Henry P. Becton School of Nursing and Allied Health

Doctor of Nursing Practice

STUDENT MANUAL

Welcome to the Henry P. Becton School of Nursing and Allied Health.

This manual was prepared to provide you with a guide to our DNP program. Here you will find academic policies and details on the expectations faculty have of students enrolled in the Fairleigh Dickinson University DNP program.

Additional sources of information about academic policies and other aspects of student life at Fairleigh Dickinson University are located in the following publications, which are available at the Office of Admissions:

They include:
- The Graduate Studies Bulletin
- Course Offerings
- Course Syllabus
- University Student Handbook
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MISSION STATEMENTS

Mission of Fairleigh Dickinson University
Fairleigh Dickinson University is a center of academic excellence dedicated to the preparation of world citizens through global education. The University strives to provide students with the multidisciplinary, intercultural, and ethical understandings necessary to participate, lead, and prosper in the global marketplace of ideas, commerce, and culture.

Mission of FDU’s University College
At University College: Arts * Sciences * Professional Studies, our commitment is to educating students for the world.
University College emphasizes professionally accredited and career-oriented programs that prepare future leaders to work effectively in a global environment, regardless of profession. Our wide array of programs is strongly grounded in the liberal arts, recognizing that professionals in all fields require a multidisciplinary and multicultural perspective to be successful. We also stress experiential and field-based learning through internships, student-directed research, cooperative education and community service that supplement academic instruction, enhance career-related experiences and develop students’ social and moral identities as productive citizens.

Mission of the School of Nursing and Allied Health
The Henry P. Becton School of Nursing and Allied Health is one of nine schools in University College and is located at Fairleigh Dickinson University’s Metropolitan Campus. Our mission is to provide excellent undergraduate and graduate education for Nursing and Allied Health students. It is our intent to enhance society and the health care environment through preparation of graduates with a foundation in liberal arts and sciences as well as the professional domain. We endeavor to create a community of collaborative learning. The programs reflect a strong commitment to the development of critical thinking, collaboration, ethical decision-making, leadership, and cultural competence. The learning experience is enriched by interactions among faculty and students of diverse backgrounds and nationalities as they engage in scholarship, research, clinical practice, and professional development.

Philosophy of the Henry P. Becton School of Nursing and Allied Health
The School of Nursing and Allied Health philosophy and goals are consistent with the University Mission Statement. The faculty has a set of beliefs regarding concepts central to nursing: humans, environment, health, and nursing. These beliefs, as well as learning process concepts, provide the foundation for the organizing framework of the undergraduate and graduate curricula.

Human Beings and their Environment
The faculty believes that nursing’s central concern is human beings interacting with their environment, holistically striving for internal and external balance, and also having the potential for growth in self in the context of the environment. Each human being is an individual capable of abstraction, imagery, language, thought, sensation, and emotion. It is through relationships with others that the human being allows his/her unique
individuality to become actualized. Humans function in society as individuals, families, groups, and communities. The environment is defined as a dimension external to the individual that is composed of physical, social, cultural, political, and economic components. We further believe that because of the dynamic interaction between human beings and their environment, nurses support individuals’ interaction with the environment toward the preservation or enhancement of wellness. Additionally, change in one part of the environment has the potential to change other parts of the environment. Through continuous interaction and energy exchange with the environment, humans strive to develop patterns of behavior to maintain both internal and external stability and growth.

**Health**

We believe that individuals, families, groups, and communities are valued clients to be cared for, respected, nurtured, understood, and supported toward high-level wellness. High-level wellness is defined as optimum functioning for each client. Health is a dynamic and harmonious state, which reflects the holistic nature of the client on a wellness illness continuum. Holism embodies the client as being greater than and different from a sum of parts. That is, the client is greater than and different from the individual parts: physical, behavioral, spiritual, and social well-being.

Nurses seek to empower others to seek responsibility for their own state of well-being through the use of levels of prevention. Levels of prevention are primary (health promotion), secondary (disease prevention), and tertiary (restoration/maintenance).

**Nursing**

The faculty believes that nursing is a science and an art. It is a caring profession based on a humanistic perspective that fosters self development, a helping-trust relationship with others, and is committed to realizing the potential in oneself and others through gaining insight into the meaning of life's experiences. The clients of nursing are: the individual, group, family, and community. We believe nursing is a shared process between the nurse and client, whereby both mutually effect change. As educated individuals, nurses draw on a diverse body of both liberal and scientific knowledge in the application of therapeutic modalities. Nurses function in collaborative, independent, and interdependent roles in order to promote optimum health and wellness.

**Nursing Education**

The faculty of this school believes that a professional nursing program contributes to the development of individuals who are concerned with the ultimate good of humanity and have a belief system reflecting ethical practice. We also believe that education for the professional nurse promotes critical thinking skills in concert with humanistic caring modalities. These two dimensions are foundational to the undergraduate and graduate programs in nursing. Critical thinking is defined as a composite of attitudes, knowledge, and skills necessary to explore a situation or phenomenon. It is purposeful, goal-directed thinking and includes problem solving, decision-making, and the nursing process. Humanistic caring is the process that helps the client attain or maintain health, or die a peaceful death. It is viewed as an expression of the art of nursing founded in a value system that holds humanity in the highest regard.
Professional nursing education also encompasses the development of values, social responsibility, and cultural competence in order to meet the health care needs of an increasingly complex global society.

The faculty believes that education is a developmental process, which proceeds from simple to complex. It is a shared, interactive process, with the goal of developing an appreciation for the uniqueness of individual differences and commonalities, as well as ideas, values, and knowledge. It involves faculty and students who come to the learning experience with their own unique attributes, beliefs, and capabilities, providing the background for understanding and respecting the individual and his/her culture.

A liberal education, in concert with professional education, fosters the development of a graduate with critical thinking skills capable of assuming a leadership role in current and future health care settings. Recognizing the variety of ways that people learn, we believe that a nursing curriculum, which proceeds on a continuum from simple to complex, promotes critical inquiry. We believe that nursing education is a process that thrives within the context of a caring supportive environment, where individuals continue to develop their potential. We further believe that students can be taught learning strategies to facilitate the pursuit of lifelong learning.

We believe the process of professional nursing education incorporates critical thinking, humanistic caring, professional role development, ethical-legal awareness, research based practice, leadership, cultural competence, collaboration, levels of prevention, and effective communication.

The faculty believes that baccalaureate education prepares the student to function as a professional nurse qualified to deliver skilled and ethical nursing care at all levels of prevention. Students at the baccalaureate level are prepared as generalists for professional nursing practice in a variety of health care settings anywhere in the world and for beginning leadership positions. Graduates are also prepared to pursue a master's degree in nursing. The graduate program builds upon the generalist knowledge of baccalaureate education. The graduate of the master's program is prepared to function as a specialist in a variety of settings and in multiple advanced practice roles. Graduates are prepared to pursue a doctoral education.
Historical Overview of the School of Nursing and Allied Health

Founded in 1942, Fairleigh Dickinson University is an independent, nonsectarian, coeducational institution. It is a major university serving more than 13,000 students and offering a variety of courses, programs, and facilities. With its student body divided among two main northern New Jersey campuses and two international campuses, it also offers the intimate atmosphere and individual attention of a small college. Students have access to a variety of university services, including academic and career counseling, campus cafeterias, athletic events, and the largest private library system in northern New Jersey.

With the inception of an associate degree nursing program in 1952, the Department of Nursing became an integral part of the University. The last associate degree class graduated from this program in 1970. The basic baccalaureate program was established in 1968 for the student without previous experience in nursing. Registered nurse students who were graduates of associate degree and diploma nursing programs attended a program track initiated in 1972 and phased out in 1990. An accelerated track of the baccalaureate program, designed for non-nurses holding baccalaureate degrees in other disciplines, was initiated in 1985. In the summer of 1993, the Department was designated as a School of Nursing. In the fall of 1993, an evening division of the accelerated track was initiated, as was the new baccalaureate curriculum.

The first graduate nursing students entered the School in the fall of 1995 to earn their Master of Science in Nursing. A detailed description of the current M.S.N. program appears in the “Programs of Study” section below. Following a generous gift to the University from the Becton Dickinson Company, the School was designated as the Henry P. Becton School of Nursing in June 1995.

In January 1996, programs in Radiography, Medical Technology, and Clinical Laboratory Sciences joined with the nursing programs to form the School of Nursing and Allied Health. In 2000, the Bachelor of Science in Allied Health Technologies Program was established as a joint program with the University of Medicine and Dentistry of New Jersey – School of Health Related Professions (UMDNJ-SHRP). Majors offered include: Diagnostic Medical Sonography, Nuclear Medicine, Respiratory Care, and Vascular Technology. In 2004, the Doctorate in Physical Therapy program was established in collaboration with the University of Medicine and Dentistry of New Jersey – School of Health Related Professions (UMDNJ-SHRP). In 2005, the Master of Science in Athletic Training program was established in collaboration with Seton Hall University.

