are expected to comply with the Clinical Performance Lab student expectations.

Student Information and Expectations

Appearance

- Students are expected to dress in general professional attire while at the CPL. The CPL is in a professional outpatient care facility and students entering our lab are representatives of Seattle University
- Professional attire is defined as no low-cut tops, miniskirts, sweatpants, or bare midriffs. Professional denim (no rips or holes) is allowed.
- If working in a clinical area of the lab where sharps are present (e.g. Ellipse, Graduate Lab, Simulation Suites) closed toed shoes are required for student safety.

The CPL is a “Scent Free Zone.” In order to prepare our students for the clinical setting, we ask that no colognes, perfumes, or scented lotions be worn to the CPL. We hope to provide healthy, fragrance free air for those who have allergies, asthma and sensitivities.

Computer Lab

- The computer lab is open for students to use for research, email, etc when not in use by a scheduled class
- There is a print-release station within the lab that can be used with your student ID.
- Students are to log-off the computer when finished.

DVDs

- Students are to supply their own DVDs or thumb drives for recording lab sessions
- DVD-R is the type of DVD recommended for use

Equipment & Supplies

- Healthcare equipment and supplies may be checked out from the lab for use on community and scholarly projects by filling out the CPL Proposal for Obtaining Equipment and Supplies (see Appendix G). A variety of healthcare equipment and supplies are also available for student use in the CPL and can be reserved for on-site use by requesting them at the front desk, calling 206-296-2394, or by email CPL@seattleu.edu

Late and Lost Items

- Items checked out from the CPL must be returned by the due date specified during the check-out procedure. Due to high demand, some items may be checked out for only 24 hours and others may be checked out for a week. Grades are held for individual students at the end of the quarter until ALL items are turned back in to the CPL.

Food

- Eating or drinking is only permitted in the student lounge, conference room and the classroom. Students are expected to exercise care to prevent spills or stains on the
furniture and carpet, and are to dispose of their garbage appropriately.

- Water bottles are permitted at the tables but not at the bedsides or in the Computer Lab.
- The Swedish Medical Center cafeteria and a Starbucks are located on the first floor of the hospital and are open to all Seattle University Students. Microwaves are available for use.

**Lockers**

- Students may reserve a locker at the CPL for a designated quarter by contacting the CPL Administrative Assistant.
- There is no fee for lockers and locks are provided by the student.
- Lockers must be emptied and locks removed no later than Friday of finals week each quarter.

**Maintaining the Environment**

Students are expected to:

- Clean up after themselves when finished working in the lab
  - Dispose of garbage
  - Return supplies and equipment to the table or designated location
  - Straighten up lab section area including lower beds, straighten out bed linens, assure one overbed table and stool are at each bedside station, and replace paper on exam tables.
  - Remove all personal items
- Return furniture that is rearranged or moved to the original set up and location.
- Report broken or non-functioning equipment and furniture to a faculty member so the items can be pulled out of service for repair.
- Use bulletin boards to post materials that have been approved by the Administrative Assistant. Nothing is to be posted or attached to the walls in the CPL or James Tower.

**Restrooms**

- Restrooms for student use are located by the elevators outside of the Lab.

**Safety**

- No invasive procedures (except injections) are to be performed on students or faculty.
- Standardized patients are to complete the appropriate consent forms.
- Students may practice using sharps only under the direct supervision of a faculty or simulation lab staff member.
- Sharps are to be disposed of immediately after use in the approved sharps container.
- Infectious waste (Blood, body fluids and materials contaminated with blood or body fluids) is to be disposed of according to OSHA and WISHA standards.
- Students will comply with all Emergency (Fire, Disaster, Evacuation, etc) Policies and Procedures.

**Shuttle Service**

- Students can use the Swedish Shuttle (space available) to travel between the main campus and James Tower.
- The Shuttle schedule including departure/arrival locations is available under the Student Tab on the College of Nursing public website ([http://www.seattleu.edu/nursing/](http://www.seattleu.edu/nursing/)).

**Student Accessible Space**

Students may reserve any of the following areas by contacting CPL@seattleu.edu:

- Student Lounge
- Ellipse – Basic Skills Labs
- Practice Lab
- Computer Lab
- Reflection Area
- Conference Room
- Classroom
- Interview Room
- Graduate Lab and Diagnostic Lab (Graduate students only)

Students have **restricted** access to the following areas:
- Simulation rooms - BabyRyan, Adult, Community Apartment (Faculty or TA supervision required)
- Handicap-accessible Restroom (For lab session learning only and afterhours use only)

**No** student access to the following areas:
- Faculty and Administrative Area
- Supply and Equipment Storage Rooms

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**Clinical Performance Lab – Emergency Procedures**

**CPL Emergency Procedures**

Background: The College of Nursing Clinical Performance Lab (CON CPL) is a part of the Seattle University (SU) campus, although it is located six blocks east of the main campus in the James Tower at Swedish—Cherry Hill. In an emergency, the tenants in James Tower follow the emergency procedures of Sabey (the building property manager) which coordinates with the City of Seattle public emergency services. For any emergency, Seattle University Public Safety should also be notified (206-296-5911). The following sections outline emergency procedures that should be followed by all staff, faculty, students, and visitors to the CON CPL. These emergency procedures have also been submitted for inclusion in the CON Handbooks: the BSN Handbook, the MSN Handbook, the DNP Handbook, and the Faculty Handbook. The emergency point of contact for the CON CPL is the Operations Coordinator. The emergency point of contact for the CON (Garrand and in general) is the Manager of Budget and Operations.

**Emergency Phone Numbers**

From land lines inside the CPL, **DIAL 9-911** from any phone to summon emergency services (fire, rescue, police, etc.). If you call 911, please also call the front desk or the Operations Coordinator to inform the lab. This will facilitate other notifications and allow us to send someone to wait downstairs to direct emergency personnel.

**Emergency Exits**

The CPL is equipped with three exits, all suitable for use in an emergency:
- **The front (glass) doors.** (Note there is an emergency exit button on the wall (a) to the right of the front door while facing them from the inside, and (b) on the wall behind the reception desk. The door is equipped with a motion sensor which releases it when locked once a person activates the motion detector. If this mechanism fails, press one of the emergency exit buttons to release the door.)
- **The Computer Lab emergency exit.** Located at the back of the room.
- **The Bathroom/Diagnostic Lab hallway emergency exit.** Located at the end of the short hall between the Graduate Lab and the Computer Lab.

The only exit used on a regular, non-emergency basis is the front door.

**Evacuation Routes**
From the front (glass) doors: Proceed straight ahead to the elevator banks, turn right before the elevators and go down the stairwell to the first floor. Exit the building through the lobby.

From the Computer Lab emergency exit:
1) Proceed straight ahead, past the Polyclinic entrance, turn left and pass the elevator bank, turn left immediately after passing the elevators and go down the stairwell to the first floor.

OR
2) Turn 180-degrees and proceed down the long corridor, past the Swedish Center for Nursing Excellence and enter through the double doors into Swedish Medical Center. Continue walking straight ahead, through the nursing unit, until it dead-ends at a corridor. Turn right or left at this corridor; there are emergency exits at either end.

From the Bathroom/Diagnostic Lab hallway emergency exit:
Turn right and proceed down the long corridor, past the Swedish Center for Nursing Excellence and enter through the double doors into Swedish Medical Center. Continue walking straight ahead, through the nursing unit, until it dead-ends at a corridor. Turn right or left at this corridor; there are emergency exits at either end.

For non-ambulatory employees, students, or visitors: Exit as from the Bathroom/Diagnostic Lab to Swedish Medical Center to await assistance from emergency personnel.

Additional Emergency Exit:
If the main stairwell is blocked or otherwise compromised, there is an additional exit stairwell inside the PolyClinic office in Suite 400. Their Safety Officer will assist in accessing this stairwell in an emergency.

Earthquakes and other shelter in place emergencies:
In the event of an earthquake, immediately take cover under a sturdy table, desk, or other available shelter and hold on. Stay away from windows and glass. Protect your head and upper torso as much as possible. Danger from an earthquake in a modern building is from breaking glass or falling debris from ceilings or cupboards. Do your best to take shelter away from these hazards. When the shaking has stopped, slowly count to 10 to give time to assess your safety and the safety of the area around you. After-shocks are to be expected. Stay as quiet as possible to facilitate communication of further directions. After an earthquake or other shelter in place emergency, do not exit the building until the all clear has sounded.

Safe Room:
In a shelter-in-place or violent intruder situation, the Computer Lab should be utilized as a “safe room”. If a situation arises that requires the faculty, staff, and students to shelter in place, a CPL team member will walk through the lab and announce “Shelter in Place”. This will not be repeated, please immediately move to the safe room (our computer lab). Faculty should make sure that all students have heard the announcement. If you hear a disturbance that warrants safety measures to commence, do not wait for the announcement and begin moving you and your group to the safe room as quietly and quickly as possible. The Computer Lab door locks from the inside and there is an emergency exit at the rear of the room (see Emergency Exits and Evacuation Routes above). This room is also equipped with basic emergency supplies, to minimally include a fire extinguisher, flashlight(s), and first aid kit.

Emergency Equipment:
The SU Campus Emergency Kit (issued by Public Safety) is a large red backpack stored in the Electrical Closet by the front entrance. The kit contains basic emergency response supplies and will be brought by the Operations Coordinator or designee to the “Safe Room” or evacuation site in an emergency.

Fire extinguishers are located:
• Outside the Student Lounge
• Outside the Classroom, across from the “Bistro” area
• Immediately outside the entrance to the Faculty/Administrative Office Area
• In the Practice Lab, at the hand sink
• In the hallway alcove between the Computer Lab and the Supply Closet entrances
• At the Lab Tech Desk

A Public Safety two-way radio (and charging station) is located at the first faculty touchdown space in the Faculty/Administrative Office Area (first desk on your left upon entering). This radio is to be used during an emergency only and connects only with the SU Public Safety Office.

First aid kits are located:
• At the first faculty touchdown space in the Faculty/Administrative Office Area (first desk on your left upon entering).
• At the Lab Tech Desk in the Ellipse.
• At the reception desk
• In the Computer Lab

If you have any questions or concerns about CPL emergency procedures, please contact the Operations Manager at 206-296-2384.

For general information about Seattle University’s Campus Public Safety please see: http://www.seattleu.edu/safety/

Seattle University Computer Labs and Services

Please check the OIT website for current hours of on-campus computer labs:
http://www.seattleu.edu/oit/ServicesDetail.aspx?id=54531

James Tower Computer Lab:
  Monday-Friday  8:00am – 4:30pm
  Saturday       Closed
  Sunday         Closed

HELP DESK
(206) 296-5571 or e-mail: helpdesk@seattleu.edu

Lemieux Library
The library supports the DNP program with its collection of printed materials and computer databases. The print collection of more than 200,000 volumes has a strong concentration of nursing and related disciplines. The library may be accessed from the CON computers, the library computer workstations, the campus network, or from off-campus by modem. The library homepage is: http://www.seattleu.edu/lemlib/. The library has access to many databases and inter-library loan systems, as well as computer access to other libraries. A tutorial on the libraries services is also available on the website. The new, renovated library opened fall 2010.

