



DNP and PMHNP Student Handbook

2023-2025



UNIVERSITY OF
ST. THOMAS
Carol and Odis Peavy
School of Nursing

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Dear Students,

Welcome to the Peavy School of Nursing (PSON) Graduate Programs. Congratulations on your decision to advance your practice and your dedication to advancing your profession.

Our student body reflects a rich diversity of students, faculty, and staff. The PSON has much to offer in terms of student-centered support to help you on your journey to a higher degree, tutors, a writing center, and practicum placements. We emphasize student engagement in active engagement.

We look forward to welcoming you into our university community as we create the future of health care and nursing together.

Best Regards,



Michael E. Sullivan, DBE, HEC-C, FACHE
Associate Professor and Graduate Program Director
Title V Project Director
Carol and Odis Peavy School of Nursing



Dear Students,

Welcome all of you to the University of St. Thomas Peavy School of Nursing! We are happy to be partnering with you as you participate in an exciting educational journey. Your choice to pursue an advanced degree is a clear indication of your ongoing commitment to service leadership.

At the Peavy School of Nursing, you will broaden your horizons, experience leadership opportunities, and gain real-world learning. I am confident that you will find your educational journey full of rewarding experiences.

You deserve to be proud of your achievements, and I look forward to personally welcoming you to the University of St. Thomas family!

Best Regards,



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INTRODUCTION

This handbook provides University of St. Thomas (UST) graduate students enrolled in the Carol and Odis Peavy School of Nursing (PSON) with information about the policies and practices of the graduate program awarding the Doctor of Nursing Practice (DNP) degree, the Psychiatric Mental Health Nurse Practitioner DNP Track, and the Psychiatric Mental Health Nurse Practitioner Post-Masters and Post-APRN Certificate options. It is designed to answer many of the questions students may have about the programs options and to provide clarifying information as students' progress through the programs.

Two additional sources augment content in this handbook. The first is the UST Student Handbook which provides information applicable to all UST students and can be accessed at the following link: www.stthom.edu/StudentHandbook. The second is the UST Graduate Catalog which provides information applicable to all UST graduate students and can be accessed at the following link: <https://www.stthom.edu/GradCatalog>. These resources are updated regularly so students are encouraged to check for new editions of these documents.

The UST Doctor of Nursing Practice (DNP) program, the Psychiatric Mental Health Nurse Practitioner DNP Track (PMHNP), and the Psychiatric Mental Health Nurse Practitioner (Post-Masters and Post-APRN) Certificate options follows the Academic Citizenship policies described in the UST Graduate Catalog. In addition, students in their educational and advanced practice activities, are expected to demonstrate commitment to the policies of the *Code of Ethics for Nurses* of the American Nurses Association (ANA, 2015).

The general academic policies followed by the PSON are described in the UST Graduate Catalog and apply to all UST graduate students. Additional policies specific to the Doctor of Nursing Practice (DNP) program, the Psychiatric Mental Health Nurse Practitioner DNP Track (PMHNP), and the Psychiatric Mental Health Nurse Practitioner (Post-Masters and Post-APRN) Certificate options are described in this Doctor of Nursing Practice Handbook. These program specific policies emerge from the vision, mission, philosophy and framework of the PSON, as described in a subsequent section of this handbook.

As noted in this philosophy, all members of the PSON community..." are guided by the human capacities for compassion, justice, reflection, creativity, and moral choice." This Graduate Nursing Handbook is designed to enable the students to embrace and actively participate in this community commitment in an informed way (pg. 6-7).

This handbook further clarifies the policies and practices unique to the Doctor of Nursing Practice (DNP) program, the Psychiatric Mental Health Nurse Practitioner DNP Track (PMHNP), the

Psychiatric Mental Health Nurse Practitioner (Post-Masters and Post-APRN) Certificate options, shaped further by the standards and expectations of the profession of nursing. As a practice discipline, nursing has a contract with society to provide a service, articulated in *Nursing's Social Policy Statement* of the American Nurses Association (ANA, 2010) and *Nursing: Scope and Standards of Practice* of the American Nurses Association (ANA, 2010). These standards and contractual expectations are essential dimensions of the students' education. These two central professional publications, along with the *Code of Ethics for Nurses* referred to above are the first three resource documents all students should purchase to inform their progression through their program of study. They can be purchased directly from the American Nurses Association as a single *Essentials of Nursing Practice* package at their publishing site www.nursesbooks.org/.

VISION, MISSION AND PHILOSOPHY

PSON VISION

The UST School of Nursing will be nationally recognized as an educational community that is an exemplar in the formation of nurses for holistic healing ministries in the 21st century healthcare environment.

PSON MISSION

Building on the mission of the University of St. Thomas and its Founders, the Basilian Fathers, and nourished by the historic traditions of Catholic nursing education and service, the University of St. Thomas School of Nursing will educate nurses intellectually, morally, and spiritually in the art and science of nursing as a compassionate healing ministry.

PSON PHILOSOPHY

UST's deep conviction about the nature of nursing as a healing ministry shapes the philosophy of the School of Nursing and serves as the standard measuring intent and outcome of all the school's endeavors. With this undergirding, we frame and describe the essential elements of the healing ministry we pursue and make manifest:

For the UST Nurse, Person is the ineffable expression of "God among us" that is the unique, complex multidimensional mystery of each human. Both nurse and patient, as persons, bring to healing encounters their self-awareness, intentionality and consciousness; these human capacities create the conditions for healing.

For the UST Nurse, Nursing is a professional discipline and practice, both an art and a science, manifest as a healing ministry expressing the presence of God. Nurses bring to their relationships with people a conscious, intentional and relational presence. Using their knowledge and skill,

nurses express their therapeutic capacity through their unique spiritual calling and commitment, guiding others to a desired wholeness.

For the UST Nurse, Health is the optimal wholeness of persons achieved through the full expression of individual and communal healing practices made possible through nursing, by nurses. Health is a multidimensional state of being that encompasses body, mind and spirit for the nurse and the patient in their shared encounters focused on care.

For the UST Nurse, Environment is the totality of all forces and factors that shape the nurse to patient encounters that make healing possible. Each encounter offers an unrepeatably moment, as environment is a constant state of change. Nurses enter the care environment in order to create the conditions and relationships necessary for healing.

All members of the UST SON community, in embracing these fundamental understandings of the essential elements of nursing, create and participate in education, scholarship, service and care initiatives that make the healing presence of God manifest. They are guided by the human capacities for compassion, justice, reflection, creativity, and moral choice.

FOUNDATIONAL BASES

Carol and Odis Peavy School of Nursing is committed to the Catholic intellectual tradition and the dialogue between faith and reason. By pursuing excellence in teaching, scholarship, and service, we embody and instill in our students the core values of our founders, the Basilian Fathers: goodness, discipline, and knowledge. We foster engagement in a diverse, collaborative community. The University of St. Thomas, as a comprehensive university grounded in the liberal arts, educates students to think critically, communicate effectively, succeed professionally, and lead ethically. Located just minutes from the Texas Medical Center (TMC), the PSON offers the DNP, DNP-PMHNP, and the Post Master's/Post APRN Certificates students a great education with proximity to innovative health care facilities. The PSON creates and sustains creative partnerships with our clinical colleagues in the TMC that are central to the students' education and outcomes.

The UST Carol and Odis Peavy School of Nursing vision, mission, philosophy and framework provide a strong foundation for the development of a graduate curriculum. The undergraduate curriculum prepares students to provide holistic, relationship-centered nursing care that is grounded in nursing theory and guided by evidence-based best practice standards to support individuals, families and communities in achieving their goals for healing. The emphasis is on the development of capacity to provide holistic care within the nurse-patient and nurse-family relationship. The

emphasis at the graduate level is on preparing nurse leaders who can create healing environments that support nurses in providing truly holistic care. Thus, the DNP, the DNP-PMHNP Track programs, Post-Master's and Post-APRN certificates build on and amplifies the commitments of the school's undergraduate program.

Advanced nursing practice is broadly defined by the American Association of Colleges of Nursing (AACN) as "any form of nursing intervention that influences healthcare outcomes for individuals or populations, including the provision of direct care or management of care for individual patients or management of care populations, and the provision of indirect care such as nursing administration, executive leadership, health policy, informatics, and population health" (AACN, 2015, p.1).

DOCTOR OF NURSING PRACTICE (DNP)

The DNP is the terminal academic degree for nurses seeking preparation at this highest level of nursing practice in programs accredited by the Commission on Collegiate Nursing Education (CCNE), an agency established in 1998 as an autonomous arm of the AACN.

The UST Doctor of Nursing Practice (DNP is designed to be responsive to and collaboratively integrated into the Houston metropolitan health care community, expanding the PSON's established partnerships. The DNP core curriculum focuses on the essentials of advanced nursing practice at an aggregate, systems, or organizational level emphasizing nursing's national commitment to transformational leadership. Students will work with an identified patient population throughout the program, culminating in a formal supervised DNP Project.

Students may enroll in the DNP after earning either baccalaureate or master's degrees in nursing, with tracks requiring three years for the former and shorter individualized progression for the latter. Student cohort groups of no more than 15 students will be admitted annually. A combination of course formats will be offered including intensives, online studies, and hybrid courses, utilizing the PSON's established online technology personnel and resources. Each student will work with a clinical expert coach throughout the course of study and complete a final project in collaboration with the individual's clinical site leadership and clinical expert coach.

The DNP core curriculum, focusing on the essentials of advanced nursing practice at an aggregate, systems, or organizational level, provides graduates with competencies in the scientific underpinnings, clinical scholarship, analytical methods and evidence-based practice of transformational leadership. Organizational and systems leadership, information and technology systems as resources for leadership, and quality improvement practices for health care leaders provide graduates with conceptual models for future role mastery. Graduates are also prepared in

the core curriculum to provide transformational leadership in health care policy and advocacy, interprofessional collaboration, and improving global and national population health outcomes.

To further clarify the foundation for both the DNP leadership/ PMHNP Track, four pillars, described below in some detail, form the foundation for UST undergraduate curriculum in the art and science of nursing as a compassionate healing ministry. These pillars thus provide the initial foundation for the DNP program.

I. The Knowledge Base of Nursing as a Professional Discipline

Philosophical Assumption: Nursing is a professional discipline with a unique knowledge base grounded in multiple ways of knowing that guide professional practice.

1. Nursing knowledge is built on a foundation of the liberal arts and sciences.
2. Nursing knowledge encompasses nursing theory and is derived from multiple ways of knowing and is applied in direct care of patients through clinical practice.
3. Professional nursing practice is congruent with and integrates the larger knowledge base of the humanities and of the biomedical, social, behavioral and life sciences.

II. Learning as a Mutual Process of Creation and Discovery

Philosophical Assumption: Learning is a partnership in which the teacher guides the student in a participatory way in the creation and discovery of knowledge and understanding.

1. Nursing is a practice discipline; therefore, learning is best realized in a reflective, engaged process occurring within a clinical practice.
2. The capacity for practice inquiry and sound clinical reasoning is essential to the development of professional competence evidenced in safe, quality patient care.
3. Optimal learning occurs within a disciplined, creative, participatory learning environment that facilitates and supports discovery and innovation.

III. Nursing as a Healing Ministry

Philosophical Assumption: Nursing as a profession is rooted in the belief that this is a spiritual calling committed to healing.

1. Nursing has been the profession traditionally responsible for placing the individual in the best position to heal through nature's reparative process.
2. Nursing practice focuses on creating the conditions and relationships necessary for healing to occur, focused on patient wholeness – body, mind and spirit.
3. Nursing is a manifestation of Christ's healing ministry.

IV. The Nurse as an Instrument of Healing

Philosophical Assumption: Self-discovery and expansion of consciousness are foundational to the therapeutic capacity of the nurse, the essential capacity for healing practices.

1. Expansion of one's consciousness is an essential part of developing compassion and the capacity to facilitate healing.
2. Attunement to Christ consciousness is the ultimate aim of spiritual development in the Catholic tradition and facilitates a deeper understanding of nursing's healing ministry.

The DNP program incorporates and builds on these four pillars by expanding the base of the graduates' competencies through a commitment to transformational leadership as an expression of advanced nursing practice. Students select a patient population as the focus of this commitment, and building on their core curriculum experiences, individualize the specialization learning experiences that make this transformational leadership possible with this population. This describes the unique character of the UST DNP program, all shaped by the standards set by the discipline of nursing and the unique mission and vision of the University of St. Thomas.

ADMISSION TO THE DNP PROGRAM: TRANSFORMATIONAL LEADERSHIP TRACK

The Admission Policy is as described in [Appendix B – DA.001: DNP & PMHNP Student Admission, Progression, and Graduation Policy](#) of this handbook. Admission to the University of St. Thomas DNP Program is granted to students demonstrating a significant degree of professional and personal capacity for achievement of program goals. The members of the Graduate Program Committee, in reviewing students' application materials, ensure compliance with admission policy and consider several academic and professional criteria when selecting students for the DNP Program.

An interview with one or more graduate program faculty may be included in the admission process. While this is usually a face-to-face interview, in the case of long distance or undue hardship for travel, the interview may be conducted by phone or teleconference. Once all application materials are received, the applicant will be contacted to schedule the interview.

The Student and Exchange Visitor Information System (SEVIS) Form I-20 or Form DS-2019 cannot be issued for these programs so students cannot obtain or maintain F-1/J-1 student status when enrolled in these programs. If clarification is needed relative to your eligibility, please contact the Nursing Admissions Counselor.

The deadline for submission of all applicant materials for review is August 1, for the subsequent fall

semester initial enrollment, though applicants are encouraged to submit materials early to ensure consideration for admission and to pursue potential financial aid and scholarship opportunities. Applicants will receive a written notification via email of the outcome of the admission review process completed by the Graduate Program Committee. Admitted students without a valid Texas RN license or a compact state agreement will need to ensure they acquire proof of unencumbered license prior to enrollment in courses in the program.

Students who have earned a Bachelor of Science in Nursing (BSN) who wish to achieve a graduate degree from UST PSON will follow a two-step path. The first step will be to complete requirements for a Master's degree in their specialty focus. The second step will be to complete requirements for a DNP degree. When students complete the Master's program requirements, they are eligible to exit the graduate program with an MSN. Those students who earn an MSN in the PMHNP track will be eligible to sit for the ANCC National Certification Exam in Psychiatric Mental Health Nurse Practitioner Across the Life Span. Those students who earn an MSN in the Nursing Leadership track will be eligible to achieve certification through the ANCC or ANOL. After meeting MSN requirements, UST PSON students are eligible for entry into the DNP program.

APPLICANT POPULATION FOCUS STATEMENT

The PSON process for admission to the DNP leadership includes a required submission of a 500-word narrative that includes: (1) identification of the applicant's population focus, (2) a description of the specific population the applicant intends to work with, and if possible (3) clinical sites where the applicant plans on exploring this focus. Population, as defined by the UST DNP program, includes any distinct community of persons sharing health related phenomena potentially responsive to nursing's compassionate healing ministry within a culture of healing practices. This narrative about a population of choice provides the applicant, upon admission, with the opportunity to initiate the design of the unique program of study the student will pursue, shaped by personal interests, capacities and goals.

This focus is threaded throughout each student's entire program of study, becoming the focus of competencies within a culture of healing practices. Applicants admitted to the program, with the assistance of the Graduate Program Director and an academic advisor, negotiate a collaborative relationship with key leaders and stakeholders within the student's selected site(s) designed to provide focused, mutually beneficial initiatives that further a culture of healing practices. These negotiations assist the student in crafting a program focus that benefits both the health care clinical partner and the student.

DNP CURRICULUM: TRANSFORMATIONAL LEADERSHIP TRACK

Rooted in the Catholic intellectual traditions of UST and the PSON mission, philosophy, pillars and framework, the UST DNP curriculum is designed to model the program's focus on transformational nursing leadership and diversity/inclusion by supporting this perspective structurally, emphasizing the individual uniqueness of the student and flexibility in the path to achievement of program objectives. It is further designed to ensure multiple experiences of the practice/education and interprofessional collaboration and integration essential to achieving the IOM Future of Nursing Report recommendations (IOM, 2010). The central commitment to nursing as a healing ministry and the recognition that creating a healing environment is the prime directive of the discipline of nursing constitute the lens of understanding of nursing theory as the organizing principle and source of coherence for the student's focus on a student-selected population's health.

Students who elect to pursue part time study are assisted in planning a course of study that meets program requirements and concurrently ensures the most efficient completion of these requirements. The curriculum structure, however, is designed to ensure that students who elect to pursue full time study can do so, with diverse paths toward completion based on status on admission.

DNP PROGRAM COMPLETION: TRANSFORMATIONAL LEADERSHIP TRACK

To earn the DNP from UST, students must meet the following requirements:

- ❖ Complete the required credit hours of graduate coursework as specified for the program.
- ❖ Maintain a 3.0 cumulative GPA for all graduate courses completed.
- ❖ Complete and document a successful collaboration with a clinical partner in meeting required program population focused clinical experiences.
- ❖ Complete a DNP Project demonstrating competencies attained through completion of program learning experiences.
- ❖ Complete all degree requirements within six years; students may request an extension beyond the six years which is determined by the Graduate Program Director on an individual basis.

All students are required to earn 72 credit hours in the program, either through courses taken or through equivalency credits for post-Master's students, the latter required to earn 42 UST credits. These earned credits are distributed as core courses, including the DNP Project related courses, and student selected population focus and competency expansion elective and independent study courses. Students are encouraged to access the strengths of other UST graduate programs to expand their competencies in fields related to nursing and to experience and explore

interprofessional educational experiences. Several academic departments offer graduate level courses that may be applied towards the DNP degree. Registration for these classes must be approved by the student's academic advisor.

The program of study is designed for full-time enrollment, 9 hours per semester and 6 hours per summer session, to be completed in 3 full years. Part-time study may be negotiated initially with the Graduate Program Director on an individual basis, and subsequently implemented with the coaching assistance of the academic advisor.

DNP PROGRAM OUTCOMES: TRANSFORMATIONAL LEADERSHIP TRACK

The varied components of program emphasis are summarized in the UST DNP program outcomes. Upon completion of this program, informed by an organizing framework based on healing and holistic care and an expanded capacity for transformational leadership designed to enhance care for an identified population, the graduate will be able to:

1. Articulate a personalized narrative description of transformational nursing leadership within a diversified, complex health care system focused on the health experiences of a specific population served through a healing ministry.
2. Integrate the distinctive characteristics of the UST DNP program as central foundational concepts guiding transformational nursing leadership capable of creating healing environments and practices in health care.
3. Demonstrate a deepened capacity for self-reflection that expands consciousness and self-awareness to guide ethical transformational leadership in order to create healing environments where nurses serve as advocates for patients, families and communities.
4. Provide leadership in utilizing available data, information, technologies, theories and sciences to initiate health care practices and policies for an identified population using critical thinking and strategic decision-making competencies.
5. Relate, partner, and collaborate effectively with health care consumers, colleagues and policy makers and other stakeholders who influence health care delivery and outcomes in order to design, implement and evaluate innovative responses to the health care needs of a specific population.
6. Navigate, influence and manage the multivariate forces in complex health care systems to improve and transform health care for an identified population.
7. Conceptualize health care initiatives shaped by an understanding of their global, national, regional, state and local contexts and nursing leadership's transformational impact and potential in these contexts.
8. Comprehend, utilize and lead innovative changes in health care through creative policy

change and implementation.

9. Describe and manifest the complexities and competencies of transformational nursing leadership as advanced practice nursing engaged in creating and sustaining healing environments.
10. Provide leadership based on a reframing of nursing leadership competencies and practices transformed through engagement in a healing ministry where the nurse is the instrument of healing.
11. Create programs of care for specific populations shaped by a value placed on the positive potentials of diversity, inclusion and social justice.
12. Document and disseminate the process and outcomes of a nursing leadership initiative within a diversified, complex health care system created to improve health care outcomes of a specific population served through a healing ministry.

To ensure these outcomes, a variety of policies and practices are incorporated into the student's experiences and progression through the program of study.

DNP PROGRAM GOALS

1. Educate students by an advanced academic program awarding a terminal advanced practice nursing degree based on the Peavy School of Nursing's holistic relationship-centered nursing framework and the mission of UST as a Catholic liberal arts university dedicated to the education of leaders of faith and character.
2. Prepare transformational nurse leaders who create healing environments for identified patient populations through aggregate, systems or organizational level health care initiatives.
3. Expand the established partnerships between Peavy School of Nursing and Houston metropolitan area health care provider communities through collaborative projects and coaching relationships that directly benefit patient populations.
4. Translate the Essentials of Doctoral Education for Advanced Nursing Practice (DNP Essentials, AACN, 2006) into a program of study responsive to professional nursing's commitment to diversity and inclusion, the recommendations of the IOM Future of Nursing Report (IOM, 2010), and the grounding of nursing practice in nursing theory as the organizing principle and source of coherence.

DNP REQUIRED NURSING COURSES

Sixteen nursing courses are offered in the DNP program, developed to ensure the student meets the requirements of the AACN *Essentials of Graduate Education for Advanced Nursing Practice* (AACN, 2021) and achieves the program outcomes. Students enrolled in the PMHNP Track will have to complete DNP courses in addition to the core and specialty courses for the PMHNP.

NURS 7301

Creating Healing Environments Foundations
of Nursing Art and Science 3 Credit Hours

NURS 7202

Diversity, Equity, and Inclusion: Social Justice Dimensions
of Transformational Healing Relationships 2 Credit Hours

NURS 7303

Translating Research into Practice:
Transformational Leadership in Enhancing Healing Environments 3 Credit Hours

NURS 7304

Relational Dimensions of Healing:
Communication and Conflict Engagement 3 Credit Hours

NURS 7405

Epidemiology: Optimizing Population Health 4 Credit Hours

NURS 7306

Healing Environments in Complex Adaptive Systems 3 Credit Hours

NURS 7307

Transformational Leadership in Healing Environments 3 Credit Hours

NURS 7308

Financial Management in Health Care 3 Credit Hours

NURS 7310

Transforming Ethics, Law, and Policy Toward Healing Environments 3 Credit Hours

NURS 7211

Interprofessional Collaboration as Transformational Nursing Leadership 2 Credit Hours

<u>NURS 7312</u> Informatics and Technologies in Health Care	3 Credit Hours
<u>NURS 7113</u> Transformational Nursing Leadership: Clinical Applications Seminar	1 Credit Hour
<u>NURS 7014V</u> Transformational Nursing Leadership: Clinical Applications Practicum	6 Credit Hours (Maximum per semester)
<u>NURS 7015V</u> DNP Project in Transformational Nursing Leadership: Creating a Healing Environment	6 Credit Hours (Maximum per semester)
<u>NURS 7016V</u> Independent Study: DNP	6 Credit Hours (Maximum per semester)

DNP PROGRAM COURSE DESCRIPTIONS

<u>NURS 7301</u> Creating Healing Environments Foundations of Nursing Art and Science	3 Credits
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This course provides the student with an introduction and orientation to the distinctive characteristics of the UST DNP program shaped by the Catholic intellectual tradition. Students explore the conceptual threads of the program of study and link these to the theoretical and scientific grounding of practice leadership in professional nursing.

Conceptual threads include the UST Nursing philosophy, pillars and framework; the IOM Future of Nursing report and its emphasis on transformational leadership; the conceptual model of complex adaptive systems including diversity as its source of creativity and as an innovative patient care context; interprofessional and clinical partnerships; and nurses' engagement in health care environments to create the conditions, relationships, partnerships and practices necessary for healing outcomes for a specified population's health.

<u>NURS 7202</u> Diversity, Equity, and Inclusion: Social Justice Dimensions of Transformational Healing Relationships <i>(Collaborative with UST Center for Faith and Culture)</i>	2 Credits
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This interdisciplinary course provides the student with an in-depth exploration of the centrality of the human person as nursing's moral and ethical foundation, informed by the Catholic intellectual tradition. Students explore the distinctive themes of the UST DNP program within a working framework of ethical principles and practices that enable the creation of transformational healing relationships among diverse persons involved in a given setting, situation or culture. Using the professional nursing Code of Ethics and the four pillars of the DNP program's conceptual framework, students will explore the ethical dimensions of a holistic healing ministry for nurses in the diverse and complex 21st century healthcare environment, where the nurse serves as an instrument of healing, committed to social justice and healthcare equities pursued through transformational healing relationships. Expansion of consciousness and self-awareness as essential components of ethical healing relationships will be emphasized, giving students an opportunity to craft a personal narrative about these expanding capacities as a dimension of transformational nursing leadership that pursues social justice for patient populations. Students will have an opportunity to identify and explore the potential ethical challenges implicit in the planning and implementation of their DNP Projects and design potential responses to these challenges.

NURS 7303

3 Credits

Translating Research into Practice:
Transformational Leadership in Enhancing Healing Environments

This course provides the student with a systematic exploration of the nature of research, both in nursing and related disciplines, and its role in creating healing environments in complex adaptive systems through transformational leadership. Grounded in an analysis of the formal processes of inquiry, students will explore clinical research, evaluation research, evidence-based practice processes, and quality improvement protocols. Differentiation of these knowledge resources will be analyzed as essential to transformational leadership initiatives, shaped by the creative use of health care information systems and technologies available in healthcare environments. Students will explore potential inquiry-guided leadership initiatives that create change toward best practices and the crafting of transformational policies responsive to patients' and their unique needs. Dissemination of outcomes will be discussed as a final expression of inquiry processes, linking them to transformational leadership research and the potential for expanding the spread of healing environments and the healing ministry of nurses.

NURS 7304

3 Credits

Relational Dimensions of Healing:
Communication and Conflict Engagement

This course provides the student with a systematic exploration of the role of right relationship in the creation of healing environments for specific populations. Grounded in an evidence-based

analysis of current disruptions in health care environments and their impact, students will explore the ethical, fiscal, quality control, safety, and personal cost of such disruptions, and examine and practice specific competencies essential to addressing these disruptions and engaging effectively with relevant participants. Models of collaboration and teamwork as alternatives to or enhancements of current practices will be explored, linking them to the unique value focus of the UST program of study. Unique traits of complex adaptive systems will be linked to communication patterns, diversity as opportunity, and conflict engagement processes. Through the lens of the Catholic intellectual tradition, the role of the transformational nurse leader in pursuing social justice; enhancing quality, cost effectiveness, and patient safety through competent right relationship; creating collaborative partnerships and engaging others in skillful advocacy for patients will be emphasized through group and individual course experiences.