In the spring of 2001, a Transition Program was approved by the Curriculum Committee of the School of Nursing, the faculty, and the College Educational Policies Committee. A registered nurse with a Bachelor’s degree in another field who wishes to pursue a Master of Science in Nursing degree may take the transition program (Bridge Program) as a prerequisite to matriculating into the M.S.N. program.

In October 2006, the Doctor of Nursing Practice (DNP) was approved by the NJ Presidents Council. The first cohort of DNP students was admitted in spring 2007.
Accreditation

*Fairleigh Dickinson University*

Fairleigh Dickinson University is accredited by the Commission on Higher Education of the Middle States Association of Colleges and Schools and licensed by the New Jersey Commission on Higher Education.

*Nursing Programs*

The Baccalaureate and Master’s Nursing programs at Fairleigh Dickinson University are fully accredited by the New Jersey Board of Nursing and the Commission on Collegiate Nursing Education. The baccalaureate program was granted initial National League for Nursing accreditation in 1977 and was approved in 1990 for 8 years of continuing accreditation. The nursing program is also approved by the New Jersey Board of Nursing and was granted continuing accreditation by that Board in 1996.

In 1999, the Commission on Collegiate Nursing Education granted the nursing program accreditation for three years. In 2002, the Commission on Collegiate Nursing Education granted another ten year accreditation to the Baccalaureate and Master’s Nursing Programs.

Then, in 2012, the Baccalaureate and Master’s programs were granted another 10 year accreditation extending until June 30, 2022.

The Doctor of Nursing Practice (DNP) Program admitted its first cohort of students in January 2007 and the first students graduated in May 2009.

Initial accreditation of the Doctor of Nursing Practice Program (DNP) was granted by the Commission on Collegiate Nursing Education (CCNE) for a period of 5 years until June 30, 2017.
Programs of Study

Undergraduate and Graduate Programs
The Henry P. Becton School of Nursing and Allied Health offer programs of study at the baccalaureate, masters, and doctoral levels. A complete listing of programs is located in the Appendix.

Nursing Program Outcomes
The faculty of the Henry P. Becton School of Nursing and Allied Health articulated program outcomes as competencies that are both objective and measurable. These competencies emphasize essential knowledge and skills such as critical thinking, caring, professionalism, leadership, cultural competence, holism, collaboration, and the practice of nursing based on knowledge from the liberal arts and professional education.

Doctor of Nursing Practice Program
The Doctor of Nursing Practice (DNP) Program is open to students who have earned an M.S.N. and hold advanced practice nursing certification or other national clinical certification. This program is comprised of twenty-four credits of CORE courses and twelve credits of specialty courses for either a Clinical Leadership or Organizational Leadership track. Students are also required to complete a residency of 1000 post-baccalaureate clinical hours.

Admission Requirements
- A Master of Science in Nursing (MSN) in advanced practice nursing from a program accredited by the Commission on Collegiate Nursing Education (CCNE) or National League for Nursing (NLN).
- Licensure as a Registered Professional Nurse.
- If a Nurse Practitioner, Licensure and Certification in Advanced Practice Nursing.
- Relevant experience in Advance Practice Nursing.
- Interview and completion of a writing sample.
- Three recommendations attesting to the applicant’s ability and potential.
- GPA of 3.5.

Doctoral Program Aggregate Student Outcomes
Graduates of the DNP program will be able to:
1. Integrate nursing science with knowledge from biophysical, psychosocial, analytical, and organizational sciences as the basis for the highest level of nursing practice. Indicators/measures: Successful completion of the DNP curriculum with preparation of a manuscript for peer review and publication.
2. Design programs or initiatives that will improve patient outcomes and demonstrate professional accountability. Indicators/measures: Completion of residency requirements and the design and implementation of an evidence-based practice project.
3. Provide intra- and inter professional leadership in accomplishing change in health care and complex health care delivery systems. Indicators/measures: Completion of residency requirements, an evidence-based practice project, and scholarly presentations at professional meetings and conferences.
4. Apply information technology and research methods to establish evidence-based outcomes as the best support for practice. Indicators/.measures: Completion of courses in Management of Information Systems, Nursing Research, Evidence-Based practice project, Health Quality Assessment and Outcomes Assessment.

5. Demonstrate leadership in the evaluation, review and development of institutional, local, federal and/or international health policy. Indicators/measure: Completion of courses related to Advanced Practice, Health Care Delivery Systems and Public Policy, Health Equity, completion of residency requirements and collaboration in the development and/or evaluation of interdisciplinary standards for patient care.

6. Synthesize concepts related to clinical prevention in developing and evaluating interventions to address health promotion/disease prevention. Indicators/measure: Completion of courses in Outcomes Assessment, Epidemiology Genomics and Global Health and/or Health Care Delivery Systems and Public Policy.

7. Demonstrate an advanced level of professional expertise, cultural sensitivity and system knowledge in designing and delivering care to improve the health outcomes of individuals and aggregates. Indicators/measure: Completion of the residency requirements and evidence-based practice project.

**SCHOOL REQUIREMENTS FOR CLINICAL EXPERIENCE**

Clinical requirements for all students of Nursing:

Students are responsible for providing copies of health records and immunizations to FDU Metro Student Health Services – Located in the Student Union Building. Copies of Liability Insurance, Cardiopulmonary Resuscitation (CPR) certification, Urine Drug Screen, Criminal Background Check and Drivers License must be given to the Clinical Lab Coordinator (201-692-2887) who is responsible for issuing clinical clearance to all students before starting clinical visits to the health care facilities. The students are responsible for updating expired health requirements.

**Health Examination**

The health requirements for all FDU School of Nursing students are explained in the “Medical Compliance Requirements” section of this document. The completed health forms must be submitted by the student directly to the Student Health Services Office where it is kept on file. Incomplete forms are considered to be non-compliant. Each student MUST comply with this policy in order to ensure safety and to fulfill contractual agreements between the University and clinical experience providers. Students will NOT BE ADMITTED to a clinical placement if they do not meet medical compliance requirements. Any resulting clinical absence jeopardizes meeting course requirements. If a student experiences a change in health status requiring absence from a clinical lab, a note must be submitted from the student’s physician stating that the student’s health has improved to the point that full participation in clinical labs is again possible.
Drug Urine Test
The affiliated healthcare institutions are required by the Joint Commission on Accreditation of Health care Organization Standard (HR1.20) to conduct criminal history checks / urine drug test on all personnel who work in clinical settings, including nursing students.

Liability Insurance
Students are required to purchase professional liability insurance in the amount of one million ($1,000,000), three million dollars ($3,000,000) and six million dollars ($6,000,000 for Nurse Practitioners), before beginning their first clinical course, and to maintain it until graduation.

Cardiopulmonary Resuscitation (CPR) Certification
All students must complete a course in CPR for adults, children and infants prior to beginning the clinical courses. The CPR card must be maintained current until graduation. A copy of the card must be brought to the Nursing office in Dickinson Hall room 4444 so that it may be placed in the student’s folder showing compliance with this requirement before that student begins a clinical rotation. A CPR course designed for Health Professionals is recommended.

Criminal History Record Search
Fairleigh Dickinson University has affiliation agreements with health care institutions in the region to provide clinical experiences for students of the Henry P. Becton School of Nursing & Allied Health. The affiliated healthcare institutions are required by the Joint Commission on Accreditation of Health care Organization Standard (HR1.20) to conduct criminal history checks / urine drug test on all personnel who work in clinical settings, including nursing students. All students must comply with this requirement to evaluate their suitability for placement in a clinical experience. Information obtained may cause affiliated health care institutions to reject a student for a clinical experience. New students will complete an initial criminal background check and as a continuing nursing student will complete an annual criminal background check.

Post Exposure Prophylaxis (PEP)
In the event that a student and/or faculty member is exposed to a reportable confirmed or suspected communicable disease, as referenced in the New Jersey Administrative Code 8:57, during their clinical rotation, the student and/or faculty member will be notified by hospital as being an individual who may have been in contact with the case during the infectious period of disease and thus exposed that disease. The student and faculty may receive appropriate Post Exposure Prophylaxis (PEP) through the hospital’s Employee Health Department or Emergency Department at a no cost to the individual student and faculty. The University’ Student Health Services Director will be notified if there is a suspected or confirmed communicable disease report involving the students and faculty of University.
Medical Compliance Requirements

PURPOSE
All nursing students are required to comply with FDU, New Jersey Department of Health and Senior Services (NJDHSS), Clinical Site, and School of Nursing medical records requirements in order to prevent or reduce the risk of transmission of vaccine-preventable and other communicable diseases among FDU students, patients and other persons. This document details the specific medical record requirements of a nursing student. Please note; clinical education provider may impose additional medical compliance standards.