Copy Machines
Coin operated copy machines are available for student use in the Library, the Student Union Building, and Reprographics.
The McGoldrick Collegium
The McGoldrick is the home for graduate, non-traditional, undergraduates (25 years and older), and military veteran students from all academic programs.

The McGoldrick is a space that offers a quiet, comfortable, engaging, and fun location for our members. It is located on the first floor of the Hunthausen building.

Members of the McGoldrick Collegium can enjoy an outdoor patio, and proximity to shops and restaurants on 12th Ave such as The Chatterbox Café (perfect for some bubble tea), Café Presse (for some yummy French cuisine) and Stumptown (for a quality cup of java).

The McGoldrick Collegium is open 7:00am-8:00pm Monday-Thursday, 7:00am-4:00pm Fridays. Saturday hours are from 10:00am-2:00pm

Counseling & Psychological Services
The counseling center offers individual, couple and group counseling for those students who may be experiencing issues such as anxiety reactions, depression, relationship stress or life changes. Various workshops are offered during the academic year on subjects related to issues such as self-esteem, conflict and assertiveness. Counseling is free of charge to enrolled students and confidentiality is maintained except by written consent or if required by law. Call (206) 296-6090 for an appointment.

Student Health Center
Staff at the Seattle University Student Health Center offer primary care services to graduate students Monday through Friday during regular business hours. Most services are free, although nominal fees are charged for physical examinations and laboratory tests. Appointments are required, and are usually available on a same-day basis. The Student Health Center is open during Fall, Winter, and Spring quarters. Hours are limited during summer quarter. For an appointment, call (206) 296-6300.

Learning Assistance Center/Writing Center
The Learning Center offers academic support to all Seattle University students. Opportunities are provided to refine strategies so that study and learning are more effective. Workshops on test taking and study techniques are offered quarterly. Peer tutoring and critique of term papers are available for no charge through the Writing Center. Telephone # is (206) 296-5740. http://www.seattleu.edu/learning-assistance/

Sigma Theta Tau
Sigma Theta Tau is the International Nursing Honorary Society, with chapters in universities and colleges throughout the world. Acceptance for membership is based upon the individual's record of scholarship, excellence in clinical practice, and potential for leadership in nursing. Eligibility for doctoral student membership is based on the by-laws and addresses scholarship and completed credits in your specific program of study. For membership in the Alpha Sigma Chapter, Sigma Theta Tau, contact the assigned faculty counselor within the College of Nursing. Doctoral students are eligible to apply for the Eileen Ridgeway Scholarship awarded each year by Alpha Sigma Chapter.

Scholarships and Financial Aid
Financial assistance is available to new and continuing students to help with education and living expenses. To qualify for financial aid, students must file a Financial Aid Form with the College Scholarship Service each year. There are essentially four types of financial aid given to students:
scholarships, grants, loans, and work-study opportunities. Details for all financial aid can be obtained through the University Financial Aid and Student Employment Office and online at Student Financial Services. All scholarship options sent to the College of Nursing are forwarded to Financial Aid for access. http://www.seattleu.edu/sfs/

**Bookstore**
The Bookstore is located in the University Services Building. Here you will find textbooks, supplies, snacks, greeting cards, and Seattle University logo items, such as lab coats, sweatshirts and bumper stickers. It is open until 7:00 p.m. several nights per week to accommodate graduate students. Check the bookstore door for current hours of operation. http://www.seattleubookstore.com/

**Campus Assistance Center**
The center's primary goal is linking people with information and resources. Conveniently located in the Student Center, the CAC is accessible to day and evening students.

**Dining**
Food service is provided on campus in the Student Center. Café service is available in the Pigott Atrium and in the Law School. A variety of other establishments are within walking distance.

**International Student Center**
The International Student Center coordinates student clubs, international dinners and other special events. It also provides emergency assistance, immigration information, counseling and much more. International students are responsible for maintaining contact with the ISC (206) 296-6260.

**Multicultural Student Affairs**
The Office of Multicultural Student Affairs promotes an understanding and appreciation for cultural diversity in the university community. It advocates for the personal, academic and social success of American ethnic students. In addition, the office sponsors programs such as Martin Luther King, Jr. Week, Cinco de Mayo celebrations, and a Native American Powwow. Telephone (206) 296-6070.

**Campus Ministry**
The Campus Ministry team develops faith community, provides pastoral care, reaches out to serve others, promotes social justice, and celebrates God’s presence through worship and fellowship. Campus Ministers foster opportunities for personal and spiritual growth through educational offerings, international service experiences, and a variety of retreat programs. Telephone (206) 296-6075.

The Chapel of Saint Ignatius provides a spiritual home for the university’s Catholic faith community, with daily and Sunday liturgies.

**Parking**
Fees are charged for use of on-campus parking facilities at Seattle University. Parking permits can be purchased each quarter from the Department of Public Safety in the University Services Building (206) 296-5990. It is possible to purchase a five day pass which can be used for dates of your choice. Permits are generally sold the first week of classes. http://www.seattleu.edu/ctsl/commuters/parking/
Recreation / Sports
All graduate students are invited to use the Connolly Center, a comprehensive recreation facility with two full gymnasiums, two swimming pools, a complete fitness center and weight room, an astrogym for indoor tennis and soccer, racquetball courts, and two squash courts. [http://www.seattleu.edu/recreation/](http://www.seattleu.edu/recreation/)

University Services Building
This centrally located building houses the Bookstore, Registrar, Department of Public Safety, and Student Financial Services.

Public Safety Department
The Public Safety Department located in the University Services Building, provides 24 hour security for the University campus community and its facilities. The staff are trained professionals who are available to assist the community in a variety of safety and security related areas, including:

- CPR/First Aid
- Safety Escort Services
- Crime Prevention Information
- Crime Statistics
- Hazardous Materials Communication
- General/Occupational Safety Information
- Criminal Incident Reporting and Investigation
- Personal Property Identification
- Bicycle Registration
- Lost and Found
- Other Areas of General Assistance to the Campus Community

PUBLIC SAFETY DEPARTMENT COMMUNICATION CENTER: (206) 296-5990
PUBLIC SAFETY DEPARTMENT EMERGENCY: (206) 296-5911
Appendix A

Faculty Biographical Sketches
Bonnie Bowie, PhD, MBA, MSN, RN is an Associate Professor in the College of Nursing. Her areas of research include precursors that may put children and/or adolescents at risk, creating community partnerships to build healthier communities and management of health systems. Her doctoral work examined the association between emotion regulation and relational aggression as a pathway to deviant social behaviors. Dr. Bowie has duel Master’s degrees in business and nursing administration from the University of San Diego (1986) and has spent a large portion of her nursing career in administrative roles. She received her PhD in nursing from the University of Washington in 2007.

Brenda Broussard, PhD, RN, IBCLC is an Associate Professor who specializes in women’s health, maternal-child health, eating disorders, lactation and breastfeeding, community health, and qualitative research methods. Dr. Broussard's most recent scholarship focuses on eating disorders in the maternal population and examines pregnancy and neonatal outcomes. She is also interested in childhood obesity and community-based research.

Katherine Camacho Carr, PhD, ARNP, CNM, FACNM is a Professor and the DNP Internship Coordinator, whose interests focus on women’s health, maternal child health care and education of advanced practice nurses, especially nurse practitioners and nurse-midwives. Her scholarly work focuses on instructional design, pedagogical strategies, and the use of computer distributed learning, as well as other innovative strategies in teaching and learning. Dr. Carr has a special interest in cervical cancer screening and maternal child health care in low resource settings. As an experienced nurse-midwife she is also prepared as an international consultant to assist developing communities with safe motherhood and child survival training.

Terri Clark, PhD, CNM, ARNP, FACNM is an Associate Professor in the College of Nursing and the lead faculty for the nurse-midwifery track. Her clinical expertise is in nurse-midwifery and global health, including HIV care. Her areas of research expertise include sociolinguistics, social control and ethics in society. She also has done perinatal outcome database development for global health settings. She has a BA in Philosophy from Yale College, an MSN in Nurse-Midwifery and Newborn Health from Yale University School of Nursing, and a PhD in Sociology from the University of California, San Diego.

Karen Cowgill, PhD, RN is an Assistant Professor and infectious disease epidemiologist with additional training in nursing and parasitology. She conducted doctoral research in Egypt on the association between hepatitis C virus and non-Hodgkin's lymphoma, did a stint in the Philippines as part of the Polio Eradication Initiative, and was an Epidemic Intelligence Service officer at the Centers for Disease Control and Prevention, where she helped evaluate the introduction of the Hib vaccine in Kenya. Dr. Cowgill’s primary research interests are in the areas of global health, vaccine preventable diseases, neglected tropical diseases, and maternal and child health. She is currently a Fulbright Scholar in the Democratic Republic of the Congo for the AY 2014-15.

Janiece DeSocio, PhD RN, ARNP, PMHNP-BC, FAAN is an Associate Professor and the Track Lead of the Doctor of Nursing Practice Program. Prior to her time at SU, she was program director and faculty for the University of Rochester and Oregon Health and Sciences University. She earned her Ph.D. in Nursing from the University of Rochester and is a Psychiatric Mental Health Nurse Practitioner. Her practice specialty is with children and families. Dr. DeSocio publishes and conducts research in the area of childhood-onset eating disorders.

Anne Hirsch, PhD, APRN joined the college in 2011 as the Associate Dean for Graduate Education. Prior to coming to Seattle University, she was the Senior Associate Dean at Washington State University and the Associate Dean at Pacific Lutheran University. She earned her PhD at Indiana University in Nursing Synthesis with a minor in Physiology and her Master’s in Nursing Degree at the University of
Washington in Physiological Nursing. She is currently a Family Nurse Practitioner with a post-Master’s certification from Pacific Lutheran University. Dr. Hirsch is interested in nursing workforce issues, the provision of primary care for vulnerable populations, advanced practice nursing and quality nursing education.

Michael L. Huggins, PhDr, EdD, APRN, FAANP joined the college in 2013 as the Associate Professor and Adult/Gerontological Advanced Practice Nursing track lead. Prior to coming to Seattle University, he was Associate Professor and FNP Program Director at Bellarmine University in Louisville, Kentucky. He earned his EdD at Spalding University in Louisville, KY. He is also a PhD candidate at the University of Kentucky, where his research explores the impact of impediments experienced by gay men in health care environments. He is a Gerontological Advanced Practice Nurse (Vanderbilt University, 1997) with a post-master’s certification as a Family Nurse Practitioner (Northern Kentucky University, 2004). Dr. Huggins’ program of research explores the phenomenon of stigma, and how it affects health care resource delivery to vulnerable populations. Dr. Huggins is a Fellow in the American Academy of Nurse Practitioners, inducted in 2012.

Anita Jablonski, PhD, RN is an Associate Professor, who joined the College of Nursing faculty in 2004 following completion of her PhD at Michigan State University. While at MSU, she worked for a time as a research assistant at the End of Life Center. This work fostered an interest in palliative care and symptom management. Her dissertation examined the symptoms experienced by patients with end-stage renal disease on hemodialysis. She is currently co-investigator of a NINR funded randomized controlled study focusing on management of pain in elderly residents of nursing homes.

