

Post Master's DNP Clinical Partners Handbook

DNP Practice Partner Handbook

DNP Post-Master's Degree Option Practice Partner Manual

Disclaimer Statement: These guidelines have been prepared to inform you of the selected policies, procedures, and activities within Arkansas State University's DNP Post-master's option.

As registered nurses, graduate students must adhere to all rules and regulations in the Nurse Practice Act in your state.

COLLEGE OF NURSING AND HEALTH PROFESSIONS

Graduate School of Nursing | P.O. Box 910, State University, AR 72467 | P: 870-972-3701 | F: 870-972-2954

COLLEGE OF NURSING AND HEALTH PROFESSIONS

School of Nursing | P.O. Box 910, State University, AR 72467 | P: 870-972-3074 | F: 870-972-2954

Letter to Practice Partner

Dear Practice Partner,

A Doctor of Nursing Practice student's Practice Partner has a crucial role in preparing the student for a future in practice change. We are very grateful for your willingness to share your expertise and professional time with our graduate students.

The guidelines presented in this Practice Partner Handbook are designed to provide you with supporting information for the project courses. Your role as a Practice Partner is to mentor the students as they learn the role of the Doctor of Nursing Practice related to a Quality Improvement project. The student does not always have to be with you physically. You can identify meetings and experiences that may be beneficial to student learning and support your student's role as a Doctor of Nursing Practice.

We cannot express our appreciation enough for the time you take to mentor and guide our students. This practice partnership is a valuable experience for students because it provides them with the opportunity to apply what they have learned in their project courses to prepare them for future roles.

Please let us know if you have any questions, concerns, or even ideas for program improvement. Nursing is a team effort and we value your contribution to the students' educational experience!

Sincerely,

Dr. Lisa Drake
DNP Program Director
870-972-3701

The Associate, Baccalaureate, Master's, master's/post-master's certificate, and clinical doctorate programs at Arkansas State University located in State University, AR and West Memphis, AR are accredited by the: Accreditation Commission for Education in Nursing (ACEN). 3390 Peachtree Road NE, Suite 1400 Atlanta, GA 30326 (404) 975-5000

The most recent accreditation decision made by the ACEN Board of Commissioners for the Associate, Baccalaureate, Master's, graduate/post-master's certificate, and clinical doctorate programs is continuing accreditation.

View the public information disclosed by the ACEN regarding this program [on the ACEN website](#)

DNP Practice Partner

Practice Partner (Preceptor):

The Post-Master's DNP program uses practice partners as preceptors. The practice partner role definition is: A terminally degreed expert (DNP, MD, EdD, PhD, and in some cases Pharm D), who agrees to provide support and guidance for a DNP student completing a post-master's DNP project experience. The Practice Partner must have at least 2 years of work experience in the last 5 years.

The practice partner cannot be a family member or spouse due to a conflict of interest. If the practice partner is an RN or an MD, license verification must be included.

Practice Partner Agreement:

The Practice Partner is asked to complete an A-State School of Nursing Practice Partner Agreement, along with a CV, an acknowledgment statement that they received the handbook, license verification, and return it to the DNP student, who will submit it to Verified Credentials for faculty approval.

If the practice partner works as an employee at the DNP Student's workplace, where the DNP Project will be completed, the practice partner will complete Document 4: Clinical Practice Partner Site Agreement Form and include a CV, an acknowledgment statement, and a license verification form (RN or MD).

If the practice partner is not from the DNP Student's workplace but is located at the place where the DNP Project is taking place, they will complete Document #3: Arkansas State University School of Nursing Clinical Practice Partner Verification Form and include a CV, acknowledgment statement, and license verification form (RN or MD).

Practice Partner Activities (beginning):

Share helpful contacts within the facility.

Assist with needs assessment at the facility.

Assist in selecting a topic for the student's quality improvement project (not a research project).

Answer questions about Quality Improvement Projects or implementation of evidence into practice (sometimes called translation science) at the facility.

Assist with the scheduling process of team meetings/committees related to the DNP QI Project (preparing and conducting).

Clarify legal, policy, and ethical issues at the facility.

Facilitate student access to appropriate project-related data.

The Practice Partner is not responsible for teaching the student or grading assignments **

Practice Partners Activities (during project):

Communicate periodically with the student on practicum or project progress and outcomes (how things are going).

Notify the faculty if there is a breach in professionalism by the student.

The practice partner serves as a mentor during the process of the DNP Project.