MEDICAL REQUIREMENT RESPONSIBILITIES
All nursing students (including BSN, MSN and DNP) are held responsible to submit all pertinent medical records to FDU Student Health Services, Metropolitan Campus, prior to starting classes as a nursing major. Subsequent annual requirements must be completed and submitted before the Fall semester begins. **Students may not attend clinical if they are not medically compliant.**

NURSING STUDENTS HEALTH CLEARANCE CONSISTS OF:

- Complete Physical Exam, Student Profile, Medical History and Meningitis Response Forms
- Measles, Mumps, Rubella, Varicella, Hepatitis B Virus Surface Antigen (HBsAg), Hepatitis B Virus Core Antibody, IgM (HBc IgM Ab) and Hepatitis B Virus Surface Antibody (HBsAb) blood titer reports showing immunity
- Meningococcal vaccine
- Adult Tdap
- Annual Influenza vaccine
- Two-step Mantoux skin test for tuberculosis

HISTORY AND PHYSICAL
A standard health history and physical must be performed by a health care professional (MD, DO, or APN) upon entrance to FDU and then submitted annually before the beginning of Fall semester.

MEASLES, MUMPS, and RUBELLA (MMR)
Nursing students will be considered immune to Measles, Mumps, and Rubella only if he/she can demonstrate serologic (laboratory) evidence of immunity with titers. When a serology report for measles, mumps, or rubella indicates a non-immune or equivocal status, the student must have 2 doses of the vaccine at least 30 days apart. A repeat titer must be drawn 1-2 months after the second dose.

VARICELLA
Nursing students will be considered immune to Varicella (chicken pox) only if he/she can demonstrate serology (laboratory) evidence of Varicella immunity with titers. Documentation of clinical Varicella (history of chicken pox disease) is no longer acceptable.
All students with negative (non-immune) Varicella titers who cannot document being appropriately vaccinated must be vaccinated prior to beginning clinical unless the student’s physician determines that the vaccine is medically contraindicated. Two doses of the Varicella vaccine given 4 to 8 weeks apart are required for the adult. These students must have repeat Varicella titers drawn 1-2 months after second dose of vaccine.

Because of potential transmission of the vaccine virus to susceptible high-risk patients, such as immune compromised patients, newborns and pregnant women, contact with high-risk susceptible patients should be avoided if a vaccine related rash develops within three weeks of receipt of either the first or second dose of the vaccine.

HEPATITIS B VACCINATION

Hepatitis B vaccine includes 3 doses of the vaccine—the first is given when requested (dose #1), dose #2 is due 1 month after, and dose #3 can be given between 4-6 months after Dose #1. Post-immunization antibody titers must be drawn between 1-2 months following dose #3.

All nursing students shall begin immunization against Hepatitis B virus (HBV) prior to patient contact or contact with blood or other potentially infectious body fluids or laboratory material. If a student cannot complete the full three-dose series of immunizations prior to enrollment or matriculation, at least one dose of vaccine must be taken prior to commencing any activities with any risk of exposure.

If a student tests negative for HBV infection and have been previously immunized but have inadequate levels of antibodies despite such previous immunization, they shall receive a booster dose of the vaccine prior to patient contact or contact with other potentially infectious body fluids or laboratory material. Testing for antibody titers (HBsAb) 1-2 months post-immunization must be performed. Non-responders to a primary series of immunizations need to receive a booster dose of Hepatitis B and then have another titer drawn after 1-2 months. If the HBsAb is still negative at that time then one is considered a non-responder and should be considered susceptible to HBV infection, and shall be counseled regarding precautions to prevent HBV infection and the need to obtain hepatitis B immune globulin (HBIG) prophylaxis for any known or probable significant exposure to HbsAg-positive blood.

In all instances, current Center for Disease Control (CDC) recommendations should be followed regarding initial HBV immunization, post-immunization antibody titers, re-immunization or booster doses for inadequate antibody titers, and post-exposure immunoglobulin prophylaxis for non-responders.

If the initial HBV tests are positive and indicate a significant potential for transmission of the virus, an evaluation shall be made prior to patient contact to determine the need for monitoring of clinical performance and/or of the scope of assigned or permitted clinical activities consistent with patient protection, especially the performance of exposure-prone procedures. This evaluation shall be made by the FDU SHS Metro Medical Director or designated individual or individuals who may consult with infectious disease experts with knowledge of the most current information and recommendations of groups such as CDC, and national professional and education organizations. If enrolled under these
circumstances, students may be restricted in their clinical activities. Enrollment and continuing enrollment of students who are potentially infectious for hepatitis B are contingent upon their ability to perform all essential functions required for matriculation and completion of the curriculum of the degree program.

**MENINGOCOCCAL VACCINE**
As a requirement of NJDHSS, all FDU resident students are required to receive this vaccine within 5 years of assuming residency at FDU. It is strongly recommended that commuter nursing students be vaccinated for meningococcal meningitis to protect from exposure to, or dissemination of the meningococcal bacteria to any patients, staff, students or other persons. Submit documented proof of MCV4 for all nursing majors ≤55 years of age and MPSV4 for those nursing students >55 years of age.

**ADULT Tdap VACCINE**
A one-time dose of Tdap is required of all nursing students who have not received Tdap previously, regardless of when the last Td booster was received, unless medically contraindicated. Td boosters are then administered every 10 years thereafter.

**INFLUENZA**
Nursing students must be immunized annually during the fall season with that season’s currently recommended influenza vaccine unless medically contraindicated. If the vaccine is not received, the student will be required to sign a waiver and will be obligated to wear a mask while in the healthcare environment.

**TB (MANTOUX) SKIN TEST**
Each student must undergo TB skin testing using the Mantoux method (5 tuberculin units of purified protein derivative (PPD) injected intradermally) by the two-step method. All PPD’s must be read by a qualified health care professional 48-72 hours after placement. Results must be recorded in mm of indurations. Self-reading is not permitted. The two-step method must be used in order to detect boosting phenomena that might be misinterpreted at a subsequent testing as a skin-test conversion (new infection). Under the two-step method, a second test is performed 1-3 weeks after the first test. If the second test is positive, this is most likely a boosted reaction and not a skin-test conversion, and the student should be considered previously infected and cared for accordingly.

Students with a history of BCG (Bacilli Calmette-Guerin) vaccination are not exempt from the TB testing requirement because there are no data to indicate that these individuals experience an excessively severe reaction to PPD testing, and because anyone with a history of BCG with a positive PPD test result is considered infected with TB and is treated accordingly. Students who have initial positive PPD test results, subsequent PPD test conversions or symptoms suggestive of TB must be evaluated promptly for active TB.
Definition of a Positive Mantoux skin test:

1. If the PPD is 5-9 mm of indurations and the student is known to have had recent close contact with someone infected with active TB, the test is considered positive.
2. If the test is equal to or greater than 10 mm of indurations, the test is considered positive. A chest x-ray must be obtained. The student will be referred to the appropriate county TB Control Center for follow up. Students may elect private follow up care.
3. All positive PPD’s with negative chest x-rays are to be evaluated for INH prophylaxis. If the student fails to be seen by the TB control center or fails to present proof that they have been evaluated properly by their private physician they will be denied clinical clearance.

Many foreign countries still use BCG as part of their TB control programs, especially in infants. In a person vaccinated with BCG, sensitivity to tuberculin is highly variable, depending upon the strain of BCG used and the group vaccinated. There is no reliable method of distinguishing tuberculin reactions caused by BCG from those caused by natural infections. In a BCG-vaccinated person, a positive tuberculin reaction is an indication for further evaluation and medical therapy.

Subsequent annual PPD testing in the Fall semester is required for those with student’s negative test results while in the nursing program.

Students with a history of a positive PPD must submit their most recent radiologist’s report of a chest x-ray, a Pulmonary Tuberculosis Assessment Form and record of any treatment received from a qualified healthcare provider. Thereafter, on an annual basis, the nursing student will need to submit a Pulmonary Tuberculosis Assessment Form along with their annual physical exam prior to the start of each Fall semester.

MEDICAL EXEMPTIONS

If the student is claiming an exemption related to a pregnancy or other medical contraindication, the student must provide FDU SHS Metro with documentation from your healthcare provider indicating the reason and time limitations that the vaccination is medically contraindicated. This exemption will be reviewed at the beginning of each semester. In some circumstances the student may not be able to complete clinical requirements due to a medical exemption.
## SUMMARY OF NURSING STUDENT REQUIREMENTS FOR MEDICAL COMPLIANCE

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Requirement Status</th>
<th>Submission Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Examination</td>
<td>Required</td>
<td>Initially, then annually before Fall semester</td>
</tr>
<tr>
<td>Proof of immunity to MMR</td>
<td>Required</td>
<td>Immune Titers Report Required</td>
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<tr>
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<td>Required of Residents/ high recommended for commuters</td>
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</tr>
<tr>
<td>Adult Tdap</td>
<td>Required</td>
<td>Initially upon entrance</td>
</tr>
<tr>
<td>Influenza vaccine</td>
<td>Required</td>
<td>Annually in the Fall</td>
</tr>
<tr>
<td>TB Testing (Mantoux/ PPD) (see info on page 3 if possible)</td>
<td>Required</td>
<td>2 step initially/ then annually by September</td>
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STUDENT'S RIGHTS AND RESPONSIBILITIES

The Rights
Copies of the “Fairleigh Dickinson University Code of Students Rights, Responsibilities, and Conduct” and the "Family Education Rights and Privacy Act of 1974" are available in the University Student Handbook or upon request in the office of the Dean of Students.