Lauren Valk Lawson, DNP, MN, RN is a Clinical Instructor and Professor who holds a Master of Nursing in Community Health with a specialty in Cross Cultural Nursing. Her areas of interest include Public Health, community assessment, program planning and implementation, maternal/infant health and lactation, health care issues of vulnerable populations in particularly related to immigration. She is currently working with a faith-based organization on a scholarly project to complete an assessment and implementation of services to a homeless population in Lake City.

Susan B. Matt, PhD, JD, MN, RN is an Associate Professor in the College of Nursing. Her clinical background is in neurological and rehabilitation nursing and she is also an attorney whose practice focuses on disability law. Her research is on nurses with disabilities and disability climate in hospital workplaces. She also has a strong interest in legal and ethical issues in health care.

Benjamin Miller PhD, ARNP, FNP, ACNP joined the college of nursing as lecturer in 2012 and was promoted to assistant professor in 2013. Currently Dr. Miller is the track lead for the Family Nurse Practitioner program. Prior to coming to Seattle University, Dr. Miller completed his PhD from Washington State University in 2013, while conducting his research in Tanzania examining the prevalence of Type 2 Diabetes and the involvement of globalization on chronic disease. He completed a dual focus Master’s degree from Washington State with a focus as a Family Nurse Practitioner and Acute Care Nurse Practitioner. Dr. Miller has extensive clinical experience in Emergency Nursing, critical care, Cardiology, and family practice. His research interests are chronic diseases in underserved populations and advance practice nursing education & clinical practice.

Carrie Miller, PhD, RN is the Clinical Placement Lab Director. Dr. Carrie Miller has received her PhD in Nursing from Washington State University. She has over twenty years of clinical experience in maternal child nursing and has held positions as clinician and educator in maternal child and simulation at Washington State University and the University of Montana. Dr. Miller has research interests in the use of simulation in nursing education, specifically in simulation.
Patrick Murphy, PhD is an Associate Professor whose research interests focus on pharmacological aspects of patient care. His ongoing work funded through the National Institutes of Health includes translational research spanning from laboratory bench to patient bedside and involves elucidating the molecular mechanisms of glucocorticoid-mediated cellular signaling and its clinical implications. A second program of study involves advancing health literacy among health disparity populations in Washington State using educational participatory action research. Recent student projects include ones identifying the cardioprotective effects of molecular chaperones during ischemia-reperfusion injury; exploring potential ARNP roles in obtaining and utilizing pharmacogenetic information in primary care settings; and developing highly accessible educational information on health effects of illicit drugs.

Steven J. Palazzo, PhD, MN, RN, CNE, joined the College of Nursing as an Assistant Professor in 2011. Dr. Palazzo earned an Associate in Nursing (ADN) from Shoreline Community College, a Bachelor of Science in Nursing (BSN), a Master in Nursing (MN), and a PhD in Nursing Science from the University of Washington. He has eight years of clinical experience in critical care. Dr. Palazzo’s current research and scholarship focuses on developing and implementing a sustainable interdisciplinary program of cardiovascular health promotion and disease prevention aimed at creating a culture of wellness in adolescents from underserved communities. Teen Take Heart (TTH) www.teentakeheart.org was developed in partnership with the Hope Heart Institute. Dr. Palazzo is keenly interested in establishing multidimensional service-learning opportunities for faculty and students interested in improving adolescent health literacy. Dr. Palazzo is one of just 12 nursing educators from across the United States to win a highly competitive grant from the Robert Wood Johnson Foundation (RWJF) Nurse Faculty Scholars program (2013-16). His other noteworthy achievements include recognition as the Sauvage Fellow with the Hope Heart Institute, Nurse Faculty Leadership Academy Fellow for Sigma Theta Tau International, and the 2013 recipient of the Hope Heart Endowed Fellowship.

Maria Pettinato, PhD, RN is an Associate Professor and an experienced faculty member teaching Pathophysiology, Neurobiology, and Med/Surg nursing in both undergraduate and graduate programs on the east and west coast of the United States for the past 21 years. Her research interests focus on sexual minority health issues. Her scholarly work focuses on addiction, substance abuse, and mental health issues within the lesbian community. Dr. Pettinato is an expert in Grounded Theory research methodology.

Mo-Kyung Sin, DSN, RN, is an Associate Professor in the College of Nursing whose interests focus adult/older adult health and research methodology. Her research interests include health promotion, cardiovascular disease, exercise, depression, biophysical measures, and Korean immigrant health. She has done several studies to promote cardiovascular health in minority communities in Washington. She has taught research methodology, health assessment, and clinical practicum.

Toni M. Vezeau, PhD, RNC, is an Associate Professor whose clinical interests include maternal-child populations, health care for Hispanic and Latino populations, and lactation. She has researched and published on theories of caring, legal and ethical issues in maternal-child care, illicit drug use and literacy issues within maternal-child populations. She previously has worked at the University of Colorado, combining practice, teaching and research.

Danuta M. Wojnar, PhD, RN, MED, IBCLC is an Associate Professor and a Robert Wood Johnson Nurse Executive Fellow, whose program of research and clinical interests focus on vulnerable and underserved populations’ health and health care, as well as, excellence of advanced practice nurses. Teaching interests include research, conceptual frameworks, as well as, culture and vulnerability. As an experienced obsetrical nurse and IBCLC Dr. Wojnar is prepared as an international consultant and assessor to assist hospitals and communities with achieving “Baby Friendly” designation.
Appendix B

Progression Committee Description
Progression Committee

I Purpose

A. To facilitate undergraduate and graduate students’ successful completion of their academic program.
B. To provide consultation to faculty on issues related to student progression.
C. To implement programs and policies related to student progression.

II Functions

A. Reviews at risk forms forwarded by the Undergraduate and Graduate faculty and/or Associate Deans for Undergraduate, Graduate and DNP Programs to identify patterns of unethical, unprofessional, or unsafe conduct and/or unsatisfactory academic performance that puts student at risk for non-progression.
B. Assists faculty, advisors, and students to plan for academic success.
C. Makes recommendations regarding progression, dismissal and readmission of students with academic and/or conduct difficulties to the Dean. Deans have the final dismissal authority.
D. Makes recommendations to the Faculty Assembly regarding programs and policies that promote students’ academic success and professional behaviors.
E. Develops and implements a systematic process for review of students-at-risk for failure to progress, and periodically evaluates the process for effectiveness and efficiency.
F. Writes committee report at the end of the year.

III Membership

A. Three faculty members, representing both undergraduate and graduate programs, and ex officio members including the Associate Deans. All members must have at least two years of full-time teaching experience.
B. Committee members elect the Chair.
C. Faculty and students will be invited to meet with the committee as deemed appropriate. Invited faculty will be considered non-voting consultants.

IV Meetings

A. Chair calls the meetings
B. Meetings are held monthly or as needed.
C. Voted Action is based on a simple majority (quorum must be present)
D. Minutes are recorded, distributed and filed according to the procedural guidelines in the CON Faculty Handbook.
Appendix C

DNP Portfolio Guidelines
Portfolio Requirements and Guidelines

I Introduction

The DNP Portfolio is an expected deliverable within the DNP program. The DNP Portfolio is an electronic compilation of student accomplishments throughout the program of study, an account of the internship experiences, the final capstone project, as well as the student’s own reflections of their academic experience. Note: The E-Portfolio is currently under development. Students should be saving an electronic version of all coursework completed during the DNP program.

II Purpose of the DNP Portfolio

The DNP Portfolio is used as a comprehensive, competency-based assessment for DNP students that follows their academic and clinical progress throughout the doctoral program. The DNP Portfolio objectively documents and demonstrates the student’s accomplishment of program objectives, Seattle University Graduate Learning Outcomes and the attainment of the DNP Essentials (American Association of Colleges of Nursing, 2006).

III Contents of the DNP Portfolio

Students should initiate the electronic portfolio at the beginning of the DNP Program. Documents and other entries should be made continuously by the student in each course. The portfolio will be complete at the end of the program. The portfolio may include:

- Introductory page with photo brief bio and any other pertinent information
- Curriculum Vitae or Resume
- Development Plan
- Scholarly papers, presentations or deliverables from each course that meet one or more of the program learning outcomes and/or the DNP Essentials
- Capstone project proposal; final capstone project and oral presentation/powerpoint or poster
- Summary of internship experiences and hours
- Reflective, narrative of your scholarly and clinical practice growth related to the Seattle University DNP Program Learning Outcomes and the DNP Essentials for Advanced Practice Nursing after each course.

See FORM B for specific portfolio content.

IV Formative & Summative Evaluation of the DNP Portfolio

- The student’s advisor/committee chair and the DNP internship coordinator will provide formative evaluation of the DNP Portfolio each quarter, while course faculty will evaluate individual scholarly papers, presentations or course deliverables.
- Faculty for NURS 6015 in coordination with the Capstone Committee will evaluate and approve the capstone project proposal.
- The student’s Capstone Project Committee will provide formative and summative evaluation of the capstone project.
- The DNP internship coordinator, along with the advisor/committee chair, will assess the DNP Portfolio for evidence of satisfactory completion of program and degree requirements and make a recommendation for final approval to the DNP Track Lead.
Appendix D

Capstone Project Guidelines
Capstone Requirements and Guidelines

I Introduction

The DNP Capstone Project is a faculty-guided scholarly experience that provides evidence of the student’s critical thinking and ability to translate research into practice through problem identification, proposal development, implementation, and evaluation. The DNP Capstone Project requires the integration of both academic coursework and clinical practice application. Dissemination modes include a final scholarly paper, a public oral presentation and inclusion of the paper, oral presentation (in whatever format is used such as PowerPoint, poster, video, etc.) in the DNP Portfolio. Preparation of a manuscript for consideration for publication in a peer reviewed journal is suggested but not required. DNP Capstone projects will vary, but should relate to the student’s advanced practice nursing specialty.

DNP students are asked to identify a potential area of inquiry at application to the program. Students are encouraged to work with faculty in their initial courses, as well as with their advisor or chair, to begin exploring concepts related to the inquiry, identify evidence related to the problem or need identified, and to identify a chair and committee members. Students should take every opportunity to refine their thinking about the area of inquiry. The inquiry will be further developed into a Capstone Project proposal in NURS 6015 Critical Inquiry II. The Capstone Project Proposal must be approved by course faculty and the advisor/committee chair prior to an oral presentation of the proposal and application to the Institutional Review Board (IRB).

During the DNP Capstone Seminar and Internship Courses I-III (NURS 6701, 6702, and 6703) the DNP Capstone Project Proposal will be refined, implemented and evaluated under the mentorship of the course faculty, advisor/committee chair and committee members. Throughout the 3 DNP Capstone Seminar and Internship courses, students are expected to complete a minimum of 350 internship hours in the area related to their practice inquiry.