NURS 7405

4 Credits

Epidemiology: Optimizing Population Health
(*Collaborative with UIW Consortium*)

This course provides the student with a review of the basic concepts, principles and methods of epidemiology applied to population focused health care and nursing practice for evaluation and implementation of evidence-based decision-making in health care to investigate inequities, enhance quality, control cost, and predict and analyze outcomes. Emphasis is placed on the use of epidemiologic reasoning in deriving inferences about the multi-factorial etiology of health phenomena from population data and in guiding the design of responsive health service programs. Attention to demographic, cultural and social dimensions of health problems and programs will focus on the ethical use of epidemiological reasoning. Through this course the student will be able to critically read and evaluate epidemiological data, extract implications of these data, and apply their knowledge to decision-making using epidemiological principles.

Additionally, this course will widen the lens students use to understand population health, expanding boundaries to capture global health issues, creating context for national, regional, state, city and local community perspectives as potential healing environments. Study of specific international organizations and NGOs such as WHO and UNICEF, with a focus on creating healing environments will be complemented by the study of the roles played globally by nurses through organizations such as ICN and STT. Nationally, comparable analyses will include the PPACA, CDC, EPA, etc. and the ANA, AACN, AONE and the NLN. State and local expressions of these resources will be identified and explored for intent, impact, and potential partnerships. Guided by the Catholic intellectual tradition and Catholic social teaching, the role of the transformational nurse leader as an actor in these formal structures will be explored, along with the effective use of resources such as epidemiological studies; global, national, state.

NURS 7306

3 Credits

Healing Environments in Complex Adaptive Systems

This course provides students with a systematic analysis of existing conceptual maps descriptive of health care organizations and systems, identifying their characteristics and outcomes as these relate to nursing as a healing ministry. With this backdrop, an in-depth exploration of the specific conceptual map of complex adaptive systems (CAS) shapes the course as students investigate the creative and humanizing impact of this mental map.

Students explore implications of the map for managing diversity, ensuring interprofessional collaboration, reframing policy, and practices, initiating transformational changes, and ensuring desired outcomes. The role of healthcare informatics, social media and rapidly changing technologies will be examined within a CAS framework of meaning, both as challenges and opportunities. This examination, informed by the Catholic intellectual tradition, will focus particularly on challenges and opportunities as they relate to issues of social justice in health care. CAS will be discussed as a mental map to relate to and understand communities, environmental and occupational health, cultural variances, and the unique needs of the students' self-selected populations of interest.

NURS 7307

3 Credits

Transformational Leadership in Healing Environments

This course is designed to prepare students to deal with the intellectual and practical responsibilities and accountabilities of transformational leadership in healing environments, informed by the Catholic intellectual tradition. Students will learn how to use evidence-based practices to apply nursing's hierarchy of knowledge to real world patient problems, focusing on health care delivery phenomena. These explorations will include the fiscal, risk management, quality control, outcome and safety dimensions of care systems in diverse organizations. The practical processes of development, implementation, refinement and evaluation of practice models and guidelines, standards of care and peer review procedures will be explored through simulations and case studies, providing students with experiences focused on culture sensitive problem solving and the real world challenges of ensuring that nurses can embrace their unique ministry. Students will have the opportunity to apply these experiences to their self-selected population, focusing on health promotion, disease prevention, access to care and gaps in current services. Innovative strategic decision-making will be tested through this process of application.

NURS 7308

3 Credits

Financial Management in Health Care

(Collaborative with UST Cameron School of Business)

This course provides the student with a comprehensive review of financial concepts and principles applied to the financial decisions of health care agencies including capital budgeting, capital structure, and budgeting for personnel. Concepts informing financial management in health care include financial performance evaluation, asset valuation, capital budgeting, and both short-term and long-term financial planning, budgeting and forecasting. Students will study the development and interpretation of accounting information as a managerial tool for decision-making. Students will have the opportunity to apply their learning to financial management issues confronting those who lead care programs for their self-selected populations. In addition, the course emphasizes the importance of ethical responsibility in the conduct of business financial operations in health care.

NURS 7310

3 Credits

Transforming Ethics, Law, and Policy

Toward Healing Environments

This course is grounded in and shaped by the relationship between the IOM Future of Nursing report of 2010, the distinctive mission and vision of the PSON and the unique characteristics of the UST DNP program. An evidence-based analysis of extant policy patterns, both nationally and locally, will serve as a backdrop to the students' exploration of policies shaped by the goal of creating healing environments. Grounded in the Catholic intellectual tradition and Catholic social teaching, students will have the opportunity to investigate a policy issue specific to their self-selected populations and field test a policy role they can assume to address this issue, including germane financing, regulatory, ethical and delivery issues. Students will take the initiative with diverse stakeholders to advocate for the policy and nursing's role in reframing extant health policies. These diverse policy activities will be linked to the students' role as a transformational nurse leader.

NURS 7211

2 Credits

Interprofessional Collaboration as

Transformational Nursing Leadership

This course provides the student with a structured process for establishing informed relationships with diverse members of interprofessional health care teams and through the lens of the Catholic intellectual tradition, developing collaborative approaches to transforming health care practices in complex practice, political and organizational settings. A variety of health care professionals will serve as guest faculty to provide students with an expanded understanding of potential

collaborations on all aspects of population focused health care programs. Students will experiment with leadership initiatives grounded in an analysis of complex population health care challenges and the design of interprofessional responses to these challenges. The synergistic impact of interprofessional teams on the outcomes of population health initiatives will be documented through student learning experiences.

NURS 7312

3 Credits

Informatics and Technologies in Health Care

(Collaborative with UST Cameron School of Business)

This course provides the student with a comprehensive understanding of the essential role of informatics and health care technologies in the transformation of population-focused health care services. Students will develop skills in analyzing and communicating to interprofessional teams, patients, and families information necessary to optimize the use of available technologies and information extracted from health care databases and information systems that may benefit a patient population. Guided by the Catholic intellectual tradition, the emergent ethical dilemmas shaped by the rapid development of complex technologies, digital data sources and social media will be explored, and students will identify and demonstrate transformational leadership competencies essential to grappling with these issues guided by the ANA Professional Code of Ethics. Criteria for the evaluation of available information systems and patient care technologies will be explored by students who will craft professional measures to guide future leadership decision-making.

NURS 7113

1 Credit

Transformational Nursing Leadership:

Clinical Applications Seminar

This course provides DNP students with a structured platform for exploration and integration of their experiences in their DNP courses, their applications in clinical practice and their individual population health specialization initiatives. Through group discussion, guided by faculty coaching, students will revisit the core conceptual threads of the DNP program and refine their integration of the threads into their clinical experiences and program specialization activities. The seminar is required when students are enrolled in the clinical practicum course (7014V) and provides a mechanism for managing progression through DNP clinical practice experiences and a focused process facilitating students in identifying and analyzing the challenges associated with transformational nursing leadership.

NURS 7014V

Maximum 6 Credits

Transformational Nursing Leadership:
Clinical Applications Practicum

This course provides students with planned clinical practicum experiences designed to demonstrate skills and knowledge learned in the classroom through self-designed clinical experiences in collaboration with selected clinical partners and their clinical practice coaches. Students will focus their clinical experiences on the roles and competencies of transformational nurse leaders creating healing environments for a self-selected patient population. The clinical practicum provides students with an opportunity to integrate the diverse dimensions of their DNP learning experiences in a “real world” situation and capture for themselves the meaning of these experiences through self-reflective journaling and maintenance of a clinical log. Students will work collaboratively with their clinical partners to ensure all practicum experiences concurrently benefit the student and the clinical partner through the creation of healing environments.

NURS 7015V

Maximum 6 Credits

DNP Project in Transformational Nursing Leadership:
Creating a Healing Environment

This course provides students with supervised development, completion and dissemination of the DNP Project required for completion of the program of study. The students’ learning experiences documented in their on-line portfolios, journals, and clinical log are designed to create a detailed record of their systematic progression toward the design and implementation of their DNP Projects. Students are required to complete a project that integrates all prior learning experiences and demonstrates application of this learning to a population of their choice, evidenced through documented DNP Project outcomes.

NURS 7016V

Maximum 6 Credits

Independent Study: DNP

This course provides students with an opportunity to create and implement specific program congruent learning experiences that augment required courses and increase the students’ expertise in relationship to their population focus and the healing environments appropriate to this population. Students are required to develop a course goal statement, learning objectives and measures for achievement of desired outcomes and the approval of the faculty member supervising the Independent Study before enrolling in the course.

DNP PROGRAM ESSENTIALS

All DNP programs in the United States are designed to provide students with doctoral preparation in advanced nursing practice. The American Association of Colleges of Nursing (AACN) is the national professional nursing organization that both provides policy guidelines for the development, implementation and evaluation of these programs of study and oversees their accreditation based on these guidelines.

Note: In the American Association of Colleges of Nursing (AACN), The Essentials of Doctoral Education for Advanced Nursing Practice, (2006),

<https://www.aacnnursing.org/portals/42/publications/dnpessentials.pdf>; with the updated version in the Graduate Curriculum Map with the American Association of Colleges of Nursing (AACN) Essentials of Graduate Education for Advanced Nursing Practice (2021), <https://www.aacnnursing.org/Essentials>. These essentials apply to both the DNP Leadership and the PMHNP Track students.

Essential I: Scientific Underpinnings for Practice

1. Integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the basis for the highest level of nursing practice.
2. Use science-based theories and concepts to:
 - determine the nature and significance of health and health care delivery phenomena;
 - describe the actions and advanced strategies to enhance, alleviate, and ameliorate health and health care delivery phenomena as appropriate; and
 - evaluate outcomes.
3. Develop and evaluate new practice approaches based on nursing theories and theories from other disciplines.

Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking

1. Develop and evaluate care delivery approaches that meet current and future needs of patient populations based on scientific findings in nursing and other clinical sciences, as well as organizational, political, and economic sciences.
2. Ensure accountability for quality of health care and patient safety for populations with whom they work.
 - Use advanced communication skills/processes to lead quality improvement and patient safety initiatives in health care systems.
 - Employ principles of business, finance, economics, and health policy to develop and implement effective plans for practice-level and/or system-wide practice initiatives that

will improve the quality of care delivery.

- Develop and/or monitor budgets for practice initiatives.
 - Analyze the cost-effectiveness of practice initiatives accounting for risk and improvement of health care outcomes.
 - Demonstrate sensitivity to diverse organizational cultures and populations, including patients and providers.
3. Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in-patient care, the health care organization, and research.

Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice

1. Use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice.
2. Design and implement processes to evaluate outcomes of practice, practice patterns, and systems of care within a practice setting, health care organization, or community against national benchmarks to determine variances in practice outcomes and population trends.
3. Design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient-centered care.
4. Apply relevant findings to develop practice guidelines and improve practice and the practice environment.
5. Use information technology and research methods appropriately to:
 - collect appropriate and accurate data to generate evidence for nursing practice.
 - inform and guide the design of databases that generate meaningful evidence for nursing practice.
 - analyze data from practice.
 - design evidence-based interventions.
 - predict and analyze outcomes.
 - examine patterns of behavior and outcomes
 - identify gaps in evidence for practice.
6. Function as a practice specialist/consultant in collaborative knowledge-generating research.
7. Disseminate findings from evidence-based practice and research to improve healthcare outcomes.

Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care

1. Design, select, use, and evaluate programs that evaluate and monitor outcomes of care, care

systems, and quality improvement including consumer use of health care information systems.

2. Analyze and communicate critical elements necessary to the selection, use and evaluation of health care information systems and patient care technology.
3. Demonstrate the conceptual ability and technical skills to develop and execute an evaluation plan involving data extraction from practice information systems and databases.
4. Provide leadership in the evaluation and resolution of ethical and legal issues within healthcare systems relating to the use of information, information technology, communication networks, and patient care technology.
5. Evaluate consumer health information sources for accuracy, timeliness, and appropriateness.

Essential V: Health Care Policy for Advocacy in Health Care

1. Critically analyze health policy proposals, health policies, and related issues from the perspective of consumers, nursing, other health professions, and other stakeholders in policy and public forums.
2. Demonstrate leadership in the development and implementation of institutional, local, state, federal, and/or international health policy.
3. Influence policy makers through active participation on committees, boards, or task forces at the institutional, local, state, regional, national, and/or international levels to improve health care delivery and outcomes.
4. Educate others, including policy makers at all levels, regarding nursing, health policy, and patient care outcomes.
5. Advocate for the nursing profession within the policy and healthcare communities.
6. Develop, evaluate, and provide leadership for health care policy that shapes health care financing, regulation, and delivery.
7. Advocate for social justice, equity, and ethical policies within all healthcare arenas.

Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes

1. Employ effective communication and collaborative skills in the development and implementation of practice models, peer review, practice guidelines, health policy, standards of care, and/or other scholarly products.
2. Lead interprofessional teams in the analysis of complex practice and organizational issues.
3. Employ consultative and leadership skills with intraprofessional and interprofessional teams to create change in health care and complex healthcare delivery systems.

Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health

1. Analyze epidemiological, biostatistical, environmental, and other appropriate scientific data related to individual, aggregate, and population health.
2. Synthesize concepts, including psychosocial dimensions and cultural diversity, related to clinical prevention and population health in developing, implementing, and evaluating interventions to address health promotion/disease prevention efforts, improve health status/access patterns, and/or address gaps in care of individuals, aggregates, or populations.
3. Evaluate care delivery models and/or strategies using concepts related to community, environmental and occupational health, and cultural and socioeconomic dimensions of health.

Essential VIII: Advanced Nursing Practice

1. Conduct a comprehensive and systematic assessment of health and illness parameters in complex situations, incorporating diverse and culturally sensitive approaches.
2. Design, implement, and evaluate therapeutic interventions based on nursing science and the sciences.
3. Develop and sustain therapeutic relationships and partnerships with patients (individual, family or group) and other professionals to facilitate optimal care and patient outcomes.
4. Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.
5. Guide, mentor, and support other nurses to achieve excellence in nursing practice.
6. Educate and guide individuals and groups through complex health and situational transitions.
7. Use conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal, and policy issues.

DNP PROGRAM OF STUDY: TRANSFORMATIONAL LEADERSHIP TRACK

The UST DNP program is designed to be responsive to the complex and diverse educational histories presented by potential applicants pursuing graduate education in nursing in the United States. An effort has also made to create policies responsive to the current realities of the discipline of nursing and its pursuit of increasing doctorally prepared nurses. Finally, the program planning focuses on flexibility to accommodate promising applicants and their unique career and educational histories.

A current reality is the increased enrollment of Post-Baccalaureate nurses in DNP programs. Since these students would enroll potentially presenting the most limited prior graduate education and nursing work experience, the program of study structure is shaped by their anticipated progression through the

program.

In contrast, Post-Master's students will present an array of educational and practice histories. To accommodate this variance, the academic record of each post-Master's applicant will be individually evaluated. Courses where the applicant earned a B or higher grade and where course content and experiences are assessed to be equivalent to portions of the DNP program will be so identified, both in theoretical and clinical courses. This process is referred to above, in the description of the Substitution (S) indicated in the plan of study.

Some students with either of these two histories may elect to pursue the DNP program through part time study.

CURRICULUM PLAN FOR POST-BACCALAUREATE DNP STUDENTS

In compliance with the Essentials of Graduate Education for Advanced Nursing Practice (AACN, 2021), the DNP Program curriculum provides a full-time three-year program of study, which includes the minimum 1000 hours of clinical practice, either through clinical experiences and/or these hours combined with clinical credit equivalencies for students with an earned relevant Master's degree. It also meets the UST requirement for 72 credits for a doctoral degree, again modified by the prior earned credits by the student with a relevant Master's degree.

At completion of the program of study, students will have earned a minimum of 72 credits, 55 earned in required core courses and 17 in elective/independent study credits, ensuring that a substantial portion of the program credits can be earned in pursuit of individual interests or sought expertise related to the student's population focus. The 17 elective/independent study credits must be earned concurrent with the core curriculum courses and approved by the student's academic advisor.

Four of the core courses ensure interprofessional collaboration and all include emphasis on collaboration, diversity and inclusion. All students are permitted 6 graduate transfer credits from an accredited program of study earned at another university. Each student's plan of study is created with the coaching assistance of an academic advisor and chronicled systematically.

The total clinical hours in the program, based on the formula of 1 credit = 45 hours, is 1080, or 24 earned credits. Ten of the credits are earned through clinical practicum, eight through clinical seminars integrating the practicum with the total curriculum and six are earned in selected core courses where the learning experience incorporates objectives focused on collaborative practice experiences with an Adjunct Faculty Clinical Practice Coach. These courses are indicated in the curriculum plan below with an asterisk and are NURS 7301, 7304, 7306, 7307, 7310, and 7211, all offered in the first six semesters

of the program of study. Enrollment in the clinical practice course 7014V requires concurrent enrollment in the clinical seminar 7113.

In compliance with the Essentials of Graduate Education for Advanced Nursing Practice (AACN, 2021), the DNP Program curriculum provides a program of study for Post- Baccalaureate and Post Master’s degree students. The curriculum is structured to meet AACN criteria AND provide students with flexibility to design individualized programs of study built on previous academic achievements and congruent with their professional goals.

A. FULL-TIME SAMPLE POST-BACCALAUREATE DNP PROGRAM OF STUDY

Fall		Spring		Summer	
Course	C H	Course	C H	Course	CH
First Year					
NURS 7301* Creating Healing Environments: Foundations of Nursing Art and Science	3	NURS 7306* Healing Environments in Complex Adaptive Systems	3	NURS 7304* Relational Dimensions of Healing: Communication and Conflict Engagement	3
NURS 7303 Translating Research into Practice: Transformational Leadership in Enhancing Healing Environments	3	NURS 7307* Transformational Leadership in Healing Environments	3	NURS 7310* Transforming Ethics, Law, and Policy Toward Healing Environments	3
NURS 7202 Diversity, Equity, and Inclusion: Social Justice Dimensions of Transformational Healing Relationships	2	NURS 7113 Transformational Nursing Leadership: Clinical Applications Seminar	1	NURS 7113 Transformational Nursing Leadership: Clinical Applications Seminar	1
Total Fall Hours	8	Total Spring Hours	7	Total Summer Hours	7
Second Year					
Elective: Population Specific	3	NURS 7312 Informatics and Technologies in Health Care	3	NURS 7308 Financial Management in Health Care	3
NURS 7113 Transformational Nursing Leadership: Clinical Applications Seminar	1	NURS 7211* Interprofessional Collaboration as Transformational Nursing Leadership	2	NURS 7113 Transformational Nursing Leadership: Clinical Applications Seminar	1
NURS 7014V Transformational Nursing Leadership: Clinical Applications Practicum	5	NURS 7405 Epidemiology: Optimizing Population Health	4	NURS 7014V Transformational Nursing Leadership: Clinical Applications Practicum	3
		NURS 7113 Transformational Nursing Leadership: Clinical Applications Seminar	1		
Total Fall Hours	8	Total Spring Hours	10	Total Summer Hours	7

Third Year					
Fall		Spring		Summer	
Course	C H	Course	C H	Course	CH
NURS 7113 Transformational Nursing Leadership: Clinical Applications Seminar	1	NURS 7113 Transformational Nursing Leadership: Clinical Applications Seminar	1	NURS 7015V DNP Project in Transformational Leadership: Creating and Healing Environment	5
NURS 7014V Transformational Nursing Leadership: Clinical Applications Practicum	4	NURS 7014V Transformational Nursing Leadership: Clinical Applications Practicum	4	NURS 7113 Transformational Nursing Leadership: Clinical Applications Seminar	1
Elective: Population Specific	3	NURS 7016V Independent Study: DNP	3	Elective: Population Specific	2
Total Fall Hours	8	Total Spring Hours	8	Total Summer Hours	8
				Program Total Credit Hours	72

CURRICULUM PLAN FOR POST-MASTERS STUDENTS

The post-Master's DNP student must meet the UST requirement of earning 42 credits to complete the DNP program. The Peavy School of Nursing recognizes the rich diversity of nursing Master's programs with variance in role emphasis, e.g., nurse practitioner or midwife, and specialization, e.g., gerontology or nursing administration. Therefore, each post-Master's student's plan of study will be individualized to integrate prior educational achievements with the requirements of the DNP program. The Graduate Program Director and the student's academic advisor will provide assistance in identifying courses in the student's Master's program that provided equivalent learning to that provided in the DNP program, including both theoretical and clinical earned credits. Students will be required to provide adequate documentation of this equivalency. To ensure competency identified in the AACN *Essentials of Graduate Education for Advanced Nursing Practice* and in the unique emphases in this program as described, some courses are identified as both essential to the DNP program and thus also without eligibility for equivalency; they are as follows:

NURS 7301: 3 Credits
Creating Healing Environments Foundations of Nursing Art and Science

NURS 7202: 2 Credits
Diversity, Equity, and Inclusion: Social Justice Dimensions of Transformational Healing Relationships

NURS 7304: 3 Credits
Relational Dimensions of Healing: Communication and Conflict Engagement

NURS 7306: 3 Credits
Healing Environments in Complex Adaptive Systems

NURS 7307: 3 Credits
Transformational Leadership in Healing Environments

NURS 7211: 2 Credits
Interprofessional Collaboration as Transformational Nursing Leadership

NURS 7015V: Maximum 6 Credits
DNP Project in Transformational Nursing Leadership: Creating a Healing Environment

The first six of these courses are required core courses generating 16 of the student's 42 required credits. Concurrently, they generate five clinical credits, or 225 clinical hours. The last course is the DNP Project course which can generate up to 6 credits in a semester and will generate variable credit hours based on the student's study plan.

Students earn the remaining credits with other core courses, electives or independent study courses and the necessary additional clinical credits to earn at least 1,000 clinical hours at completion of the program. The clinical hours, in addition to those earned in core courses, are earned in the following two courses which are taken concurrently if the student is enrolled in 7014V.

NURS 7113: 1 Credit
Transformational Nursing Leadership: Clinical Applications Seminar

NURS 7014V: Maximum 6 Credits
Transformational Nursing Leadership: Clinical Applications Practicum

Congruent with the post-Baccalaureate students, all post-Master's students are permitted to transfer in 6 graduate credits from an accredited program of study earned at another university. These transfer credits are distinct from those identified in the equivalency process which occurs at the outset of the program of study, the latter including both clinical and theory credits earned in their prior graduate study. Each student's plan of study is created with the assistance of an academic advisor and chronicled systematically. While each post-Master's plan of study will be unique, the sample program of study below provides an example of how a student might complete the DNP program as a full-time student.

B. FULL-TIME SAMPLE POST-MASTERS DNP PROGRAM OF STUDY

Fall		Spring		Summer		
Course	CH	Course	CH	Course	CH	
First Year						
NURS 7301* Creating Healing Environments: Foundations of Nursing Art and Science	3	NURS 7306* Healing Environments in Complex Adaptive Systems	3	NURS 7304* Relational Dimensions of Healing: Communication and Conflict Engagement	3	
NURS 7202 Diversity, Equity, and Inclusion: Social Justice Dimensions of Transformational Healing Relationships	2	NURS 7307* Transformational Leadership in Healing Environments	3	NURS 7113 Transformational Nursing Leadership: Clinical Applications Seminar	1	
Elective: Population Specific	3	NURS 7113 Transformational Nursing Leadership: Clinical Applications Seminar	1	NURS 7016V Independent Study: DNP	2	
Total Fall Hours	8	Total Spring Hours	7	Total Summer Hours	6	
Second Year						
NURS 7113 Transformational Nursing Leadership: Clinical Applications Seminar	1	NURS 7015V DNP Project in Transformational Leadership: Creating a Healing Environment	4	NURS 7015V DNP Project in Transformational Leadership: Creating a Healing Environment	3	
NURS 7014V Transformational Nursing Leadership: Clinical Applications Practicum	4	NURS 7113 Transformational Nursing Leadership: Clinical Applications Seminar	1	NURS 7113 Transformational Nursing Leadership: Clinical Applications Seminar	1	
NURS 7016V Independent Study: DNP	1	NURS 7211* Interprofessional Collaboration as Transformational Nursing Leadership	2	NURS 7310* Transforming Ethics, Law, and Policy Toward Healing Environments	3	
Fall Credit Hours	6	Spring Credit Hours	8	Summer Credit Hours	7	
Total Credit Hours	17	Total Credit Hours	15	Total Credit Hours	10	
					Program Total Credit Hours	42

In this example, the student completes the program in six semesters of full-time study, earning 42 credits in the program as required by UST. The student has completed all the core courses required for post-Master's students, opted to take one post-Master's non-required core course (NURS 7310), selected electives/independent study courses and completed the necessary clinical courses and clinical seminar courses. The clinical hours generated in this program of study include 225 hours generated by the required core courses and 405 hours taking the clinical courses and clinical seminar courses for a total of 630 hours of the required 1,000. The remaining clinical hours were acquired through the process of assessment for equivalency. Other post-Master's students may have fewer or more credit hours in equivalency or clinical hours to be earned and may thus have

other programs of study. This is simply provided as an example.

DOCTOR OF NURSING PRACTICE: PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER TRACK

The Doctor of Nursing Practice-Psychiatric Nurse Practitioner (PMHNP) Track is designed to address the existing shortage of qualified psychiatric nurse practitioners who can facilitate the creation of healing environments in mental health care settings. As a Hispanic-Serving Institution, we are able to facilitate increasing the diversity of the graduate nursing students who can serve our diverse population. This program is based on the PSON vision, mission, holistic philosophy and framework that guide the DNP level curriculum. It provides a new PMHNP track that will prepare graduates for advanced roles in mental health care.

Psychiatric Mental Health Nurse Practitioners represent one of the most in-demand nursing specialties today and not enough nurses are prepared in this particular specialty, particularly in underserved areas. According to Texas Center for Nursing Workforce Studies data collected in a 2023 Board of Nursing Education Program Information Survey, the number of nurse practitioners in Texas is approximately 30,498. Of this number, approximately 1,000 are identified as Psychiatric Nurse Practitioners or Clinical Nurse Specialist/Psychiatric Mental Health Nurse Practitioners (https://www.dshs.texas.gov/sites/default/files/chs/cnws/NEPIS/2023/2023_FacultyProfile_Accessible.pdf). According to the U.S. Bureau of Labor Statistics, by 2035, there will be a at least a 45 percent increase in demand for advanced practice nurses to address the nation's healthcare needs.