Student Responsibilities Related to Progression
“Primary responsibility for the successful completion of a degree program lies with the student. In meeting this responsibility, students are expected to:

1. Take an active part in planning his/her individualized plan of study, including, selecting specialty and elective courses.
2. Select a faculty member to act as Project Chair for the EBP project, after satisfactory completion of NURS 8004 Research II: Evidenced Based Practice (EBP).
3. Take an active part in selecting a topic and Project Chair by discussing potential ideas with faculty.
4. Rectify any grades of incomplete (I) within 3 weeks of the next major semester (Fall, Spring).
5. Maintain continuous registration. If unable to register for a course, the student must register for Continuous DNP registration, NURS 8320.
6. When appropriate, sign up for assistance at the Metro Writing Studio.
7. File a Preliminary Plan of Study (approved by the Academic Advisor) with the Associate Director of the Graduate Nursing Programs.
8. Submit to his/her Project Chair a proposed EBP project topic and a written proposal.
9. Submit in writing to the Project Chair and Associate Director of the Graduate Nursing Programs any changes in the original Plan of Study and update the plan as needed.
10. Take necessary action regarding completion of incomplete course work and change of grade.
11. Submit in writing to the Academic Advisor, Associate Director of the Graduate Nursing Programs, Office of Admissions and Enrollment Management, Graduate School Office, and the Registrar’s Office changes in name and address.
12. Submit all materials required for graduation on time.
13. Provide a copy of the completed EBP project to the Associate Director of the Graduate Nursing Programs.
Graduating Student Responsibilities

Students must complete all DNP requirements within five (5) years of matriculation.

Sequential steps to be accomplished in order to graduate include:

1. Completion of all required courses.
2. Completion of capstone project with successful defense.
3. Application submitted for graduation.
4. Submission of a completed and signed capstone project to the library.

Graduation policies are stated in the FDU Graduate Studies Bulletin. It is expected that, in addition to copies of the completed dissertation submitted to the library, the student will provide the Project Chair and the Director of the School of Nursing and Allied Health each with a copy of the completed EBP project.

Opportunities within the School

Faculty in the school seek student participation in policy decisions affecting their education and their school. Representatives from all levels and programs are invited to participate in School governance by attending faculty and committee meetings. Meeting times are posted prominently on the student bulletin board.

Opportunities in the University

A discussion of the opportunities to participate in University student organizations and activities is available in the Graduate Studies Bulletin and University Student Handbook. Students are strongly encouraged to participate in a variety of University committees.

STUDENT ACTIVITIES

There are many opportunities for FDU students to actively participate in academic, social, cultural, and community service activities.
UNIVERSITY SUPPORT SERVICES

Educational Support Programs

Computer Center
In addition to the computer lab in the School of Nursing and Allied Health, a computer center with computers, printers, and staff is available to students on the 2nd floor of Dickinson Hall.

Scholarships and Financial Aid (201)692-2363
There are a number of scholarships available to nursing majors, both from external and internal sources. Announcements of hospital scholarships, minority scholarships, and general scholarships may be obtained in the School. Some of these are available to nursing majors who meet certain criteria (e.g., a specific cumulative grade point average), and some are available only to accelerated track nursing majors (also based on cumulative grade point average criteria). These lists are updated regularly and students are advised whenever new scholarship funding is available. Students must complete all forms required by the Office of Financial Aid to receive any scholarships. While the Director of the School will make recommendations to Financial Aid based on scholastic merit, all internal scholarships are distributed by the Office of Financial Aid. Representative nursing funding sources are:

- Nursing Faculty Loan Program (available for MSN and DNP students who plan to teach in a School of Nursing after graduation).
- Private Scholarships/Fellowship Grants (available to all students).
- FDU Employee Tuition Grants for Fulltime and Part-Time/Adjunct Faculty or Staff.

Academic Resource Center (201)692-2076
The Academic Resource Center provides academic support services free of charge to all FDU students. Individualized tutoring is available in writing, mathematics, arts and sciences, and the University Core curriculum. The tutoring staff includes professional tutors and peer tutors. The Academic Resource Center also offers assistance in study and test-taking skills and time management. Discussion groups review sessions, and workshops are tailored for students in specific courses or areas of study as needed.

The Metro Writing Studio (201)-692-2166
The Metro Writing Studio offers focused assistance with developing and enhancing writing skills. The studio is located on the second floor of the Giovatto Library and hours are posted.

Student Health Services (SHS Metro)
(201)-692-2437
SHS Metro is located on the middle floor in the Student Union Building. Business Hours are 9:00am-5:00pm, Monday to Friday, during the academic year, and 9:00am-5:00pm, Monday to Thursday during the summer sessions. Clinic hours vary daily based on nurse availability. Call the office for a complete list of services and current information.
ACADEMIC REGULATIONS

Academic regulations are discussed in the Graduate Studies Bulletin and the University Student Handbook. Regulations specific to Nursing or Allied Health majors are:

Matriculation into the School of Nursing and Allied Health
Students who meet the criteria for admission to the DNP program are admitted into the School of Nursing and Allied Health only after they are admitted to the University. Students must complete the Health History requirements of FDU, as well as the Health Clearance requirements of the School.

Transfer credits are taken in at the discretion of the Associate Director of the Graduate Program. Up to 6 transfer credits may be granted for equivalent courses taken at the Doctoral level, which have not been used to complete another degree. The evaluation of courses for transfer is done at the discretion of the Associate Director of Graduate Programs.

Official academic records are to be submitted to Graduate Admissions. The School of Nursing and Allied Health requires students to submit copies of all academic records to the School secretary. These are placed in the student’s permanent file, which is kept confidential within the School.

Progression in the DNP Program
Students must achieve a grade of 83% (B) or higher in each DNP course in order to pass the course and enter the next course(s) in the sequence. The weights assigned to the tests, papers, and other assignments making up the course grade are determined by the instructor of each course, and set forth in the course syllabus. Students who achieve a grade of less than 83% in any course will be placed on academic probation until they repeat the course and achieve a grade of 83% or higher. A course can be repeated only once. Students who achieve and/or maintain a GPA of less than 3.0 will be placed on academic probation until their GPA is 3.0 or higher. Students may be on academic probation no more than two semesters. A GPA of 3.0 or higher is necessary in order to graduate.

Grading Policy

The following grading policy is in effect for all students in the School of Nursing and Allied Health. You must maintain a “B” average throughout the program.

<table>
<thead>
<tr>
<th>Numerical Grade</th>
<th>Weighted Letters</th>
<th>Grade Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>93+</td>
<td>A</td>
<td>4.00</td>
</tr>
<tr>
<td>90-92</td>
<td>A-</td>
<td>3.67</td>
</tr>
<tr>
<td>87-89</td>
<td>B+</td>
<td>3.33</td>
</tr>
<tr>
<td>83-86</td>
<td>B</td>
<td>3.00</td>
</tr>
</tbody>
</table>
The following letter grades have "no weight" and are NOT computed into the grade point average. They are:

- P = Pass
- NC = No credit
- W = Withdrawal, no credit
- I = Incomplete

**Incomplete Grades**

Students who do not complete course requirements on time because of illness or other extenuating circumstances may be given a grade of Incomplete (I) by the instructor. If a student receives an "I" but does not meet the requirements of the course by the third week of the next major semester, the grade automatically becomes an "F" and is computed into the grade point average. All Incomplete grades must be rectified by the third week of the next major semester. (Graduate Studies Bulletin).

**Cumulative Grade Point Average**

The student must maintain a cumulative grade point average of 3.0 or higher (on a 4.0 scale) throughout the program and for graduation. Student progress is evaluated at the end of each semester of study by the student’s Academic Advisor who is responsible for notifying the Associate Director of the Graduate Nursing Programs if a student's academic status is in jeopardy. If a graduate student earns an “F” in any course, the “F” remains on the transcript even after the course is repeated and passed. The “F” grade is calculated into the GPA.

**Academic Warning**

Students are expected to monitor their own progress and academic standing in the courses they take. This will enable them to assure their own compliance with program requirements and their maintenance of acceptable grades and averages. A student who is doing unsatisfactory work is expected to meet with the faculty member and his/her faculty Academic Advisor. Whenever a student is in need of academic guidance, s/he is encouraged to contact the instructor of the particular course or his/her faculty Academic Advisor.

**Academic Integrity**

For University policies related to cheating, plagiarism, falsification, multiple submission, complicity, and interference, and the policies on sanctions, procedures, and the appeals process, refer to the academic integrity policy cited in the Graduate Studies Bulletin.