Expectations for NURS 6701 – DNP Capstone Seminar and Internship I (3 credits/150 internship hours)

- Refine/revise DNP Capstone Proposal and identify Committee member(s), if not already identified. Forms, including the Capstone Project Proposal Form and the Internship Work Plan, should be completed and filed with the Graduate Program Coordinator if not already completed.
- Identify clinical agency for Capstone Project/internship and coordinate with Graduate Program Coordinator to establish any needed contractual agreement, if not already completed.
- Present Capstone Project Proposal to Capstone Committee for approval, if not already approved; oral presentation of the proposal to College of Nursing faculty and interested students.
- Submit Institutional Review Documents once proposal is approved by the Capstone Project Committee
- Continue to work with course faculty, Advisor/Committee Chair and members on logistics related to implementation of the capstone project.
- Begin capstone project upon IRB approval
- Continue to document DNP competencies, hours/activities and reflections in the electronic DNP Portfolio

Expectations for NURS 6702 – DNP Capstone Seminar and Internship II (2-4 credits/ 100-200 internship hours)

- Begin/continue implementation of the capstone project after IRB approval and under the guidance of the course faculty, Capstone Project Chair and Committee member(s)
• Continue to document DNP competencies, hours/activities and reflections in the electronic DNP Portfolio

**Expectations for NURS 6703 – DNP Capstone Seminar and Internship III (2-4 credits/100-200 internship hours)**

• Complete Capstone Project and final paper, approved by Capstone Project Chair and Committee Member(s) – no later than 2 weeks before the expected graduation date.
• Complete oral presentation of the Capstone Project
• Complete documentation of DNP competencies, internship hours/activities and reflections on learning in the electronic DNP Portfolio.
• Post final paper and presentation in the electronic DNP Portfolio
• Update CV as needed.
• Submit completed portfolio to the DNP Internship Coordinator and DNP Track Lead for review.

**II Purpose of the DNP Capstone Project**
The final capstone 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 internship experience, and summarizes the student’s growth in knowledge and expertise.

Capstone projects are systematic investigations of questions about practice, therapies, programs or policies that evaluate and translate all forms of evidence into practice. Each student collaborates with an agency to address a real-world clinical health issue. Agencies may include clinical agencies, health departments, government agencies, veteran’s organizations, or community groups.

**III Types of Capstone Projects**
For all projects, the student first identifies a clinical problem/issue in an area of interest, then reviews and summarizes the literature dealing with this problem/issue area, and refines the problem/issue statement. Once problem/issue has been identified the student may:

• Design and implement processes to evaluate outcomes of practice, practice patterns, and systems of care within a practice setting, health care organization, or community against national benchmarks to determine variances in practice outcomes and population trends and recommend strategies for indicated change.
• Design, implement and evaluate new evidence-based interventions that are designed to improve the quality of patient or system centered care.

**NONPF Recommended Criteria for NP Scholarly Projects in the Practice Doctorate Program**

Types of scholarly projects include but are not limited to:

(This list reflects a range of types of scholarly projects. This is a sample list and is not exhaustive.)

• Translate research into practice
• Quality improvement (Care processes, Patient outcomes)
• Implement and evaluate evidence based practice guidelines
• Analyze policy: Develop, implement, evaluate, or revise policy
• Design and use databases to retrieve information for decision making, planning, evaluation
• Conduct financial analyses to compare care models and potential cost savings, etc.
• Implement and evaluate innovative uses of technology to enhance/evaluate care
• Design and evaluate new models of care
• Design and evaluate programs
• Provide leadership of interprofessional and or intra-professional collaborative projects to implement policy, evaluate care models, transitions, etc.
• Collaborate with researchers to answer clinical questions
• Collaborate on legislative change using evidence
• Work with lay and or professional coalitions to develop, implement or evaluate health programs (such as health promotion and disease prevention programs for vulnerable patients, groups or communities).

The scope of the scholarly project is designed to benefit a group, population and /or a community rather than an individual patient. Specific examples are included to illustrate how these projects might be applied in different settings, for various populations and by different nurse practitioner specialties. Some projects focus on existing programs while others address the creation of new programs. The scope of the project would be determined by the university’s guidelines, feasibility given time devoted to projects in the curriculum, faculty, funding, and other resources, etc.

In some programs the project may evolve through course work in courses on policy and inquiry eventually culminating in the final design of the proposed project before it is launched. By providing opportunity over a longer duration in which to explore and develop aspects of the projects, students receive feedback regarding alternatives and strategies before project implementation.

Examples of Projects Undertaken in Practice Doctorate Programs

The following includes a list of general topics and the grouping of projects by category. This is not an exhaustive list of projects or of categories.
• Evaluate interventions, innovations in care techniques
• Obtain baseline data, design an evidence based intervention and plan and evaluate
• Collaborate with other NPs or other professional colleagues to compare/ evaluate group visits
• Capture data on common problems and effectiveness of treatments with recommendations for change
• Evaluate management of psychiatric patients (protocols, meds, metabolic monitoring)
• Evaluate peer led support groups and their impact
• Evaluate pain control in palliative care
• Promote patient safety by reducing errors in medications
• Evaluate home care comparing satisfaction with physician and NP care

Health Promotion & Community Health: Epidemiology and Continuity of Care
• Compare strategies for health promotion / disease prevention (community, schools, churches, etc.)
• Identify trends in patient visits, outreach programs
• Launch collaborative new health promotion program in vulnerable community population and evaluate it
• Develop and evaluate monitoring tools or screening programs
• Evaluate screening protocols
• Evaluate programs (care, training volunteers, education)
• Evaluate community responses to disasters
• Develop and evaluate the impact of self-care models
• Develop and test transition protocols to promote continuity of care across settings
• Evaluate high risk patients and develop approaches for risk reduction (child and elder abuse) for policy or care improvement

Policy-Related Scholarly Projects
• Implement new policy collaboratively by designing and evaluating HPV vaccination for 6th grade girls to prevent cancer (partnering with School/ Health Dept., etc.)
• Evaluate or compare nursing home policies for treating chronic pain
• Evaluate students at risk (school dropouts, depressed, substance users, pregnant) and recommend policy change, programs
• Evaluate employer policies regarding health and potential cost savings of new policies
• Evaluate the effect of evidence based policy in NICU
• Evaluate inconsistencies in scope of practice issues and use evidence based knowledge and to recommend changes

Integration of Technology in Care and Informatics Related Projects
• Create a database for monitoring childhood injuries in urgent care and evaluate its impact
• Use technology to improve care (telehealth consultation, interactive “home” visits, etc.) and evaluate results
• Evaluate technology’s impact on care (information transfer to point of care, etc)
• Establish protocols that integrate use of technology in patient assessment in urgent care and evaluate their impact

Acknowledgment: The above examples were developed and generalized from several sources including publications, websites, and information shared by deans of various nursing practice doctorate programs. Some examples were common to several schools and others were unique to specific programs. NONPF would like to acknowledge the following schools whose projects are reflected in the list above: Medical College of Georgia; Rush University; Oregon Health and Science University; University of Tennessee, Memphis; University of Arizona; University of Kentucky; and University of Washington.

We encourage other programs to share examples of scholarly projects that can be added to the list. We hope that this list will be a useful list maintained in the Practice Doctorate Resource Center on the NONPF Web site. Please send examples to nonpf@nonpf.org

Projects may involve the collaboration with inter-professional groups, for example: researchers working to answer clinical questions; coalitions working toward legislative change based on evidence; or lay or professional groups working to develop, implement or evaluate health programs.

Evaluation of the intervention will involve analysis of collected data and examination of the intervention’s impact on clinical practice or systems.

Final Product
• A single comprehensive paper of publishable quality
• A public oral presentation

(Adapted with permission from the University of Illinois, Chicago DNP synthesis guidelines)
IV The Project Committee

It is recommended that full time students identify a capstone project chairperson early in the spring quarter while taking NURS 6015. The student’s advisor may be helpful in this process. Students may also wish to consult Appendix A which summarizes most of the CON faculty areas of research and expertise.

Students should consult with the capstone project chairperson for assistance in selection of one other committee member/reader. The additional member can be a CON faculty member or may be an outside member, who has either expertise in the subject matter of the project, or who can contribute to the project.

Interdisciplinary committee members are encouraged. All outside members must submit a CV, a letter of commitment to support the DNP students, and be approved by the DNP Track Lead. Since there are considerably more students than faculty, students may find that a faculty member they have “chosen” has already reached her/his quota of project advisees. The student should be prepared to seek alternatives.

**Qualifications of the Clinical Mentor**

The Clinical Mentor may serve as a member of the students Capstone Committee. The overall purpose of the clinical mentors’ relationship to the student and the Committee is to: facilitate the student’s integration within the teams and structures of the agency necessary for successful completion of the Capstone Project; act as a professional role model for the student; provide feedback to the student regarding his/her performance; act as a liaison between the clinical agency, the student and the committee; and communicate regularly with the Advisor/Committee Chair regarding the student’s practice and the course requirements.

Selection of appropriate clinical mentors is based on the considerations below, and Considerations for students in identifying clinical mentors:

- The mentors’ knowledge and areas of expertise related to the students clinical objectives in fulfillment of course and program outcomes.
- The mentors’ role within the agency and ability to facilitate key relationships for the fulfillment of the capstone project
- The mentors’ ability to connect with resources within the agency

Once a clinical mentor has been selected, he or she must be approved by the DNP Track Lead. In order to do so, he or she should submit an up-to-date CV along with a letter of commitment to work with the student. Both documents should be submitted to the Graduate Program Coordinator prior to the Capstone Seminar and Internship series.

**Committee Member Roles**

1. **Chairperson**
   a. Doctorally prepared faculty from CON
   b. Responsibilities:
      - Guides process, works closely with student to establish timeline, assists student to access needed resources
      - Acts as liaison between student, the agency where the capstone project is implemented, and the CON, seeking both formal and informal feedback on the student’s performance and progress; making at least one site visit (preferably during the first quarter) and one phone/skype contact each of the other 3 quarters. (site visits with out of the region agencies may take place via Skype or phone)
      - Reviews and comments on drafts of written material
• Reviews and comments on the DNP Portfolio submissions
• Works with DNP Internship Coordinator to ensure student remains on track to completing required number of clinical experience hours
• Ensures project quality sufficient to meet CON and University standards
• Decides when material should be submitted to other committee members
• Approve, with committee, the proposal and the final product
• Writes letter of commendation for the student file when the project is rated as “outstanding”

2. Reader
   a. Doctoral preparation preferred
   b. Reader may be from CON or may be external, minimum of MS degree and eligible for faculty appointment at university or college. External readers may hold an MS degree if their unique qualifications and expertise contribute to the student’s DNP capstone project.
   c. Responsibilities:
      • May serve as a methodology and/or systems expert (particularly if the reader is from the agency where capstone project is situated)
      • Read early draft and provide feedback to student and chair
      • Read final draft and provide feedback to student and chair
      • Approves with chair the capstone proposal and final product

V Capstone Project Proposal
Each student will develop and submit a Capstone Project proposal to his or her Capstone Committee. The student will also complete appropriate IRB submissions for the project prior to embarking on project implementation. The student will meet with the Capstone Project Chair throughout this process to obtain advice and consultation.