This program is based on the PSON vision, mission, holistic philosophy and framework that guide the DNP level curriculum. It provides a new PMHNP track that will prepare graduates for advanced roles in mental health care.

The PSON vision, mission, philosophy and framework provide a strong foundation for the development of a graduate PMHNP Track curriculum. The undergraduate curriculum prepares students to provide holistic, relationship-centered nursing care that is grounded in nursing theory and guided by evidence-based best practice standards to support individuals, families and communities in achieving their goals for healing. The emphasis is on the development of capacity to provide holistic care within the nurse- patient and nurse-family relationship. The emphasis at the graduate level is on preparing nurse leaders who can transform healthcare environments into healing environments that support nurses in providing truly holistic care, achieved through a DNP-PMHNP Program of study. The scope and standards of practice of the PMHNP and the National Organization of Nurse Practitioner Faculties (NONPF) competencies serve as a guide for the educational preparation of the PMHNP (Please see attached PMHNP Track program outcomes and course descriptions).

The PMHNP track focuses on The National Task Force (NTF) on Quality Nurse Practitioner Education Criteria for Evaluation of Nurse Practitioner Programs (2016), and the National Organization of Nurse Practitioner Faculties (NONPF) core competencies for all nurse practitioners supplemented with the entry-level Psychiatric-Mental Health Nurse Practitioner competencies (2017). Students will work with an identified patient population throughout the program, culminating in a formal supervised DNP Project. The National Task Force on Quality Nurse Practitioner Education Criteria for Evaluation of Nurse Practitioner Programs (2016), The National Organization of Nurse Practitioner Faculties (NONPF) core competencies (2017), and the Psychiatric-Mental Health Nurse Practitioner (PMHNP) Entry-Level Competencies (2013) are supplemented by the core competencies for all nurse practitioners. The PHMNP provides primary mental health care to patients seeking mental health services in a wide range of settings. Primary mental health care provided by the PMHNP involves relationship-based, continuous and comprehensive services, necessary for the promotion of optimal mental health, prevention, and treatment of psychiatric disorders and health maintenance, which includes assessment, diagnosis, and management of mental health and psychiatric disorders across the lifespan.

Note: To satisfy the NTF (2022) practicum hour requirements, starting Fall 2025, 750 practicum hours will be required for the PMHNP track and certificate option.

ADMISSION TO THE PMHNP TRACK AND THE POST GRADUATE PMHNP CERTIFICATE OPTIONS

Applicants for the Psychiatric Mental Health Nurse Practitioner (PMHNP) Track and the Post Graduate PMHNP (Post-APRN and Post-MSN) Certificate options have additional or differing admission requirements. These admission requirements are stated in the Psychiatric Mental Health Nurse Practitioner (PMHNP) Track and PMHNP Post-APRN and Post-MSN Certificate Options Admission Policy in [Appendix B – DA.001: DNP & PMHNP Student Admission, Progression, and Graduation Policy](#) of this handbook.

Students who have earned a Bachelor of Science in Nursing (BSN) who wish to achieve a graduate degree from UST PSON will follow a two-step path. The first step will be to complete requirements for a Master's degree in their specialty focus. The second step will be to complete requirements for a DNP degree. When students complete the Master's program requirements, they are eligible to exit the graduate program with an MSN. Those students who earn an MSN in the PMHNP track will be eligible to sit for the ANCC National Certification Exam in Psychiatric Mental Health Nurse Practitioner Across the Life Span. Those students who earn an MSN in the Nursing Leadership track will be eligible to achieve certification through the ANCC or ANOL. After meeting MSN requirements, UST PSON students are eligible for entry into the DNP program.

DNP-PMHNP TRACK CURRICULUM

The Psychiatric Nurse Practitioner Track curriculum was designed to prepare the Psychiatric Nurse Practitioner to provide care for individuals across the lifespan (infancy through old age), families, and populations across the lifespan at risk for developing and/or having a diagnosis of psychiatric disorders or mental health problems. The NONPF competencies is integrated along with the DNP core curriculum, integrating the specialized knowledge and clinical competencies required by the Texas Board of Nursing and the Commission on Collegiate Nursing Education. Graduates will be prepared to provide individualized patient care and to address population-based mental health needs. Courses include Advanced Pathophysiology, Advanced Pharmacology, Advanced Health Assessment in addition to the advanced clinical management courses. All courses will meet the educational standards for The National Task Force on Quality Nurse Practitioner Education Criteria for Evaluation of Nurse Practitioner Programs, (2016), and Population-Focused Competencies (<https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/Competencies/CompilationPopFocusComps2013.pdf>) (2013). PMHNP graduates are eligible to sit for the Family PMHNP examination through the American Nurses Credentialing Center (ANCC, 2017).

DNP-PMHNP TRACK COMPLETION

The DNP-PMHNP track includes additional specialty courses. A sample curriculum program of study is located later in this handbook. The PMHNP certificate option samples of program of study for Post-Masters and Post-APRN are located later in this handbook.

To earn the DNP-PMHNP from UST, students must meet the following requirements:

- ❖ Complete the required credit hours of graduate coursework as specified for the program.
- ❖ Maintain a 3.0 cumulative GPA for all graduate courses completed.
- ❖ Complete and document a successful collaboration with a clinical partner in meeting required program population focused clinical experiences.
- ❖ Complete a DNP Project demonstrating competencies attained through completion of program learning experiences.
- ❖ Complete all degree requirements within six years; students may request an extension beyond the six years which is determined by the Graduate Program Director on an individual basis.

All students are required to earn 72 credit hours in the program, either through courses taken or through equivalency credits for post-Master's students, the latter required to earn 54 credits.

These earned credits are distributed as core courses, specialty courses, including the DNP Project related courses, the PMHNP specialty courses, and student selected population focus and competency expansion elective and independent study courses. Students are encouraged to access the strengths of other UST graduate programs to expand their competencies in fields related to nursing and to experience and explore interprofessional educational experiences.

The program of study is designed for full-time enrollment, typically, 9 hours per semester and 6 hours per summer session, to be completed in minimum of 3 full years. Part-time study may be negotiated initially with the Graduate Program Director on an individual basis, and subsequently implemented with the coaching assistance of the academic advisor.

DNP-PMHNP TRACK OUTCOMES

The PMHNP student must meet the DNP leadership outcomes as summarized above as well as the program outcomes relevant to Psychiatric Mental Health Nurse Practitioner Track (PMHNP). Upon completion of this track the student graduate will be able to:

1. Apply theoretical models of care in the delivery of psychiatric mental health care.
2. Integrate scientific findings from nursing and related sciences, including genetics and genomics, to advanced psychiatric mental health care practice.
3. Demonstrate core professional values and ethical/legal standards in the implementation of the psychiatric nurse practitioner role.
4. Develop effective, culturally relevant, and evidence-based clinical practice approaches that meet the needs of mentally ill patient populations in diverse healthcare settings.
5. Provide integrated mental healthcare for persons with mental health, substance use, and co-morbid mental and physical conditions.
6. Provide a range of brief prevention, treatment, recovery services, and long-term treatment and support for persons with severe or persistent illnesses.
7. Collaborate with other healthcare professionals and community organizations to provide integrated healthcare.
8. Advocate reducing inaccurate and harmful representations of mental illness.
9. Practice in a variety of behavioral health care settings.

DNP-PMHNP PROGRAM GOALS

1. Create an academic program awarding a doctorate level PMHNP level advanced practice nursing degree or a post master's or post APRN, PMHNP certificate based on the Peavy School of Nursing's holistic relationship-centered nursing framework and the mission of UST as a Catholic liberal arts university dedicated to the education of leaders of faith and

character.

2. Expand the established partnerships between Peavy School of Nursing and Houston metropolitan area health care provider communities through collaboration on PMHNP practicum experiences.
3. Contribute to the diversity of the nursing workforce educated at the doctoral PMHNP degree or certificate level for advanced nursing practice roles in practice and leadership.

SAMPLES OF DNP-PMHNP TRACK PROGRAM OF STUDY

A. FULL-TIME SAMPLE PMHNP POST-BACHELOR'S PROGRAM OF STUDY

Fall	CH	Spring	CH	Summer	CH
First Year					
NURS 7301* Creating Healing Environments: Foundations of Nursing Art and Science	3	NURS 7307* Transformational Leadership in Healing Environments	3	NURS 7306 Healing Environments in Complex Adaptive Systems	3
NURS 7202 Diversity, Equity, and Inclusion: Social Justice Dimensions of Transformational Healing Relationships	2	NURS 7113 NP Transformational Nursing Leadership: Clinical Applications Seminar	1	NURS 5305 Advanced Health Assessment	3
NURS 7303 Translating Research into Practice: Transformational Leadership in Enhancing Healing Environments	3	NURS 5310 Clinical Pharmacotherapeutics	3	NURS 7113 NP Transformational Nursing Leadership: Clinical Applications Seminar	1
NURS 5300 Advanced Pathophysiology	3				
Total Fall Hours	11	Total Spring Hours	7	Total Summer Hours	7
Second Year					
NURS 7312 Informatics and Technologies in Health Care	3	NURS 7220 Clinical Psychopharmacology	2	NURS 7113 NP Transformational Nursing Leadership: Clinical Applications Seminar	1
NURS 7222 Telehealth/ Telepsychiatry/ Telemental Health: Rural Health Service Delivery	2	NURS 7113 NP Transformational Nursing Leadership: Clinical Applications Seminar	1	NURS 7401 Transformational Nursing Leadership: Practicum Clinical Applications- Practicum I (Adult/Older Adult Population)	4
NURS 7113 NP Transformational Nursing Leadership: Clinical Applications Seminar	1	NURS 7405 Epidemiology: Optimizing Population Health	4	NURS 7304 Relational Dimensions of Healing: Communication and Conflict Engagement	3
		NURS 7218 NP Role Foundation: Nurse Practitioner Roles	2		

Total Fall Hours	6	Total Spring Hours	9	Total Summer Hours	8	
Third Year						
Fall	CH	Spring	CH	Summer	CH	
NURS 7402 Transformational Nursing Leadership: Clinical Applications- Practicum II (Adolescents/ Children)	4	NURS 7403 Transformational Nursing Leadership: Clinical Applications- Practicum III (Integrative Care)	4	NURS 7308 Financial Management in Health Care	3	
NURS 7113 NP Transformational Nursing Leadership: Clinical Applications Seminar	1	NURS 7221 Neurobiology of Addictions: Advanced Practice Approach Addictions	2	NURS 7310* Transforming Ethics, Law, and Policy Toward Healing Environments	3	
		NURS 7211 Interprofessional Collaboration as Transformational Nursing Leadership	2	NURS 7015V DNP Project in Transformational Leadership: Creating a Healing	3	
		NURS 7113 NP Transformational Nursing Leadership: Clinical Applications Seminar	1			
Total Fall Hours	5	Total Spring Hours	9	Total Summer Hours	9	
					Program Total Credit Hours	72

B. FULL-TIME SAMPLE PMHNP POST-MASTER'S PROGRAM OF STUDY

Fall	C H	Spring	C H	Summer	CH
First Year					
NURS 7301* Creating Healing Environments: Foundations of Nursing Art and Science	3	NURS 7307* Transformational Leadership in Healing Environments	3	NURS 7306 Healing Environments in Complex Adaptive Systems	3
NURS 7303 Translating Research into Practice: Transformational Leadership in Enhancing Healing Environments	3	NURS 7113 NP Transformational Nursing Leadership: Clinical Applications Seminar	1	NURS 7113 NP Transformational Nursing Leadership: Clinical Applications Seminar	1
		NURS 7220 Clinical Psychopharmacology	2		
Total Fall Hours	6	Total Spring Hours	6	Total Summer Hours	4
Second Year					
NURS 7222 Telehealth/ Telepsychiatry/ Telemental Health: Rural Health Service Delivery	2	NURS 7211 Interprofessional Collaboration as Transformational Nursing Leadership	2	NURS 7113 NP Transformational Nursing Leadership: Clinical Applications Seminar	1
NURS 7317 Behavioral Neuroscience Elective	3	NURS 7405 Epidemiology: Optimizing Population Health	4	NURS 7401 Transformational Nursing Leadership: Practicum I Clinical	4

				Applications (Adult/Older Adults)	
		NURS 7218 NP Role Foundation: Nurse Practitioner Roles	2	NURS 7304 Relational Dimensions of Healing: Communication and Conflict	3
Total Fall Hours	5	Total Spring Hours	8	Total Summer Hours	8
Third Year					
NURS 7113 NP Transformational Nursing Leadership: Clinical Applications Seminar	1	NURS 7113 NP Transformational Nursing Leadership: Clinical Applications Seminar	1	NURS 7015V DNP Project in Transformational Leadership: Creating Healing Environment	2
NURS 7402 Transformational Nursing Leadership: Clinical Applications- Practicum II (Adolescents/ Children)	4	NURS 7403 Transformational Nursing Leadership: Clinical Applications- Practicum III (Integrative Care)	4	NURS 7113 NP Transformational Nursing Leadership: Clinical Applications Seminar	1
		NURS 7221 Neurobiology of Addictions	2		
Total Fall Hours	5	Total Spring Hours	7	Total Summer Hours	3
				Program Total Credit Hours	52

PMHNP SPECIALTY COURSES

In addition to the sixteen nursing DNP required courses, students in the PMHNP track will complete ten PMHNP specialty courses developed to ensure the student meets the requirements of the NONPF Competencies and achieves the program outcomes. The psychiatric–mental health “population foci.” represents a group of patients who require specialized mental health treatment as developed and detailed in the National Council of State Boards of Nursing [Consensus Model for APRN Regulation](#).

NURS 5300

Advanced Pathophysiology* (3 Credits)

NURS 5305

Advanced Health Assessment* (3 Credits)

NURS 5310

Clinical Pharmacotherapeutics (3 Credits)

NURS 7220

Clinical Psychopharmacology (2 Credits)

NURS 7218

PMHNP Role Foundation: Health Nurse Practitioner Roles (2 Credits)

NURS 7222

Telehealth/Telepsychiatry/Telemental Health: Rural Health Service Delivery (2 Credits).

NURS 7221

Neurobiology of Addictions: Advanced Practice Approach (2 Credits)

NURS 7401

PMHNP Practicum I: Psychiatric Mental Health Nurse
Practitioner Clinical Applications Practicum: Adult/Older Adults (4 Credits)

NURS 7402

PMHNP Practicum II: Psychiatric Mental Health Nurse
Practitioner Clinical Applications Practicum: Children/Family (4 Credits)

NURS 7403

PMHNP Practicum III: Psychiatric Mental Health Nurse
Practitioner Clinical Applications Practicum: Integrated care (4 Credits)

NURS 7317

Elective: Behavioral Neuroscience (3 Credits)

NURS 7113

NP: Transformational Nursing Leadership: Clinical Applications Seminar (1 Credit)

PMHNP TRACK SPECIALTY COURSE DESCRIPTIONS**NURS 5300**

Advanced Pathophysiology* (3 Credits)

The focus of this course is on development of a knowledge base related to pathological phenomena encountered in clinical practice across the client life span. Emphasis is placed on regulatory and compensatory mechanisms as they relate to specific disease states. Prerequisites Advanced Pathophysiology prior or concurrent.

NURS 5305

Advanced Health Assessment* (3 Credits)

This course presents the theoretical and clinical basis for advanced assessment in specialty nursing practice. Emphasis is placed on comprehensive physical, psychosocial, and cultural assessment as a foundation for advanced practice nursing. Faculty facilitates theory and laboratory experiences which focus on assessment of patients, presentation of findings, and clinical decision-making for a variety of age groups.

NURS 5310

Clinical Pharmacotherapeutics

(3 Credits)

This course focuses on analysis of pharmacologic and pharmacokinetic principles in relation to major drug classifications and implications for pharmacologic management for patients across the lifespan.

NURS 7220

Clinical Psychopharmacology

(2 Credits)

Building on the general advanced pharmacology principles, this course further advances the student's knowledge of pharmacokinetics, pharmacodynamics, pharmacotherapeutics and neuroscience. Students will be able to determine the appropriate use of pharmacological and complementary therapies in the management of psychiatric symptoms across various patient populations. Students will also utilize assessment data and distinguish between the latest clinical trials and evidence-based guidelines to direct safe and effective prescriptive decision-making.

NURS 7218

PMHNP Role Transition: Psychiatric Mental Health Nurse

Practitioner Roles; Psychotherapeutic Frameworks and Modalities

(2 Credits)

The focus of this course is development / refinement of the Psychiatric Mental Health Nurse Practitioner role in health promotion, diagnosis and management in psychiatric practice in diverse populations across the lifespan. Emphasis is placed on the nurse practitioner's role as a collaborative member of the interprofessional team.

NURS 7222

Telehealth/Telepsychiatry/Telemental Health: Rural Health Service Delivery

(2 Credits)

This course provides the foundation for establishing a telemental health practice to improve access for individuals in rural and underserved communities. Technology requirements along with ethical and legal standards will be addressed. Business principles, cost containment, coding, reimbursement and outcome measurement will be covered. The nurse practitioner as leader and patient advocate in analyzing the effect of health care policy on accessibility, accountability, and affordability will be emphasized.

NURS 7221

Neurobiology of Addictions: Advanced Practice Approach

(2 Credits)

The aim of this course is to provide an overview of basic concepts relevant to understanding the etiology, diagnosis and treatment of substance use disorders and other addictions from an

advanced practice nurse perspective. Physiological, behavioral, emotional, and societal responses to addiction will be explored. Implications for nursing research are considered.

NURS 7401

PMHNP Practicum I: Psychiatric Mental Health Nurse Practitioner Clinical Applications Practicum:
Adult/Older Adults (4 Credits)

This Practicum provides clinical training in the full role of the psychiatric mental health nurse practitioner. Emphasis is placed on the integration of two content areas: the knowledge and skills for PMHNP practice; and the specific mental health needs of adults and older adults. Clinical experiences, lectures, case discussions, and projects allow students the opportunity to develop competencies in the ethical, safe, collaborative, and evidence-based provision of mental health care to adults and older adults in the context of a changing health care system (180 clinical hours)

Prerequisites: Core DNP Courses

Focus: Clinical experiences in collaboration with selected clinical partners, and preceptors. Students will apply their knowledge of pathophysiology, psychopharmacology, and advance health assessment to the diagnosis, treatment, and management of mental health disorders in adults and older adults.

NURS 7402

PMHNP Practicum II: Psychiatric Mental Health Nurse Practitioner
Clinical Applications Practicum: Children/Family (4 Credits)

Course Description: This Practicum provides clinical training in the full role of the psychiatric mental health nurse practitioner. Emphasis is placed on the integration of two content areas: the knowledge and skills for PMHNP practice; and the specific mental health needs of children and families. Clinical experiences, lectures, case discussions, and projects allow students the opportunity to develop competencies in the ethical, safe, collaborative, and evidence-based provision of mental health care to children, adolescents and families in the context of a changing health care system (180 clinical hours) Prerequisites: Completion of Practicum I

NURS 7403

PMHNP Practicum III: Psychiatric Mental Health Nurse Practitioner
Clinical Applications Practicum: Integrated care (4 Credits)

Course Description: The focus of this Practicum is on applying the PMHNP and integrated care competencies of systems-oriented practice that include collaboration, teamwork, care coordination and community practice partnerships and applying culturally sensitive PMHNP and integrated care competencies to plan and implement population-based screening, care planning, mental health literacy interventions and continuous quality improvement. Students will apply their

knowledge of pathophysiology, psychopharmacology, and advance health assessment to the diagnosis, treatment, and management of mental health disorders in populations across the lifespan. The focus of this course is on advanced nursing practice in mental health settings and emphasis is placed on the development of practice congruent with the Peavy School of Nursing, AACN Essentials, and NONPF Competencies. Students will engage in the ethical, safe, collaborative, and evidence-based provision of mental health care in the context of a changing health care system through the creation of healing environments. Must complete (180 clinical hours)
Prerequisites: Completion of Practicum I & II.

NURS 7317

Elective: Behavioral Neuroscience

(3 Credits)

The course will also provide the student a basic introduction to the fundamental aspects of common diseases affecting the brain. The latest developments in neuroscience and genetics related to psychiatric symptom expression and symptom management throughout the lifespan will be discussed. Complements the concepts in neuroscience and the clinical management of targeted psychiatric symptoms, related to the treatment of various psychiatric disorders and reflect current scientific knowledge of neuroanatomy, neurophysiology, and neurochemistry, and its application to clinical problems seen in a variety of settings.

NURS 7113 NP

Transformational Nursing Leadership: Clinical Applications Seminar

(1 Credit)

This course provides PMHNP Certificate / DNP, PMHNP students with a structured platform for exploration and integration of their experiences in their courses, their applications in clinical practice and their individual population health specialization initiatives. Through group discussion, guided by faculty coaching, students will revisit the core conceptual threads of the Post Graduate PMHNP Certificate or the PMHNP, DNP track and refine their integration of the threads into their clinical experiences and program specialization activities. The seminar is offered starting the second semester in the program and is required when students are enrolled in clinical courses and the practicum course (7401,7402, &7403), and provides a mechanism for managing progression through clinical practice experiences and a focused process facilitating students in identifying and analyzing the challenges associated with transformational nursing leadership/practice.

PMHNP SCOPE OF PRACTICE

PMHNPs Provide comprehensive mental health care services utilizing psychotherapeutic treatment modalities including individual, family, and group psychotherapy to treat patients' populations of all ages and backgrounds across the lifespan who have complex psychiatric and any accompanying medical issues.

NONPF CORE COMPETENCIES/THE NATIONAL TASK FORCE ON QUALITY NURSE PRACTITIONER EDUCATION: CRITERIA FOR EVALUATION OF NURSE PRACTITIONER PROGRAM

The PMHNP curriculum was designed incorporating The National Task Force on Quality Nurse Practitioner Education Criteria for Evaluation of Nurse Practitioner Programs (2016), and the updated, The National Task Force on Quality Nurse Practitioner Education (NTF) Criteria for Evaluation of Nurse Practitioner Programs (NTF Criteria) (2022)

https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/2022/ntfs_standards_for_quality_np_edu.pdf, and the NONPF Core Competencies in the development of the post-master's and post APRN certificate options to ensure that students gain the knowledge, skills, and abilities to practice as licensed independent practitioners. These core competencies apply to all nurse practitioners, regardless of their medical specialty or patient population focus. Specific objectives must be demonstrated in order to the program. These requirements are defined and agreed upon by the National Organization of Nurse Practitioner Faculties: Nurse Practitioner Core Competencies Content (NONPF, 2017) and the updated National Organization of Nurse Practitioner Faculties (NONPF) Nurse Practitioner Core Competencies Content (2022).

https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/competencies/nonpf_np_role_core_competenc.pdf

I. Scientific Foundation Competencies

These competencies ensure that nurse practitioners graduate with a comprehensive background in medical sciences. All nurse practitioner students are required to take foundational- **advanced health assessment**; **pathophysiology** and **pharmacology**, but depending on their specialty, they may take additional courses. Psychiatric nurse practitioners often take courses in **neuroscience**. Scientific core competencies also include knowledge and understanding of clinical practice guidelines, evidence-based practice, translational research, and treatment of vulnerable and diverse patient populations.

The scientific foundation core competencies defined by the NONPF include the following:

1. Thinks critically about data and applies this evidence to improving practice.
2. Allows knowledge from the humanities and other disciplines to inform one's work in nursing.
3. Incorporates research findings to enhance practice methods and patient outcomes.
4. Creates fresh evidence-based approaches and techniques, paying thought to research findings, core theory, and experience from practice.

II. Leadership Competencies

Leadership competencies focus on professional accountability, scholarship, and advocacy. These skills ensure that nurse practitioner students understand their scope and standards of practice and that they are prepared to lead healthcare teams. The leadership competencies also encompass cultural sensitivity, engagement in professional organizations, and communication skills.

The leadership core competencies include the following:

1. Embraces high leadership opportunities to facilitate change.
2. Liaises effectively between various parties (e.g., healthcare teams, patients, community, policy advocates) in efforts to improve healthcare.
3. Applies critical and reflective thinking to one's leadership.
4. Acts as an advocate for resource-efficient, cost-effective, and quality care.
5. Elevates practice by incorporating innovations.
6. Have excellent oral and written communication skills.
7. Joins professional associations, advocacy.

III Quality Competencies

Quality care, as defined by the NONPF, refers to the degree to which health services increase the desired health outcomes consistent with professional knowledge and standards. Quality competencies focus on understanding how to access and use information databases and how to critically evaluate research findings.

The quality core competencies include the following:

1. Applies the best and most contemporary research findings to clinical practice.
2. Considers the complex relationships between cost, safety, access, and quality in healthcare delivery.
3. Assesses the effects of organizational structures, financial management, policy, and other factors on healthcare.
4. Offers feedback in peer reviews to “promote a culture of excellence.”
5. Tailors care to each practice situation and use interventions as necessary.

IV. Practice Inquiry Competencies

Practice inquiry competencies focus on translational research, i.e., taking academic research and applying it to the clinical setting. These competencies ensure that nurse practitioner students understand how to apply research to improve their patient's health outcomes.

The practice inquiry core competencies include the following:

1. Translates new knowledge into practice through leadership.
2. Uses clinical experiences to inform practice and improve patient outcomes.
3. Applies investigative abilities in a clinical setting to improve healthcare.
4. Facilitates practice inquiry, both individually and in partnerships.
5. Transmits knowledge from inquiry to others.
6. Thinks critically about the individual applications of clinical guidelines.

V. Technology and Information Literacy Competencies

Information literacy, as defined by the NONPF refers to the use of digital technology, communications tools, and/or networks to access, manage, integrate, evaluate, create, and effectively communicate information. The goal of these competencies is to teach nurse practitioner students how to use available technology to enhance the safety and health outcomes of their patients. To achieve these objectives, NP schools may require students to take an informatics course.

The technology and information literacy core competencies include the following:

1. Uses appropriate technology to manage information.
2. Translates health information for various users.
 - a. Helps patients and caregivers understand conditions and treatments.
 - b. Motivates patients and caregivers to make positive changes.
 - c. Excels at complex decision-making.
3. Informs the design of effective clinical information systems.
4. Facilitates health information technologies which allow for care evaluation.

