

APPENDIX

2013-2014

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UD=under development

**Illinois State University
Mennonite College of Nursing
Doctor of Nursing Practice Program**

CHANGE OF FACULTY ADVISOR

Date: _____

Student Name: _____

UID# _____

The following change in advisor is requested:

Advisor from _____ to _____
Name Name

APPROVED:

Student Date

Current Faculty Advisor Date

New Faculty Advisor Date

Graduate Program Coordinator Date

Please Forward to MCN Office of Student and Faculty Services

Doctor of Nursing Practice Plan of Study
Forward to MCN Office of Student and Faculty Services

<p>Student Name: _____</p> <p>UID# _____</p> <p>Address: _____</p> <p>Email address: _____</p> <p>Date of Admission: _____</p> <p>Anticipated Graduation Date: _____</p> <p>Faculty Advisor: _____</p>	<p>Residency Requirement completed: _____</p> <p>34 credit hours of coursework completed: _____</p> <p>1000 post-baccalaureate clinical hours completed: _____</p> <p>Plan Approved: _____ Date: _____</p> <p>Student: _____</p> <p>Faculty Advisor: _____</p> <p>Graduate Program Coordinator: _____</p>
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Year 1:

Summer _____

Course Number	Course Title	Hours	Grade
NUR 564	Evidence Based Practice	3	

Fall _____

Course Number	Course Title	Hours	Grade
NUR 562	Leadership in HC Systems	3	
NUR 535	Applied Data Mgmt & Analysis*	3	

Spring _____

Course Number	Course Title	Hours	Grade
NUR 451/569	Finance	3	
NUR 565	Changing HC Systems **	3	

* Co-requisite of Graduate level statistics
 **Co-requisite of Graduate level epidemiology

Co-requisite courses offered at MCN:

NUR 409	Understanding Statistics	3 hours (summer)
NUR 405	Epidemiology	3 hours (fall)
NUR 560	Advanced Nursing Practice Experience	1-4 hours (arranged)

Year 2:

Summer _____

Course Number	Course Title	Hours	Grade
NUR 509	Nursing Informatics	3	
NUR 511	Healthcare Policy	3	

Fall _____

Course Number	Course Title	Hours	Grade
NUR 543	Scholarly Project I	3	
NUR 550	Clinical Residency I ***	2	

Spring _____

Course Number	Course Title	Hours	Grade
NUR 545	Scholarly Project II	2	
NUR 552	Clinical Residency II	2	

Summer _____

Course Number	Course Title	Hours	Grade
NUR 547	Scholarly Project III	2	
NUR 554	Clinical Residency III	2	

***Pre-requisite of Post-BSN, faculty supervised practicum hours.

**Illinois State University
Mennonite College of Nursing
Doctor of Nursing Practice**

DNP Student Annual Review of Progress

Date: _____

Year in Program: _____

Student Name: _____

UID# _____

Essentials/ Benchmarks (completed by student):	Review of Progress (completed by student):
<p>Essential I: Scientific Underpinnings for Practice</p> <ul style="list-style-type: none"> i. NUR 564 Evidence-Based Practice ii. Practice Residency iii. Scholarly Project proposal iv. Scholarly Project manuscript <p>Essential II: Org. and Systems Leadership for Quality Improvement and Systems Thinking</p> <ul style="list-style-type: none"> i. NUR 562 Leadership in Health Care Systems ii. NUR 565 Changing Health Care Systems iii. NUR 451 or 569 Financial and Resource Management iv. Scholarly Project implementation plan v. Practice Residency <p>Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice</p> <ul style="list-style-type: none"> i. NUR 564 Evidence-Based Practice ii. NUR 535 Applied Data Management and Analysis iii. Practice Residency iv. Scholarly Project proposal v. Scholarly Project manuscript <p>Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care</p> <ul style="list-style-type: none"> i. NUR 509 Introduction to Nursing Informatics ii. Practice Residency iii. Scholarly Project proposal iv. Scholarly Project manuscript <p>Essential V: Health Care Policy for Advocacy in Health Care</p> <ul style="list-style-type: none"> i. NUR 511 Health Policy ii. NUR 451 or 569 Financial and Resource Management iii. Practice Residency iv. Scholarly Project proposal v. Scholarly Project manuscript 	

<p>Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes</p> <ul style="list-style-type: none"> i. NUR 565 Changing Health Care Systems ii. NUR 451 or 569 Financial and Resource Management iii. Practice Residency iv. Scholarly Project proposal v. Scholarly Project presentation <p>Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health</p> <ul style="list-style-type: none"> i. NUR 564 Evidence-Based Practice ii. NUR 565 Changing Health Care Systems iii. Practice Residency iv. Scholarly Project proposal v. Scholarly Project manuscript <p>Essential VIII: Advanced Practice Nursing</p> <ul style="list-style-type: none"> i. Practice Residency ii. Scholarly Project Proposal iii. Scholarly Project Abstract iv. Scholarly Project presentation v. Scholarly Project manuscript 	
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Benchmarks Approved:

Student Date

Faculty Advisor Date

Graduate Program Coordinator Date

Forward to MCN Office of Student and Faculty Services

**Illinois State University
Mennonite College of Nursing
Doctor of Nursing Practice**

Annual Evaluation Report
(To be completed by faculty advisor)

Date: _____

Student Name: _____

UID# _____

This is to verify that an Annual Evaluation has been conducted for the above student including review of grades, adherence to plan of study and progress toward scholarly project completion.