Practice Partners Activities (after project):

The Practice Partner will receive a Qualtrics survey link (created by PM DNP NURS 88263 course faculty) and will be sent by the student to evaluate student performance.

DNP Student (after project):

The DNP student will receive a Qualtrics survey link from the program director to evaluate the facility.

Student Expectations for the Project Site

Note: The DNP Practice Partner is a preceptor; however, they will not teach students or grade their assignments. All assignments will be submitted to the ASTATE course in Canvas. The Practice Partner will serve as a mentor for the DNP Project.

1. The student contacts the DNP Practice Partner concerning questions they may have about the DNP Project site.
2. The student works with the Director, course faculty, and the DNP Administrative Assistant to ensure Practice Partner agreements are signed. The student will obtain information from the Practice Partner and upload all required documents for approval. These documents will be reviewed, and the student will be notified if the Practice Partner is approved.
3. The student will collaborate with the Practice Partner to develop a schedule if the student needs mentoring related to the project site.

4. The student will adhere to the A-State Professionalism Policy for the course. The student will always conduct him or herself in a professional manner during the Practice Partnership.

As part of the DNP Project expectations, students are to:

- Provide the Practice Partner with the Practice Partner and Student Handbooks.
- Meet course outcomes that align with the AACN Essentials and the student DNP project.
- Complete the Student Evaluation of Faculty

Nursing Program/Course Faculty Responsibilities

1. Assumes overall responsibility for teaching and evaluation of the student.
2. Assure student compliance with project and required clinical documents.
3. Readily available by phone or email for consultation as needed.
4. Review portfolio and clinical log with the student and provide feedback as indicated or needed.
5. Facilitate student progression through all facets of the DNP Project paper and presentation.

Before enrolling in NURS 8213 Translational Research I, students must submit the following DNP project documents for review and approval. This is a crucial step for the DNP Project and a necessary component for obtaining IRB approval. Failure to submit and receive approval will put the student at risk of course failure as the IRB approval is a requirement for the course.

1. Site Permission letter: Document 1 if completing project at workplace or affiliation agreement secured.
2. Affiliation Agreement: Document 2 if completing project outside of workplace. Once the contract is approved and signed, Document 1 must be completed and signed by the project site.
3. Practice Partner Agreement: Document 3 if completing project outside of workplace.
4. Practice Partner Agreement: Document 4 if completing project at workplace.

Degree Plans of Study

Full-Time Degree Plan – Doctor of Nursing Practice General

Core

NURS 88173: Leadership, Policy, and Healthcare Systems
NURS 88143: Healthcare Finance in Advanced Nursing
NURS 88153: Healthcare Informatics in Advanced Nursing
NURS 88203: Translational Research for Doctor of Nursing Practice I
NURS 88223: Translational Research for Doctor of Nursing Practice II
NURS 88263: DNP Project
NURS 88303: DNP Internship I (180 clinical hours)
NURS 88343: DNP Internship II (180 clinical hours)
NURS 88333: DNP Internship III (180 clinical hours)

NURS 8887V: DNP Internship IV

Concentration

NURS 88103: Theoretical Foundations for Doctor of Nursing Practice
NURS 88133: Epidemiology for the DNP
NURS 88163: Principles of Healthcare Ethics & Genetics

Full-Time Degree Plan – Doctor of Nursing Practice Education

Core

NURS 88173: Leadership, Policy, and Healthcare Systems
NURS 88143: Healthcare Finance in Advanced Nursing
NURS 88153: Healthcare Informatics in Advanced Nursing
NURS 88203: Translational Research for Doctor of Nursing Practice I
NURS 88223: Translational Research for Doctor of Nursing Practice II
NURS 88263: DNP Project
NURS 88303: DNP Internship I (180 clinical hours)
NURS 88343: DNP Internship II (180 clinical hours)
NURS 88333: DNP Internship III (180 clinical hours)

NURS 8887V: DNP Internship IV

Concentration

NURS 66053: Measurement and Evaluation in Health Sciences

NURS 66603: Curriculum Development in Health Professions

NURS 66853: Teaching in Advanced Nursing Roles

Full-Time Degree Plan – Doctor of Nursing Practice Executive Leadership

Core

NURS 88173: Leadership, Policy, and Healthcare Systems

NURS 88143: Healthcare Finance in Advanced Nursing

NURS 88153: Healthcare Informatics in Advanced Nursing

NURS 88203: Translational Research for Doctor of Nursing Practice I

NURS 88223: Translational Research for Doctor of Nursing Practice II

NURS 88263: DNP Project

NURS 88303: DNP Internship I (180 clinical hours)