VI. Policy Competencies

Health policy, as defined by the NONPF, refers to the set of decisions pertaining to health, which influence health resource allocation. These can be made at organizational, local, state, national, and global levels. These competencies teach nurse practitioner students how to influence legislation to improve health issues and social problems like poverty, literacy, and violence. Students may be required to take a specific health policy or healthcare economics course in order to achieve these competencies.

The policy core competencies include the following:

1. Understands the interdependence of clinical practice and policy.
2. Promotes ethical approaches to improving access, cost, and quality.
3. Pays thought to policy's context (e.g., legal, social, etc).
4. Assists in creating health policy.
5. Examines cross-disciplinary impact of policy.
6. Analyzes influence of globalization on healthcare policy.

VII. Health Delivery System Competencies

The health delivery system competencies refer to the planning, development, and implementation of public and community health programs. These competencies also educate students on healthcare reform and organizational decision-making.

The health delivery system core competencies include the following:

1. Incorporates knowledge of organizations and systems to improve healthcare.
2. Utilizes negotiation and relationship-building to positively affect healthcare.
3. Minimizes patient and provider risks.
4. Develops culturally competent care.
5. Analyzes impact of healthcare system on all stakeholders.
6. Thinks critically about organizational structures and resource allocation.
7. Works with others to improve the continuum of healthcare.

VIII. Ethics Competencies

These competencies encompass understanding the ethical implications of scientific advances and learning to negotiate ethical dilemmas specific to that student's patient population.

The ethical core competencies include the following:

1. Uses ethics in decision-making.
2. Analyzes ethical impact of all decisions.

3. Understands ethical complexities in healthcare delivery to individuals and populations.

IX. Independent Practice Competencies

The independent practice competencies ensure that a nurse practitioner can function as a licensed independent practitioner. The NONPF defines a licensed independent practitioner as an individual with a recognized scientific knowledge base, who is permitted by law to provide care and services without direction or supervision. These competencies encompass the assessment, diagnosis, and treatment of patients within the student's population focus. For example, a psychiatric nurse practitioner would learn to diagnose and treat mental illness and addiction.

The independent practice core competencies include the following:

1. Works effectively as an autonomous practitioner.
2. Operates professionally under the highest level of accountability.
3. Manages both diagnosed and undiagnosed patients as an independent practitioner.
4. Offers health promotion and protection; preventative care; counseling; treatment planning and implementation; and palliative or end-of-life care.
 - a. Can distinguish between normal and abnormal health findings.
 - b. Knows screening and diagnostic protocols.
 - c. Prescribes medications in accordance with regional laws.
 - d. Provides healthcare over the lifespan of individuals and families.
 - e. Respects patient's wishes and offers culturally competent care.
 - f. Fosters collaborative and empathetic patient relationships.
 - g. Cultivates patient-centeredness with respect to confidentiality, mutual trust, and support.
 - h. Takes into consideration the patient's spiritual and cultural influences (or other beliefs).
 - i. Reassures patients that they have control over decisions and offers expertise in creating a viable healthcare plan.

PMHNP SITES OF PRACTICE

There are a wide range of opportunities for our graduates to seek employment and to practice in a variety of practice sites. Telemedicine or telehealth is another means of accessing psychiatric mental health care and can reach a wider range of underserved populations to deliver mental health care in the community. Examples of practice settings and with diverse populations, include outpatient clinics, rural community health, Inpatient settings, correctional facilities, etc.

THE ADJUNCT FACULTY CLINICAL PRACTICE COACH

The Adjunct Faculty Clinical Practice Coach is an individualized resource for DNP leadership and DNP-PMHNP students, an expert clinician who will coach them during their progression through the program. Each student will work with the Graduate Program Director and the student's

assigned academic advisor to identify a potential coach, initiate negotiations with the coach's clinical site, establish an action plan and initiate clinical experiences. The Adjunct Faculty Clinical Practice Coach must be a clinical expert prepared to assist the student in pursuit of individual learning objectives and the student's engagement with the population of choice. UST PSON will provide a formal program of training in coaching to assist clinicians who accept this role.

The on-going relationship between the student and coach includes a commitment on the part of the student to design experiences that benefit both the student and the clinical partner's organization. These benefits will be articulated as part of the student's plan of study. The Adjunct Faculty Clinical Practice Coach assists the student in ensuring this outcome, which is then reported in the student's clinical log and course related documentation. This documentation is designed to demonstrate the benefits that accrue to both the student and the clinical partner.

COACHING FRAMEWORK

The UST Peavy School of Nursing (PSON) Doctor of Nursing Practice (DNP) program and DNP-PMHNP Track have been designed to integrate coaching as a core process component of the DNP program, identifying coaching as an alternative to mentoring, precepting and teaching as historic customary components of a program of instruction in nursing. Coaching in the DNP program focuses specifically on the clinical component of the program and will be provided by clinical experts as partners in the students' course of study.

This commitment emerges as congruent with the vision, mission philosophy and conceptual framework of the school's programs of instruction. It is also congruent with the strong emphasis on transformation, the central process shaping the preferred future of the discipline of nursing. This emphasis on transformation emerges in large part from the outcomes of the national study of the discipline sponsored by the Robert Wood Johnson Foundation and the Institute of Medicine resulting in the 2010 report, *The Future of Nursing: Leading Change, Advancing Health* (Institute of Medicine, 2010), and the recent *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity* (2020). These reports are integral to the structure and focus of the DNP and the PMHNP programs of study. Finally, coaching as a process is congruent with nursing's deep respect for the self-agency of all persons nurses hope to serve.

The program commitment to coaching is framed within the International Coach Federation's (ICF) definition: "Coaching is partnering with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential" (n.d.). The core competencies of the ICF serve as central guide to decision-making about essential training objectives and content as the PSON pursues this commitment.

This definition and these core competencies are congruent with the specific focus of the DNP program as a course of study that prepares nurse leaders who can transform complex adaptive healthcare environments into healing environments that support nurses in providing truly holistic care. Most DNP students will enter the program with experience in healthcare environments organized in traditional hierarchical structures led by administrators utilizing traditional transactional leadership practices. The program focuses students on understanding health care as provided in complex adaptive systems where they function as transformational leaders. The realization of this transition can best be achieved through the coaching partnership where DNP and DNP-PMHNP Track students take responsibility for maximizing their personal potential.

Emphasizing coaching is best understood when contrasted with analogous but substantively different approaches used in nursing by nurses. Mentoring occurs when a more experienced and often older nurse gives help and advice to a less experienced and often younger nurse. It is more directive than collaborative, the direction determined by the mentor. Preceptors are expert nurse clinicians who guide, tutor, and provide direction aimed at a specific performance of a nursing skill or competency. It is specific to the clinical focus shared by the involved parties and is designed to assist individuals in mastering essential clinical competencies under the direct supervision of the nurse preceptor.

Teaching is a process where an expert in a given discipline or competency, in this case nursing, imparts knowledge or skill to another, giving instruction to make the knowledge or skill accessible to another who seeks this. Each of these more familiar approaches places primary emphasis on the intent and methodology of the nurse as mentor, preceptor or teacher in relationship to another person who is the recipient of this expertise. Coaching focuses on the recipient.

Coaching is present and future focused, relatively short-term, and action oriented. The coach elicits and facilitates the actualization of the choices made by the person being coached. It emphasizes the development of clear and specific goals with a mechanism for measuring progress toward those goals. The success of coaching relies on a trusting and open relationship between the coach and the person being coached. Coaching in the UST DNP program is the process used by the Adjunct Faculty Clinical Practice Coach. The purposes of the coaching they provide to UST DNP students include:

1. To explore existing challenges in the environment(s) where students complete the clinical hours requirements of the program.
2. To describe, through self-reflection, current personal responses and identify alternative responses to these challenges.
3. To identify and access supportive resources available to strengthen options in addressing challenges.

4. To recognize and expand personal competencies and strengths in pursuing self-selected learning objectives and responses to organizational challenges.
5. To test out and evaluate alternative approaches to emergent situations in the clinical environment as a proactive presence in a complex adaptive system.
6. To relate clinical experiences to the health-related experiences and opportunities of the students' self-selected population.
7. To integrate components of the course of study and the planned DNP Project with the clinical experiences.

These purposes are pursued through a collaboratively designed action plan. The Adjunct Faculty Clinical Practice Coach provides coaching embedded in the existing culture of the organization where the student completes clinical hours while concurrently working to collaboratively create a coaching culture in this organization.

One other dimension of coaching is noteworthy in this approach to clinical education. Concurrent with the development of coaching for DNP students, the discipline of nursing also embraces coaching as a health and wellness process, designed to promote well-being, prevent disease, stabilize, and support those with chronic conditions. Best articulated by Barbara Dossey (Dossey, n.d.), health and wellness coaching is a multidimensional concept across the health professions; in nursing it includes a focus on healing, the metaparadigm of nursing theory, and patterns of knowing in nursing. Barbara Dossey who, in collaboration with Susan Luck and Bonney Gulino Schaub, have developed a certificate program for integrative nurse coaching believe that nurse coaches, with their leadership capacities, interactions with clients/patients, and other interprofessional collaborations, are leaders in the evolution of healthy people living in a healthy world (Dossey, n.d.).

The authors of a landmark study of corporate leaders' best describe the promise implicit in this emphasis on coaching within organizations. The study, conducted through the Center for Creative Leadership, focused on creating coaching cultures in organizations (Anderson, Frankovelia, & Hernez-Broome, 2009). In their Executive Summary the authors noted:

The surveyed leaders believed that seismic shifts in their organizations' performance are possible if coaching is ingrained in their culture. The leaders believe that a coaching culture increases focus on developing others and managing performance; increases sharing and utilization of knowledge; leads to more participative and transparent decision-making; and makes learning and development a top priority. (p. 3).

The program emphasis on coaching will prepare students to create coaching cultures that can pursue transformations in health care environments. In addition, Adjunct Faculty Clinical Practice

Coaches of the UST DNP program, trained in fundamental coaching concepts and competencies, become resources not only for DNP students but also for their own clinical agencies, bringing the coaching culture to their environments.

Two conceptual shifts are essential to the integration of coaching as a preferred organizational practice. The first focuses on the organization. While several comparisons are available to understand this shift, Table 1, adapted in part from Rouse (2008), provides a summary of the contrast between a traditional understanding of organizational structures and processes and that of complex adaptive systems. The final term in the table, heterarchy, may be unfamiliar and is most simply described as a formal structure, usually represented by a diagram of connected nodes, without any single permanent uppermost or dominant node, implicitly indicating the absence of a single leader.

Table 1. Comparison of Traditional Organizations and Complex Adaptive Systems

Comparison Factors	Traditional Organizations	Complex Adaptive Systems
Roles Assumed	Management	Leadership
Methods Used	Command and Control	Incentives and Emergence
Measurement Focus	Activities	Outcomes
Process Focus	Efficiency	Agility
Relationship Focus	Contractual	Personal Engagement
Network Structure	Hierarchy	Heterarchy

The second conceptual shift is based on a comparison between transactional leadership and transformational leadership. Once more, many comparison structures exist to understand this shift. Table 2, adapted from Surbhi (2015), and refined from a variety of sources, provides a summary of the contrast between these two understandings of leadership.

Table 2. Comparison of Transactional Leadership and Transformational Leadership

Comparison Factors	Transactional Leadership	Transformational Leadership
Meaning of Term	A leadership style that employs rewards and punishments to motivate followers.	A leadership style that employs modeling and motivation for love of the work to inspire followers.
Leader Emphasis	Leader lays emphasis on relations with followers as exchange for production	Leader lays emphasis on the values, ideals, morals and needs of the followers.
Core Essential Impetus	Reactive	Proactive
Congruent Setting	Settled Environment	Turbulent Environment
Congruent Purpose	Developing/refining the existing organizational culture	Changing the existing organizational culture
Fundamental Style	Bureaucratic	Inspirational
Number of Leaders	Only one	More than one

Table 2. Comparison of Transactional Leadership and Transformational Leadership

Comparison Factors	Transactional Leadership	Transformational Leadership
Focus	Planning and execution	Innovation
Organizational Boundary Management	Set and fixed, controlled, resistant to change	Fluctuating, open, responsive to disruptions and changes

As is apparent from content from Tables 1 and 2, the DNP program focuses on transformational processes in both the leadership and organizational dimensions, processes often unfamiliar in health care settings. Coaching as essential to both can be equally unfamiliar. Hence, UST has crafted a systematic initiative to provide coaching training that prepares Adjunct Faculty Clinical Practice Coaches to work creatively with the DNP students and that prepares the DNP students to become transformational leaders in nursing, health care and the larger community.

The first and primary audience for this training is the Adjunct Faculty Clinical Practice Coaches and our clinical partners who serve in leadership positions. They will then have the opportunity, in addition to coaching the DNP students, to bring coaching insights into their own organizations. Coaching competency as an organizational strength, however, calls for a more inclusive long-term plan for training. Such training might invite the inclusion of clinical partners not directly engaged in DNP student coaching, graduate students and interested faculty from both the PSON and the larger UST community, and in time, potentially, health care professionals in the Houston metropolitan area and the nation at large.

Coaching training will be provided at three levels of complexity and competency. A first level program would provide participants with a one-day survey introduction to coaching, focused primarily on the nature and utility of coaching and an understanding of the fundamental core competencies as identified by the International Coach Federation (n.d.). These 11 core competencies provide a content outline for this and all subsequent levels of training, and are listed below:

- A. Setting the Foundation
 1. Meeting Ethical Guidelines and Professional Standards
 2. Establishing the Coaching Agreement
- B. Co-creating the Relationship
 3. Establishing Trust and Intimacy with the Client
 4. Coaching Presence
- C. Communicating Effectively
 5. Active Listening
 6. Powerful Questioning
 7. Direct Communication
- D. Facilitating Learning and Results
 8. Creating Awareness

9. Designing Actions
10. Planning and Goal Setting
11. Managing Progress and Accountability

The second level of training provided by the SON would be a 2-3 day workshop focused on using coaching skills as a management style essential to transformational leadership in complex adaptive systems. This program would be of particular import to our Adjunct Faculty Clinical Practice Coaches who are working with DNP students, though not confined to this audience, and would emphasize the development of coaching skills. Skill practice would focus specifically on the objectives of the DNP program and the needs of the DNP students. It is anticipated that this workshop would serve to prepare Adjunct Faculty Clinical Practice Coaches for their role within the DNP program but also introduce valuable new competencies into the agencies of our clinical partners.

The experiences acquired in the first two levels of training would frame the creation of a certificate program that would be marketed to the regional and national nursing and health professional community. The intent of the SON in offering this program would be to make a contribution to the transformation of health care at a macro level through coaching skills as an essential engagement in complex adaptive systems. UST would position itself as a transformational nursing resource and engage our clinical partners and DNP students in the certificate program.

While the DNP program would enjoy substantive benefits from the coaching training programs, this training would move beyond the scope of the DNP program to provide the UST SON with a high visibility program offering that mirrors the school's commitment to transformational leadership and the transformation of health care. In this way it also provides an arena where UST PSON pursues its vision and mission and engages the UST community in this initiative.

The coaching policy in its entirety is in [Appendix L – DA.011 Coaching Policy](#).

SOURCES ON COACHING:

Anderson, M.C., Frankovelgia, C., & Hernez-Broome, G., (January, 2009). Creating coaching cultures: What business leaders expect and strategies to get there. A CCL Research White Paper, Center for Creative Leadership.

Dossey, B. (n.d.). *Theory of integrative nurse coaching*. Accessed March 22, 2016, at <http://www.dosseydossey.com/barbara/tinc.html>

Institute of Medicine. (2010). *The future of nursing: Leading change, advancing Health*. Washington, DC: National Academies Press. Retrieved March 5, 2014 from http://www.nap.edu/catalog.php?record_id=12956

International Coach Federation.(n.d.). *Definition of coaching and outline of core competencies*. Accessed March 4, 2016 at <https://coachfederation.org/files/FileDownloads/CoreCompetencies.pdf>

Rouse, W. B. (2008). Health care as a complex adaptive system: Implications for design and management. *National Academy of Engineering*, 38(1). Accessed March 9, 2016 at <https://www.nae.edu/Publications/Bridge/EngineeringandtheHealthCareDeliverySystem/HealthCareasaComplexAdaptiveSystemImplicationsforDesignandManagement.aspx>

Surbhi, S. (July 21, 2015). Difference between transactional and transformational leadership. Accessed March 8, 2016 at <http://keydifferences.com/difference-between-transactional-and-transformational-leadership.html>

POST GRADUATE PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER CERTIFICATE OPTIONS

The certificate options were created for post for students who have a master's degree in nursing or already certified as an APRN in another practice focus. These options have been designed to address the growing shortage of nurse practitioners who specialize in psychiatric mental health nursing and supports the increased importance placed on the profession within the US health care system. The PMHNP certificate options are practice-focused and designed to educate advanced practice nurses to provide direct psychiatric mental health care to individual patients; manage care for individuals, families, groups and populations across the lifespan. The Post-masters certificate is designed for nurses with a masters or doctoral degree in nursing who are not nurse practitioners but wish to be prepared in the Psychiatric/Mental Health specialty. Students in the Post-Masters' certificate program will complete 34 credits. The Post-APRN certificate is for nurses currently educated and recognized as nurse practitioners who wish to add recognition in the Psychiatric/Mental Health specialty. Students in the Post-APRN certificate program will complete 25 credits.

The psychiatric mental health nurse practitioner is uniquely prepared to provide holistic psychiatric mental health care and treatment for patients through collaboration with primary medical care providers. This program is based on the PSON vision, mission, holistic philosophy and framework that undergirds programs at all academic levels and guided development of the doctoral level curriculum, which is designed to prepare graduates for advanced roles to provide primary mental health care for individuals, groups and populations across the lifespan. The emphasis is on the development of capacity to provide holistic care. Certification option is **NOT** degree seeking. All policies or handbook content previous to this section are applicable to certification options unless otherwise specified in this certification option section.

SAMPLE OF PMHNP CERTIFICATE OPTION STUDY PLAN

A. FULL-TIME POST-MASTERS PMHNP CERTIFICATE SAMPLE PROGRAM OF STUDY

Fall		Spring		Summer		
Course	CH	Course	CH	Course	CH	
First Year						
NURS 5300 Advanced Pathophysiology	3	NURS 5310 Clinical Pharmacotherapeutics	3	NURS 5305 Advanced Health Assessment	3	
NURS 7222 Telehealth/Telepsychiatry/Telemental Health: Rural Health Service Delivery	2	NURS 7220 Clinical Psychopharmacology	2	NURS 7401 Transformational Nursing Leadership: Practicum Clinical Applications- Practicum I Adult/Older Adult Population)	4	
NURS 7113 NP Transformational Nursing Leadership: Clinical Applications Seminar (Focus- Roles and Contexts for Advanced Nursing)	1	NURS 7113 NP Transformational Nursing Leadership: Clinical Applications Seminar (Focus- Diagnostic Testing and Screening; Addictions)	1	NURS 7113 NP Transformational Nursing Leadership: Clinical Applications Seminar (Focus- Adult/Older Adult Population)	1	
		NURS 7218 NP Role Foundation: Nurse Practitioner Roles	2			
Total Fall Hours	6	Total Spring Hours	8	Total Summer Hours	8	
Second Year						
NURS 7402 Transformational Nursing Leadership: Clinical Applications- Practicum II	4	NURS 7403 Transformational Nursing Leadership: Clinical Applications- Practicum III Integrative Care	4			
NURS 7113 NP Transformational Nursing Leadership: Clinical Applications Seminar (Focus- Adolescents/ Children)	1	NURS 7113 NP Transformational Nursing Leadership: Clinical Applications Seminar (Focus- Ind., Family, & Group Psychotherapy)	1			
		NURS 7221 Neurobiology of Addictions: Advanced Practice Approach Addictions	2			
Total Fall Hours	5	Total Spring Hours	7			
					Program Total Credit Hours	34

B. FULL-TIME POST-APRN CERTIFICATE SAMPLE PROGRAM OF STUDY

Fall		Spring		Summer	
Course	CH	Course	CH	Course	CH
First Year					
NURS 7222 Telehealth/Telepsychiatry/Telemental Health: Rural Health Service Delivery	2	NURS 7220 Clinical Psychopharmacology	2	NURS 7401 Transformational Nursing Leadership: Practicum Clinical Applications- Practicum I Adult/Older Adult Population)	4
NURS 7113 NP Transformational Nursing Leadership: Clinical Applications Seminar (Focus- Roles and Contexts for Advanced Nursing)	1	NURS 7113 NP Transformational Nursing Leadership: Clinical Applications Seminar (Focus- Diagnostic Testing and Screening; Addictions)	1	NURS 7113 NP Transformational Nursing Leadership: Clinical Applications Seminar (Focus- Adult/Older Adult Population)	1
		NURS 7218 NP Role Foundation: Nurse Practitioner Roles	2		
Total Fall Hours	3	Total Spring Hours	5	Total Summer Hours	5
Second Year					
NURS 7402 Transformational Nursing Leadership: Clinical Applications- Practicum II Adolescents/Children	4	NURS 7403 Transformational Nursing Leadership: Clinical Applications- Practicum III Integrative Care	4		
NURS 7113 NP Transformational Nursing Leadership: Clinical Applications Seminar (Focus- Adolescents/ Children)	1	NURS 7113 NP Transformational Nursing Leadership: Clinical Applications Seminar (Focus-Ind., Family, & Group Psychotherapy)	1		
		NURS 7221 Neurobiology of Addictions: Advanced Practice Approach Addictions	2		
Total Fall Hours	5	Total Spring Hours	7		
				Program Total Credit Hours	25

POST GRADUATE PMHNP CERTIFICATE OPTIONS SPECIALTY COURSES

Students in the PMHNP (Post Master's and Post APRN) certificate options will complete ten PMHNP specialty courses developed to ensure the student meets the requirements of the NONPF Competencies (2017) and achieves the program outcomes. The psychiatric mental health "population foci." represents a group of patients who require specialized mental health treatment as developed and detailed in the Population-Focused Nurse Practitioner Competencies (2013).

NURS 5300

Advanced Pathophysiology* (3 Credits)

NURS 5305

Advanced Health Assessment* (3 Credits)

NURS 5310

Clinical Pharmacotherapeutics (3 Credits)

NURS 7220

Clinical Psychopharmacology (2 Credits)

NURS 7218

NP Role Foundation: Nurse Practitioner Roles (2 Credits)

NURS 7222

Telehealth/Telepsychiatry/Telemental Health: Rural Health Service Delivery (2 Credits).

NURS 7221

Neurobiology of Addictions: Advanced Practice Approach (2 Credits)

NURS 7401

PMHNP Practicum I: Psychiatric Mental Health Nurse Practitioner
Clinical Applications Practicum: Adult/Older Adults (4 Credits)

NURS 7402

PMHNP Practicum II: Psychiatric Mental Health Nurse Practitioner
Clinical Applications Practicum: Children/Family (4 Credits)

NURS 7403

PMHNP Practicum III: Psychiatric Mental Health Nurse Practitioner
Clinical Applications Practicum: Integrated care (4 Credits)

NURS 7317

Elective: Behavioral Neuroscience (3 Credits)

PMHNP Track Specialty Course Descriptions (refer to PMHNP Track Specialty Course Descriptions)

CURRICULUM PLANS FOR PART-TIME STUDY

Students, both post-Baccalaureate and post-Master's, can complete the DNP program of study on a part-time basis. Part-time status is initially negotiated with the Graduate Program Director and implemented by the student's academic advisor. Students meet with their academic advisors to create an individualized part-time plan of study. They continue to meet with their academic advisors, at least annually, to review the plan and make changes as needed or desired. The same requirements for DNP-PMHNP or the post graduate PMHNP students guide the decision process as the plan is created, implemented and modified.

CLINICAL PRACTICUM REQUIRED HOURS

DNP students with an appropriate earned graduate degree will meet the requirements for 1,000 hours by completing a number of clinical hours determined on an individual basis through a negotiation with the Graduate Program Director and the student's academic advisor at the time of admission to the program. Students will be required to provide documentation of valid prior clinical hours in these negotiations. These equivalency clinical credits are computed to determine the number of clinical hours to be earned in the DNP program.

The 1,000 clinical hours required of all DNP students, as articulated by the AACN, are designed to further student selected population specialization objectives, and include an end-of-program immersion experience collaboratively structured with clinical partners where the student synthesizes and expands learning acquired through course work and prior clinical engagement. From this immersion, the student derives a DNP Project responsive to the interests of all parties involved in the project. This DNP project incorporates all required program outcome competencies concurrently providing a demonstrable service to the clinical partner(s) involved in the project. The written report of this project describes an initiative demonstrating transformational nursing leadership through a culture of healing practices. Students are also responsible, with the assistance of their DNP Project Team, for dissemination of DNP Project outcomes.

All post-Baccalaureate prepared DNP students are required to complete 1,000 hours of clinical practicum experience. The total clinical hours in this DNP program, based on the formula of 1 credit = 45 hours, is 1,080, or 24 credits. Students may not transfer clinical credits in the DNP program. Equivalency clinical credits are recognized if documented by the post-Master's student and in negotiation with the Graduate Program Director and the academic advisor and with the advice of the Graduate Program Committee. For the DNP-PMHNP track, 500 hours of the 1,000 must be obtained within the PMHNP specialty.

Note: To satisfy the NTF (2022) practicum hour requirements, starting Fall 2025, 750 practicum hours will be required for the PMHNP track and certificate option.

For Post-Baccalaureate DNP students, 10 of their 24 required clinical practice credits are earned through the clinical practicum course, NURS 7014V, eight credits through clinical seminars integrating the practicum with the total curriculum, NURS 7113, and six are earned in selected core courses where the learning experience incorporates objectives focused on collaborative practice experiences with an Adjunct Faculty Clinical Practice Coach. These courses are NURS 7301, 7304, 7306, 7307, 7310, and 7211, all offered in the first six semesters of a full-time program of study.

For post-Master's DNP students, six (6) clinical credits are earned in the selected core courses not eligible for equivalency: NURS 7301, 7304, 7306, 7307, 7310 and 7211. In addition to the clinical credits earned in these core courses, additional clinical credits are earned in the clinical practicum course, NURS 7014V and the clinical seminar course, NURS 7113. As recommended by the AACN Report from the Task Force on the Implementation of the DNP (August, 2015), the UST DNP program will credit practice hours of post-Master's DNP students who hold a current national certification in an area of advanced practice nursing as defined in the AACN Essentials as long as this certification includes the requirement of a minimum of a graduate degree. This will be achieved through negotiation with the Graduate Program Director and the academic advisor on an individual basis.