Note: The DNP Capstone Seminars and Internships I through III are designed to guide and move students through the capstone process, however, it is possible that students may progress at a slightly faster or slower pace at times. If students require an extension to complete the course requirements beyond the quarter, the “N” grade (no grade) in the course will be considered incomplete until all requirements are met. Additionally, enrollment in NURS 6700 is required when students are approved to complete clinical experiences other than those defined in program courses.

At a minimum, the proposal should contain the following elements:

a) Title and student’s name, credentials (see sample Title Page)

b) Problem identification and significance. The problem or issue to be addressed should be identified and its significance substantiated by key (rather than exhaustive) resources reflecting the current evidence base.

c) Purpose Statement of purpose, including the problem/issue, intervention, and expected outcomes (approved using FORM D)

d) Review of the literature and theoretical framework (when applicable)

e) Design and Methodology
   1. Design
   2. Population
   3. Methods
   4. Data analysis
   5. Reliability and validity or trustworthiness
6. Protection of human subjects

f) End products. Describe what the agency will receive when the project is completed. A Final Report is expected of all students. May also do presentation and/or produce specific products.

g) References and Appendices (tools to be used or consent forms)

The Capstone Project Committee chair will work with the student to determine when the completed proposal is ready for submission to the Capstone Project Committee for final approval. Proposals must be approved by the Capstone Project Committee before the DNP student precedes with his/her capstone project. Students may continue to refine their proposals during NURS 6701 and will make a formal presentation of their Capstone Project Proposals to their classmates and their DNP Capstone Committees during the quarter. FORM F – Capstone Project Approval Form must be signed by the chair and committee members and submitted to the Graduate Program Coordinator following the oral presentation.

VI Submission of Final Capstone Project

The format of the final project is agreed upon by the committee but all projects must provide evidence in the final project that the student has reviewed and interpreted the relevant literature, included the required elements and has the appropriate format. The standard format requirements for APA should be used. However, the student may use other formats if required for a manuscript for publication or patient or professional education material. Student and committee should identify a professional journal appropriate for the project and topic and develop a manuscript according to journal guidelines.

The student should be first author of a manuscript for publication. The student may agree to have faculty who make significant contributions as co-authors. For guidelines on the requirements for co-authorship, see author guidelines for the peer reviewed journal selected. It is recommended that the chair assist in making these decisions and that they be made early in the process.

Note: A publication-quality manuscript is the goal. Acceptance of the manuscript for publication is not a requirement of the program.

Final Product Components

- Abstract or Executive summary of the project
- Introduction to the project
- Description of the problem and how it is defined, the clinical setting or environment and the target population
- Data supporting the existence of the problem
- Development/description of a creative approach to resolving the problem (business plan if appropriate)
- Analysis of the fiscal and systems impact of the project itself (optional)
- Methods/procedures including processes, data collection, use of consultants
- Findings and outcomes
- Conclusions
- Discussion
- References
- Appendices
- Acknowledgements

Oral Presentation of Completed DNP Capstone
The College of Nursing faculty look upon the oral presentation of the Capstone Project as an opportunity for the student to explain and discuss his/her completed project. The oral presentation is scheduled only after the written scholarly paper or product is approved by the student’s committee and turned into the Graduate Program Coordinator. The committee should have the “final” scholarly project draft two weeks prior to the scheduled presentation to allow time for review and final processing.

- **Scheduling the Oral Presentation:**
  The date for the oral presentation of the capstone project is determined either by the DNP Track Lead or by the Supervisory Committee chair and student, but no later than the last class day of Spring quarter in the year in which the student plans to graduate. The oral presentation is open to the public and normally the Associate Dean and/or chair invites members of the College of Nursing and university community to attend.

- **Presentation Process:**
  a. The student presents the project, a synopsis of the literature review and significance and a discussion of project for approximately 20-minutes. An additional 10 minutes is available for questions from the audience.
  b. During and following the presentation, at least one and preferably more, faculty members present, including the committee members, whenever possible, evaluate the presentation using the Capstone Oral Presentation Rubric (FORM G).

**Posting of the Completed DNP Capstone Project in the DNP Portfolio**

Once the DNP Capstone project paper and presentation are completed, students may post their work in the DNP Portfolio.

**VII Miscellaneous**

A. Grading:

See Evaluation Rubric in NURS 6703 DNP Capstone Seminar and Internship III. Students will receive a final grad for NURS 6703 when the final Capstone Project paper is approved by the Capstone Supervisory Committee, a hard copy and an electronic copy is submitted to the Graduate Program Coordinator, the oral presentation is successfully completed and the DNP Portfolio is completed. The Supervisory Committee members communicate completion of the written Capstone paper to the NURS 6703 faculty, noting any exemplary work.

B. Incomplete capstone projects:

If a student is unable to complete their capstone project by the end of Spring quarter of the final year, s/he may work with the committee chair and NURS 6703 faculty to request an ‘N’ grade for NURS 6703. Students must follow University Academic Policy: ‘N’ Grade Statute of Limitations (75-19).

Students receiving an ‘N’ grade for NURS 6703 must complete their capstone project requirements within the following four consecutive quarters per Seattle University Academic Policy 75-19. “Once this twelve month allowance has elapsed, the ‘N’ grade becomes permanent and re-registration for the course and the payment of regular tuition is required in order to obtain credit for the work completed.”

In addition, students receiving an ‘N’ grade for NURS 6703, will be required to enroll in NURS 6700 or NURS 6990 for at least one credit each quarter, for a maximum of 3
quarters, or until the capstone project is complete and the ‘N’ grade for NURS 6703 is removed.

C. Copies of the Final Paper
   1. One electronic copy of the project paper is required by the college. The electronic copy should be given to the Graduate Program Coordinator for archiving. A PDF format is preferred, although a word file is acceptable and will be converted to PDF. It is customary to provide the chair of the Capstone Committee with a hard copy of the final paper. Ask your chair if s/he would like a hard, bound copy of the final paper. Spiral or coil binding methods are acceptable.

   2. Any product produced (videotape, film, CD, brochure, manual, other) is submitted with the final copy of the project.
Sample of a Title Page for a Capstone Project to Meet
Program Requirements

Phyllis Student Author, MSN, RN

A capstone project submitted in partial fulfillment of the
Requirements for the degree of

Doctor of Nursing Practice

Seattle University
2014

Approved by: _______________________________  Date ____________
Chairperson: Fran Faculty, PhD, ARNP

Approved by: _______________________________  Date ____________
Reader: Roger Reader, PhD, RN

Approved by: _______________________________  Date ____________
Reader: Sally Doctor, MD
## CAPSTONE PROJECT/INTERNSHIP TIMELINE

<table>
<thead>
<tr>
<th>Assignment</th>
<th>Deadline/Due Date</th>
<th>Documents to be Submitted</th>
<th>Submitted to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify site and contact person for capstone project/ internship</td>
<td>Yr 1 - Fall quarter</td>
<td>Name of organization/institution &amp; contact person for contract initiation (FORM A)</td>
<td>Graduate Program Coordinator</td>
</tr>
<tr>
<td>Initiate use of DNP E-Portfolio*</td>
<td>Yr 1 – Fall quarter</td>
<td>CV &amp; personal goal statement Key Deliverables from NURS 6130 &amp; 6017 &amp; 6160 (FORM B)</td>
<td>Advisor &amp; Faculty</td>
</tr>
<tr>
<td>Confirm Capstone Project Chair &amp; Reader</td>
<td>Yr 1 - Early in Spring Quarter (NURS 6015)</td>
<td>Capstone Committee Chair &amp; Member Declaration+ (FORM C)</td>
<td>Graduate Program Coordinator &amp; DNP Track Lead Faculty NURS 6015</td>
</tr>
<tr>
<td>Capstone Project Proposal Drafted</td>
<td>Yr 1 - End of NURS 6015</td>
<td>Capstone Focus Approval Form (FORM D)</td>
<td>NURS 6015 Faculty &amp; Committee Chair</td>
</tr>
<tr>
<td>Internship Workplan Drafted</td>
<td>Yr 1- End of NURS 6015</td>
<td>Internship Workplan Form (FORM E)</td>
<td>DNP Internship Coordinator &amp; Graduate Program Coordinator</td>
</tr>
<tr>
<td>Capstone Proposal to Committee for review/Revision</td>
<td>End of NURS 6015 &amp; early in Fall quarter in NURS 6701</td>
<td>Drafts of Capstone Proposal</td>
<td>DNP Capstone Chair &amp; Committee Members</td>
</tr>
<tr>
<td>Capstone Project Proposal Complete, approved by Committee &amp; oral presentation completed</td>
<td>Yr 2 – by mid quarter in fall for NURS 6701 Oral presentation date set by student &amp; Capstone Committee</td>
<td>Approved Capstone Proposal uploaded to digital file; Capstone Proposal Approval Form signed and submitted (FORM F)</td>
<td>DNP E-Portfolio for review by DNP Track Lead Form submitted to Graduate Program Coordinator</td>
</tr>
<tr>
<td>IRB application completed and submitted</td>
<td>Yr 2 - Following proposal approval and oral presentation during NURS 6701</td>
<td>CITI Certificate &amp; IRB approval uploaded</td>
<td>DNP E-Portfolio for review by faculty &amp; Capstone Chair</td>
</tr>
<tr>
<td>Capstone Project Complete; paper</td>
<td>Yr 2 – Submit paper to committee at least 2</td>
<td>Submit signed hard copy of Capstone</td>
<td>DNP Track Lead &amp; Graduate Program</td>
</tr>
<tr>
<td>approved by committee</td>
<td>weeks in advance of planned Capstone Project presentation.</td>
<td>Paper; upload final paper into digital file.</td>
<td>Coordinator</td>
</tr>
<tr>
<td>-----------------------</td>
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</tr>
<tr>
<td>Capstone Project presentation</td>
<td>Date set for DNP Scholarship Day by the DNP Track Lead</td>
<td>Committee members &amp; faculty submit evaluations of oral presentation.</td>
<td>Hard, signed copy and e-copy to Graduate Program Coordinator</td>
</tr>
<tr>
<td>DNP Portfolio Completed with Final Capstone Paper, Self-Reflection &amp; Internship Hours/Activity tracking completed</td>
<td>Yr 2 – by the end of NURS 6703</td>
<td>Complete digital files</td>
<td>DNP E-Portfolio for Review by DNP Internship Coordinator &amp; DNP Track Lead</td>
</tr>
</tbody>
</table>

*Create a digital file to include items listed in Form B.
+If your chair is not your assigned advisor, your chair will become your advisor at this point.*
APPENDIX E

Human Subjects Review Committee & Seattle University Institutional Review Board
COLLEGE OF NURSING

Human Subjects Review Committee (HSRC)

The applicant should read through the entire set of guidelines before beginning the application process. Students are expected to work closely with their capstone chair in this application process. Students and faculty members submitting proposals to the HSRC or the SU Institutional Review Board (IRB) should have CITI certification unless the project is exempt.

WHO NEEDS TO SUBMIT FOR HUMAN SUBJECTS APPROVAL?