**Registration**

Students must register for the course before the start of classes. Students who are not registered by the first day of class will not be admitted to the course. Only registered students are permitted into the classroom – children, guests, pets (except service dogs), Etc. are specifically excluded.

Attendance in all classes, practicum and activities is mandatory. In case of mitigating circumstances, the student has two options: 1. Deduct 20% from total grade in the course for each day missed - OR - 2. Complete a makeup as assigned by course faculty. Failure to adhere to this policy may result in being dropped from the course or earning a
grade of “F”.

Individual instructors may include class participation in the determination of the final grade. Each instructor will review his or her grading policies at the beginning of the semester in each course.

Continuous Registration

Continuous registration of at least one credit per semester (Fall and Spring semesters) must be maintained by all doctoral students from admission through graduation. If the student is unable to engage in doctoral study for a given semester, approval for a leave of absence must be obtained from the Academic Advisor, the Associate Director of the Graduate Nursing Programs, or the Director of the School of Nursing.

Course Requirements, Late Papers, and Examinations

Each student is responsible for meeting the requirements as defined in each course syllabus distributed at the beginning of each semester. All written material must be handed in ON or BEFORE the date assigned. Failure to do so (UNLESS prior permission is given by the faculty member) will affect the grade for that assignment. If a student misses an examination, the student must make arrangements with the faculty member to take the examination within one week of the date on which the examination was originally administered. Failure to do so will result in a zero for the exam.

Critical Elements for Writing

In addition to providing required and appropriate content for all written assignments in the School’s courses, students must use the following critical elements for writing:

1. Write according to protocol specified in the latest edition of the APA style manual (American Psychological Association writing guidelines).
2. Write assignments using standards of English grammar, spelling, syntax, abbreviations, and format, consistent with University policies.
3. Use language consistent with scientific, nursing, and related health disciplines.
4. Write own text without self-plagiarizing or plagiarizing the words and ideas of others.
5. Submit written assignments (2 copies) that are consistent with protocols for length, format, style, and conditions stated above, by the due date established by the faculty.

Any student who needs help with formatting and writing papers may seek the assistance of the Metro Writing Studio.

Conditions for Dismissal from the Program

A cumulative GPA of 3.0 or higher, must be attained by all graduate students prior to graduation.

A student will be dismissed from the Doctoral Program if any of the following events occurs. Failure to:

1. Maintain a cumulative GPA of 3.0 or higher
2. Inability to design and implement an EBP project for the purpose of improving patient outcomes and/or nursing practice.
3. Maintain continuous registration.
4. Failure of two courses

Fairleigh Dickinson University, through its various faculties or appropriate committees reserves the discretionary right to suspend or dismiss any student from the University for failure to maintain a satisfactory academic record, acceptable personal behavior, acceptable standards of academic conduct, accepted standards of practice in a clinical agency or satisfactory standards of health.

**Grade Appeal**

Appeal procedures for grade violation of Academic Integrity are found in the Graduate Studies Bulletin.

**Academic Integrity Violation**

For University policies related to cheating, plagiarism, falsification, multiple submission, complicity, and interference, and the policies on sanctions, procedures, and the appeals process, refer to the academic integrity policy cited in the FDU Graduate Studies Bulletin, page 32.

**All Other Grievances**

If a student has a grievance concerning issues other than grades s/he wishes to pursue, the following protocol should be followed:

1. Make an appointment to discuss the grievance with the faculty member responsible for the course.
2. If the grievance is not resolved, schedule an appointment with the appropriate Associate Director or Program Director in the School of Nursing and Allied Health.
3. If dissatisfaction persists, the student is to submit a letter outlining the specific outstanding issues to be resolved and make an appointment to see the Director of the School of Nursing and Allied Health after the Director has received the student’s written communication.
4. If discussions at this level do not resolve the grievance, the student should make an appointment with the Associate Dean of University College. For students in the A.S. Radiography Program affiliated with The Valley Hospital, matters related to liberal arts and sciences courses will be referred to the Associate Dean of University College. For matters related to the radiography didactic and clinical courses, please refer to the due process procedure found in The Valley Hospital Radiography Program Handbook.

**Plan of Study**

Each student plans collaboratively with his/her Academic Advisor a plan of study which constitutes a unified program, planned within the framework of doctoral program requirements and the student's professional interests and career goals.
Advisement Overview

In the doctoral program, each entering student is assigned to an Academic Advisor who functions in this role until the student selects a topic and an appropriate Project Chair to direct the EBP project. Once selected, the Project Chair assumes all advisement responsibilities, to include academic advisement and direction of the EBP project.

Qualifications and Selection of Faculty Academic Advisors

Qualifications

1. Each student will have an Academic Advisor and a Project Chair. The role of each Academic Advisor is described in this manual. Qualifications of faculty who may serve as Academic or Project Chairs are designated by the Associate Director of the Graduate Nursing Programs.
2. Academic Advisors must be School of Nursing and Allied Health faculty who are members of the doctoral faculty and are assigned to the student by the Associate Director of the Graduate Nursing Programs.
3. Project Chairs must be School of Nursing and Allied Health faculty who are doctorally prepared and must have sufficient expertise to guide the student’s proposed area of study.

Selection

1. The Project Chair is selected by the student with input from the Academic Advisor. The Project Chair is chosen on the basis of expertise related to the student’s project and must be approved by the Associate Director of the Graduate Nursing Programs.
2. The Academic Advisor, if qualified, may serve as the Project Chair as well. The choice of a Project Chair is based on mutual agreement between the faculty member and the student. The Associate Director of the Graduate Nursing Programs is informed of the student’s selection by a written letter from the student.

Role of the Academic Advisor

The Academic Advisor represents a vital linkage between the entering student and the doctoral program. The Academic Advisor plays an important role in orienting the student to the School and the program, assisting with clarification of goals, helping the student to structure a meaningful and integrated learning experience, and monitoring the student’s progress in and adjustment to doctoral study. The specific responsibilities of the Academic Advisor are to:

1. Assist the student in planning his/her program of study in accordance with program requirements, individual research interests and career goals.
2. Assist the student with registration procedures.
3. Approve and sign all registration materials, change of schedule forms and other records.

Role of the Project Chair

After selection, the Project Chair assumes the above responsibilities of the Academic Advisor (#1-3) with respect to academic advisement of the student. In addition, the Project Chair has the following responsibilities related to the EBP project:
1. Assume primary responsibility for guiding the student through completion of the doctoral project, to include guidance with:
   a. Refinement of a written proposal for the project*.
   b. Complete submission of an application to the IRB.
   c. Implementation of the approved project.

*Refinement includes insuring correct grammatical, structural, and APA format of the entire document before submission to the Associate Director for Proposal Review.

Change of Academic Advisor
1. Requests for change of Academic Advisor should be forwarded to the Associate Director of the Graduate Nursing Programs who will coordinate reassignment of the student to another Academic Advisor.
2. A change in Project Chair may be indicated if the substantive area of the student's project changes markedly.
3. A change of Academic Advisor may be initiated by the Academic Advisor or the Advisee without prejudice to themselves.

Student Responsibilities with Respect to Advisement
The student is responsible for:
1. Communicating regularly with his/her Academic Advisor regarding progress, goals and plans.
2. Initiating contact with faculty members whom s/he is considering as Project Chairs.
3. Selecting a Project Chair, in consultation with the Academic Advisor.
4. Selecting an EBP or research topic in collaboration with the Project Chair and subject to approval by the Associate Director the Doctoral Program.
5. Communicating with the Project Chair on a regular basis regarding progress and scheduling meetings necessary for completion of program requirements.
6. Communicating to the Project Chair and Associate Director of the Graduate Nursing Programs a desire to change Project Chair.
7. Becoming familiar with and complying with all relevant policies and procedures as set forth by the Doctoral Program of the School of Nursing and Allied Health.
8. Reporting problems that delay progress in completing the degree requirements to the Associate Director of the Graduate Nursing Programs.
9. Requesting appropriate approval of the Associate Director of the Graduate Nursing Programs and ultimately the Director of the School of Nursing and Allied Health where unusual problems are encountered in meeting specific deadlines.

DNP Program Requirements
Requirements for the Doctor of Nursing Practice Degree include completion of:
1. All required core and specialization courses.
2. Residency (500 hours) including scheduled seminars.
3. Capstone Project with successful defense.
4. Submission of Integrated Scholarly Portfolio.
5. Graduating GPA of 3.5 or better.

These requirements are described below.
DNP Program Coursework
A complete list of the DNP core and specialization courses is located in the Appendix.

Residency
Students are eligible to enroll in NURS 8013 and 8014 after they complete core and specialization courses. The student completes 500 hours in an institution where the student acts as consultant for system analysis and change or other related projects. A plan for Residency must be developed by the student and submitted for approval before the Residency experience commences. The Residency Plan is located in Appendix C. A preceptor, selected by the student, mentors the student through residency completion. Preceptors supervise the implementation of the student’s residency plan; provide feedback to faculty regarding student performance; and provide experiences relevant to goals of residency.