NURS 88343: DNP Internship II (180 clinical hours)

NURS 88333: DNP Internship III (180 clinical hours)

NURS 8887V: DNP Internship IV

Concentration

NURS 55133: Leadership in Health Professions

NURS 66373: Healthcare Law and Quality Improvement

NURS 66353: Budgeting and Financial Management

Student Evaluation of Facility

Practice Partner Name: _____ Term: _____

Constructive evaluation is a valuable tool utilized by the faculty as a method for quality control of the curriculum. Student evaluations are viewed by the faculty and administration as one method for maintaining high, consistent levels of quality education in the School of Nursing. As a professional nursing student, evaluation requires maturity and objectivity. This evaluation tool is the student's opportunity to participate in the ongoing evaluation process. Please read each item carefully, then select the category that you feel correlates with your feelings about the statement.

Rating scale:

4 = Excellent

3 = Above average

2 = Average

1 = Needs improvement

Practicum
Applications

4 3 2 1 0

1. The practicum facility was appropriate and offered adequate learning opportunities through the needs assessment.

2. The facility provided the resources needed to plan for a Quality Improvement Project, including multidisciplinary collaboration.

3. The facility accommodated student experiences by providing confidential access to deidentified data without interaction with patients.

4. The facility onboarding process (i.e., facility student orientation) was well organized and easy to complete.

5. What are the strengths of this facility to assist the student with the implementation of the DNP QI Project?

6. What suggestions do you have for enhancing experiences at this facility?

Additional comments (your comments are appreciated and are used to ensure that experiences are appropriate):

Preceptor Evaluation of Student

Student Name:_____ Dates:_____

Practice Partner/Preceptor:_____

Thank you for the opportunities that you provided for the student during the course of the semester. This is an opportunity for you to share your view on the student's performance. Please share your perceptions by rating the student on the following items and adding any comments you desire. Your input is valued and appreciated.

Rate: Fair (1), Proficient (2), Excellent (3)

1. Integrates advanced nursing knowledge of the DNP role and systems.
2. Proposes culturally appropriate solutions to foster quality improvement and safe care.
3. Maintains professional relationships and timely interaction with the project chair, and the project site team.

Score 1(Fair); 2 (Proficient); 3 (Excellent)

4. Functions as a professional role model.
5. Demonstrates leadership skills through effective planning, providing, and managing a quality improvement project.
6. Demonstrates initiative in identifying opportunities for self-development.
7. Serves as a resource person by assisting with problem identification and resolution.

8. Utilizes ethical/legal guidelines that apply to nursing role development.
9. Maintains current knowledge in an evidence-based approach in decision making.
10. Contributes to positive work (collaborates, consults, coordination).

Strengths: _____

Needs improvement: _____

Preceptor Signature: _____ Date: _____

1. SAMPLE SCHOOL/SITE PERMISSION LETTER

Required for all students

[MUST Place on clinical site's letterhead]

Date

Arkansas State University – Jonesboro
Institutional Review Board

c/o Research and Technology Transfer Post Office Box 2760
State University, Arkansas 72467

To Whom It May Concern:

A Doctor of Nursing Practice student in the Arkansas State University-Jonesboro Department of Nursing has requested permission to complete the Doctor of Nursing Practice Project named below at {Insert School/Institution/Clinic Name} during the period of {Insert Start Date} to {Insert End Date}.

This letter notifies you that I/we grant permission to {Insert Student Name}, a student of Arkansas State University-Jonesboro Doctor of Nursing Practice Program, to collect data at the location listed below.

Project Title: {insert your quality improvement project title here}

Principal Investigator(s): {insert your name here – must be a student only}

Study Site Location: {insert Institution/Clinic name here}

{Street address}

{City, State, zip code}

Permission granted by:

Print Name and Title

Signature

Date

DNP Project Completion Site (Affiliation) Request
Document 2 (If you are NOT completing the project at your place
of employment)

Please immediately upload the document as directed in your DNP program. Delays in submitting this Site Request may disrupt the original plan of study and delay program completion. PLEASE TYPE INFORMATION. If you need an affiliation

agreement/contract, this is the form to begin with in the DNP Project process. Do not complete Document 1 until this is done and a contract is secured. This document is if you are not completing the project at your workplace or if the project site is requesting an agreement.