All research projects involving human subjects need to be submitted to the SUCON HSRC for approval. Thesis research that falls under one of the following two categories should be submitted to the College of Nursing Human Subjects Review Committee even if Institutional Review Board approval has been obtained through another agency per University policy:

- Projects that are Exempt from Human Subject Review according to Federal policy. See Section III of the Seattle University IRB Policies and Procedures for a description of these categories. Although these projects do not need University review, they require review by the school’s committee to ensure criteria for exemption are met.

- Projects funded by outside agencies and those projects carrying more than minimal risk will be reviewed by both the school committee and the Seattle University IRB.

WHY DOES ONE NEED HUMAN SUBJECTS REVIEW?

Research and projects that use humans as the subject of inquiry have the potential for harm. An external review is needed to validate that the scientific merit of study outweighs potential risks to human subjects, and that the study will be carried out ethically.

WHO APPLIES FOR HUMAN SUBJECTS APPROVAL?

The primary investigator is responsible for the application process. If the primary investigator is a student, he/she is required to work closely with the faculty chair. Approval of the faculty chair is necessary to ensure that the submitted application has all the necessary components, effectively presents the project, and is ready for review.

WHERE ARE THE SUBMISSION FORMS?

The applicant can obtain the forms from the Seattle University Institutional Review Board website: http://www.seattleu.edu/irb/inner.aspx?id=26470

HOW DOES ONE APPLY FOR HUMAN SUBJECTS REVIEW?

After obtaining the submission forms and reading through them in their entirety, the applicant completes the forms. If the applicant is a student, all aspects of the submission form must be approved and signed by the faculty chair. Three copies of the submission form are given to the SUCON HSRC Chair.

The CON HSRC will reply to the request within three weeks of submission date. The applicant should be aware that most applications require some revision. The applicant should plan for the HSRC application process of at least six weeks. It is likely that if the project involves a large facility, the applicant will have to submit for Human Subjects approval from that facility, as well as the SUCON HSRC. If the project involves more than minimal risk or involves a vulnerable population, the project will have to be reviewed by the University Institutional Review Board.

WHAT IS THE REVIEW PROCESS?
The project is reviewed for adequacy of procedures to safeguard the rights of human subjects and to minimize any potential harm to their health and well-being. The HSRC will follow guidelines as outlined in Title 45, part 46 of the Code of Federal Regulations (45-CFR-46).

The results of the review will be sent to the applicant by the SUCON HSRC Chair. Often there are needs for revision or clarification of sections of the proposal. These changes must be made to the satisfaction of the committee before approval is granted. The applicant must keep a copy of the approval from the SUCON with other project materials. At the discretion of the student’s committee chair, this HSRC approval can be included as an appendix to the written portion of the project/thesis. If the project is not completed within one year, the applicant is expected to send a brief summary of the project’s activities to the HSRC Chair.

WHEN DOES ONE APPLY FOR HUMAN SUBJECTS REVIEW?

The project needs to be submitted to the SUCON HSRC as soon as it is approved by the Capstone Committee and the oral presentation is completed. This should allow for a reply from the original review as well as time to make changes and submit for a second review with the HSRC.

Once HSRC approval has been received, the student must apply for review by the University Institutional Review Board, as soon as possible. Please keep an eye on the IRB website for specific full board review submission deadlines.

SEATTLE UNIVERSITY

Institutional Review Board

“The Seattle University Institutional Review Board (IRB) serves two important roles: it insures that the University is complying with federal requirements for research involving human subjects, and assists the University achieve its goal of academic excellence.” As a result, the Seattle University IRB reviews all research and project protocols to ensure protection of human subjects in research conducted by faculty and students. IRB policies and procedures must be followed for all projects involving human subjects.

“The policies and procedures were established to guide the conduct of research involving human subjects, to protect the rights, well-being, and personal privacy of individuals, to assure a favorable climate for the conduct of scientific inquiry, and to protect the interests of Seattle University. They are in complete compliance with federal regulations and also reflect sensitivity to the structure and policies of Seattle University. The goal of the Seattle University Institutional Review Board (IRB) is to assist, as quickly as possible, the conduct of research involving human subjects while at the same time protecting those subjects and the university. Adherence to the guidelines is necessary to help promote this goal.”

(Seattle University IRB, 2011)

Seattle University IRB website: http://www.seattleu.edu/irb/about/
Seattle University IRB Human Subjects Training is available online at http://www.seattleu.edu/irb/human-subjects/
Seattle University policies and procedures are available at http://www.seattleu.edu/irb/policies/

Students are directed to Section III of the manual to determine the level of review required for their proposal.

Students work closely with their Capstone Project chair in completing the necessary forms. All capstone project proposals should be submitted to either the HSRC or the SU IRB, even those identified as possibly exempt. Forms to be completed for IRB review, including tips for writing consent forms, are available at: http://www.seattleu.edu/irb/resources/
APPENDIX F

Policy and Procedure for Follow-Up to Occupational Exposure to Bloodborne Pathogens
Policy and Procedure for Follow-Up to Occupational Exposure to Bloodborne Pathogens


Synopsis (selected, from the MMWR Recommendation):

“Recommendations for HBV postexposure management include initiation of the hepatitis B vaccine series to any susceptible, unvaccinated person who sustains an occupational blood or body fluid exposure. Postexposure prophylaxis (PEP) with hepatitis B immune globulin (HBIG) and/or hepatitis B vaccine series should be considered for occupational exposures after evaluation of the hepatitis B surface antigen status of the source and the vaccination and vaccine-response status of the exposed person.

Immune globulin and antiviral agents are not recommended for PEP of hepatitis C. For HCV postexposure management, the HCV status of the source and the exposed person should be determined, and for HCP exposed to an HCV positive source, follow-up HCV testing should be performed to determine if infection develops.

Recommendations for HIV PEP include a basic 4-week regimen of two drugs (zidovudine [ZDV] and lamivudine [3TC]; 3TC and stavudine [d4T]; or didanosine [ddI] and d4T) for most HIV exposures and an expanded regimen that includes the addition of a third drug for HIV exposures that pose an increased risk for transmission.

In addition, this report outlines several special circumstances (e.g., delayed exposure report, unknown source person, pregnancy in the exposed person, resistance of the source virus to antiretroviral agents, or toxicity of the PEP regimen) when consultation with local experts and/or the National Clinicians' Post-Exposure Prophylaxis Hotline is advised.

Occupational exposures should be considered urgent medical concerns to ensure timely postexposure management and administration of HBIG, hepatitis B vaccine, and/or HIV PEP” (CDC, 2001).

Summary of Actions:
According to the CDC, “avoiding occupational blood exposures is the primary way to prevent transmission of hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV) in health-care settings. However, hepatitis B immunization and postexposure management are integral components of a complete program to prevent infection following bloodborne pathogen exposure and are important elements of workplace safety” (CDC, 2001).

Occupational exposure is an urgent medical condition and should be dealt with immediately after each occurrence. For some types of prophylaxis, treatment must begin within four (4) hours of the exposure. As a part of facility/course orientation, faculty members must talk with students about the need to report bloodborne pathogen exposures (and other incidents) immediately when they
The same urgency applies for faculty (and staff) exposures – ALL exposures should be dealt with immediately.

For all exposures, the exposed person should IMMEDIATELY remove soiled clothing and wash the affected area with soap and water.

When made aware of an exposure incident, the faculty member should immediately initiate the procedures outlined below and complete the attached form, whether for a student or their own exposure incident.

1. Complete attached form entitled Report Form for Occupational Exposure to Bloodborne Pathogens. Every question is important, as the answers will help determine the best course of postexposure follow-up for the exposed individual. Please make every effort to be thorough.

2. Link to institution/agency system for immediate management of exposure by one of the following agency designates: unit manager, infection control coordinator, or other designated manager of OSHA Standards compliance. The procedures and regulations of the hospital, clinic, or health care agency will prevail.

3. Immediately provide copies of report form to the exposed person, the facility contact (as above), and the SUCON Associate Dean for the relevant program level (undergraduate or graduate).

4. Give informed consent to have your own blood drawn as soon as possible after the exposure for baseline information. (Note – you may postpone consent to HIV serologic testing, but it is vitally important that you consent to the immediate blood draw so that the option for later serologic testing is preserved.)

5. Link to your primary health care provider as soon as possible. If you do not have immediate access to your private health care provider, you may identify yourself as SUCON faculty/student with a possible HIV/HBV exposure and access
   a. the emergency services at the site of incident.
   b. SU Student Health Center (SHC). Notification of the exposure needs to be as soon as possible if the student has SU health insurance or if it is decided to seek care at the SHC. If the SHC is not the primary care provider, there will be an out-of-pocket expense.

Resources:

- Seattle/King County Public Health HIV/AIDS Control Program – Postexposure Prophylaxis
  - Primary Contact during business hours: 206-296-4649
  - After-hours: Call 206-726-2619 to be directed to the after-hours provider

- National HIV/AIDS Clinicians' Consultant Center (run by UCSF)
  - Post-Exposure Prophylaxis Hotline: 888-448-4911
  - Website: [http://www.nccc.ucsf.edu/](http://www.nccc.ucsf.edu/)

- Clinicians evaluating healthcare workers with occupational exposures will use the detailed guidelines outlined in the full MMWR document to determine appropriate the course(s) of postexposure prophylaxis for the situation, and in consultation with the healthcare worker’s history, medical status, and preferences. See above for full citation.
**Report Form for Occupational Exposure to Bloodborne Pathogens**

This form accompanies the SUCon Policy on *Follow-Up for Occupational Exposure to Bloodborne Pathogens*. **Occupational exposure is an urgent medical condition and should be dealt with immediately after each occurrence.** For some types of prophylaxis, treatment must begin within four (4) hours of the exposure.

The purpose of this form is to document as many details about the exposure incident as possible so that the exposed person and their health care provider may make an informed decision about the nature and extent of postexposure prophylaxis. The form is then signed by the required parties and immediately sent to the Associate Dean of the related program for processing.