Preceptors must have an earned doctorate in nursing or related fields and a current leadership role in a clinical, academic, professional organization, or other relevant settings

Capstone Project Defense
Upon completion of the Capstone Project, (EBP or Research), an oral defense of the project will be scheduled by the Associate Director of the Graduate Program. The student and members of the Project Committee will be notified of the date and time of the oral defense.

The oral defense has two outcomes: 1. Approval with minor revisions 2. Major revisions, especially in chapter IV.

After approval of the Capstone Project, the members of the committee will sign the cover page. The student meets with the library representative for the copyright, duplication and binding of the manuscript.

DNP Capstone Project
Each student must register for NURS 8015, Capstone Project Advisement during the data collection process. Before the data collection process, the student must register for NURS 8320, Continuous Matriculation each semester until approved by the IRB. The Capstone Project requires a written project and oral defense. The Capstone Project must address questions of significance to the discipline and practice of nursing.

What Constitutes an Acceptable Capstone Project?
The student and the Project Chair shall reach an agreement as to the scope of the project for the doctoral capstone project. The statements below present a philosophical stance rather than precise evaluative criteria.

1. The problem to be explored should be relevant and important to nursing practice and be such that the result of the exploration shall extend the knowledge base for nursing, improve patient outcomes, and nursing practice.
2. The problem must be grounded in an EBP model or research framework directed toward the improvement of patient outcomes and nursing practice.
3. The quality of the project should lend itself, in part or in whole, to publication in a refereed journal.
Research Projects
If a student selects a problem that is not suitable for an EBP project, the student may complete a research study, guided by the Project Chair.

The Capstone Project Process
Proposal Review
1. A written proposal is presented to the student’s Project Chair.
2. If the Project Chair determines the proposal is ready, the student submits 3 copies of the proposal to the Associate Director of the Graduate Nursing Programs for review by the Proposal Review Committee.
3. The Proposal Review Committee is composed of two members.
4. Possible outcomes from the Proposal Review Process include:
   A. Approved – the committee members agree to approve the project. They sign the Proposal Review Approval form (see Appendix). A copy is kept in the student’s file.
   B. Approved pending Minor Revisions – committee members agree to approve pending minor revisions. The student makes the recommended revisions and provides these to the Project Chair. Once approved, all committee members sign the Proposal Review Approval form and it is filed as indicated above.
   C. Major revisions with resubmission to the Proposal Review Committee – The student is required to make major revisions to the proposal. Such changes may include but are not limited to:
      - Additional review, critique, and synthesis of the literature to support the proposed intervention.
      - Methodological changes related to implementation, data collection, or analysis.
      - Change in the site for project implementation.
      Upon completion of major revisions the student re-submits the proposal to the Project Chair. If approved by the Project Chair, 3 copies are made and the project is resubmitted to the proposal Review Committee. Once approved, all committee members sign the Proposal Review Approval form, and it is filed as indicated above.
5. The approval of the proposal serves as a written agreement between the student and the Project Chair regarding the expectations, limitations, and scope of the Capstone project.

Protection of Human Subjects
1. In accordance with University policy, those Capstone projects that involve human subjects are subject to the guidelines and procedures of the University’s Institutional Review Board (IRB).
2. The project director (DNP student) and all others involved in data collection must submit a certificate of completion for the “Protecting Human Research Participants” course sponsored by the National Institutes of Health Office of External Research (http://phrp.nihtraining.com/users/login.php).
3. Proposals must be first submitted to the IRB(s) of all sites for data collection and approved prior to submission to the IRB at Fairleigh Dickinson University.

4. Should data collection involve subjects who are associated with a formal organization, it may be necessary to submit the proposal for human subjects review to the designated body for that organization. This review may be independent of, subsequent to, or preparatory to obtaining administrative approval for conduct of the study in that organization.

5. IRB submissions, after they are signed by the Associate Director of the Graduate Nursing Programs, are forwarded to the appropriate IRB(s) for review.

**Data Collection**

1. Data may be obtained from a variety of sources and a variety of locations; their acceptability is judged on the basis of relevance to the PICOT or research question.

2. No data may be collected until IRB approval from all sites for the project is obtained.

3. Data need not be collected by the student personally; the appropriateness of utilizing another person or persons to collect data is determined by the design. However, it is expected that the student will have personally utilized all instruments and procedures. All data collection sites must have been approved by the IRB of FDU and the IRB of each data collection site.

   If another person or persons are used for data collection, the student is responsible for training and supervision of data collectors in so far as this is possible given the circumstances of the study. An existing data set can be utilized if appropriate.

**Data Analysis**

1. The plan for data analysis shall be such that assumptions underlying the use of all statistical procedures be met or their violation justified. Appropriate caution will be observed in both the analysis and the interpretation of the findings.

2. It is possible that additional procedures may be generated during the processes of data collection and analysis and that attention may be given to these within the Capstone project. The Project Chair should be consulted prior to work on these emergent areas.

3. Data analysis should be carried out by the student.
Required Format for the EBP Project

Chapter I – Introduction and Statement of the EBP Project:
- Identification of Phenomenon of Interest or Problem
- Background of the problem
- Significance of the problem
- Purpose Statement
- Statement of the problem in PICOT format and burning clinical question
- Conceptual and Operational Definition of Concept(s)

Chapter II - Critical Appraisal of the Evidence
- Introduction – repeat purpose
- Search Strategies and yield
- Statement of studies and/or other sources of evidence that were included and excluded in the appraisal including rationale for the decision to include or exclude
- Explanation of the literature review protocols (ex. AGREE, CASP, etc.) used to conduct the critical appraisal and definition and source of levels of evidence
- Theoretical Review of Concept(s)
- Evaluation and synthesis of evidence and recommendations. Relevance to:
  - Practice change
  - Prospective implementation
  - Alternate recommendations
- Summary

Chapter III – Methodology and Implementation
- Introduction – repeat purpose
- Methodology
  - Implementation model
  - Organization/system where EBP will be implemented
  - Personnel/staff responsible for implementation
  - Institutional Review Board (IRB) approval and protection of human subjects
- Implementation
  - Data collection and analyses
  - Facilitating factors to implementation
  - Barriers to implementation

Chapter IV – Results and Recommendations
- Introduction – repeat purpose
- Results
  - Demographics
  - Outcomes
- Evaluation
  - Summary of what you did
  - Limitations
  - Strengths of results
  - Recommendations and Implications
Appendices
(Ordered A, B, C, D, etc. and listed in the order in which they appear in the proposal)
Examples include but are not limited to:
- Definitions and citation of hierarchy of evidence
- IRB approval letter
- Letter of permission from organization to conduct EBP project
- Intervention protocols
- Informed consent document
- Synthesis table
Required Format for the Quantitative Research Study

Chapter I – Introduction and Statement of the Problem:
- Identification of Phenomenon of Interest or Problem
- Background of the problem
- Significance of the problem
- Purpose Statement
- Research Question(s) and/or Hypothesis(s)
- Definitions of variables – theoretical and operational definitions
- Conceptual Framework

Chapter II – Review and Critique of the Literature
- Introduction – repeat purpose and describe what will be covered in chapter
- Search Strategies and yield
- Statement of studies that were included and excluded in the review including rationale for the decision to include or exclude
- Explanation of the procedure used to critique the literature
- Theoretical Review of variables
- Evaluation and synthesis of literature – organized around themes, variables, historical, etc.
- Summary including recommendation to conduct research based on a gap in the literature

Chapter III – Methodology
- Introduction – repeat purpose and describe what will be covered in chapter
- Methodology
  - Study Design
  - Sample/Sampling method including a power analysis
  - Description of the setting
  - Variables
    - Define dependent, independent, and demographic
    - For each variable discuss the method of measurement and a describe the instrument including validity and reliability data
  - Institutional Review Board (IRB) approval and protection of human subjects
  - Data collection
  - Data management (How was data handled and entered? Cleaned?)
  - Data analysis
    - Description of software and p-value
    - Demographic Data
    - State each Research question and follow with a description of the statistics used to answer the question
Chapter IV – Results, Discussion, and Recommendations

- Introduction – repeat purpose and describe what will be covered in chapter
- Results
  - Demographics
  - Outcomes
    - Each variable
    - Specific research questions
- Discussion
  - Theoretical context
  - Methodological context
  - Limitations
  - Strengths
- Recommendations and Implications for nursing
  - education, practice,
  - policy, and
  - research

Appendices
(Ordered A, B, C, D, etc. and listed in the order in which they appear in the proposal)
Examples include but are not limited to:
- Synthesis table
- Letter of permission from organization to conduct research study
- IRB approval letter(s) from
  - organization where research will be conducted
  - FDU IRB
- Informed consent document
- Study protocols
Required Format for the Qualitative Research Study

Chapter I – Introduction and Statement of the Problem:
- Identification of Phenomenon of Interest or Problem
- Background of the problem
- Significance of the problem
- Purpose Statement
- Research Question(s)
- Definitions of terms (variables)
- Assumptions