In earning clinical credits within the program, students will provide detailed clinical documentation (i.e., clinical logs), indicating how they have earned their required clinical hours, through a formal entry in the form provided for this purpose. Activities that meet the clinical hours requirement are determined by negotiations with designated course faculty and the student's Adjunct Faculty Clinical Practice Coach who must approve all clinical experiences, the objectives to be met and the support personnel who may be involved in the experience. AACN guidelines are used to guide this negotiation.

The AACN *Report from the Task Force on the Implementation of the DNP* (August, 2015) provides useful guidance in clarifying the role DNP program practice experiences play in the students' program of study and this guidance can assist faculty and students in designing clinical practice experiences. The Task Force list includes the following:

- Systematic opportunities for feedback and reflection.
- In-depth work/mentorship with experts in nursing, as well as other disciplines.
- Opportunities for meaningful student engagement within practice environments.
- Opportunities for building and assimilating knowledge for advanced nursing practice at a high level of complexity.
- Opportunities for further application, synthesis, and expansion of learning.
- Experience in the context of advanced nursing practice within which the final DNP

Project is completed.

- Opportunities for integrating and synthesizing all of the AACN Essentials and role requirements necessary to demonstrate achievement of defined outcomes in an area of advanced nursing practice.

Practicum hours are designed to demonstrate synthesis of expanded competencies acquired within the DNP program of study and applied to real world health care leadership initiatives. They provide documentation of the students' achievement of program outcomes specific to advanced practice in nursing as articulated in the *AACN Essentials (2021)*. The practicum hours thus signify the capability of the student to meet the core competencies of the DNP degree as established by the AACN and articulated in the UST DNP program. The hours are either included in a portion of selected core courses or acquired through freestanding courses designed to meet specific measurable learning objectives. As noted above, one course credit is measured as 45 clinical hours, with the program requiring 1,080 clinical hours for program completion.

Practicum hours are not substantiated by the students' expertise in the healthcare system demonstrated prior to the DNP program nor by time spent working on classroom assignments other than those described above. By the time of graduation, competencies must be demonstrated and documented in all domains identified in the AACN Essentials and directly linked to the population specialization as designed by the student.

The DNP Practicum Policy in its entirety is in [Appendix I – DA.008: DNP Practicum Policy](#).

POPULATION SPECIALIZATION

The UST DNP or PMHNP Track graduate is prepared to specialize in practice at an aggregate, systems, policy or organizational level as described by the *AACN Essentials of Graduate Education for Advanced Nursing Practice (2021)*. In addition, the PMHNP Track are prepared to practice at a practice level as described by the National Organization of Nurse Practitioner Faculties (2017). This specialization is initiated during the application process where potential DNP students are asked to provide a 500-word narrative description of their population focus as part of their admissions requirements. This becomes the focus of their learning experiences, exploring transformational nursing leadership within a culture of healing practices.

The applicant's initial narrative provides the student with a point of departure that is integrated into all subsequent course work, where students' complete assignments as dimensions of their specialization focus, framed as transformational nursing leadership initiatives. During their first semester of study all students are required to identify specific clinical site(s) where they will complete their DNP required clinical hours and transformational nursing leadership course work.

With the assistance of the Graduate Program Director and the student's academic advisor, the student will negotiate a collaborative relationship with key leaders and stakeholders within the selected site(s) designed to provide focused, mutually beneficial initiatives that further a culture of healing practices. At the time of establishing this relationship with a selected clinical site, the student will also initiate a coaching relationship with a selected Adjunct Faculty Clinical Practice Coach.

These initiatives aim to respond to the needs of all parties. For students, it enables them to acquire several AACN Essentials or/and National Organization of Nurse Practitioner Faculties (2017). competencies, in particular:

- conducting comprehensive organizational, systems, and/or community assessments to identify aggregate health or system needs;
- working with diverse stakeholders for inter- or intra-organizational achievement of health-related organizational or public policy goals; and,
- designing patient-centered care delivery systems or policy level delivery models. For practice partners, the initiatives are crafted to ensure that they meet their specific identified organizational goals, optimizing their health care management outcomes and enhancing their culture of healing practices.

POPULATION SPECIALIZATION POLICIES AND PROCEDURES

All student applicants are required to submit their narrative description of their proposed population focus as an admission process component. These are evaluated by the members of the PSON Graduate Program Committee to determine the applicant's focus as having potential for actualization within the UST DNP program and degree of fit with the program objectives and the mission of the UST PSON. At this time the Graduate Program Committee also assesses the potential for working with clinical partners focusing on this population and the range of possible innovative and/or established clinical sites potentially available to the student.

Upon admission, during the first semester of matriculation, students are required to meet with their academic advisors to create a specialization plan. Students must prepare a statement of goals prior to this meeting that describes their specialization focus, including the competencies they wish to acquire to become transformational leaders who can create healing practices for this population.

Outcomes of this meeting include five components:

1. Identification of the clinical site of choice for population specialization and the existing relationships that may already exist with the site and its leadership, including the

identification of potential Adjunct Faculty Clinical Practice Coaches.

2. The available UST courses, beyond those required in the DNP core and the DNP-PMHNP Track curriculum that would meet the student's program of study to meet personal goals within their plan of specialization.
3. Preliminary identification of ways of incorporating the student's population focus into core curriculum requirements.
4. An individualized preliminary plan of study
5. A preliminary plan of collaborative negotiation with the identified clinical resource site(s) and Adjunct Faculty Clinical Practice Coach.

Academic advisors monitor the students' progression through their individualized plan of study, updating and modifying these as appropriate throughout their progression through the program. Academic advisors, working with students as their coaches, also create a plan of collaborative negotiation with the clinical site of choice that includes:

1. Discussion with the Graduate Program Director about the site's potential collaboration.
2. In collaboration with the Graduate Program Director, assessment of the potential relationship with the clinical site using the AACN-AONE Task Force on Academic-Practice Partnerships Guidelines to shape the process and the outcomes. (See [Appendix A - AACN-AONE Task Force on Academic-Practice Partnerships Guidelines](#) of this handbook)
3. Identification of the appropriate person to initiate the negotiation, which may be the academic advisor, or a colleague or administrator better positioned to do so.
4. Preparation of student for negotiation that includes both the population focus interest and solicitation from the selected site of preferences, potential obstacles, and integration of the student into organizational practices and policies.
5. Clarification of care improvement contributions that will be made to the clinical site because of the student's clinical work in the site.
6. Content to be created in a formal agreement between the clinical site and the UST SON designed to address and honor the commitments articulated in the AACN-AONE Task Force on Academic-Practice Partnerships Guidelines and the recommendations in the Institute of Medicine (2010) report, *The Future of Nursing: Leading Change, Advancing Health*.
7. Identification of the Adjunct Faculty Clinical Practice Coach best equipped to work with the student and the student's identified population focus.

A formal negotiation with the clinical site is conducted by parties identified above, including the identified UST PSON representative and the student. A mechanism is established with the clinical site enabling them to identify any emergent problems with the collaborative process and the identification of a contact person for addressing the concerns. This may be the academic advisor or some other key UST PSON person. If they are not directly involved in the individualized

mechanism processes, the Graduate Program Chair and the academic advisor will be kept apprised of any concerns that emerge.

Each semester during the student's involvement with the site, evaluative feedback from the student, the Adjunct Faculty Clinical Practice Coach and the appropriate clinical site representative will be required, initiated by the Graduate Program Director or designee. This will be achieved through a face-to-face process soliciting both positive outcomes and concerns about student progression. Planned modifications will be introduced as appropriate based on the information included in the evaluative feedback process.

ACADEMIC PROGRESSION

Blended learning is an educational approach that assesses and integrates the strengths of face-to-face, mobile, and online learning to address a course's educational goals. The use of multiple interactive learning environments outside the classroom makes interaction inside the classroom more effective and productive. DNP program, DNP-PMHNP Track and Post-Master's and Post-APRN certificate courses are primarily offered in a blended learning or completely online format. These formats incorporate teaching and learning activities using online and/or face-to-face methods of instruction. Blackboard (Bb), a web-based management system, houses the main components of the courses. Course content, assignments, due dates, and quizzes will be provided through Bb. Students will be expected to use email and/or Blackboard to respond to the course instructors and peers about assigned topics and to maintain clinical logs, develop their personal professional portfolios and make entries in their reflective journals during their progression through the program.

While maximizing the creative use of available technologies, the equally important role of interpersonal exchanges among faculty and students and among students themselves is integral to the program's emphasis on relationships, communication and collaboration. Students are part of a program cohort, and this cohort serves as an integral dimension of students' educational experiences and opportunities.

Students are therefore expected, at a minimum, to be on campus twice per semester and summer session during the first year of their program of study, and once during subsequent semesters and summer sessions of the years of the remaining part of their program of study. These on campus experiences provide face-to-face encounters that serve as a foundation for ongoing collaborative communication among students and faculty. Some courses are offered as short-term intensives during summer session to further cohort cohesion and to access the expertise of selected faculty for a focused contribution to the program.

New student orientation is held in the fall semester of the start of the students' first core courses. While admission may be awarded throughout the academic year, attendance with the students' admission cohort at orientation is mandatory; information crucial to success in the DNP program is presented.

The Graduate Program Director will assign each student an academic advisor on admission to the program. The academic advisor assists the students in all aspects of program matriculation and progression and provides coaching to ensure the student's successful progression. Additional coaching support for the student is provided by the Adjunct Faculty Clinical Practice Coach, a resource for the student discussed elsewhere in this handbook.

STUDENT PORTFOLIOS

All students in the DNP Transformational Leadership Track, and DNP-PMHNP Track, are expected to create a portfolio that summarizes and documents student achievements contributing to preparation for their final DNP Project. The portfolio serves as a record of the student's achievements reflective of the Essentials of Graduate Education for Advanced Nursing Practice (AACN Essentials, 2021) and program outcomes. The portfolios are distinctive and unique to each student.

The AACN Report from the Task Force on the Implementation of the DNP, (August, 2015, p. 1) provides an updated definition of advanced practice nursing which serves as the descriptor of work the student records in the portfolio: "Advanced nursing practice is any form of nursing intervention that influences healthcare outcomes for individuals or populations, including the provision of direct care or management of care for individual patients or management of care populations, and the provision of indirect care such as nursing administration, executive leadership, health policy, informatics, and population health."

CLINICAL DOCUMENTATION

All students in the DNP Transformational Leadership, and DNP-PMHNP Track, are expected to document clinical plans, outcome achievements, and a log of clinical activities. DNP students are expected to document clinical experiences in their Clinical Log. In addition to reporting hours, the student will provide a brief description of the experience, e.g., direct or in-direct clinical care/services, observations, interviews, participation in community events (local, state or national), and any learning opportunities involving clinical or inquiry application activities associated with aggregate, systems or population health.

Students are provided with templates for Clinical Seminar and Practicum courses to document objectives, planned activities, and outcome achievements. In core courses with integrated clinical components, clinical assignment completion incorporates documentation requirements. Students must document course faculty and Clinical Practice Coach engagement in reviewing and approving clinical experiences.

The content and details in the Clinical Log and other clinical documentation sources can provide students with a useful database for formulating their portfolios and thus serve as a record of professional development and learning. Clinical documentation also provides students with an educational experience in the design, refinement, evaluation and outcomes of recording clinical practice information.

REFLECTIVE JOURNALING

As noted in the UST/SON program framework, “Expansion of consciousness is an essential part of developing compassion and the capacity to facilitate healing.” To further this expansion, specifically as a transformational leader, reflective journaling is an integral component of the UST DNP program.

All students in the DNP Transformational Leadership, and DNP-PMHNP Track, are required to establish and maintain a reflective journal throughout the program to chronicle progress in self-awareness and expanded consciousness as a critical capacity in pursuit of transformational leadership competencies. Faculty will review and respond to journal entries in a structured process of feedback throughout the program of study.

STUDENT EMPLOYMENT

As is noted in the AACN Report from the Task Force on the Implementation of the DNP, “DNP students may be employed in settings or positions that appear to overlap with some of the outcomes delineated in the AACN Essentials. Other DNP students may have the opportunity to engage in learning experiences in an area or setting where they are employed. Practice experiences should have well defined learning objectives and provide experiences over and above the individual’s job responsibilities or activities. Also, the DNP student must have the opportunity to gain knowledge and skills beyond employment expectations and incorporate these into his/her nursing practice” (American Association of Colleges of Nursing [AACN], 2015, p. 9).

DIVERSITY AND INCLUSION

The PSON Doctor of Nursing Practice (DNP), and the Psychiatric Mental Health Nurse Practitioner (DNP-PMHNP Track, and Post Graduate PMHNP Certificate options has been designed to

implement a commitment to and integration of the pursuit of diversity and the practices of inclusion as a central dimension of the program and track. This commitment stems first from the mission of UST and the PSON, and is grounded fundamentally in the UST PSON community statement that we ...” are guided by the human capacities for compassion, justice, reflection, creativity, and moral choice”. It is thus first a moral choice, amplified by institutional values and commitments.

It is further amplified by the values and commitments of the profession of nursing. The American Academy of Nursing (2016) provides the most recent and useful descriptions of the concepts of diversity and inclusion as expressions of the profession’s support reflecting these values and commitments. Inclusivity refers to the active engagement of all voices within a given community. For the DNP Program, that would include the student cohorts, the core and support faculty and staff, the full SON and UST communities and our engaged clinical partners and patient populations. Diversity emphasizes all the ways in which people differ, including innate characteristics (e.g., age, race, gender, national origin, mental or physical abilities, gender identity and sexual orientation) and acquired characteristics (e.g., education, socioeconomic status, religion, work experience, language skills, cultural values, family status, work style, and intellectual perspectives). These descriptions clarify and focus the demonstration of inclusivity and diversity within the DNP Program and its policies and practices.

The national voice for Baccalaureate and higher degree nursing education programs is the American Association of Colleges of Nursing (AACN), which serves the public by assisting nurse educators in improving and advancing nursing education, research, and practice. As part of that mission, AACN has taken a clear position on diversity and inclusivity. This adds yet another dimension of conscious commitment to diversity and inclusivity, given added emphasis through the accreditation role of AACN.

The AACN has issued a public statement on this focus, and it thus further informs the UST DNP Program commitment. It is therefore included in the policy statements of the UST DNP program:

...”AACN recognizes that the population of the United States is rapidly becoming more diverse and will become more so into the 21st century. Because of this trend, diversity and inclusion have emerged as central issues for organizations and institutions. AACN believes that leadership in nursing can best respond to these issues by finding ways to accelerate the inclusion of groups, cultures, and ideas that traditionally have been underrepresented in higher education. Moreover, health care providers and the nursing profession should reflect and value the diversity of the populations and communities they serve.

The objective for schools of nursing is the creation of both an educational community and a professional practice environment that incorporate the diverse perspectives of the many constituencies whom they serve. Nursing programs must provide a supportive learning environment and curriculum in which students, staff, and faculty from all walks of life and from the entire spectrum of society are full participants in the educational process. AACN's commitment to equality of opportunity and diversity is not based solely on the realities of a changing society. As a voice for educators in Baccalaureate and higher-degree nursing programs, AACN believes that diversity and equality of opportunity are core values of all educational systems.

Diversity includes consideration of socioeconomic class, gender, age, religious belief, sexual orientation, and physical disabilities, as well as race and ethnicity. Diversity and equality of opportunity recognize that individuals learn from exposure to and interaction with others who have backgrounds and characteristics different from their own. Recognizing and valuing diversity and equal opportunity also means acknowledgment, appreciation, and support of different learning styles, ways of interaction, and stimulating forms of discourse derived from interaction and collaboration with persons from diverse backgrounds and experiences.

Promoting diversity facilitates equality of opportunity. In operationalizing diversity and equality of opportunity, AACN and the nursing profession must reexamine how educators assess qualifications and measure merit. As preparation for a holistic profession, the measure of excellence in nursing education and preparedness for practice must extend beyond quantitative data such as standardized test scores and grades. It should also assess the leadership, strengths, communication skills, different competencies, and prior experiences of individuals, as well as their capacities for future development.

Increasing diversity implies expanding the traditional pool of qualified applicants for the academic experience and employment by appropriately defining variables reflecting the value and worth of the human experience. It should require an admissions and employment process that fully encompasses the principles of equal opportunity. Qualified applicants should represent the cultural, racial, ethnic, economic, gender, and social diversity of the broader population. The goal is to create a community of culturally competent scholars, including faculty, students, staff, and practitioners, with the appreciation of a world view of interconnectivity and community.

The responsibility of AACN is to use diversity as a strategy to facilitate the education of future professionals by infusing mutual respect and trust into the learning experience. The challenge to AACN is to prepare for the 21st century by establishing a community of learning that recognizes the richness of diversity. As we embark upon this challenge, we must be guided by wisdom, compassion, and understanding.”

This statement offers professional specificity to the UST DNP Program commitment and embeds it in the educational and professional values of the program. A final impetus to diversity and

inclusivity is the emerging science of creativity that demonstrates the impact of diversity and difference on human acts of innovation and creativity. More specifically, difference and diversity are an essential initial component of human inventiveness, the discovery of new relationships in the juxtaposition of things that differ and create contrast. Human awareness of difference evokes new perspectives and is a precursor to change. Thus, what is first a moral choice, then an institutional and professional commitment, is also one grounded in the human commitment to innovation and creative imagination and the emergent sciences that validate this potential.

ACADEMIC-SERVICE PARTNERSHIPS

The PSON graduate programs (DNP program, PMHNP track, and PMHNP Certificate Options) was structured so that the required clinical practicum component of the curriculum ensures a collaborative partnership between UST faculty and our health care service partners. Core courses introduce students to a new faculty role, the Adjunct Faculty Clinical Practice Coach. This faculty member will coach students, in individual or group sessions, in the design and evaluation of the application of course content to student-identified population health phenomena of concern and appropriate responsive healing environments within the diverse arenas of health care and related nonmedical sectors.

The formal relationships between the UST PSON and its service partners are shaped by the Guiding Principles adopted through the collaborative task force of the American Association of Colleges of Nursing and the American Organization of Nurse Executives ([Appendix A - AACN-AONE Task Force on Academic-Practice Partnerships Guidelines](#)). This Guiding Principles document is included in this handbook for easy reference and to facilitate integration of these principles in student practices.

PMHNP PRECEPTORS AND CLINICAL SITE POLICY

The University of St. Thomas, Peavy School of Nursing is committed to quality graduate nursing education. As such, supervision, and observation of the psychiatric- mental health nurse practitioner (PMHNP) student's clinical performance with clinical partner agencies and patients is essential. In order to support the partnership between the student, faculty, school, preceptor, and site for the clinical immersion experience, a policy has been developed for use by all parties involved. Students in the PMHNP-DNP track or the post graduate PMHNP certificate option must complete their clinical under the supervision of qualified and experienced preceptors (NP, physician's assistant, or a physician) with clinical practice skills in the role for which students are preparing. The preceptor must possess the specialty skills and knowledge in psychiatric mental health care delivery to supervise students in the development of skills and clinical judgement. Clinical sites are evaluated to ensure adequate facilities, preceptors, and appropriate patient population for the students learning needs. (Refer to [Appendix J – DA.009: PMHNP Practicum Policy](#) and [Appendix K – DA.010: PMHNP Clinical Site Policy](#) in this handbook).

DNP-PMHNP TRACK PROJECT POLICY

The DNP Project Policy in its entirety is in [Appendix H – DA.007: DNP Project Policy](#) of this handbook. This policy is available online on Blackboard and includes information on the DNP Project Team, Clinical Grounding of DNP Project, Project Progression Through Coaching, Project Approval Processes, Dissemination of DNP Project Outcomes, and Process Guidelines.

DNP PROJECT POLICY

The UST Doctor of Nursing Practice is designed to be responsive to and collaboratively integrated into the Houston metropolitan health care community, expanding the PSON's clinical partnerships established in the baccalaureate program. The DNP curriculum focuses on the essentials of advanced nursing practice at an aggregate, systems, or organizational level emphasizing nursing's national commitment to transformational leadership. It is designed to ensure multiple experiences of the practice/education and Interprofessional collaboration and integration essential to achieving the IOM Future of Nursing Report recommendations (IOM, 2010), as well as the recommendations from the Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity (2021). Students work with an identified patient population throughout the program, culminating in a formal supervised DNP Project.

In order to create the conditions for transformational leadership, expansion of consciousness and self-awareness are recognized as essential components of ethical healing relationships. This is emphasized in the curriculum to give students an opportunity to craft a personal narrative about these expanding capacities as a dimension of transformational nursing leadership that pursues

social justice for patient populations. Students have an opportunity to identify and explore the potential ethical challenges implicit in the planning and implementation of their DNP Projects and design potential responses to these challenges. One of the final requirements to earn the DNP degree from UST is the completion of a DNP Project demonstrating competencies attained through completion of program learning experiences.

The culmination of the DNP Program is the student's successful completion of the DNP Project, where the student integrates and synthesizes the program's educational experiences through a clinical scholarship enterprise. The intent of the DNP Project is to improve nursing practices that result in improved health care outcomes for patients and their families. Students work collaboratively with UST clinical partners to address clinical problems or health concerns of a specified population of patients. This initiative incorporates the context of the patients and families, including central DNP program themes of transformational leadership, diversity and inclusion, complex adaptive systems, relationship-based healing practices and nursing theory as the organizing principle and source of coherence of nursing practice.

The AACN Essentials (*Essentials of Graduate Education for Advanced Nursing Practice, 2021, p. 3*), state that "rather than a knowledge-generating research effort, the student in a practice-focused program generally carries out a practice application-oriented final DNP Project." The focus is thus not so much on generalizable knowledge as on enhanced outcomes in health care, emphasizing the translation of new science, its application and evaluation. As the AACN Report from the Task Force on the Implementation of the DNP (August, 2015, p. 2) noted, "generalizable, practice-focused graduates are prepared to generate new knowledge through innovation of practice change, the translation of evidence, and the implementation of quality improvement processes in specific practice settings, systems, or with specific populations to improve health or health outcomes."

The AACN Essentials documents present the need for a final scholarly project that demonstrates clinical scholarship. Thus, all students must complete a DNP Project. The AACN *Report from the Task Force on the Implementation of the DNP* (August, 2015, p. 4) has indicated that all DNP Projects should:

- a. Focus on a change that impacts healthcare outcomes either through direct or indirect care.
- b. Have a systems (micro-, meso-, or macro- level) or population/aggregate focus.
- c. Demonstrate implementation in the appropriate arena or area of practice.
- d. Include a plan for sustainability (e.g. financial, systems or political realities, not only theoretical abstractions).
- e. Include an evaluation of processes and/or outcomes (formative or summative). DNP

Projects should be designed so that processes and/or outcomes will be evaluated to guide practice and policy. Clinical significance is as important in guiding practice as statistical significance is in evaluating research.

- f. Provide a foundation for future practice scholarship.

These directives provide guidance to the student and faculty in the preparation for and in meeting of objectives of a DNP Project.

While the guidance, direction and evaluation of a DNP Project is the responsibility of the faculty, the evaluation process includes a review which may incorporate the assessments of academics, stakeholders and/or peers. All students have a DNP Project Team to oversee their final product. As noted in the AACN Report from the Task Force on the Implementation of the DNP (August, 2015), the DNP Project team should, in addition to the student, consist of a PSON doctoral prepared faculty member and a practice mentor who may be from outside the university. In most cases, for most students, this practice mentor will be the student's Adjunct Faculty Clinical Practice Coach. A third member may be selected from either the PSON faculty or UST faculty with expertise related to the student's population emphasis if this enhances the educational experience and outcomes for the student.

Students are encouraged to begin to identify potential members of the Project Team early in their matriculation. The PSON faculty member will lead the Project Team and have accountability for managing the evaluation of the student's DNP Project. All team members are involved in DNP student's dissemination of the DNP Project outcomes.

The DNP Project Policy in its entirety is in [Appendix H – DA.007: DNP Project Policy](#) of this 2021-2022 handbook. This policy is available online on Blackboard and include information on the DNP Project Team, Clinical Grounding of DNP Project, Project Progression Through Coaching, Project Approval Processes, Dissemination of DNP Project Outcomes, and Process Guidelines.

ACADEMIC RETENTION POLICY

The UST-PSON Graduate Student Academic Retention Policy is as described in [Appendix N – GA.002 Graduate Student Academic Retention Policy](#) of this handbook and on Blackboard. This policy establishes criteria and processes to facilitate students maintaining prescribed academic standards during their time in the program. This sets the expectation that remedial measures will be initiated when a student fails to achieve or maintain a test grade of B- (80-83) or above on any nursing course test.

The following guidelines are used to determine student academic status and responsive action:

1. Graduate students are expected to maintain a cumulative GPA of 3.0 to progress in their plans of study.
2. A student who receives less than a B- (<80) in any course specified in his/her plan of study must repeat the course to meet the standard for progression. If successful in meeting the academic standards on the second attempt, the student is eligible to progress in his/her plan of study.
3. Course Coordinators are expected to refer students who receive a grade below a "B-" (<80) in any assignment or exam to the Manager of the Graduate Nursing Student Success Center (GNSSC). The Manager will initiate the student into the Academic Retention Program and develop a plan of action appropriate to the student's need.
4. A student who is unsuccessful at achieving a "B-" on the second attempt in a nursing course will be dismissed from the program.
5. A student who receives a grade less than a "B-" (<80) in two nursing courses will be dismissed from the program. Students wishing to appeal their academic status must follow the appeals process provided in the graduate handbook.

Students wishing to appeal their academic status must follow the appeals process provided in the graduate handbook.

GRADING POLICY

The UST/PSON grading policy is as described in the UST Graduate Catalog. As noted there "Graduate students must maintain a cumulative GPA of 3.00 or better in their course work at UST. Students who have completed nine UST semester credit hours and whose cumulative GPA falls below 3.00 will be placed on academic probation." In the GPA computation will include the letter grade earned in clinical practicum courses or clinical practice components of courses and thus influence the student's overall GPA throughout the program of study.

UNIVERSITY ACADEMIC POLICIES

UST provides comprehensive information on Academic Policies that apply to all graduate students, and thus to the DNP Program students. These are available online in the UST Graduate Catalog and include policies on the topics listed below.

