

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

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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. DNP student hours focus on the DNP Project associated with the facility's needs assessment. A university/college and facility contract must also be secured and approved prior to the student beginning implementation of their project. 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 of the 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 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 student's educational experience!

Sincerely,

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

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**Arkansas State University
School of Nursing**

DNP Project Guidelines

PRACTICE PARTNER ROLE DEFINITION: A terminally degreed expert who agrees to provide support and guidance for a DNP student completing a post-master DNP practicum experience. The Practice Partner must have a minimum of 2 years of working experience in the last 5 years. Upon entry to the program, students should brainstorm about any terminally degreed expert willing to work with them in this capacity.

PRACTICE PARTNER AGREEMENTS: The Practice Partner is asked to complete an A-State School of Nursing Practice Partner Agreement and acknowledgment statement that they received the handbook, and return it to the DNP student for submission to Medatrax for approval and documentation.

PRACTICE PARTNER EXPECTATIONS

Practice Partner Activities Prior to or at the Beginning of Practicum:

- Share helpful contacts within the facility
- Assist with needs assessment at the facility
- Answer questions about Quality Improvement Projects or implementation of evidence into practice (sometimes called translation science) at the facility
- Assist with 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 a Preceptor and are not responsible for teaching the student or grading assignments

Practice Partner Activities during the DNP Project:

- Assist in selecting a topic for the student's quality improvement project (not a research project)
- Communicate periodically with the student on practicum progress and outcomes (how things are going)
- Notify the faculty if there is a breach in professionalism by the student

STUDENT EXPECTATIONS FOR THE PROJECT SITE

Note: The DNP Practice Partner is not a preceptor, so they will not be teaching the students or grading 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 course faculty and the DNP Administrative Assistant to ensure Practice Partner agreements are signed. The student will obtain information from the assigned Practice Partner and upload all required clinical documents to Medatrax for approval by the DNP Administrative Assistant. These documents will be reviewed and the student 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 Facility

Nursing Program/Course Faculty Responsibilities

1. Assumes overall responsibility for teaching and evaluation of the student.
2. Assure student compliance with immunizations, CPR, and current DNP Student liability coverage standards.
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

Degree Plans of Study for the Post-masters DNP

Full-Time Degree Plan – Doctor of Nursing Practice General

Core

NURS 8123: Leadership, Policy, and Healthcare Systems
NURS 8143: Healthcare Finance in Advanced Nursing
NURS 8153: Healthcare Informatics in Advanced Nursing
NURS 8213: Translational Research for Doctor of Nursing Practice I
NURS 8223: Translational Research for Doctor of Nursing Practice II
NURS 8263: DNP Project
NURS 8313: DNP Internship I (180 clinical hours)
NURS 8323: DNP Internship II (180 clinical hours)
NURS 8333: DNP Internship III (180 clinical hours)
NURS 881V: DNP Internship IV

Concentration

NURS 8113: Theoretical Foundations for Doctor of Nursing Practice
NURS 8133: Epidemiology for the DNP
NURS 8163: Principles of Healthcare Ethics & Genetics

Full-Time Degree Plan – Doctor of Nursing Practice Education

Core

NURS 8123: Leadership, Policy, and Healthcare Systems
NURS 8143: Healthcare Finance in Advanced Nursing
NURS 8153: Healthcare Informatics in Advanced Nursing
NURS 8213: Translational Research for Doctor of Nursing Practice I
NURS 8223: Translational Research for Doctor of Nursing Practice II
NURS 8263: DNP Project
NURS 8313: DNP Internship I (180 clinical hours)
NURS 8323: DNP Internship II (180 clinical hours)
NURS 8333: DNP Internship III (180 clinical hours)
NURS 881V: DNP Internship IV

Concentration

NURS 6053: Measurement and Evaluation in Health Sciences
NURS 6623: Curriculum Development in Health Professions
NURS 6853: Teaching in Advanced Nursing Roles

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

Core

NURS 8123: Leadership, Policy, and Healthcare Systems
NURS 8143: Healthcare Finance in Advanced Nursing
NURS 8153: Healthcare Informatics in Advanced Nursing
NURS 8213: Translational Research for Doctor of Nursing Practice I
NURS 8223: Translational Research for Doctor of Nursing Practice II
NURS 8263: DNP Project
NURS 8313: DNP Internship I (180 clinical hours)
NURS 8323: DNP Internship II (180 clinical hours)
NURS 8333: DNP Internship III (180 clinical hours)
NURS 881V: DNP Internship IV

Concentration

NURS 5113: Leadership in Health Professions
NURS 6373: Healthcare Law and Quality Improvement
NURS 6353: Budgeting and Financial Management

Student Evaluation of Facility

Practice Partner Name: _____ Semester: _____

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 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):

Practice Partner – Project Site Forms

1. SAMPLE SCHOOL/SITE PERMISSION LETTER

Required by 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

2. DNP Project Completion Site Request
(If NOT completing the project at your place of employment)

Please immediately upload the following information into Medatrax upon directions in your DNP program course. Delays in submitting this Site Request may interrupt the original plan of study and delay the completion of the program.

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** into Medatrax.

Note: Illegible forms will be returned to the student.

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



4. Clinical Practice Partner Site Agreement Form

Please upload the completed **Clinical Practice Partner Site form and the Practice Partner's CV** into Medatrax upon admission to the program. Delays in submitting this Agreement may interrupt the original plan of study and delay the completion of the program.

DNP Student Name and A-State ID number _____

Practice Partner Name: _____ E-mail address: _____

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

Title/Role: _____ Credentials: _____

License #: _____ State: _____ Expiration Date: _____

Project Site: _____

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 _____

Please Print Name _____

Practice Partner Handbook Agreement

I acknowledge that I have received and reviewed the Practice Partner Handbook. All my questions have been answered and I understand my responsibility to the AState DNP student.

I acknowledge: (please sign name, role, and your contact information)

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>