Chapter II – Review and Critique of the Literature
- Introduction – repeat purpose and describe what will be covered in chapter
- Search Strategies and yield
- Statement of studies that were included and excluded in the review including rationale for the decision to include or exclude
- Explanation of the procedure used to critique the literature
- Theoretical Review of terms (variables)
- Evaluation and synthesis of literature – organized around themes, variables, historical, etc.
- Summary including recommendation to conduct research based on a gap in the literature

Chapter III – Methodology
- Introduction – repeat purpose and describe what will be covered in chapter.
- Methodology
  - Study Design i.e. phenomenological, ethnographic, historical, content analysis. Etc.
  - Sample/Sampling method
  - Description of the setting
  - Institutional Review Board (IRB) approval and protection of human subjects
  - Data collection
  - Data interpretation (analysis)
    - Describe the process used to interpret the data

Chapter IV – Results, Discussion, and Recommendations
- Introduction – repeat purpose and describe what will be covered in chapter
- Results
  - Demographics
  - Description of the themes
    - Give verbatim quotes from the data collected to support each theme
    - Summary

Specific research questions
• Discussion
  o Theoretical context
  o Limitations
  o Strengths

• Recommendations and Implications for nursing
  o education, practice,
  o policy, and
  o research

Appendices
(Ordered A, B, C, D, etc. and listed in the order in which they appear in the proposal)
Examples include but not limited to:
  • Synthesis table
  • Letter of permission from organization to conduct research study
  • IRB approval letter(s) from
    o organization where research will be conducted
    o FDU IRB
  • Informed consent document
  • Study protocols
Integrated Scholarly Portfolio

At the completion of the doctoral program, students are recognized for their achievements in an elected area of expertise as documented in the Integrated Scholarly Portfolio. This expertise is evident in their ability to complete a capstone project, communicate information to a variety of audiences, and provide service to the profession and the community. The inter-relationship among these manifestations of expertise is inherent when project results are communicated in manuscripts and in oral presentations that are reviewed by peers, mentors, and referees. The student is expected to complete an Integrated Scholarly Portfolio by a specific deadline. The Portfolio is kept in the Office of the Doctoral Program; the student maintains a duplicate copy.

The Integrated Scholarly Portfolio includes:

A. Curriculum vitae. This includes successful completion of coursework and residency requirements in the DNP curriculum.

B. Demonstrated teaching experience. Manifestations might include presenting a workshop, providing a guest lecture, working in the skills or computer lab or being a teaching assistant.

C. Residency. This involves the completion of the residency requirement (500 hrs) and the Evidence-Based practice project and will enable the student to meet the DNP competencies issued by the American Association of Colleges of nursing (AACN). Students will attend and participate in the Evidence-Based Project Seminar with the School of Nursing and Allied Health DNP faculty.

D. Service to the profession. This aspect may include providing assistance at graduate program information activities, serving as an officer of the Graduate Student Association, Doctoral Student Organization, Sigma Theta Tau International, or other professional organizations.

E. Attendance at two research conferences. Numerous local, regional, and national opportunities exist to achieve this component. Examples of conferences include FDU Student Research Conference, the Eastern Nursing Research Society Scientific Sessions, the Biennial State of the Science Conference, Sigma Theta Tau International, and the National League for Nursing.

F. One manuscript in a publishable format to be submitted to a peer reviewed journal. This manuscript may be single or multiple-authored, and emanates from the capstone project undertaken as part of course requirements.

G. Evidence of paper or poster presentation at a scientific conference.

H. Evidence of submission of a grant proposal.

I. Evidence of successful oral defense of Evidence Based Project.
All DNP candidates present their project to their project chair, project committee members, and the Director of the School of Nursing and Allied Health. The project advisor and committee members sign the project cover sheet upon completion of a successful oral defense.

**Change of Name/Address/Telephone Number**

Any change in students’ name, address and telephone number should be immediately communicated in writing to the following:

1. Student's Academic Advisor.
2. Office of the Associate Director of the Graduate Nursing Programs.
4. Office of the Registrar (a special form must be filled out for the name change for Registrar).

Following graduation, address changes should be submitted to the Associate Director of the Graduate Nursing Programs to facilitate contact with alumni.
APPENDICES

A  Henry P. Becton School of Nursing and Allied Health Programs of Study
B  DNP Program
C  Residency Plan Form
D  Residency Evaluation Form
E  Proposal Review Form: EBP Project
F  Proposal Review Form: Research Study
G  Sample EBP Project Pages
Appendix A

Programs of study offered in the Henry P. Becton School of Nursing and Allied Health:

A. NURSING PROGRAM

♦ Bachelor of Science in Nursing
  - Four-year Program
  - One-year Accelerated Program; Two-year Accelerated Program
  - RN to BSN to MSN Program

♦ Bridge Program into the M.S.N.

♦ Master of Science in Nursing
  - Adult Gerontology Nurse Practitioner
  - Family Nurse Practitioner
  - Adult Gerontology Nurse Practitioner, with Administrator or Educator focus
  - Forensic Nursing
  - Family Psychiatric/Mental Health Nurse Practitioner
  - Nursing Education
  - Nursing Information Systems

♦ Post Master’s Certificates in:
  - Adult Gerontology Nurse Practitioner
  - Family Nurse Practitioner
  - Family Psychiatric/Mental Health Nurse Practitioner
  - Forensic Nursing
  - Nursing Education
  - Nursing Information Systems

♦ Doctor of Nursing Practice:
  - Clinical Leadership
  - Organizational Leadership

B. ALLIED HEALTH PROGRAMS

- Associate of Science in Radiography in collaboration with Valley Hospital
- Bachelor of Science in Radiologic Technology – completion program
- Bachelor of Science in Medical Technology with preparation for certification examination by the American Society for Clinical Pathology (ASCP)
- Bachelor of Science in Allied Health Technologies (AHT), with majors in Diagnostic Medical Sonography, Nuclear Medicine Technology, Respiratory Care, Vascular Sonography and Cardiac Sonography*
- Bachelor of Sciences in Clinical Laboratory Sciences (CLS) with selected Majors in Cytotechnology, and Medical Laboratory Science*
- Bachelor of Science in Health Information Management*
- Master of Science in Medical Technology
- Doctorate in Physical Therapy (DPT)*

*Note: Programs offered in collaboration with UMDNJ-SHRP

**Note: Program offered in collaboration with Seton Hall

Reviewed and revised 7/09
Doctor of Nursing Practice

The Doctor of Nursing Practice (DNP) degree program educates nurses for the highest level of clinically expert practice, including sophisticated diagnostic and treatment competencies. These competencies, combined with a focus on health promotion, disease prevention, and health education, prepare DNPs for leadership practice roles on the front line of their profession. Recognizing that advanced practice preparation requires education at the doctoral level, this program provides intra- and interdisciplinary collaboration in both the education and practice settings.

The 36 credit program offers 2 specialization tracks - clinical leadership and organizational leadership. The clinical leadership track prepares advanced practice nurses (APNs) for expert practice and the organizational leadership care track prepares graduates for leadership positions in organizational systems. The curriculum consists of twenty-four (24) credits of CORE requirements and twelve (12) credits of specialty focused courses. The residency requirement of 500 hours, offers the student the opportunity to work closely with mentors on projects that will demonstrate expanded practice and mastery of DNP competencies. All students must complete the program within 5 years.

A bridge program to the DNP for nurses with a Masters degree in another field is available.

The DNP program will follow the Executive educational model. Supplementary readings and assignments will be provided online. This format provides the opportunity for DNP students to complete three three-credit courses in one 16-week semester for full-time studies. Part-time students will follow the same format and complete six credits per semester.

The program is offered under the auspices of the Henry Becton School of Nursing and Allied Health, University College: Arts and Sciences, Professional Studies, Metropolitan Campus, Teaneck, NJ.

Admission Requirements:
1. Master’s degree in advanced practice nursing from the Commission on Collegiate Nursing Education – (CCNE) or National League for Nursing – (NLN) accredited program.
2. GPA of 3.5
3. Copies of Licensure as a Registered Nurse and Advanced Practice Nurse.
4. Relevant experience in advanced practice nursing
5. Three references attesting to the applicant’s academic ability and potential. One of the three must address the applicant’s practice potential.
6. Interview and completion of a writing sample.
Fairleigh Dickinson University  
Becton School of Nursing and Allied Health  
DNP Curriculum - Effective August 2010  

CORE Courses – 24 credits

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<tr>
<td>NURS 8001</td>
<td>Applied Statistics</td>
<td>3</td>
<td>D. Calcagnetti</td>
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<tr>
<td>NURS 8003</td>
<td>Health Disparities: Social, Ethical and Legal Issues</td>
<td>3</td>
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<tr>
<td>NURS 8002</td>
<td>Health Care Delivery Systems and Public Policy</td>
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<td>M. Vargas</td>
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<td>NURS 8008</td>
<td>Information Systems for Health Care</td>
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<td>T. Moore</td>
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<tr>
<td>NURS 8009</td>
<td>Epidemiology, Genomics and Global Health</td>
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<td>P. Warunek</td>
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Specialty Courses - 12 credits

Didactic content of these courses will be the same for Clinical Leadership and Organizational Leadership students. Application will be specialized for Clinical Leadership and Organizational Leadership students.