- Student Complaints
- Academic Integrity Policy
- Academic Warning

- Academic Probation
- Academic Dismissal
- Repeating Courses
- Incomplete Grade Policy
- Adding, Dropping and Changing Classes
- Withdrawal (Including Medical Withdrawal)
- Absences from Final Exams
- Auditing Classes
- Academic Record Changes
- Student Access to Records

Students are advised to access this information as needed during their progression through the program. The Graduate Program Director provides direction and guidance to the student in the implementation of these policies within the Program.

INCOMPLETE GRADING POLICY

A grade of Incomplete (“I”) may be given at the discretion of the instructor to students who are making satisfactory progress in a course but will not be able to complete course requirements by the end of the term. Incompletes are typically given for emergency situations which prevent the student from completing course requirements.

The University of St. Thomas maintains a policy in regard to petitioning for an Incomplete grade (“I”). The complete policy is available to all students online. Policies regarding probation and dismissal are also accessible in the graduate catalog. The process for management of probation is described below. The PSON allows students to formally appeal dismissals by submitting the Academic Dismissal Appeal Form with supporting documents to the Graduate Program Director. The Appeal will be reviewed by the Graduate Program Committee.

TRANSFER OF CREDIT AND EQUIVALENCY POLICIES

The University of St. Thomas will accept up to six (6) graduate credit hours transferred from accredited universities toward a graduate degree in the DNP program, provided that the grade in each course is “B” or higher. Transfer courses must be equivalent in content and credit hours to the University’s listed curriculum offerings or show a unique fit with the student’s self-designed plan of study.

New students must submit a petition form for transfer credit, based on the transcripts they submitted as a part of the admissions process. A decision on transfer credit toward a degree for a new student cannot be made until after the transcript has been evaluated and a degree plan made. DNP students with an earned Master’s degree in nursing will be evaluated on an individual basis to determine appropriate equivalency courses for required DNP courses and the appropriate

equivalency credits to be included in the student's credit allocation. Equivalency credits are distinct from transfer credits. The former are identified upon matriculation and acknowledge a student's prior educational experiences that are equivalent to specific portions of the DNP program. The latter are courses taken in another university that contribute to the student's program of study and are not of necessity in any way equivalent to portions of the DNP required curriculum.

A student who is currently enrolled in the UST DNP and wishes to enroll in a class at another university for transfer credit must first submit a petition form to the Graduate Program Director for approval. Approval of transfer credit for the non-UST course must be obtained before enrolling in the non-UST course.

The University may exempt a student from certain core courses with recognition of equivalency in order to avoid duplication of content and to permit the student to broaden his or her educational background by taking an alternative course. Such course exemptions are considered on the basis of an appropriate group of closely related college level courses completed with a grade of "B" or higher. If a student is exempted from a course or if courses are accepted in transfer, it will be noted on the student's plan of study as Substitution (S) or Transfer (T), respectively. Post-Master's students must, as a UST requirement, complete 42 UST credits in the DNP Leadership track, and 52 credits for the DNP-PMHNP track. Hence a combination of transfer and substitution credits designated as program requirement credits cannot exceed 30 credits to meet the 72 credits required for program completion for both leadership and DNP-PMHNP tracks.

The transfer of credits of graduate courses policy and equivalency credits for prior graduate courses policy is their entirety in [Appendix D - DA.003: DNP and PMHNP Transfer Credit of Graduate Courses from Other Institutions](#), [Appendix C - DA.002: Equivalency Credits for DNP and PMHNP Students' Prior Clinical Courses Policy](#) and [Appendix E - DA.004: Equivalency Credits for DNP and PMHNP Students' Prior Graduate Courses from Other Institutions](#) respectively.

ACADEMIC PROBATION

The Registrar will notify the student's academic advisor that the student is on probation. A probation hold will be placed on the student's myStThom account that will be released by the advisor. The advisor will meet with the student and develop a learning contract for the student to remediate the deficient academic performance. Students on academic probation, in order to address deficiencies, may be required to carry a restricted course load and/or repeat courses as well as perform other activities prescribed by the advisor or Graduate Program Director. Students unwilling to accept the conditions of their probation will be dismissed. The academic advisor will

make recommendations to the Graduate Program Director or the Registrar concerning the student's compliance with the learning contract and the need for dismissal. As noted above, the student can formally appeal a dismissal by submitting the Academic Dismissal Appeal Form with supporting documents to the Graduate Program Director. The Appeal will be reviewed by the Graduate Program Committee.

FACILITIES/SERVICES

A. PHYSICAL RESOURCES

The Center of Science and Health Profession (CSHP) building, completed in April of 2017, is a 103,000-square-foot structure that houses the PSON. The building includes state-of-the-art interactive classrooms. Two interactive classrooms in the Center of Science and Health Profession have been designated for exclusive use by graduate nursing students. Graduate students have shared access to all other classrooms and facilities in the CSHP. The space features a Grand Atrium; Student Commons areas located on each floor with table seating, coffee bar, and Wi-Fi access; student seminar rooms; state-of-the-art classrooms; and discipline-specific teaching and research laboratories for Nursing.

Academic Support Services are sufficient to ensure quality and are evaluated on a regular basis to meet program and student needs.

B. LIBRARY SUPPORT

Graduate nursing students have access to library services through three sources: UST Doherty Library, Texas Medical Center Library, and online library services provided by most affiliated clinical agencies. The Doherty library has sufficient content resources to support student achievement of graduate nursing program outcomes. As a result of a needs assessment, additional graduate level research sources were added to the Nursing databases at UST Doherty Library. An online guide for nursing provides information and links to databases, e-resources, reference sources, tutorials, etc. Library instruction is available onsite in the library classroom, campus classrooms, weekend workshops, and evening sessions on satellite campuses. Since UST is a member of the Texas Medical Center consortium, students and faculty have access to the Texas Medical Center Library which has extensive nursing, medical and healthcare sources and is located less than two miles from UST campus. Most affiliate clinical agencies provide access to online library resources for staff and students. All graduate nursing students have access to clinical site online library resources which make it possible for these students to access point of service references while engaged at clinical agencies.

C. RESEARCH SUPPORT

Both UST Doherty and Texas Medical Center employ research librarians who are prepared to assist health professionals in determining search strategies, conducting comprehensive searches and accessing difficulty to find references. PSON faculty with expertise in nursing research as well as UST graduate faculty in business administration, education, psychology, and humanities are available to consult with graduate nursing students on projects. The Office of Research, Grant and Research Development (OGRD) is available to assist nursing faculty and graduate students who wish to secure extramural support for their scholarly, research, teaching, and community service activities.

D. TECHNOLOGY AND ONLINE EDUCATION SUPPORT

The PSON uses hybrid and online education strategies efficiently with strong in-person and virtual support. These strategies include, but are not limited to, state-of-the art network access, internet access (with sufficient computers/media stations and easy access to digital assets for student learning). Additional resources include videoconferencing ready classrooms, online interactive teaching as well as learning support for students and training for faculty.

ESSENTIAL COMMUNICATION RESOURCES FOR STUDENTS

Communication in the DNP program is facilitated through existing technological resources available to the student. These are essential to engaging in the program and establishing and maintaining progression through the program.

A. COMPUTER/INTERNET ACCESS

Registration, checking grades, account balances/payment, and accessing Blackboard will require the use of a computer equipped with Internet access. If you do not own a computer, you may use the computers located in Doherty Library to access UST via the internet. Computers in the Doherty Library are for accessing databases and the Internet; they do not contain software programs for use in writing papers for course work. Both the computer lab and the writing lab on the UST Main Campus are available to students. Administrative communications are distributed via your UST e-mail and MyStThom accounts. Therefore, before you get access to any of these tools you must sign up online. There is no fee, but you must set up an account.

B. MYSTTHOM ACCOUNT SET-UP

All DNP students will have a *MyStThom* account serving as the hub of communication for their engagement in the DNP program. Setting up the account will establish this engagement and is explained below.

1. You must have your student ID number generated by the Registrar. Without this number, you cannot proceed to step two.
2. Go to www.stthom.edu.
3. Click on MyStThom (UST Portal) which is found under “More Services” on the home page. The myStThom page has information Blackboard, Webmail, and Outlook Web Mail.
4. Click on “Activate Celt Login ID.”
5. Follow the steps to set up your account. Write down your Password and your username/ID because these will work for myStThom, Webmail, Blackboard and the Library database. To maximize security, you will be asked to change your Password regularly.
6. After successfully creating your account, click on myStThom and it takes you back to the login page where you will enter your username and password.
7. When the next page appears, look for the “Enterprise Menu” and click on “Student Self Service”
8. Your student center will be the next screen. The student center is where you register for classes, check your semester grades, pay tuition, etc.

As all official administrative communications with you will be done through your UST e- mail address you must check your e-mail regularly so that you stay informed and you do not overload the system with unread email.

C. ACCESSING BLACKBOARD

All DNP faculty and staff at the PSON make use of Blackboard, a software package maintained by the University of St. Thomas which allows for the posting of class notes, quizzes, exam grades, etc. In addition to needing access to Webmail and MyStThom accounts, students will also need access to Blackboard. This is done by accessing the <http://www.stthom.edu> main site, clicking on “Login” on the top right, and selecting “Blackboard.” If you have received your MyStThom account as well as your Webmail information, your login information should be the same. If you cannot get into Blackboard, check with your instructor first to make sure that you have been registered in the class. If you still cannot get in after your instructor has assured you that you are indeed registered, you need to contact the Help Desk.

Phone: 713-525-6900

Email: ithelpdesk@stthom.edu

HANDBOOK DOCUMENT SOURCES

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APPENDICES

Appendix A	AACN-AONE TASK FORCE ON ACADEMIC-PRACTICE PARTNERSHIPS GUIDELINES
Appendix B	DA.001: DNP & PMHNP STUDENT ADMISSION, PROGRESSION, and GRADUATION POLICY
Appendix C	DA.002: EQUIVALENCY CREDITS FOR DNP AND PMHNP STUDENTS' PRIOR CLINICAL COURSES POLICY
Appendix D	DA.003: DNP AND PMHNP TRANSFER CREDIT OF GRADUATE COURSES FROM OTHER INSTITUTIONS POLICY
Appendix E	DA.004: EQUIVALENCY CREDITS FOR DNP AND PMHNP STUDENTS' PRIOR GRADUATE COURSES FROM OTHER INSTITUTIONS POLICY
Appendix F	DA.005: DNP ELECTIVE COURSES POLICY
Appendix G	DA.006: DNP PROGRAM/PMHNP TRACK INDEPENDENT STUDY POLICY
Appendix H	DA.007: DNP PROJECT POLICY
Appendix I	DA.008: DNP PRACTICUM POLICY
Appendix J	DA.009: PMHNP PRACTICUM POLICY
Appendix K	DA.010: PMHNP CLINICAL SITE POLICY
Appendix L	DA.011: COACHING POLICY
Appendix M	GA.001: CROSS-LISTED COURSES POLICY FOR GRADUATE NURSING PROGRAMS POLICY
Appendix N	GA.002 GRADUATE STUDENT ACADEMIC RETENTION POLICY



The recent passage of the Affordable Care Act (ACA) has created the greatest change in the American healthcare system since 1965. The goal of the ACA is to improve the health of the population through expanded coverage, controlled healthcare costs and improved healthcare delivery systems. Donna Shalala, PhD, Chair of the RWJ/IOM Future of Nursing Committee emphasized that “transforming the nursing profession is a crucial element to achieving the nation’s vision of an effective, affordable healthcare system that is accessible and responsive to all”.

Academic/Practice Partnerships are an important mechanism to strengthen nursing practice and help nurses become well positioned to lead change and advance health.

Through implementing such partnerships, both academic institutions and practice settings will formally address the recommendations of the Future of Nursing Committee. Effective partnerships will create systems for nurses to achieve educational and career advancement, prepare nurses of the future to practice and lead, provide mechanisms for lifelong learning, and provide a structure for nurse residency programs.

According to the Task Force, an academic-practice partnership is a mechanism for advancing nursing practice to improve the health of the public. Such intentional and formalized relationships are based on mutual goals, respect, and shared knowledge. An academic-practice partnership is developed between a nursing education program and a care setting. Such relationships are defined broadly and may include partnerships within nursing, and other professions, corporations, government entities, and foundations. Key principles guiding such relationships include the following:

1. Collaborative relationships between academia and practice are established and sustained through:
 - ❖ Formal relationships established at the senior leadership level and practiced at multiple levels throughout the organization
 - ❖ Shared vision and expectations that are clearly articulated
 - ❖ Mutual goals with set evaluation periods
2. Mutual respect and trust are the cornerstones of the practice/academia relationship and include:
 - ❖ Shared conflict engagement competencies
 - ❖ Joint accountability and recognition for contributions

- ❖ Frequent and meaningful engagement
 - ❖ Mutual investment and commitment
 - ❖ Transparency
3. Knowledge is shared among partners through mechanisms such as:
 - ❖ Commitment to lifelong learning
 - ❖ Shared knowledge of current best practices
 - ❖ Shared knowledge management systems
 - ❖ Joint preparation for national certification, accreditation, and regulatory reviews
 - ❖ Interprofessional education
 - ❖ Joint research
 - ❖ Joint committee appointments
 - ❖ Joint development of competencies
 4. A commitment is shared by partners to maximize the potential of each registered nurse to reach the highest level within his/her individual scope of practice including:
 - ❖ Culture of trust and respect
 - ❖ Shared responsibility to prepare and enable nurses to lead change and advance health
 - ❖ Shared governance that fosters innovation and advanced problem solving
 - ❖ Shared decision making
 - ❖ Consideration and evaluation of shared opportunities
 - ❖ Participation on regional and national committees to develop policy and strategies for implementation
 - ❖ Joint meetings between regional/national constituents of AONE and AACN
 5. A commitment is shared by partners to work together to determine an evidence based transition program for students and new graduates that is both sustainable and cost-effective via:
 - ❖ Collaborative development, implementation, and evaluation of residency programs
 - ❖ Leveraging competencies from practice to education and vice versa
 - ❖ Mutual/shared commitment to lifelong learning for self and others
 6. A commitment is shared by partners to develop, implement, and evaluate organizational processes and structures that support and recognize academic or educational achievements:
 - ❖ Lifelong learning for all levels of nursing, certification, and continuing education
 - ❖ Seamless academic progression
 - ❖ Joint funding and in-kind resources for all nurses to achieve a higher level of learning
 - ❖ Joint faculty appointments between academic and clinical institutions
 - ❖ Support for increasing diversity in the workforce at the staff and faculty levels
 - ❖ Support for achieving an 80% baccalaureate prepared RN workforce and for doubling the number of nurses with doctoral degrees
 7. A commitment is shared by partners to support opportunities for nurses to lead and develop collaborative models that redesign practice environments to improve health outcomes, including:
 - ❖ Joint interprofessional leadership development programs

- ❖ Joint funding to design, implement, and sustain innovative patient- centered delivery systems
 - ❖ Collaborative engagement to examine and mitigate non-value added practice complexity
 - ❖ Seamless transition from the classroom to the bedside
 - ❖ Joint mentoring programs/opportunities
8. A commitment is shared by partners to establish infrastructures to collect and analyze data on the current and future needs of the RN workforce via:
- ❖ Identification of useful workforce data
 - ❖ Joint collection and analysis of workforce and education data
 - ❖ Joint business case development
 - ❖ Assurance of transparency of data

The Institute of Medicine (2010) report, *The Future of Nursing: Leading Change, Advancing Health* frames these guiding principles and serves as a platform for all strategies to build and sustain academic-practice partnerships.

Section:	Peavy School of Nursing Policies	Effective: April 24, 2018
Policy #: DA.001	DNP Program, PMHNP Track, and PMHNP Certificate Option Student Admission, Progression and Graduation Policy	Revised: March 23, 2023



Policy Title: DNP Program, PMHNP Track, and PMHNP Certificate Option Student Admission, Progression and Graduation Policy

Audience	This policy applies to the UST Peavy School of DNP Program, PMHNP Track, and PMHNP Certificate Option faculty, staff and applicants.
Purpose	The purpose of the Peavy School of Nursing (PSON) DNP Program, PMHNP Track, and PMHNP Certificate Option Student Admission policy is to establish criteria and processes to ensure that students are selected in accord with program standards using a systematic application review and selection process.
Standard Criteria for Admission to DNP Program, including the Psychiatric Mental Health Nurse Practitioner (PMHNP) and Leadership Tracks (Degree-seeking)	<ol style="list-style-type: none"> 1. Applicant has demonstrated potential to successfully perform at a graduate level and holds an earned bachelor's or higher academic degree in nursing. Key indicators will include: <ol style="list-style-type: none"> a. A bachelor's or master's nursing degree from an accredited program b. Evidence applicant has a 3.0 or higher cumulative GPA c. Acceptable performance on GRE or GMAT (optional) d. Other evidence-based or scholarly achievements associated with professional role (optional) 2. Applicant's professional goals are aligned with the program focus and outcome expectations. Key indicators will include: <ol style="list-style-type: none"> a. 500-word essay describing personal reasons for seeking enrollment in this program of study and identifying a potential population specialization focus that you select to guide progress through the program of study 3. Applicant meets the requirements to practice nursing in Texas. Key indicator will include: <ol style="list-style-type: none"> a. United States citizenship or legal residence b. Holds or eligible to hold an unencumbered, valid Texas RN license OR proof of unencumbered RN licensure to practice in the United States 4. Applicant has met professional practice standards and demonstrated leadership potential as a practicing nurse. Key indicators will include: <ol style="list-style-type: none"> a. Documented employment as a practicing nurse for a minimum of one (1) year b. Three (3) official letters of recommendation c. A current resume or CV identifying prior work experiences d. Other recognition of practice achievements (optional)

Section:	Peavy School of Nursing Policies	Effective: April 24, 2018
Policy #: DA.001	DNP Program, PMHNP Track, and PMHNP Certificate Option Student Admission, Progression and Graduation Policy	Revised: March 23, 2023

<p>Standard Criteria for Admission to Psychiatric Mental Health Nurse Practitioner (PMHNP) Certificate Option (Post-Master's and Post-APRN) (Non-degree seeking)</p>	<ol style="list-style-type: none"> 1. Applicant has demonstrated potential to successfully perform at a graduate level and holds an earned bachelor's or higher academic degree in nursing. Key indicators will include: <ol style="list-style-type: none"> a. A master's nursing degree from an accredited program b. Transcript from the program from which applicant received highest nursing degree c. Evidence applicant has a 3.0 or higher cumulative GPA d. Acceptable performance on GRE or GMAT (optional) e. Other evidence-based or scholarly achievements associated with professional role (optional) 2. Applicant's professional goals are aligned with the program focus and outcome expectations. Key indicators will include: <ol style="list-style-type: none"> a. 500-word personal statement describing professional goals 3. Applicant meets the requirements to practice nursing in Texas. Key indicator will include: <ol style="list-style-type: none"> a. Post-Master's PMHNP Certificate Program (Non-degree seeking): Proof of unencumbered Texas RN licensure (if practicing in the state of Texas) or proof of unencumbered RN licensure to practice in the United States OPTIONAL Material: Submit copies of past certifications received b. Post-APRN PMHNP Certificate Program (Non-degree seeking): Proof of unencumbered Texas RN licensure (if practicing in the state of Texas), and APRN certification and licensure recognition OR proof of unencumbered RN licensure to practice in the United States and APRN certification and licensure recognition 4. Applicant has met professional practice standards and demonstrated leadership potential as a practicing nurse. Key indicators will include: <ol style="list-style-type: none"> a. Documented employment as a practicing nurse for a minimum of one (1) year (preferred but not required) b. A current resume OR CV identifying prior work experiences c. Post-APRN PMHNP applicants must also provide copies of past certifications received in specialty area
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Section: Policy #: DA.001	Peavy School of Nursing Policies DNP Program, PMHNP Track, and PMHNP Certificate Option Student Admission, Progression and Graduation Policy	Effective: April 24, 2018 Revised: March 23, 2023
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<p>Designation of Admission Status</p>	<p>Fully Admitted: The student meets or exceeds all required admissions criteria and, therefore, is fully admitted to the program without any conditions.</p> <p>Conditionally Admitted: If the applicant does not meet one or more of the admission criteria, but overall evidence indicates potential for success as graduate student he/she may be conditionally admitted with stipulations to achieve full admission.</p> <p>Admission Denied: Based on assessment of the applicant, the admission committee has determined the applicant does not meet the criteria for admission or readiness for completion of program requirements.</p>
<p>Admission Process to DNP Program, including the Psychiatric Mental Health Nurse Practitioner (PMHNP) and Leadership Tracks</p>	<ol style="list-style-type: none"> 1. Application Process: <ol style="list-style-type: none"> a. Applicant submits application and meets all admission submission requirements. b. Applicants are required to submit a complete application. c. Official or unofficial transcripts submitted. 2. Process timeframe: <ol style="list-style-type: none"> a. Nursing Admissions will review submitted application to determine completeness and request any additional required materials from applicants. b. The applicant will be contacted for an interview once the application is completed and all application materials are received. c. Completed applicants will receive a status update from the Nursing Admissions team within one to two business days. The Nursing Admissions team will continue to update the applicant through the admission review process. 3. Decision and Notification: <p>The PSON Graduate Program Committee will review candidates for admission and determine final admission status and any relevant stipulations.</p> <p>Nursing Admissions will notify applicants of the PSON Graduate Program Committee decision via email.</p>

Section: Policy #: DA.001	Peavy School of Nursing Policies DNP Program, PMHNP Track, and PMHNP Certificate Option Student Admission, Progression and Graduation Policy	Effective: April 24, 2018 Revised: March 23, 2023
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<p>Admission Process to PMHNP Certificate Option</p>	<p>1. Application Process:</p> <ul style="list-style-type: none"> a. Applicant submits application and meets all admission submission requirements. b. Applicants are required to submit a complete application. c. Official or unofficial transcripts submitted. <p>2. Process timeframe:</p> <ul style="list-style-type: none"> a. Nursing Admissions will review all submitted application documents to determine completeness and request any additional required materials from applicants. b. Completed applicants will receive a status update from the Nursing Admissions team within one to two business days. The Nursing Admissions team will continue to update the applicant through the admission review process. <p>3. Decision and Notification:</p> <p>The Graduate Programs Director will review submitted application and make admission decision.</p> <p>Nursing Admissions will notify applicants of the PSON Graduate Program Committee decision via email.</p>
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Section: Policy #: DA.001	Peavy School of Nursing Policies DNP Program, PMHNP Track, and PMHNP Certificate Option Student Admission, Progression and Graduation Policy	Effective: April 24, 2018 Revised: March 23, 2023
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<p>Progression for DNP Program and PMHNP Post-Graduate Certificate Options</p>	<p>DNP curricula requirements are congruent with AACN essentials and DNP program outcomes. DNP students plan of study to complete curricula is individualized according to the student’s projected timeframe for completion. To progress, students must meet curricula requirements outlines in their individualized plan of study.</p> <ol style="list-style-type: none"> 1. Graduate students are expected to maintain a cumulative GPA of 3.0 to progress in their individualized plan of study. 2. A graduate student who receives less than a B in any course specified in his/her plan of study must repeat the course to meet the standard for progression. If successful in meeting the academic standards on the second attempt, the student is eligible to progress in his/her plan of study. 3. All graduate students who receive a grade below a “B” in any assignment or exam will be counseled relative to the expectations and consequences their standing in the program. 4. A graduate student who is unsuccessful at achieving a "B" on the second attempt in a graduate nursing course will be dismissed from the program. 5. A graduate student who receives a grade less than a " B" in two nursing courses will be dismissed from the program. <p>Note: Students wishing to appeal their academic status must follow the appeals process provided in the graduate handbook.</p>
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Section: Policy #: DA.001	Peavy School of Nursing Policies DNP Program, PMHNP Track, and PMHNP Certificate Option Student Admission, Progression and Graduation Policy	Effective: April 24, 2018 Revised: March 23, 2023
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<p>Post-Master's Psychiatric Mental Health Nurse Practitioner (PMHNP) Certificate Option Students Progressing to DNP Degree</p>	<p>Students who are admitted to the DNP-PMHNP degree track will be able to complete the PMHNP Certificate Option courses first; this will allow students to satisfy the requirements to sit for ANCC certification as Psychiatric-Mental Health Nurse Practitioner (Across the Lifespan) Certification (PMHNP-BC) and Adult Psychiatric-Mental Health Nurse Practitioner Certification (PMHNP-BC) while transitioning to the DNP-PMHNP portion plan of study and completing the remaining required DNP courses and the DNP Project.</p> <p>The PMHNP Certificate Option courses are an integral part of the DNP-PMHNP curricula and will be applied to the DNP-PMHNP plan of study for students who desire to transition into the DNP-PMHNP degree program.</p> <p>Upon completion of the PMHNP Certificate course, students will meet with their Faculty Academic Advisor to develop an individualized plan of study to complete the additional DNP degree requirements.</p>
<p>Post-Bacc MSN-DNP Students Progression for Leadership and PMHNP Tracks</p>	<p>Students who have earned a Bachelor of Science in Nursing (BSN) who wish to achieve a graduate degree from UST PSON will follow a two-step path. The first step will be to complete requirements for a Master's degree in their specialty focus. The second step will be to complete requirements for a DNP degree. When students complete the Master's program requirements, they are eligible to exit the graduate program with an MSN. Those students who earn an MSN in the PMHNP track, will be eligible to sit for the ANCC National Certification Exam in Psychiatric Mental Health Nurse Practitioner Across the Life Span. Those students who earn an MSN in the Nursing Leadership track will be eligible to achieve certification through the ANCC or ANOL. After meeting MSN requirements, UST PSON students are eligible for entry into the DNP program.</p>