Date of exposure _________________________________________________________________

Time of exposure _________________________________________________________________

Name of exposed person __________________________________________________________

Name of faculty member (if student is exposed) _______________________________________

Location (facility name, unit, etc) of exposure _________________________________________

Name and phone number of facility contact person ______________________________________

**Details of procedure being performed at time of exposure:**

**Type of exposure (select all that apply)**

___ Percutaneous injury (**amount**: ________________)

___ Mucous membrane exposure (**amount**: ________________)

___ Non-intact skin exposure (**amount**: ________________)

___ Bites resulting in blood exposure to either person involved

Where and how exposure occurred _______________________________________________________

____________________________________________________________________________________

If related to sharps device, type and brand of device _______________________________________

How and when in course of handling device did the exposure occur

____________________________________________________________________________________

____________________________________________________________________________________
**Details of exposure material and severity:**

Type and amount of fluid or material (select all that apply)

___ Blood

___ Fluids containing blood

___ Potentially infectious fluid or tissue (e.g. semen; vaginal secretions; cerebrospinal, synovial, pleural, peritoneal, pericardial, or amniotic fluids)

___ Direct contact with concentrated virus

**Severity of exposure** (e.g., for percutaneous exposure, depth of injury and whether fluid was injected; for skin or mucous membrane exposure, estimated volume of material and condition of skin [e.g. chapped, abraded, intact])

______________________________________________________________________________

______________________________________________________________________________

**Details about exposure SOURCE (and immediate actions):**

**KNOWN SOURCES:**

*Initiate steps to test source per facility procedures.*

*Test for HBsAg, anti-HCV, and HIV antibody* (Notes: direct virus assays for routine screening of source patients are NOT recommended; consider using rapid HIV-antibody test; do not test discarded needles for bloodborne pathogens; if the source person is NOT infected with a bloodborne pathogen, baseline testing or further follow-up of the exposed person is NOT necessary)

Note here results OR whether steps were initiated and who the contact person is and when results are expected:

HBsAg – ______________________________________________________

Anti-HCV – _____________________________________________________

HIV antibody – __________________________________________________

If source refuses testing, please document as much as is relevant and known about the source’s: such as medical diagnosis, clinical symptoms, history of risk behaviors, immunization status:

______________________________________________________________________________

______________________________________________________________________________

**UNKNOWN SOURCES:**

Describe/estimate likelihood of bloodborne pathogen infection among patients in the exposure setting (e.g. HIV treatment clinic vs. pediatric oncology unit):

______________________________________________________________________________

______________________________________________________________________________
IF SOURCE IS HIV-INFECTED:
Stage of disease, history of antiretroviral therapy, viral load, and antiretroviral resistance, if known

Details about EXPOSED PERSON:
Hepatitis B vaccination status (dates): ________________________________
Hepatitis B vaccine-response status (if known): ________________________________

Referral and Outcome:
Where referred for counseling and post-exposure management:

Notifications performed (Note: Minimal notifications are agency representative for occupational exposure follow-up – see attached policy – and SUCON Associate Dean for the relevant program level.):

Other steps taken:

SIGNATURES:

Signature of Student Completing Form Date
Signature of Faculty Completing Form Date
Agency Representative Signature Date
(Individual to Whom Incident was Reported)
**FOLLOW-UP ACTION REQUIRED:**
(This section is to be completed by the appropriate Program Associate Dean or Designee)

- [ ] Student Interviewed  
- [ ] Faculty Interviewed  
- [ ] Education/Training Provided  
- [ ] Other

- [ ] Reported to Agency’s Risk Management  
- [ ] Reported to Vice President/University Counsel (SU)  
- [ ] Reported to Dean, College of Nursing

**FOLLOW-UP INVESTIGATION AND SUGGESTIONS FOR IMPROVEMENT:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**ADDITIONAL COMMENTS:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature of Associate Dean  
College of Nursing, Seattle University

Date
APPENDIX G

Policy and Procedure if a Student is Injured or Becomes Ill
Policy and Procedure If a Student is Injured or Becomes Ill

Students who are injured or become ill in the clinical area should notify the clinical instructor immediately. In the case of a clinical site-related injury, the student should follow the procedure (if one exists) prescribed by the institution or agency for students who are injured. In the case of an unusual occurrence concerning a patient, student does the following:

When a student is involved in an unusual occurrence concerning a patient, during his/her clinical experience in a hospital or public health agency, the following steps must be followed once the immediate needs of the situation have been met:

1. The policy of the agency for reporting an incident will be followed. Send one copy of the agency’s incident report to Seattle University, Risk Management Office.
2. The student and instructor/mentor will complete a CON Student Clinical Incident/Injury Form.
   a. One copy goes to Academic Services
   b. Original goes to the identified primary care provider; such as SU Health Center
   c. Student may retain a copy for personal records
3. The Associate Dean should be notified by phone (206-296-2237) within 24 hours of the incident.

The agency may also request its own incident form be completed. Notify the CON Student Services of the incident by calling 206-296-______. Do this after you have contacted the clinical site’s employee health office or nearest emergency room for immediate triage.

Students who become ill at the clinical site should, along with their clinical instructor, determine if their illness is communicable and a risk for their patients, or determine if the illness will impair the student’s judgment to safely carry out their responsibilities. Treatment of any illness would be done at the student’s expense.

Health Insurance

All Health Sciences students are required to have personal health insurance, or to join a health care plan, to cover the expenses of their health care, treatments in case of an injury, and/or care for a catastrophic illness or serious chronic condition within or outside the clinical setting.
SEATTLE UNIVERSITY COLLEGE OF NURSING

Student / Faculty Incident Report Form
(Not related to Occupational Exposure to Bloodborne Pathogens)

A student/faculty incident report is completed when any unusual event (such as falls, being struck by a patient, medication error) occurs which may cause harm to a student, faculty member, or client in the clinical setting or during any other course-related activity. The form should be completed as soon as the faculty member has knowledge of the event. The form is then signed by the required parties and immediately sent to the Associate Dean of the related program for processing.

NAME OF STUDENT/FACULTY ____________________________
DATE OF INCIDENT _____________ TIME OF INCIDENT _____________
NAME OF THE AGENCY ___________________________ AGENCY PHONE # _________________
NAME OF AGENCY CONTACT: ______________________________________________________
EXACT LOCATION OF INCIDENT ______________________________________________________

DESCRIPTION OF INCIDENT BY FACULTY/STUDENT (who, what, where, when and how):

NAMES AND TITLES OF ALL INDIVIDUALS INVOLVED IN INCIDENT (i.e. Nurse Manager, Patient, Physician):

DESCRIBE TREATMENT RECEIVED: ____________________________________________________
___________________________________________________________
DATE OF TREATMENT _____________ TREATED AT _________________________________
BY WHOM _____________________________________________________________________
IF NOT TREATED, WHY NOT? ____________________________________________________

SIGNATURES:
Signature of Student Completing Form ___________________________ Date _____________
Signature of Faculty Completing Form ____________________________ Date _____________
Agency Representative Signature (Individual to Whom Incident was Reported) Date _____________
**FOLLOW-UP ACTION REQUIRED:**
(This section is to be completed by the appropriate Program Associate Dean or Designee)

- [ ] Student Interviewed
- [ ] Faculty Interviewed
- [ ] Education/Training Provided
- [ ] Other
- [ ] Reported to Agency’s Risk Management
- [ ] Reported to Vice President/University Counsel (SU)
- [ ] Reported to Dean, College of Nursing

---

**FOLLOW-UP INVESTIGATION AND SUGGESTIONS FOR IMPROVEMENT:**

---

**ADDITIONAL COMMENTS:**

---

Signature of Associate Dean  
College of Nursing, Seattle University  

Date
APPENDIX H

DNP Forms
SEATTLE UNIVERSITY COLLEGE OF NURSING

DNP FORM A

DNP Capstone Preparatory Information

Student Name ___________________________________  Student # __________________________

Master’s Degree: ____________________________________________________________

# of Clinical Hours Earned Previously: _______________  Are you a Nurse Practitioner?  Y  /  N

Anticipated Internship Site: _________________________________________________________

Is this your place of employment?  Y  /  N

Anticipated Preceptor/Site Mentor: ________________________________________________

Job Title: ____________________________________________________________________

Email Address: ______________________________ Phone: __________________________

Clinical Education Site Coordinator: ______________________________________________

Email Address: ______________________________ Phone: __________________________

Return this form to the Graduate Program Coordinator by the end of Winter Quarter

For Office Use Only:
Current Contract?  Y  /  N
New/Revised Contract initiated?  Y  /  N ______________________ Date: _________________

DNP Track Lead Signature: ________________________________ Date: _________________
## Contents of DNP E-Portfolio

<table>
<thead>
<tr>
<th>PORTFOLIO REQUIREMENT (Key Deliverable)</th>
<th>COURSE IN WHICH PORTFOLIO REQUIREMENT IS MET</th>
<th>PROGRAM OUTCOME MET</th>
<th>DNP ESSENTIAL REQUIREMENT PERTAINS TO</th>
<th>CAPSTONE/INTERNSHIP ACTIVITIES &amp; HOURS (IF APPROPRIATE)</th>
<th>DATE REQUIREMENT FULFILLED</th>
<th>REVIEWED BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introductory Information</td>
<td>Orientation</td>
<td>7</td>
<td>VIII</td>
<td></td>
<td>CV updated throughout the program of study</td>
<td>Advisor</td>
</tr>
<tr>
<td>1. CV</td>
<td></td>
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<tr>
<td>2. Personal Statement/Mission</td>
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<tr>
<td>Orientation</td>
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</tr>
<tr>
<td>II.2.b.c Case analysis and problems II.2.d Financial analysis project</td>
<td>NURS 6017 Health Care Economics &amp; Finance (old NURS 517)</td>
<td>1 &amp; 5</td>
<td>II</td>
<td>Financial analysis for capstone project or an informatics solution for 6011. Hours earned through interviews with experts and/or research (max 30 hrs).</td>
<td>End of course</td>
<td>Faculty &amp; Advisor</td>
</tr>
<tr>
<td>Individual Philosophy of Nursing/Philosophy of Science paper anticipating Capstone project design issues and</td>
<td>NURS 6130 Philosophy of Science (old NURS 613)</td>
<td>1, 4 &amp; 8</td>
<td>I V</td>
<td>Hours earned through interviews with experts, implementation of project design, revising process as needed, collecting data, managing stakeholders (max 10 hrs)</td>
<td>End of course</td>
<td>Faculty &amp; Advisor</td>
</tr>
<tr>
<td>potential sources of bias</td>
<td>NURS 6160 Leadership in Health Care Systems</td>
<td>1, 4, 5, 6 &amp; 7</td>
<td>II III VIII</td>
<td>There is an optional clinical activity associated with this course (30 hours)</td>
<td>Faculty &amp; Advisor</td>
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<tr>
<td>Self-Assessment &amp; Development Paper Philosophy of Leadership Paper</td>
<td>NURS 6014 Critical Inquiry I (old NURS 514)</td>
<td>1, 5 &amp; 6</td>
<td>I III</td>
<td></td>
<td>Faculty &amp; Advisor</td>
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<tr>
<td>II.1. Develop evaluation plan for population intervention III.1 Develop evidenced based population intervention V.6. &amp; VI.1 Develop program proposal with stakeholder input that can influence relevant stakeholders,</td>
<td>NURS 6018 Health Program Planning &amp; Development (old NURS 518)</td>
<td>1, 4, 5 &amp; 6</td>
<td>II III V VI</td>
<td>On-line courses in funding and grant seeking at <a href="http://foundationcenter.org/getstarted/training/online/">http://foundationcenter.org/getstarted/training/online/</a> Up to 30 hours, documented with certificate from course website.</td>
<td>End of course Faculty &amp; Advisor</td>
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<td>Activity</td>
<td>Course Code</td>
<td>prerequisites</td>
<td>Capstone</td>
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<td>Funders and Public Policy Decisions</td>
<td>NURS 6120</td>
<td>1, 5 &amp; 8</td>
<td>I III VII</td>
<td>Faculty &amp; Advisor</td>
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<tr>
<td>1. Population-Based Health Paper</td>
<td>NURS 6015</td>
<td>1, 4, 5 &amp; 8</td>
<td>I II III VII VIII</td>
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<tr>
<td>2. Population-Based Health Presentation</td>
<td>NURS 6011</td>
<td>1, 2, 5 &amp; 6</td>
<td>II IV VI</td>
<td>Faculty &amp; Advisor or Committee Chair</td>
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<tr>
<td>Draft Capstone Proposal</td>
<td>NURS 6010</td>
<td>2, 4, 5 &amp; 6</td>
<td>II III IV VII</td>
<td>Faculty &amp; Advisor or Committee Chair</td>
<td></td>
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<tr>
<td>Information Systems Project Proposal</td>
<td>NURS 6019</td>
<td>1, 5, 7 &amp; 8</td>
<td>V VI I</td>
<td>Faculty &amp; Advisor or Committee Chair</td>
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<td>Advocacy Assignment</td>
<td>NURS 6002</td>
<td>5, 7 &amp; 8</td>
<td>II V</td>
<td>If related to capstone idea, document activities &amp; hours (max 10 hours)</td>
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End of course