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<td>Pre-requisites: 8000 and 8004</td>
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<td>NURS 8012</td>
<td>DNP Role Development and Entrepreneurship</td>
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<td>NURS 8320</td>
<td>Continuous DNP Matriculation *</td>
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</table>

*Students who are not actively registered for any course must register for Continuous Matriculation.  
Total program: 36 credits
Henry P. Becton School of Nursing & Allied Health

Appendix C

DNP Residency Plan

Student:

____________________________________________________________________

Telephone:
Home________________ Work________________ Cell________________

Email: ______________________

Residency Agency:
____________________________________________________________________

Address: ____________________________________________________________

____________________________________________________________________

Contract completed: Yes No

Contact person: ____________________________

Title: ____________________________

Contact information: Phone________________ Email________________

Preceptor: ____________________________

Title: ____________________________

Contact information: Phone________________ Email________________

Overall Goal for Residency:

____________________________________________________________________
Specific Objective(s): Objectives must be written in measureable terms.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Plan to Meet Objective(s):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student Signature

Date

Faculty Signature

Date

Associate Director of Graduate Nursing Programs Signature

Date
Appendix D
DNP Residency Evaluation

Student:

Residency Agency:

In a narrative, please describe how the goal and objectives were or were not met.

Additional benefit(s) gained during the Residency Experience:

Student Signature
Date

Faculty Signature
Date

Associate Director of Graduate Nursing Programs Signature
Date
Appendix E

Fairleigh Dickinson University
Henry P. Becton School of Nursing & Allied Health

DNP Program Proposal Review: EBP Project

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<td>Reviewer</td>
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<td>Date Review Due</td>
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<th>Disagree</th>
<th>Comments</th>
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<td>Chapter I: Introduction and Statement of the EBP Problem</td>
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<td>The title is succinct but descriptive of the proposal</td>
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<tr>
<td>Identifies the problem or phenomenon of interest clearly and succinctly</td>
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<tr>
<td>Background information is relevant and captures the reader’s attention</td>
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<tr>
<td>Significance for the project is demonstrated</td>
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<tr>
<td>The purpose of the project is clearly stated</td>
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<tr>
<td>The problem is clearly stated in PICO format</td>
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<tr>
<td>Concept(s) defined</td>
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</tbody>
</table>

Chapter II: Critical Appraisal of the Evidence

<p>| Introduction – repeat purpose |  |  |  |  |
| Adequately describes search strategies &amp; yield |  |  |  |  |
| Statement of studies and/or other sources of evidence that were included and excluded in the appraisal with rationale for decision |  |  |  |  |</p>
<table>
<thead>
<tr>
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<th>Disagree</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Explains review protocols used (ex. AGREE, CASP, etc.)</td>
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<tr>
<td>Defines and provides source for levels of evidence</td>
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<td>Provides theoretical review of concept(s)</td>
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<td>Organizes review around concepts or topics</td>
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<tr>
<td>Refers reader to Synthesis Table in Appendix</td>
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<tr>
<td>Synthesizes across studies</td>
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<td>Provides sufficient detail for individual studies as needed</td>
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<tr>
<td>Summarizes each section of the review</td>
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<tr>
<td>Comprehensive summary reflects salient points of the review</td>
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<tr>
<td>Findings of the review support the need for a practice change, prospective implementation, or alternative recommendations</td>
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**Chapter III: Methodology and Implementation**

*Introduction – repeats purpose*

**Methodology:**

Adequately describes:

- implementation model
- organization/system where EBPP will be implemented
- personal/staff responsible for implementation
- Institutional Review Board (IRB) and protection of human subjects

**Implementation:**

Adequately describes
### Proposal Review Criteria

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<td>✓ plan for data collection</td>
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<tr>
<td>✓ plan for data analysis</td>
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<tr>
<td>✓ facilitating factors</td>
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<tr>
<td>✓ barriers to implementation</td>
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</table>

### Overall Proposal:

- Writing is clear and concise
- Grammar, spelling, and punctuation are correct
- Follows APA 6th edition style guidelines
- Uses headings appropriately
- Flow of ideas is logical and well organized
- References are complete

### Reviewer Recommendation

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<td>Major revision required**</td>
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</table>

*Pass with minor revisions does not require subsequent review by the proposal review committee. The Project Chair can oversee revisions with final approval by the Proposal Review Committee Chair before the student submits an application to the IRB.

**Major revision requires subsequent review by the Proposal Review Committee before the student submits an application to the IRB.

### Additional Comments:

___________________________________________________________________________

Reviewer Signature

Date
## Appendix F

**Fairleigh Dickinson University**  
**Henry P. Becton School of Nursing & Allied Health**

**DNP Program Proposal Review: Research Study**

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### Proposal Review Criteria

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<td>The problem is clearly stated</td>
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<td>The purpose of the study is clearly stated</td>
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<td>Research Question(s) and/or Hypothesis(s) are appropriate</td>
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<td>Quantitative Design Only: Conceptual Framework</td>
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### Chapter II: Review and Critique of Literature

<p>| Adequately describes search strategies | | | |
| Organizes review around concepts or topics | | | |
| Refers reader to Synthesis Table in Appendix | | | |</p>
<table>
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<td>Findings of the review identify gap(s) in literature and support need for the study</td>
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**Chapter III: Methodology**

Adequately describes:

- Study design
- Description of site
- Sample/Sampling

Quantitative Design Only
- Variables: conceptual & operational definitions reflect conceptual framework
- Plan for the protection of human subjects
- Plan for data collection
- Plan for data analysis

**Overall Proposal:**

Writing is clear and concise

Grammar, spelling, and punctuation are correct

Follows APA 6th edition style guidelines
<table>
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<td>Major revision required**</td>
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</tbody>
</table>

*Pass with minor revisions does not require subsequent review by the proposal review committee. The Project Chair can oversee revisions with final approval by the Proposal Review Committee Chair before the student submits an application to the IRB.

**Major revision requires subsequent review by the Proposal Review Committee before the student submits an application to the IRB.

Additional Comments:

_________________________________________________________ Reviewer

Signature                                      Date
Appendix G

SAMPLE TITLE PAGE

THIS IS THE TITLE OF YOUR PROJECT IN UPPER CASE LETTERS

by

Jane Doe

An Evidence-Based Practice Project

Submitted in partial fulfillment

of the requirements for the degree of

Doctor of Nursing Practice

Fairleigh Dickinson University

Henry P. Becton School of Nursing and Allied Health

2010

Approved by:

_______________________________________
Project Chair’s Name with Credentials
Advisor and Chair of DNP Committee

_______________________________________
Name of Committee Member with Credentials
DNP Committee Member

_______________________________________
Name of Committee Member with Credentials
DNP Committee Member
SAMPLE ABSTRACT PAGE

ABSTRACT

Type the word “ABSTRACT” in all uppercase letters one inch from the top of the page. Type the text of your acknowledgement page using the typeface as the remainder of the document and double space. Indent the first line of each paragraph.
ACKNOWLEDGEMENTS

Type the word “acknowledgments” in all uppercase letters one inch from the top of the page. Type the text of your acknowledgement page using the typeface as the remainder of the Document and double space. Indent the first line of each paragraph.
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CHAPTER I

STATEMENT OF THE EBP PROBLEM

1. Introduction of the problem- “weeds in the garden are detrimental to the flowers and vegetables.”

2. Background of the Problem*

This page represents a sample of the first page of a chapter. Each chapter begins on a new page. Follow APA guidelines for margins and spacing. Separate each section with a heading. The Table of Contents is composed of the headings in your paper. The “background” should “grab” the reader’s attention. Include statistics and or statements that provide the context for the gravity of the problem – for example: Weeds in gardens have reached epidemic proportions. For the past 30 years, weeds have increased by 50%. Today, 90% of flower gardens are composed of weeds (reference).

Significance of the Problem

Discuss the significance of the problem in terms of mortality, morbidity and money. What are the ramifications? At the rate of current weed growth, all flowering plants will become extinct.

Statement of the Problem in PICOT Format

Weeds are choking flowers. As a result gardens are unsightly and flowering plants are at risk of extinction. Non-toxic wonder formula can reduce weed growth and restore gardens to their former glory.

P: Weeds in flower garden
I: Application of wonder formula
C: Hand pulling of weeds
O: Decrease in weeds

Concept(s)

Provide a brief discussion of your concepts from a theoretical and operational viewpoint. This discussion should be brief. An expanded discussion of the concepts will be included in the literature review.

*Refer to American Psychological Association Manual, 6th edition for guidance regarding the level, position, and style of headings in your paper.