Section: Policy #: DA.001	Peavy School of Nursing Policies DNP Program, PMHNP Track, and PMHNP Certificate Option Student Admission, Progression and Graduation Policy	Effective: April 24, 2018 Revised: March 23, 2023
Graduation	<p>All graduating students are eligible for graduation after successfully completing certificate option criteria.</p> <p>Since UST holds one Commencement ceremony annually (May), UST programs granting doctoral degrees have established the precedent of allowing eligible students to participate in the ceremony while deferring granting the degree. To be eligible for this accommodation, students must be deemed by their Dissertation Committee or DNP Project Team to have made substantive progress on their scholarship and anticipate manuscript will be completed and submitted within a semester after the ceremony. DNP students may request this accommodation from their DNP Project Team with the approval of the PSON Graduate Programs Division Dean.</p> <p>To participate in the annual Spring UST Commencement ceremony, the student's DNP Project Team must determine the student has made substantive progress and the DNP Project Team Leader must submit documentation to Graduate Programs Division Dean by a mutually determined deadline. Conferral of degrees will occur when the DNP Project Policy and all program requirements are met. At that time, the Graduate Programs Division Dean will submit appropriate documents to the Registrar's Office in order for the DNP degrees to be released. DNP students who participate in Commencement prior to receiving their degree are not eligible to represent themselves as DNP prepared nurses until the degree is conferred.</p>	
References	DNP an PMHNP Student Handbook UST Graduate Catalog	
Submitted for Approval by	Lucindra Campbell-Law, PhD, ANP, APRN, PMHNP, BC	
Date	Draft: March 5, 2018 Approved: April 24, 2018 Frequency of policy review: Every two (2) years or as needed Revised: June 1, 2021; December 6, 2021; January 12, 2022; May 22, 2022; March 23, 2023	

Section: Policy #: DA.002	Peavy School of Nursing Policies Policy for Equivalency Credits for DNP and PMHNP Students' Prior Clinical Courses	Effective: January 14, 2019 Revised: January 12, 2022 Reviewed:
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Policy for Equivalency Credits for DNP and PMHNP Students' Prior Clinical Courses

Audience	This policy was developed to guide faculty, students, and administrative staff engaged in the University of St. Thomas (UST), Peavy School of Nursing (PSON) Doctor of Nursing Practice (DNP) Program and Psychiatric Mental Health Nurse Practitioner (PMHNP).
Purpose	To guide decisions and processes for students admitted to the DNP program or PMHNP certification option for recognizing equivalency graduate clinical/practicum credit for clinical/practicum hours earned in an accredited graduate nursing program.
Policy Statement	<p>The University of St. Thomas recognizes that a student's prior academic achievement may provide a student the opportunity to request equivalency recognition for certain graduate courses to avoid duplication of content and to permit the student to broaden his or her educational background by taking other courses that complement his or her course of study. This provides the policy bases for recognizing equivalency DNP clinical/practicum credit for clinical/practicum hours earned in an accredited graduate nursing program.</p> <p>Such clinical/practicum hours equivalency credit decisions are considered on the basis of courses completed with a grade of "B" or higher or a Pass designation where applicable.</p>
Guidelines	<p>For a DNP program or PMHNP track or certification option applicant or student to receive equivalency credit for prior clinical/practicum hours, an evaluation of the student's transcript(s) must first be conducted. In this evaluation, one or both of the following conditions must have been met:</p> <ul style="list-style-type: none"> • Prior clinical/practicum hours must have been an academically supervised component of graduate level nursing course work in an accredited program. • Current national certification must be held in an area of advanced nursing practice recognized by AACN as warranting graduate clinical recognition. This includes: <ul style="list-style-type: none"> ○ Certification in one of the four Advanced Practice Registered Nurse (APRN) roles – Certified Nurse Practitioner, Certified Nurse-Midwife, Certified Nurse Anesthetist, Certified Clinical Nurse Specialist ○ Other eligible certifications – Advanced Public Health Nursing Certification, Advanced Nurse Executive

Section: Policy #: DA.002	Peavy School of Nursing Policies Policy for Equivalency Credits for DNP and PMHNP Students' Prior Clinical Courses	Effective: January 14, 2019 Revised: January 12, 2022 Reviewed:
	Certification.	
Procedures	<p>The student must review the policies in the student handbook regarding the requirements for submission of documentation for equivalency credit recognition.</p> <p>Students may request a review recognition of equivalency credit as part of the admissions process or during progression academic advising.</p> <p>Requests for awarding equivalency credit for previous clinical/practicum hours require students submit documentation that demonstrates they meet one of these two conditions described in the Guidelines above.</p> <p>The process for initiating a clinical/practicum hours equivalency credit review is as follows:</p> <ul style="list-style-type: none"> • Students who wish to initiate a review for clinical/practicum hours equivalency credit for prior clinical/practicum hours must complete and submit to the Graduate Program Director a Clinical/Practicum Hours Evaluation Worksheet. Documentation cited below must be submitted with the Worksheet. • The student seeking clinical/practicum equivalency credit by meeting the condition of the clinical practice hours earned during an academically supervised component of graduate level nursing course work in an accredited program must request documentation from the accredited nursing program where they earned the prior clinical hours. The documentation must be submitted on a letter or form with the graduate school's letterhead and be signed by the program director or recognized designee affirming the number of clinical hours completed. This documentation must be submitted to the Graduate Program Director. Note: In accord with AACN criteria, prior practice hours obtained as a nurse educator are not recognized as prior clinical hours for credit. • The student seeking clinical/practicum equivalency credit by meeting the condition of advanced practice role certification must provide documentation by submitting a copy of the original and/or current certificate. This documentation must include name, type of certification and the period of certification. This documentation must be submitted to the Graduate Program Director. <p>Request for exceptions to approved specialty certifications may be considered by the Graduate Program Committee if the certification required graduate level nursing preparation. Student must submit a</p>	

<p>Section: Policy #: DA.002</p>	<p>Peavy School of Nursing Policies Policy for Equivalency Credits for DNP and PMHNP Students' Prior Clinical Courses</p>	<p>Effective: January 14, 2019 Revised: January 12, 2022 Reviewed:</p>
	<p>formal written request for this review to the Graduate Program Director.</p> <p>The process for review for clinical/practicum hours equivalency credit is as follows:</p> <ul style="list-style-type: none"> • The Graduate Program Director and/or the student's Faculty Academic Advisor will: <ul style="list-style-type: none"> ○ review the Worksheet with the applicant or student to assure all eligible clinical hours are included and documentation of clinical hours and certification are correct. ○ Review the documentation submitted for potential clinical/practicum equivalency recognition • The Graduate Program Committee reviews and approves (or disapproves) the recommended clinical hours equivalency decisions in accord with AACN criteria. • The student meets with the Graduate Program Director and/or the student's Faculty Academic Advisor to discuss outcomes of the clinical/practicum hours equivalency review process and the integration of the recognized equivalency credits into the students overall plan of study in the graduate program. • The student, as necessary, revises his/her initial plan of study after this review and the integration of equivalency credits recognized. • The Graduate Program Director, the Graduate Division Dean and the student sign the approved form to create a formal record of the clinical/practicum hours equivalency review outcomes. A copy of this signed form is provided to the student. 	
<p>References</p>	<p>National Commission for Certification Services (NCAA) Accredited Certification Program for Nursing.</p> <p>American Board of Nursing Specialties (ABNS) Accredited Certification Program for Nursing (2016). Retrieved from http://www.nursingcertification.org/</p> <p>American Association of Colleges of Nursing (AACN) (2006). The Essentials of Doctoral Education for Advanced Nursing Practice. Washington, DC: Author. Retrieved from https://www.aacnnursing.org/DNP/DNP-Essentials</p> <p>American Association of Colleges of Nursing (AACN). (2015). The Doctor of Nursing Practice: Current Issues and Clarifying Recommendations -</p>	

Section: Policy #: DA.002	Peavy School of Nursing Policies Policy for Equivalency Credits for DNP and PMHNP Students' Prior Clinical Courses	Effective: January 14, 2019 Revised: January 12, 2022 Reviewed:
	<p>Report from the Task Force on the Implementation of the DNP. Washington, DC: Author. Retrieved from https://www.pncb.org/sites/default/files/2017-02/AACN_DNP_Recommendations.pdf</p> <p>Standards for Accreditation of Baccalaureate and Graduate Nursing Programs (2018). CCNE Standards & Professional Nursing Guidelines. Retrieved from https://www.aacnnursing.org/CCNE-Accreditation/Resource-Documents/CCNE-Standards-Professional-Nursing-Guidelines</p>	
Submitted for Approval by	Lucindra Campbell-Law, PhD, ANP, APRN, PMHNP, BC, Professor	
Date	Draft: February 12, 2019 Approved: February 19, 2019 Frequency of policy review: Every two (2) years or as needed Revised: January 12, 2022	

Section:	Peavy School of Nursing Policies	Effective: December 10, 2018
Policy #: DA.003	DNP and PMHNP Transfer Credit of	Revised: January 12, 2022
	Graduate Courses from Other Institutions	Reviewed:



DNP and PMHNP Transfer Credit of Graduate Courses from Other Institutions Policy

Audience	This policy was developed to guide faculty, students, and administrative staff engaged in the University of St. Thomas (UST), Peavy School of Nursing (PSON) Doctor of Nursing Practice (DNP) Program and Psychiatric Mental Health Nurse Practitioner (PMHNP).
Purpose	To create a process for DNP and PMHNP students to earn, as part of their plan of study, graduate credits at another accredited institution and transfer these credits into their formal record of earned program credits.
Course Categories	<p>Core refers to nursing courses that must be completed within the DNP and PMHNP curriculum at the PSON. Equivalency and transfer credit cannot be applied to core courses.</p> <p>Required refers to courses in curriculum necessary to meet requirements to achieve DNP and PMHNP program outcomes congruent with CCNE requirements; required courses earned in other UST programs or at another university may warrant credit if determined to be equivalent to a required and PMHNP course.</p> <p>Recommended refers to courses selected by the student and approved by faculty advisor to meet student's individualized curriculum plan. Students may request a transfer course be applied to their individualized plan of study.</p>
Policy Statement	<p>A student, who is currently enrolled in the UST DNP program or PMHNP track/certification may enroll in a graduate course at another university and earn credits that can be transferred into their formal record of earned program credits. The University of St. Thomas will accept up to six (6) graduate credit hours transferred from accredited universities toward a graduate degree in the DNP program or PMHNP track/certification, provided that the grade in each course is "B" or higher.</p> <p>Post-Masters DNP students must, as a program requirement, complete 42 credits in the DNP Program and Post-BSN DNP students must complete 72 credits in the DNP Program. Approved earned transfer credits are computed as a portion of these requirements.</p> <p>Post-Masters PMHNP track students must, as a program requirement, complete 52 credits in the PMHNP track and Post-BSN PMHNP track students must complete 72 credits in the PMHNP track. Approved earned transfer credits are computed as a portion of these requirements.</p>

Section: Policy #: DA.003	Peavy School of Nursing Policies DNP and PMHNP Transfer Credit of Graduate Courses from Other Institutions	Effective: December 10, 2018 Revised: January 12, 2022 Reviewed:
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	<p>Post-Masters students in the Post-Graduate certification option must, as a requirement, complete 34 credits and Post-APRN students in the Post-Graduate certification option must complete 25 credits. Approved earned transfer credits are computed as a portion of these requirements.</p>
Guidelines	<p>For a student to receive transfer credit hours for graduate courses completed from other Institutions, the criteria outlined below must be met:</p> <ul style="list-style-type: none"> • Courses must align with the student’s DNP or PMHNP plan of study and contribute to the student’s preparation for his/her DNP Project. • Courses must be graduate level • Course grades must be included in the student’s official UST transcript with a grade of “A” or “B” (grades of “P” or “S” are not accepted for transfer)
Procedures	<p>The student must review the policies in the student handbook regarding the maximum number of transferrable credits prior to requesting the transfer of credits into the program.</p> <p>All courses the student enrolls in to earn transfer credits in the DNP program and PMHNP certification option must be approved by the Graduate Program Director and/or the student’s Faculty Academic Advisor. This approval must be obtained at least four (4) weeks prior to enrollment in the course.</p> <p>The process for transfer requests is as follows:</p> <ul style="list-style-type: none"> • Prior to enrolling in a course that would generate transfer credits, the student submits a Request for Transfer Credit Course Approval form to the Graduate Program Director and/or the student’s Faculty Academic Advisor for review and approval • At the time of submitting the request form, the student provides the Graduate Program Director and/or the student’s Faculty Academic Advisor with the course description and any additional information relevant to the requested course. • The student meets with Graduate Program Director and/or the student’s Faculty Academic Advisor to discuss and review how the requested transfer course would fit into the student's plan of study or preparation for a planned DNP Project. • The Graduate Program Director and/or the Faculty Academic Advisor makes a decision about the request and notifies the student in writing about the decision about the student’s request.

Section:	Peavy School of Nursing Policies	Effective: December 10, 2018
Policy #: DA.003	DNP and PMHNP Transfer Credit of Graduate Courses from Other Institutions	Revised: January 12, 2022 Reviewed:

	<p>The response must occur in a timely fashion so the student can meet potential enrollment deadlines.</p> <ul style="list-style-type: none"> • If approved, the Graduate Program Director and the Graduate Division Dean sign the approved form which becomes part of the student's official file. A copy of this signed form is provided to the student.
Submitted for Approval by	Lucindra Campbell-Law, PhD, ANP, APRN, PMHNP, BC, Professor
Date	<p>Draft: February 12, 2019</p> <p>Approved: February 19, 2019</p> <p>Frequency of policy review: Every two (2) years or as needed</p> <p>Revised: January 12, 2022</p>

Section:	Peavy School of Nursing Policies	Effective: December 10, 2018
Policy #: DA.004	Equivalency Credits for DNP and PMHNP Students' Prior Graduate Courses from Other Institutions	Revised: January 12, 2022 Reviewed:



Equivalency Credits for DNP and PMHNP Students' Prior Graduate Courses from Other Institutions Policy

Audience	This policy was developed to guide faculty, students, and administrative staff engaged in the University of St. Thomas (UST), Peavy School of Nursing (PSON) Doctor of Nursing Practice (DNP) Program and Psychiatric Mental Health Nurse Practitioner (PMHNP).
Purpose	To guide decisions and processes for students admitted to the DNP program and PMHNP track or certification option for recognizing DNP and PMHNP equivalency credit for required DNP or PMHNP courses completed at other accredited institutions or in UST programs outside the PSON.
Course Categories	<p>Core refers to nursing courses that must be completed within the DNP or PMHNP certification option curriculum at the PSON. Equivalency and transfer credit cannot be applied to core courses.</p> <p>Required refers to courses in curriculum necessary to meet requirements to achieve DNP program and PMHNP track or certification option outcomes congruent with CCNE requirements; required courses earned in other UST programs or at another university may be recognized for credit in the students total required program credits if determined to be equivalent to a required DNP or PMHNP course.</p> <p>Recommended refers to courses selected by the student and approved by faculty advisor to meet student's individualized curriculum plan. Students may request a transfer course be applied to their individualized plan of study.</p>
Policy Statement	<p>Equivalency: The University of St. Thomas recognizes that a student's prior academic achievement may provide a student the opportunity to request equivalency recognition for certain graduate courses to avoid duplication of content and to permit the student to broaden his or her educational background by taking other courses that complement his or her course of study.</p> <p>Such course equivalency decisions are considered on the basis of an appropriate group of closely related college level courses completed with a grade of "B" or higher.</p>

Section: Policy #: DA.004	Peavy School of Nursing Policies Equivalency Credits for DNP and PMHNP Students' Prior Graduate Courses from Other Institutions	Effective: December 10, 2018 Revised: January 12, 2022 Reviewed:
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Guidelines	<p>For a DNP and PMHNP track or certification option applicant or student to receive equivalency credits, an evaluation of the student's transcript(s) must first be conducted. This review determines if equivalency credits evaluated as meeting the requirements of the DNP degree can be recognized. The outcome of this review becomes an integral component of the student's initial plan of study.</p> <p>The transcripts of DNP and PMHNP students who have earned a Master's degree in nursing from an accredited program of study will be evaluated on an individual basis to determine credits recognized for equivalency.</p> <p>Equivalent credit hour recognition is considered for a course completed at another institution only if the course meets the following conditions:</p> <ul style="list-style-type: none"> • Is a graduate-level course • Is reported on the student's official transcript with a grade of "A" or "B" (grades of "P" or "S" are not accepted) <p>In addition to these conditions, equivalent credit hour recognition is considered for nursing courses only if the credits were earned at an accredited nursing program.</p>
Procedures	<p>The student must review the policies in the student handbook regarding the requirements for submission of documentation for equivalency credit recognition.</p> <p>Students may request a review recognition of equivalency credit as part of the admissions process or during progression academic advising.</p> <p>The process for initiating an equivalency credit review is as follows:</p> <ul style="list-style-type: none"> • Students who wish to initiate a review for equivalency credits must complete and submit to the Graduate Program Director the Equivalency Course Evaluation Review Worksheet, requesting a review of specific identified prior graduate level course work for potential equivalency credit recognition. • At the time of submitting the Worksheet, students must submit documentation, including copies of course descriptions and syllabi of all courses identified for review <p>The process for review for equivalency credit is as follows:</p> <ul style="list-style-type: none"> • The Graduate Program Director and/or the student's Faculty Academic Advisor will: <ul style="list-style-type: none"> ➤ review the Worksheet with the applicant or student to

Section: Policy #: DA.004	Peavy School of Nursing Policies Equivalency Credits for DNP and PMHNP Students' Prior Graduate Courses from Other Institutions	Effective: December 10, 2018 Revised: January 12, 2022 Reviewed:
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	<p>ensure all necessary documentation is included and correct</p> <ul style="list-style-type: none"> ➤ review the syllabi and course descriptions for potential equivalency recognition • The Graduate Program Committee reviews and approves (or disapproves) the recommended equivalency decisions in accord with AACN criteria. • The student meets with Graduate Program Director and/or the student's Faculty Academic Advisor to discuss outcomes of the review process and the integration of the recognized equivalency credits into the students overall plan of study in the DNP program and PMHNP track or certification option. • The student, as necessary, revises his/her initial plan of study after this review and the integration of equivalency credits recognized. • The Graduate Program Director, the Graduate Division Dean and the student sign the approved form to create a formal record of the equivalency review outcomes. A copy of this signed form is provided to the student.
References	<p>American Association of Colleges of Nursing (AACN). (2015). The Doctor of Nursing Practice: Current Issues and Clarifying Recommendations - Report from the Task Force on the Implementation of the DNP. Washington, DC: Author. Retrieved from https://www.pncb.org/sites/default/files/2017-02/AACN_DNP_Recommendations.pdf</p> <p>Standards for Accreditation of Baccalaureate and Graduate Nursing Programs (2018). CCNE Standards & Professional Nursing Guidelines. Retrieved from https://www.aacnnursing.org/CCNE-Accreditation/Resource-Documents/CCNE-Standards-Professional-Nursing-Guidelines</p>
Submitted for Approval by	Lucindra Campbell-Law, PhD, ANP, APRN, PMHNP, BC, Professor
Date	<p>Draft: February 12, 2019</p> <p>Approved: February 12, 2019</p> <p>Frequency of policy review: Every two (2) years or as needed</p> <p>Revised: January 12, 2022</p>



DNP Elective Courses Policy

Upon completion of the UST program of study awarding a DNP degree, students will have earned a minimum of 72 credits, 55 earned in required core courses and 17 in elective and/or independent study credits. The latter 17 credits are designed to ensure that a substantial portion of the program credits can be earned in pursuit of individual interests, competency expansion or sought expertise related to the student's population focus. These 17 elective/independent study credits must be earned concurrent with the core curriculum courses and approved by the student's academic advisor.

Students are encouraged to access the strengths of other UST graduate programs to expand their competencies in fields related to nursing and to experience and explore interprofessional educational experiences through courses offered in UST departments and schools where the student can enroll for elective credits. Students may also identify educational opportunities in other accessible graduate programs in other universities, enroll in electives in such programs and transfer the credits earned into their overall program plan of study and subsequent program transcript.

DNP Program Elective Course Policies

1. Electives selected for the DNP program must be graduate level courses and if transferred into UST, demonstrate that the required course work is comparable to the work of graduate-level courses offered in the PERSON DNP program.
2. Students are responsible for identifying electives that contribute to their program of study by expanding their competencies relative to one of the following:
 - a. Health care concerns of their population of choice
 - b. Clinical competencies appropriate to their proposed DNP Project
 - c. Theoretical bases for their proposed DNP Project
 - d. Methodologies for their proposed DNP Project
 - e. Organizational, system or policy dimensions of their proposed DNP Project
 - f. Unique personal educational opportunities that enrich their proposed DNP Project
3. Students are encouraged to evaluate the expectations of the course faculty for an elective of interest, in particular to determine expectations of on-site participation in the course. Because the UST DNP program is a hybrid program, with much of the course work completed on-line, the on-site expectations for an elective may require more on-site participation than is the practice in the DNP nursing portion of the program.
4. Students are required to meet with the Graduate Program Director to incorporate their elective course decisions into their overall plan of study. The Graduate Program Director works collaboratively with the student to ensure optimal use of elective credit opportunities.

5. As indicated in the UST Graduate Catalog, “Graduate students must maintain a cumulative GPA of 3.00 or better in their course work at UST”. The elective courses contribute to that GPA as the student progresses through the program.
6. Elective courses can build upon but cannot duplicate required courses in the UST DNP program.
7. The Graduate Program Director will adapt existing DNP program evaluation protocols to generate evaluative data about elective courses completed by UST DNP students.



DNP Program/PMHNP Track Independent Study Policy

Upon completion of the UST program of study awarding a DNP degree, students will have earned a minimum of 72 credits, 55 earned in required core courses and 17 in elective and/or independent study credits. The latter 17 credits are designed to ensure that a substantial portion of the program credits can be earned in pursuit of individual interests, competency expansion or sought expertise related to the student's population focus. These 17 elective/independent study credits must be earned concurrent with the core curriculum courses and approved by the student's academic advisor.

Students in the DNP PMHNP Track will have earned a minimum of 72 credits, 35 credits earned in required DNP core courses, 28 credits in the PMHNP specialty courses, and 9 credits in the 3 P's (Advanced Patho, Advanced Pharmacology, and Advanced Health Assessment). Independent study is designed to ensure that a substantial portion of the program credits can be earned in pursuit of individual interests, competency expansion or sought expertise related to the student's population focus.

While students are encouraged to access the strengths of other UST graduate programs to expand their competencies in fields related to nursing and to experience and explore interprofessional educational experiences through electives, students also may wish to work one-on-one with a specific faculty member focused on a specific topic or area of desired competency. In such cases, students are encouraged to create, implement, and incorporate in their plan of study an independent study, proposing a course comparable to the program's other graduate level courses but with a unique fit with the individual student's educational needs.

Enrollment in an independent study course involves registering for NURS 7016V described in the *DNP and PMHNP Nursing Student Handbook* as follows:

This course provides students with an opportunity to create and implement specific program congruent learning experiences that augment required courses and increase the students' expertise in relationship to their population focus and the healing environments appropriate to this population. Students are required to develop a course goal statement, learning objectives and measures for achievement of desired outcomes and the approval of the faculty member supervising the Independent Study before enrolling in the course.

Independent Study Policies

1. The student's work designed for an independent study should be comparable to the work of other graduate-level courses offered in the PERSON DNP program.
2. The work and expectations of the study are designed and proposed by the student with the approval and evaluation of outcomes the responsibility of the faculty member.

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3. Evaluation of the student's performance in an independent study is based on pre-determined outcome criteria and documentation that are an essential component of the student's proposal.
4. Grading policies for an independent study are consistent with UST DNP or PMHNP Track program core course grading policies.
5. The UST scheduled due dates of the semester apply to independent study courses.
6. Students may register for 1-6 credits per semester for an independent study course.
7. A proposed independent study course cannot duplicate an existing course available to the student.
8. With some exceptions, PSON faculty serve as faculty for DNP and PMHNP Track program independent study courses; in some cases, students may propose an independent study with UST faculty in other departments and schools.
9. Students are required to meet all the expectations of the *Independent Study Student Guidelines* (below) when preparing a proposed course. The proposal requires approval by both the Graduate Program Director and the study's designated faculty member.
10. The student must complete and have acquired appropriate approvals on the *DNP or PMHNP Track Program Independent Study Proposal Form* prior to registering for the course they propose.
11. The *DNP or PMHNP Track Program Independent Study Proposal Form* is retained as part of the student's academic file.
12. All Independent Study courses are included in the established course evaluation protocols of the DNP or PMHNP Track program.

Independent Study Student Guidelines

1. The student is required to discuss the proposed independent study course with the Graduate Program Director and incorporate the proposed course into the existing plan of study prior to preparation of the *DNP or PMHNP Track Program Independent Study Proposal Form*. The student should start this process early in the semester prior to the one where the proposed course will be implemented.
2. The student is required to identify the focus, objectives, and anticipated outcomes of their independent study course which frames their initial negotiation with a faculty member.
3. The student identifies the appropriate faculty member to provide oversight of the proposed independent study.
4. The student negotiates with the selected faculty member and seeks this faculty member's consent to serve as the faculty member for the proposed study. This negotiation includes the specification of credits for the course, focus and objectives of the course and the anticipated outcomes upon

completion of the independent study.

5. The next phase in enrolling in an Independent Study course is the preparation of the course proposal. At this time, the student is required to provide a detailed and clear presentation of the proposed independent study's focus, objectives, work proposed and outcomes to be delivered.

6. The student must then complete the *DNP or PMHNP Track Program Independent Study Proposal Form* and submit this to the faculty member and the Graduate Program Director for their approval. This approval must be completed prior to enrollment in the course and meet the UST schedule deadlines for the semester.

7. Once the proposal is approved and the enrollment completed, the student will meet with the faculty member to initiate the course. At this time, the mutually agreed upon meeting schedule for the semester will be finalized by the student and the faculty member.

Independent Study Faculty Guidelines

1. When a student approaches a faculty member requesting that the faculty member serves in an independent study and they consent, they are responsible for ensuring that the content of the student's *DNP or PMHNP Track Program Independent Study Proposal Form* is complete, accurate, and meets the standards of all other courses in the program.

2. The faculty member is responsible for negotiating, as necessary, for the personal workload impact of the Independent Study.

3. Prior to approving the proposed study, the faculty member will create a proposed schedule of meetings with the student to ensure successful completion of the course.

4. Faculty are encouraged to ensure agreement about course outcomes prior to signing an approval of the proposal. If appropriate, the faculty member is encouraged to discuss the proposed study with the Graduate Program Director to ensure congruence with overall program outcomes.

5. Faculty are responsible for ensuring the outcomes proposed by the student are achieved in the independent study and for ensuring the documentation of these outcomes.