Faculty & Advisor or Committee Chair
<table>
<thead>
<tr>
<th>Event Description</th>
<th>Code</th>
<th>Credits</th>
<th>Hours</th>
<th>Description</th>
<th>End of Course</th>
<th>Responsible Parties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reflection Health Policy or Ethical Case Analysis Paper</td>
<td>Policy (old NURS 510)</td>
<td>VII</td>
<td></td>
<td>Document activities &amp; hours related to Capstone Proposal development &amp; presentation (max 150 hrs)</td>
<td>End of course</td>
<td>Committee Chair</td>
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<tr>
<td>Oral Presentation of Final Capstone Proposal &amp; approval by Committee (form)</td>
<td>NURS 6701 DNP Capstone Seminar &amp; Internship I (3 credits) (combo of NURS 671 &amp; 681)</td>
<td>1-8</td>
<td>I II III VI VIII</td>
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<td>Faculty &amp; Committee Chair, Members; DNP Internship Coordinator</td>
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<tr>
<td>Committee Meeting Agenda &amp; Minutes</td>
<td>NURS 6702 DNP Capstone Seminar &amp; Internship II (2-4 credits) (combo of NURS 672 &amp; 682)</td>
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<td>Document activities &amp; hours related to Capstone Proposal development &amp; presentation (max 100-200 hrs)</td>
<td>End of course</td>
<td>Faculty &amp; Committee Chair, Members; DNP Internship Coordinator</td>
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<td>Final Capstone Paper</td>
<td>NURS 6703 DNP Capstone Seminar &amp; Internship III (2-4 credits) (combo of NURS 673 &amp; 683)</td>
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<td>I II III VI VIII</td>
<td>Document activities &amp; hours related to Capstone Proposal development &amp; presentation (max 100-200 hrs)</td>
<td>End of course</td>
<td>Faculty &amp; Committee Chair, Members; DNP Internship Coordinator</td>
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<tr>
<td>Reflective, narrative journal - documents DNP competencies</td>
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<td></td>
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<td>End of program</td>
<td>Advisor/Committee Chair DNP Track Lead</td>
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<tr>
<td>and reflections related to the DNP Essentials &amp; Program Outcomes</td>
<td>Summary of Internship Activities &amp; Hours</td>
<td>NURS 6703 DNP Capstone Seminar &amp; Internship III (combo of NURS 673 &amp; 683)</td>
<td>1-8</td>
<td>I-VIII</td>
<td>End of program</td>
<td>Advisor/Committee Chair DNP Internship Coordinator &amp; DNP Track Lead</td>
</tr>
</tbody>
</table>
DNP Capstone Committee Declaration Form

Student Name ___________________________ Student # ________________________

Committee Chair: ___________________________________________________________

Is this the Advisor originally assigned to you? Y / N

If not: Original Advisor: ____________________________________________________

Student must discuss and have agreement to change from the original advisor, as well as a signature below verifying this agreement.

Original Advisor Signature: _________________________________________________

New Advisor/Chair Signature: _______________________________________________

Committee Member: _________________________________________________________

Member Signature: _________________________________________________________

Committee Member: Optional ________________________________________________

Member Signature: _________________________________________________________

Return this form to the Graduate Program Coordinator by the 4th week of NURS 6015: Critical Inquiry II

Associate Dean, DNP Track Lead Signature: __________________________________________

Date: __________________________
SEATTLE UNIVERSITY COLLEGE OF NURSING

DNP FORM D

DNP Capstone Focus Approval Form

Student Name ______________________________________ Student # _______________________

Year of Matriculation: ___________________ Year of Expected Graduation: ______________

Year and Quarter of Expected Oral Presentation: _______________________________________

1. Brief description of Capstone Project

2. Tentative title to your Capstone Project Proposal

3. Is approval being sought from:

   SU Institutional Review Board? Yes ___ No ___

   Community agencies? Yes ___ No ___

If yes, which agencies?

_________________________________________________________________________________

Committee Chair: ________________________________________________________________

Chair Signature: __________________________________________________________________

Name of Reader: ___________________________________________________________________

Reader Signature: __________________________________________________________________

Return this form to the Graduate Program Coordinator by the end of the NURS 6015: Critical Inquiry II
The DNP Internship assists students to develop competence in the nursing role at the doctoral level including leadership experiences, interdisciplinary collaborations, advocacy and experience translating clinical research into practice. The clinical internship in the Post Master’s DNP does not involve direct patient care, but is directed toward the analysis of contextual factors, current scientific evidence, as well as policies and strategies in place in organizations, institutions and/or communities related to issues affecting patient safety, the quality of health care or the functionality of the health care system.

DNP students individualize the internship work plan to attain a minimum of 1,000 hours across the Master’s and DNP programs of study. DNP students are expected to complete a Capstone Project, designed to improve health, health care processes or the health care system. Students participate in leadership, change agent experiences and collaborative efforts during the internship that relate to their Capstone Project.

**Students should complete a draft of the DNP Internship work plan at least one quarter prior to starting the DNP Seminar & Internship courses and seek approval from their faculty advisor and Capstone Committee Chair, when appropriate.** The DNP Internship work plan can be updated as students’ progress through the program of study. Cumulative DNP Internship hours and activities, across all quarters and courses, should be tracked on the DNP E-Portfolio or an excel spreadsheet.

Name:_________________________________________________________ Date________
Faculty Advisor/Chair:__________________________________________
Number of clinical/internship hours completed at the Master’s level__________________
### QUARTER, Year (Time frame)

<table>
<thead>
<tr>
<th>Course</th>
<th>Development Objectives</th>
<th>Plans for Accomplishment</th>
<th>Deliverables/Outcomes</th>
<th>Preceptors/Faculty/Mentors &amp; Other Resources</th>
<th>Days/Times/Hours</th>
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<tbody>
<tr>
<td></td>
<td>What areas will you focus on this quarter?</td>
<td>For each objective, what actions will you take that will help you achieve your goals?</td>
<td>For each of the actions you have outlined, what is your measure of success?</td>
<td>What help do you need to be successful?</td>
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</tbody>
</table>
Capstone Proposal Approval

Student Name ___________________________________ Student # __________________________

Date of Oral Presentation ____________________________

Proposed Capstone Project Title:

We approve the above student’s Capstone Project Proposal as written and presented:

Committee Chair: ____________________________________________________________

Chair Signature: ___________________________ Date: __________________________

Committee Member: __________________________________________________________

Signature: ___________________________ Date: __________________________

Committee Member: Optional __________________________________________________

Signature: ___________________________ Date: __________________________

Return this form to the Graduate Program Coordinator by the 5th week of NURS 6701: Capstone Seminar

DNP Track Lead Signature: ___________________________ Date: __________________
# DNP FORM G

## Capstone Oral Presentation Rubric

**Presenter Name** ___________________________________________  **Date** ________________________________

**Title**

_____________________________________________________________________________________________________  
_____________________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Categories</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction, Background &amp; Significance</td>
<td>Describes the problem or phenomena, its importance to healthcare, nursing practice, and effects on stakeholders. Includes epidemiological relevance or provides baseline data to support problem/issue and application to practice</td>
<td>Fails to describe the problem or phenomena, its importance to healthcare, nursing practice, and effects on stakeholders. Fails to include epidemiological relevance or provide baseline data to support problem/issue. Unclear regarding application to practice</td>
<td>___/10</td>
</tr>
<tr>
<td>Purpose Statement</td>
<td>Clearly and concisely states the goal of the project, including objectives or research questions.</td>
<td>Fails to clearly and/or concisely state the goal of the project. Uncertain or unclear objectives or research questions</td>
<td>___/10</td>
</tr>
<tr>
<td>Review of the Literature</td>
<td>Provides an organized, integrated comprehensive summary of the state of the science including sentinel evidence-based resources.</td>
<td>Provides single source summaries of the literature. Not comprehensive, missing major evidence-based resources</td>
<td>___/15</td>
</tr>
<tr>
<td><strong>Methodology</strong></td>
<td>Clearly and concisely describes project design and intent of project. Includes EBP model or design of research, stakeholder involvement, population, sample, setting, potential ethical issues, anticipated challenges to plan, sustainability, data collection and plan for analysis.</td>
<td>Does not clearly and/or concisely describe the project design, unable to understand intent of project. Methodology unclear, missing information regarding population, ethical considerations, human subject protection, data collection and/or plan for analysis.</td>
<td>_____/20</td>
</tr>
<tr>
<td><strong>Timeline</strong></td>
<td>Provides realistic timeline for project implementation.</td>
<td>Does not provide an appropriate timeline.</td>
<td>_____/5</td>
</tr>
<tr>
<td><strong>Resources Required</strong></td>
<td>Includes anticipated resources and potential costs of project or business plan, if appropriate.</td>
<td>Does not provide required resources and/or anticipated costs.</td>
<td>_____/5</td>
</tr>
<tr>
<td><strong>Approvals for Project</strong></td>
<td>Identifies required approvals needed including plan for IRB and HIPAA compliance if indicated, associated agency ethics review committees.</td>
<td>Does not identify required approvals.</td>
<td>_____/5</td>
</tr>
<tr>
<td><strong>Evaluation Plan</strong></td>
<td>Clearly and concisely summarizes evaluation plan and instruments utilized. Plan clearly relates to objectives or research questions.</td>
<td>Does not clearly and/or concisely summarize key evaluation components.</td>
<td>_____/15</td>
</tr>
</tbody>
</table>

**Additional Notes:**
SEATTLE UNIVERSITY COLLEGE OF NURSING

DNP FORM H

Final Approval of DNP Capstone Paper & Presentation

Student name: __________________________________________________________

Current address: ______________________________________________________

_____________________________________________________________________

Student ID #:___________________________  E-mail: __________________________

Work phone: _________________________  Home phone: _______________________

Capstone title: _________________________________________________________

_____________________________________________________________________

APPROVAL SIGNATURES

Chair (signature): _______________________________  Date: ________________

Printed/Typed name: ________________________________

Reader #1 (signature): _______________________________  Date: ________________

Printed/Typed name: ________________________________

Reader #2 (signature): _______________________________  Date: ________________

Printed/Typed name: ________________________________

DNP Internship Coordinator (signature): _________________________  Date: ________________

Printed/Typed name: Dr. Kathy Camacho Carr

DNP Track Lead (signature): ___________________________  Date: ________________

Printed/Typed name: Dr. Janiece DeSocio