Student Name: _____

Name of the desired site for DNP project completion:

Physical address of the chosen site for DNP project completion:

Name and role of the person at this site authorized to sign clinical affiliation agreements:

Email address and phone number of the person authorized to sign clinical affiliation agreements:

3. Arkansas State University School of Nursing Clinical Practice Partner Verification Form

(Use if you are NOT completing your project at your place of employment)

Directions: Identify a terminally degreed expert who is willing to coach/mentor you in your efforts to complete your project. Ask them to complete this form. Once completed, electronically upload this form **along with the Practice Partner's CV** as directed in your DNP Program. RN and MD must provide license verification documentation from their state board.

Note: Illegible forms will be returned to the student.

DNP Student Name: _____

Clinical Practice Partner's Name & Credentials

(Must have a terminal degree such as DNP, PhD, EdD, PharmD, MD):

Clinical Practice Partner's Title/position

(Such as Administrator, Educator, Physician, CNO, Dean):

Clinical Practice Partner's Employer: _____

Clinical Practice Partner Employer's Address: _____

RN and APRN (if applicable) license number/s including state _____

Clinical Practice Partner's Contact information:

Email: _____

Telephone number: _____

Mailing Address: _____

Terms of Agreement

I agree to be the practice partner for the student listed above during the time needed to complete the DNP project for A-State's School of Nursing and will submit a current CV to the above-listed student. I am aware of the time and responsibility that is required to advance student learning. I understand the student is not allowed patient interaction for this project. I verify that I am employed at the facility where the DNP project will be completed.

Practice Partner Signature Date

Please Print Name

Arkansas State University Post Masters DNP Program Document 4. Clinical Practice Partner Site Agreement Form

(Use if you ARE completing your project at your place of employment)

Directions: Please upload the completed **Clinical Practice Partner Site document and the Practice Partner's CV** as directed in your DNP program. Delays in submitting this Agreement may interrupt the original plan of study and delay the completion of the program. RN and MD must provide license verification documentation from their state

board.

DNP Student Name _____

Practice Partner Name: _____

Preferred Contact: Home Phone _____ Cell Phone: _____ E-mail _____

Title/Role: _____ Credentials: _____

License #: _____ State: _____ Expiration Date: _____

Project Site Name (Must Match Site Permission Letter): _

-

Project Site Address:

Terms of Agreement

I agree to be the practice partner for the student listed above during the time needed to complete the DNP project for A- State's School of Nursing and I will provide a current CV for the student to submit to the School of Nursing. I am aware of the time and responsibility that is required to advance student learning. I understand the student is not allowed patient interaction for this project. I verify that I am employed at the facility where the DNP project will be completed.

Practice Partner Signature

Date

Please Print Name

The DNP student agrees to the following. Please initial each statement and sign and date below:

_____ I agree to maintain professional liability insurance coverage as required by the DNP program for the duration of the period of time needed to complete the DNP project.

_____ I understand the DNP project does not involve contact with or treatment of any patient.

_____ I understand that patient health information cannot be utilized in the DNP project without execution of a clinical affiliation agreement between A-State and the clinical facility.

_____ I have spoken to my employer, where I will be completing my DNP project, and they have no objection or restrictions regarding the publication of my DNP project.

Student Signature

Date

Printed Name: _____

Practice Partner Handbook Agreement

I, (practice partner name), acknowledge that I have received and reviewed the Practice Partner Handbook. All my questions have been answered, and I understand my responsibilities to the AState DNP student, (DNP student name).

Practice Partner Name: _____

Name of Project Site: _____

Role at Project Site: _____

Contact Phone Number and Email: _____

Date: _____

The DNP Student is responsible for submitting this document for approval.

Additional Information

For more information regarding the Arkansas State University School of Nursing, click on the following link: <https://www.astate.edu/college/conhp/departments/nursing/index.dot>

For more information regarding the DNP Options, click on the following link:

<https://www.astate.edu/college/conhp/departments/nursing/degrees/>

For more information regarding the DNP, General option, click on the following link:

<https://degree.astate.edu/programs/doctor-of-nursing-practice-general.aspx>

For more information regarding the DNP, Education option, click on the following link:

<https://degree.astate.edu/programs/doctor-of-nursing-practice-education.aspx>

For more information regarding the DNP, Leadership option, click on the following link:

<https://degree.astate.edu/programs/doctor-of-nursing-practice-leadership.aspx>