The following action is recommended: (check only one)

- _____ 1. Satisfactory progress (original plan of study is current, attach a copy)
- _____ 2. Satisfactory progress, however, a revised plan of study is required.
(Attach a copy of revised program of study.)
- _____ 3. Unsatisfactory progress – a revised plan of study and/or other requirements are listed below. Copies sent to Graduate Program Coordinator.

Comments or Requirements:

Approved:

Student Signature Date

Faculty Advisor Signature Date

Graduate Program Coordinator Signature Date

***Forward this form and a current plan of study to
MCN Office of Student and Faculty Services***

**Illinois State University
Mennonite College of Nursing
Doctor of Nursing Practice**

DECLARATION OF DNP RESIDENCY

Date _____

Student Name _____

UID# _____

The ISU residency requirement (see ISU Graduate Catalog) will be followed and may be fulfilled in the following way:

- Post-master's DNP students will complete two (2) consecutive academic terms of enrollment in Clinical Residency coursework.

Students must file Declaration of Residency for approval prior to entering into residency.

Date of completion: _____

Required Signatures:

Student Signature _____ Date _____

Faculty Advisor Signature _____ Date _____

Graduate Program Coordinator Signature _____ Date _____

**Forward to MCN Office of Student and Faculty Services
OSFS will submit to the Graduate School**

**Illinois State University
Mennonite College of Nursing
Doctor of Nursing Practice**

REQUEST FOR APPOINTMENT OF SCHOLARLY PROJECT COMMITTEE

This form is to be signed by the committee chair and submitted to Mennonite College of Nursing Office of Student and Faculty Services prior to beginning Scholarly Project and Practice Residency.

Date: _____ Student Name: _____ UID# _____

_____ has agreed to serve as my committee chair.
(Print name)

COMMITTEE MEMBERS:

Note: The committee consists of at least the students' faculty advisor (chair) and the Scholarly Project practice setting preceptor. Additional members may be included as described in number three.

1. The faculty advisor will be a doctoral-prepared faculty member, with a full graduate faculty appointment, and scholarly interest or expertise in the student's area of focus for the Scholarly Project.
2. The preceptor will be the sponsor in the Scholarly Project practice setting, master's prepared or preferably doctoral-prepared, and will need to be approved by the Graduate School using the Request for Committee Exception form.
3. Additional members may include other doctoral-prepared faculty with a full graduate faculty appointment, and person(s) with specific expertise applicable to the project. Committee members that do not have full graduate faculty appointments will need to be approved by the Graduate School using the Request for Committee Exception form.

Name	Rank	Dept (if not nursing)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPROVED:

_____	_____
Committee Chair Signature	Date
_____	_____
Student Signature	Date
_____	_____
Graduate Program Coordinator Signature	Date

Forward to MCN Office of Student and Faculty Services

**Illinois State University
Mennonite College of Nursing
Doctor of Nursing Practice**

CHANGE OF SCHOLARLY PROJECT COMMITTEE

Date: _____

Student Name: _____ UID# _____

The following change in the committee is requested:

Committee Chair from _____ to _____

Committee Member from _____ to _____

Committee Member from _____ to _____

Committee Member from _____ to _____

COMMITTEE MEMBERS:

Name	Rank	Dept (if not nursing)
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPROVED:

_____	_____
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_____	_____
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_____	_____
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Forward to MCN Office of Student and Faculty Services

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Mennonite College of Nursing
Doctor of Nursing Practice**

AUTHORSHIP AGREEMENT

1. The conceptualization for this project was jointly (student plus faculty) or individually (student or faculty) developed.

2. The project investigator for this project will be _____(Scholarly Project Committee Chair)

3. Authorship of future articles will be in the following order based on substantial contributions to the article:

Signatures:

**ILLINOIS STATE UNIVERSITY
MENNONITE COLLEGE OF NURSING
DOCTOR OF NURSING PRACTICE DEGREE**

PROGRAM CHECKLIST

Task	Planned Date	Completed Date
Attend mandatory orientation (Summer, Year 1)		
Meet with MCN Office of Student and Faculty Services to discuss technology needs, if needed		
Meet with faculty advisor to review plan of study		
Submit copy of plan of study to MCN Office of Student and Faculty Services		
Meet with MCN Office of Student & Faculty Services & faculty advisor to discuss funding needs & options, if needed		
Work with faculty advisor to define scholarly project focus		
Work with faculty advisor to begin identifying potential scholarly project committee members		
Selection of scholarly project committee members (complete associated form)		
Develop scholarly project proposal (Scholarly Project I course)		
Set meeting with scholarly project committee		
Provide scholarly project proposal to committee members at least 14 days before committee meeting		
Meet with scholarly project committee		
Revise scholarly project proposal until it is approved by scholarly project committee		
Obtain necessary IRB approval for scholarly project proposal		
Complete Authorship Agreement form		
Submit abstract of the scholarly project proposal to a professional conference (Scholarly Project I course)		
Implement scholarly project (Scholarly Project II course)		
Evaluate scholarly project (Scholarly Project III course)		
Submit completed scholarly project manuscript to committee chair for approval/needed revision.		

Task	Planned Date	Completed Date
Provide an on-campus presentation of the completed Scholarly Project to the Scholarly Project Committee and interested members of the College/University community (Scholarly Project III course).		
Present a podium presentation of the completed project to either the stakeholder organization or at a regional, state, or national professional conference		
Submit manuscript of the completed project to a peer reviewed professional journal at the completion of the Scholarly Project III course following Authorship Agreement		
Submit final plan of study, with all required signatures, to MCN Office of Student and Faculty Services (beginning of semester in which student plans to graduate)		
Complete Application for Completion of Degree along with \$30.00		