Appendix I



DNP/PMHNP Independent Study Proposal Form

Student Name: _____

Student UST ID #: _____

Proposed Course Faculty Member: _____

Course Information:

Course Number: _____ NURS 7016V _____

Semester/Year of Enrollment: _____

Course Credits (indicate 1-6): _____

Course Title (for transcript): _____

Description of Proposed Study: _____

Course Behavioral Objectives (at least one for each credit): _____

Description of Proposed Work to be completed (deadlines for completion of components during semester indicated by date): _____

Proposed Course Evaluation/Outcomes Documentation (detailed criteria for meeting course objectives): _____

Proposal Approval Signatures - The following signatures indicate approval of the proposed Independent Study:

Student: _____

Date: _____

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Course Faculty Member: _____

Date: _____

Graduate Program Director: _____

Date: _____

Post-Course Evaluation Comments:



DNP Project Policy

I. General Information: The DNP Project

The project process has been formalized, and now, the Practicum Coordinator participates and is present in all proposal presentations in order to establish a standardized process in accord with the DNP Project Policy. The Team Leader and the Clinical Coach will be primary decision makers relative to the approval status of the proposal. The Practicum Coordinator will advise relative to policy and process congruent with standards.

Note: Students in the DNP PMHNP Track will follow this DNP Project Policy.

A. DNP Project Context: UST DNP Program

The UST Doctor of Nursing Practice is designed to be responsive to and collaboratively integrated into the Houston metropolitan health care community, expanding the PSON's clinical partnerships established in the baccalaureate program. The DNP curriculum focuses on the essentials of advanced nursing practice at an aggregate, systems, or organizational level emphasizing nursing's national commitment to transformational leadership. It is designed to ensure multiple experiences of the practice/education and interprofessional collaboration and integration essential to achieving the *IOM Future of Nursing Report* recommendations (IOM, 2010). Students work with an identified patient population throughout the program, culminating in a formal supervised DNP Project.

In order to create the conditions for transformational leadership, expansion of consciousness and self-awareness are recognized as essential components of ethical healing relationships. This is emphasized in the curriculum to give students an opportunity to craft a personal narrative about these expanding capacities as a dimension of transformational nursing leadership that pursues social justice for patient populations. Students have an opportunity to identify and explore the potential ethical challenges implicit in the planning and implementation of their DNP Projects and design potential responses to these challenges. One of the final requirements to earn the DNP degree from UST is the completion of a DNP Project demonstrating competencies attained through completion of program learning experiences.

B. DNP Project Overview

The culmination of the DNP Program is the student's successful completion of the DNP Project, where the student integrates and synthesizes the program's educational experiences through a clinical scholarship enterprise. The intent of the DNP Project is to improve nursing practices that result in improved health care outcomes for patients and their families. Students work collaboratively with UST clinical partners to address clinical problems or health concerns

of a specified population of patients. This initiative incorporates the context of the patients and families, including central DNP program themes of transformational leadership, diversity and inclusion, complex adaptive systems, relationship-based healing practices and nursing theory as the organizing principle and source of coherence of nursing practice.

The DNP Essentials (*Essentials of Doctoral Education for Advanced Nursing Practice*, 2006, p. 3), state that “rather than a knowledge-generating research effort, the student in a practice-focused program generally carries out a practice application-oriented final DNP Project.” The focus is thus not so much on generalizable knowledge as on enhanced outcomes in health care, emphasizing the translation of new science, its application and evaluation in a clinical environment. As the AACN *Report from the Task Force on the Implementation of the DNP* (August, 2015, p. 2) noted, “generalizable, practice-focused graduates are prepared to generate new knowledge through innovation of practice change, the translation of evidence, and the implementation of quality improvement processes in specific practice settings, systems, or with specific populations to improve health or health outcomes.”

The DNP Essentials present the need for a final scholarly project that demonstrates clinical scholarship. The subsequent AACN *Report from the Task Force on the Implementation of the DNP* (August, 2015, p. 4) amplify this, and indicate that all DNP Projects should:

1. Focus on a change that impacts healthcare outcomes either through direct or indirect care.
2. Have a systems (micro-, meso-, or macro- level) or population/aggregate focus.
3. Demonstrate implementation in the appropriate arena or area of practice.
4. Include a plan for sustainability (e.g. financial, systems or political realities, not only theoretical abstractions).
5. Include an evaluation of processes and/or outcomes (formative or summative).
6. DNP Projects should be designed so that processes and/or outcomes will be evaluated to guide practice and policy. Clinical significance is as important in guiding practice as statistical significance is in evaluating research.
7. Provide a foundation for future practice scholarship.

These directives provide guidance to the student and faculty in the preparation for and in meeting of objectives of a DNP Project.

The DNP Project, when completed, should demonstrate the student’s mastery and integration of the UST program objectives reflected in outcomes of the UST DNP program and the outcomes of the DNP Essentials. Students should be able to demonstrate expertise in reflective practice and their area of clinical engagement. They should further be able to demonstrate their ability to review, organize, evaluate, translate and use available nursing research and related evidence to create desired health care interventions and outcomes. Finally, the DNP Project should reflect the student’s ability to guide their intellectual endeavors with an understanding of systems, including their policy, ethical and legal dimensions and the central challenge of transformational leadership in creating healing environments in health care.

C. The DNP Project Team

All students have a DNP Project Team to oversee their process and final product. As noted in the AACN *Report from the Task Force on the Implementation of the DNP* (August, 2015), the DNP Project team should, in addition to the student, consist of a PSON doctorally

prepared faculty member and a practice mentor who may be from outside the university. In most cases, for most students, this practice mentor will be the student's Adjunct Faculty Clinical Practice Coach. The practice mentor is a clinical practice expert prepared to provide guidance to the student during the progression through the DNP Project. If there is potential to enhance the educational experience and outcomes for the student, a third or fourth member may be selected from either the PSON faculty or UST faculty with expertise related to the student's population, methodology or theoretical emphasis or a clinical expert with expertise in the student's patient population. Guided by the DNP Project Team students may also seek appropriate consultations in their progression through the DNP Project process.

Students are encouraged to begin to identify potential members of their Project Team early in their matriculation. The PSON faculty member will serve as the Project Team Leader and have accountability for managing the progression and evaluation of the student's DNP Project. All team members are involved in DNP students' proposal approval, project progression, formal presentation and approval of their DNP Project and in the dissemination of the DNP Project outcomes. Students submit their request for an identified Project Team Leader and Clinical Expert Member using the appropriate Project Team Request Form presented to the Graduate Program Director for review and approval. This approval must be completed prior to enrollment in **NURS 7015V** (see below). If a Project Team Leader or Clinical Expert Member must be replaced for any reason as the student progresses through the program, a review of the prior approval and addition of a new approval is necessary before the student continues in the DNP Project.

The process of selecting a DNP Project Team chairperson and practice mentor and determining if additional members would be added to the team requires research and reflection. Some essential considerations include:

1. Student anticipates potential to work collaboratively, constructively and professionally with individuals considered.
2. Individuals considered have expertise potentially contributing to understanding of students' population, methodology, stakeholders and/or clinical site.
3. Individuals considered expand interprofessional focus of project
4. Individuals considered expand diversity/inclusivity of Project Team
5. Individuals considered have potential to ensure sustainability of project.
6. Individuals considered have history of effective leadership and ethical decision-making

The members of the DNP Project Team are collectively responsible for overseeing the process of development of and assist in the refinement of the project proposal. They provide scholarly advice and supervision to the DNP student, in both mentor and coach roles. They are responsible for requiring, critiquing and refining the DNP Project timeline from the student. They ensure that the collaborative character of the DNP project process is sustained with all stakeholders and participants in the project. The DNP Project Team Leader has the more specific role of convening and conducting meetings, as necessary or appropriate, of the DNP Project Team in order to:

1. formally approve the DNP Project proposal
2. advise of or provide direction, as necessary, as project proceeds
3. intervene when and/or if project is stalled through external factors
4. ensure as necessary the validity and reliability of student's project data

5. formally review and approve the final written product of the DNP Project
6. conduct and conclude the formal defense of the student's final product
7. oversee the process of ensuring dissemination of project outcomes
8. evaluate the establishment of sustainability of project outcomes

While the guidance, direction and evaluation of a DNP Project is the responsibility of the Project Team, an auxiliary evaluation process may include a review which may incorporate the assessments of academics, stakeholders, clinical partners and/or peers. This assessment is designed to provide useful feedback to both the student and the faculty and clinical expert guiding the process and is not part of the formal approval processes of the students' final product. It also serves as a program evaluation dimension designed to provide program improvement initiatives.

D. The Clinical Grounding of the DNP Project

The 1000 clinical hours required of all DNP students, as articulated by the AACN, are designed to further student selected population specialization objectives, and include an end-of-program immersion experience collaboratively structured with clinical partners where the student synthesizes and expands learning acquired through course work and prior clinical engagement. From this immersion, students derive a DNP Project responsive to the interests of all parties involved in the project and reflective of their mastery of clinical nursing scholarship. This DNP Project immersion course is described below:

NURS 7015V DNP Project in Transformational Nursing
Leadership: Creating a Healing Environment (Maximum 6 Credits
per semester)

This course provides students with supervised development, completion and dissemination of the DNP Project required for completion of the program of study. The students' learning experiences documented in their on-line portfolios, journals, and clinical log are designed to create a detailed record of their systematic progression toward the design and implementation of their DNP Projects. Students are required to complete a project that integrates all prior learning experiences and demonstrates application of this learning to a population of their choice, evidenced through documented DNP Project outcomes.

Students may in any given semester enroll for up to 6 credits in this course; most students will take 1-6 credits per semester until the DNP Project is completed. It is the UST DNP Program policy that students must complete all degree requirements within six years though students may request an extension beyond the six years which is determined by the Graduate Program Director on an individual basis. This policy identifies as an appropriate end point for completion of the DNP Project and overall program.

The DNP project incorporates all required program outcome competencies while concurrently providing a demonstrable service to the clinical partner(s) involved in the project. The written report of this project describes an initiative demonstrating transformational nursing leadership through a culture of healing practices. Students access required outcome competencies

through completion of the required curriculum augmented by elective courses specifically selected to expand competencies in the clinical phenomenon, methodology and/or system understanding of their DNP Project plan.

All DNP students are required to create and maintain an on-line progression portfolio that records the students' movement through the program and documents achievements contributing to preparation for their final DNP Project. The portfolios serve as a formal record of the student's achievement of the *Essentials of Doctoral Education for Advanced Nursing Practice* (DNP Essentials, 2006) and concurrently provide the student with a written record of professional development emergent from their program of study. The portfolio can also serve as a demonstration of successfully meeting program outcomes.

A student's portfolio is not a DNP Project or a form of dissemination but rather a tool to document and evaluate professional development and learning. A minimum of an executive summary or a written report that is disseminated or shared beyond the academic setting is recommended for dissemination of the DNP Project outcomes as an expression of professional development.

E. DNP Project Progression Through Coaching

The UST Peavy School of Nursing (PSON) Doctor of Nursing Practice (DNP) program has been designed to integrate coaching as a core process component of the DNP program, identifying coaching as an alternative to mentoring, precepting and teaching as historic customary components of a program of instruction in nursing. Coaching in the DNP program focuses specifically on the clinical component of the program and will be provided by clinical experts as partners in the students' course of study.

Coaching is present and future focused, relatively short-term and action oriented. The coach elicits and facilitates the actualization of the choices made by the person being coached, the student thus being the focus of the interchanges. It emphasizes the development of clear and specific goals with a mechanism for measuring progress toward those goals. The success of coaching relies on a trusting and open relationship between the coach and the person being coached. Coaching in the UST DNP program is the process used by the Adjunct Faculty Clinical Practice Coach.

The Adjunct Faculty Clinical Practice Coach (AFCPC), a UST DNP Program innovation, is an individualized resource for the DNP student. Each student will have an expert clinician who will coach an individual student during progression through the program. The AFCPC must be a clinical expert prepared to assist the student in pursuit of individual learning objectives and the student's engagement with the population of the student's choice. The purposes of the coaching they provide to UST DNP students include:

1. To explore existing challenges in the environment(s) where students complete the clinical hours requirements of the program.
2. To support the student as they describe, through self-reflection, current personal responses and identify alternative responses to these challenges.

3. To identify and access supportive resources available to strengthen options in addressing challenges.
4. To recognize and expand the student's personal competencies and strengths in pursuing self-selected learning objectives and responses to organizational challenges.
5. To encourage the student to test out and evaluate alternative approaches to emergent situations in the clinical environment as a proactive presence in a complex adaptive system.
6. To relate clinical experiences to the health-related experiences and opportunities of the students' self-selected population.
7. To integrate components of the course of study and the planned DNP Project with the clinical experiences.

The students' extended collaboration with their AFCPC make this person the optimal choice for membership in the students' DNP Project Team. In that role, they provide additional coaching during the progression toward completion of the DNP Project. (Additional detail can be found in the *UST DNP Program Coaching Policies*).

F. DNP Project Approval Processes

The DNP Project Team is responsible for oversight of two approval processes in the student's DNP Project progression: approval of the DNP Project proposal and approval of the final written report of the DNP Project. In each process, students are required to meet the expectations articulated in this policy. Each process has specific expectations:

1. DNP Project Proposal Approval Process

- a. The student's proposal must be reviewed by and approved by the DNP Project Team where all members participate, either in person or by phone or Zoom.
- b. The student must provide an electronic copy of the proposal to all Project Team members at least three weeks before the scheduled approval meeting.
- c. At the scheduled approval meeting, students will provide a 30-45-minute oral presentation of their proposal followed by questions and deliberations of the Project Team.
- d. The Project Team will make a decision about the proposed project at the time of the meeting. The proposal may be accepted as presented, accepted with revisions, or not approved. If revisions are required, a timeline for submission of revisions is established at the meeting.
- e. If revisions are viewed as substantive or if the proposal is not approved, the student is required to submit a new or revised proposal. A timeline for this resubmission is established at the meeting, and if possible, a subsequent meeting scheduled.
- f. Upon approval of the proposal, all DNP Project Team members and the student sign the DNP Project Proposal Approval Form. All members of the DNP Project Team, based on their signatures at this time, formally commit to the proposal as approved, foregoing modifications during the progression of the project.

2. DNP Project Final Oral Defense

- a. The final product of the DNP Project is a scholarly paper that provides a detailed narrative report of all aspects of the project.
- b. This final report is submitted to all members of the DNP Project Team in both electronic and hard copy formats.
- c. All members of the Project Team review the project report and forward any questions or concerns to the student and the DNP Project Team Leader within two weeks after receipt of the report.
- d. All concerns identified by any member of Project Team must be resolved before the oral defense of the project can be scheduled.
- e. The oral defense of the DNP Project is scheduled by the DNP Project Team Leader after all requirements for the DNP degree are met and all Project Team members agree that the DNP Project is complete and ready to undergo defense. The scholarly paper that is the subject of this meeting is the final draft that all members agree is complete and ready for the defense. Students are responsible for distributing this final draft to the members at least three weeks prior to the scheduled defense.
- f. At the scheduled defense meeting, students will provide a 30-45-minute oral presentation of their DNP Project followed by questions and deliberations of the Project Team.
- g. Following the student's presentation, Project Team members will ask questions for up to 30 minutes. Following questions, the Project Team meets to and deliberate on the defense. They either approve the DNP Project or approve it with minor revisions. In the case of minor revisions, these are completed within a specified time frame and submitted to the Project Team Leader for finalization of the approval process.
- h. Upon completion of all these steps of approval, all members of the Project Team and the student sign the DNP Project Defense Form. Prior to the student's graduation, an electronic copy of this signed form is provided to the student and included in the student's academic file and the final copy of the DNP Project report.

G. Dissemination of DNP Project outcomes

Students are responsible, with the assistance of their DNP Project Team, for dissemination of DNP Project outcomes. In addition, all students are required to incorporate and implement a plan for dissemination of their DNP Project as described by the AACN *Report from the Task Force on the Implementation of the DNP* (August, 2015): "Dissemination of the DNP Project should include a product that describes the purpose, planning, implementation, and evaluation components of the project". The recommended options for such dissemination as articulated by the task force include:

1. Publishing in a peer reviewed print or on-line journal (individual faculty or a faculty committee/team will carefully evaluate any manuscript for publication probability and select those appropriate for submission).
2. Poster and podium presentations.
3. Presentation of a written or verbal executive summary to stakeholders and/or the practice site/organization leadership.
4. Development of a webinar presentation or video, e.g. for YouTube or other public site.

5. Submission and publication to a non-refereed lay publication.
6. Oral presentation to the public-at-large.
7. Development and presentation of a digital poster, a grand rounds presentation, and/or a PowerPoint presentation.

Students work collaboratively with their DNP Project Team Leader to plan and implement the dissemination of their DNP Project outcomes. The DNP Team Leader provides assistance and supports the student's scholarly development by creating expectations for a quality product. The DNP Team Leader is responsible for ensuring that the final product of the student's work meets the standards of professional nursing scholarship. This includes a required review of abstracts, podium or poster presentations, manuscripts and diverse available media outlets prior to dissemination. Students should be advised of appropriate acknowledgements that are an appropriate part of the dissemination process.

To ensure completion of the dissemination phase of the DNP Project, students may submit a request for financial and/or production resources to assist them in defraying potential costs of this responsibility. They may also request access to UST PSON resources such as the Simulation Labs for a dissemination initiative. Such requests should be submitted to the student's DNP Project Team Leader who will negotiate this request with the Graduate Program Director. If awarded, students are required to acknowledge receipt of this support in their dissemination materials.

II. The DNP Project: Process Guidelines

A. Components of the Process:

Components of the process of the UST DNP Project are summarized in a series of lists, below. These lists provide an overview of the essential components of the DNP Project to assist students, faculty and clinical expert participants in conceptualizing the entire process and all its components.

1. Initial decision-points:

These decision-points are explored and conceptualized during progression through the program. Students take specific courses where they earn clinical practicum clinical hours through earned credits (1 credit = 45 clinical hours). In six core courses, the learning experiences incorporate objectives focused on collaborative practice experiences with an Adjunct Faculty Clinical Practice Coach, with one credit of the course focused on clinical practice and earning clinical hours. These courses are NURS 7301, 7304, 7306, 7307, 7310, and 7211, all offered in the first six semesters of the program of study. Students participate each semester, after their first, in one credit clinical seminars in NURS 7113, designed to integrate the students' practicum experiences with the total curriculum. This single credit also generates clinical hours for the students. A central dimension of these clinical hours focuses on the initial decision-points, listed below, for their DNP Project.

- a. Identifying the phenomenon of interest

- b. Identifying the problem or concern, the purpose or the question
- c. Identifying nursing theory or framework to explore the phenomenon
- d. Identifying the patient population of concern
- e. Identifying the stakeholders involved in the project
- f. Identifying the methodology to be used for the project
- g. Identifying the scope and limitations of the project
- h. Identifying the ethical concerns involved in the project and how to address them
- i. Identifying the facility, unit or organization where the project will be conducted
- j. Initiating negotiations for utilization of the selected facility, unit or organization
- k. Assessing the selected facility, unit or organization
- l. Establishing relationships with germane stakeholders in the selected facility, unit or organization
- m. Determining if IRB approval is required
- n. Creating or selecting a template for organizing literature search outcomes
- o. Identifying the Team Leader and member(s) of the DNP Project Team

2. Potential nursing theory or framework for project:

Potential nursing theories or frameworks describe, explain, predict and/or provide direction in creating a DNP Project. One of the ten distinctive characteristics of the UST DNP program is the recognition, embedded in all course work, that nursing theory is the organizing principle and source of coherence in nursing practice. This prioritizes nursing theory as the essential resource for organizing, understanding and analyzing the DNP Project. The list below identifies factors shaping this decision process:

- a. DNP projects can be shaped by either grand theories or mid-range theories.
- b. Of particular value to DNP students are the mid-range theories.
- c. Middle-range theories offer the following advantages:
 - 1) they accommodate a limited number of variables
 - 2) they are more specific in focus
 - 3) they are more concrete in factors considered
 - 4) they are grounded in established known phenomena and/or factors
 - 5) they accommodate a practical practice focus
- d. Nursing theories are given priority in deciding on a theory or framework

3. Potential project methodologies:

The phenomenon of interest and the theoretical framework provide initial indicators framing the next key decision for proposing a DNP Project, the identification of an appropriate methodology that enables the student to generate the desired outcomes. This decision highlights the difference between the final projects of PhD and DNP students. The list below, though not exhaustive, indicates options the student may select:

- a. Quality Improvement Projects
- b. Selected Nursing Research Methods:
 - 1) Action Research

- 2) Case Study Research
 - c. Pilot Studies
 - d. Healthcare Delivery Innovation Projects
 - e. Healthcare Policy Analysis
 - f. Program Development and Evaluation
 - g. Qualitative Descriptive Projects
 - h. Clinical Interventional Studies
 - i. Descriptive Observational Projects

4. DNP Project Quality Indicators:

As indicated in Part I, B above, AACN has published expectations of the clinical scholarship that emerges from DNP Projects. The list below amplifies and expands on that list to provide additional, more granular guidance to students during their decision-making process. DNP Projects:

- a. Must meet an identified need
- b. Must be significant to the profession
- c. Must be guided by a focused clinical question
- d. Must utilize action based on professional literature and acceptable nursing actions
- e. Can be replicated or elaborated upon
- f. Must have definable metrics, if applicable
- g. Must follow established methods
- h. Can be peer-reviewed
- i. Must produce outcomes that can be evaluated for their impact on health outcomes with structured analytics
- j. Must demonstrate sustainability

5. Guidelines for Successful Project Coherence:

Success in conducting a DNP Project is determined first by clearly articulating the project statement, the problem of concern, the purpose or the question. A lack of clarity at this point of departure introduces a lack of coherence throughout the project. The following list provides some guidance in ensuring this coherence as the student starts the process:

- a. Clearly define the phenomenon of concern to introduce the specificity of the problem, purpose or question, linking it to the selected theory or framework; it indicates both what it is and what it is not proposed.
- b. Provide a narrative explanation of how the selected theory or frameworks creates a mental map of the proposed project.
- c. Focus on the goal of identifying an issue, describing it clearly but succinctly and adequately articulating why it is important that the problem be addressed.
- d. Demonstrate that the clinical question is consequential and important to practitioners, researchers, and patients and their families.
- e. Explain how the outcomes anticipated will lead to changes in practice or validation of current practices.

- f. Include in the presentation statements that address commonly held beliefs and realities.
- g. Consider using some existing structures that may be useful in structuring a project statement, problem of concern, purpose or question:
 - 1) A potentially useful structure for developing the project question is the PICOT/S, (a modified PICO): P-patients; I-intervention; C-comparison; O-outcome; T-time; S-setting.
 - 2) A potentially useful structure for developing the project statement is to begin by defining who, what, where, when, how and why.
 - 3) A question may be the most useful in ensuring coherence because it requires a high degree of specificity.

6. Guidelines for Literature Review

The DNP Project is placed in the context of a background of a critical and comprehensive literature review. This review creates the context of the proposed project. It also becomes the basis for translating existing research into useful practice scholarship. The following list provides some guidance in the preparation of a literature review:

- a. The literature review serves to identify current practices in relation to an identified phenomenon of interest, including best practices and gaps in current status.
- b. Several grading systems exist for the assessing the quality of literature; the system used must be identified in the report of the literature evaluated.
- c. Establishing an organized process for identifying, evaluating, and organizing literature for the project is essential to maximize orderly outcomes and ensure retrievability. Considering a structured matrix that organizes this information enables the student and the eventual reader to evaluate the research basis for the project. Such a matrix should include information on design, sample, setting, variables, data, findings and usefulness of studies reviewed.
- d. The literature review can assist in the following:
 - 1) identify data sources others have used
 - 2) study how key concepts were measured
 - 3) put the proposed project in context
 - 4) assemble evidence to support the project and findings.
- e. Determining type of literature to be used is a first decision-point: primary, secondary or tertiary.
- f. The literature review can serve to validate the value of and/or need for the project.

7. Guidelines for Assessing and Engaging Stakeholders

- a. Stakeholders are those persons who are a factor in the proposed project in some way, have an interest in the project process or outcome, or could potentially either support or oppose the proposed project.
- b. Establishing a systematic process for negotiating with stakeholders and recording all germane data about each stakeholder is an important quality assurance practice.

- c. The Adjunct Faculty Clinical Practice Coach (AFCPC) is a key resource in assessing and engaging stakeholders; the student should seek coaching from the AFCPC in optimizing this process.
- d. The UST DNP Program has made a commitment to ensuring that while the student is pursuing their DNP Project, this initiative should concurrently provide a demonstrable service to the clinical partner(s) involved in the project. In collaboration with the AFCPC, the student is responsible for ensuring this mutuality of benefits is established and implemented.

8. Linking and integrating DNP clinical practicum work with DNP Project planning

- a. Students are responsible for linking and integrating their pre-project DNP clinical practicum experiences to their DNP Project planning.
- b. Students are guided by the UST examples of clinical/application activities to plan and implement their efforts at this linking and integrating. The following list describes these activities where students may earn pre-project clinical hours.
 - 1) Planning and Evaluating Clinical Experiences: the intellectual investment made in planning, evaluating, and professionally documenting clinical and application experiences.
 - 2) Analysis: analytic summaries of demographic, health needs, and life patterns of target population; case analysis of one or more patients reflective of target population; analysis of a leadership or administrative problem; analysis of political or policy issue relevant to healthcare or target population.
 - 3) Individual Development: conducting self and elicited assessments of leadership patterns and competencies as basis for development; engaging in self-reflection in a systematic manner; participating in professional development activities relevant to DNP program of study.
 - 4) Initiating or Engaging in Innovation: the creation of a new way of addressing an old or recurring issue; facilitating a change that yields a more effective or satisfactory outcome; introducing new ideas or strategies into administrative or policy deliberations; inventing something new and useful.
 - 5) Engaging Purposefully with Leaders and Administrators: meetings with Adjunct Faculty Clinical Practice Coach; networking and collaborating with intra and inter-professional colleagues to achieve a specific goal or project; observation of or engagement in administrative meetings relevant to individual objectives;
 - 6) Translating Research into Practice: inquiries that produce evidence based outcomes or applications; activities related to DNP project planning; professional presentations, posters and/or publications related to DNP program of study.
- c. Students are responsible for identifying the clinical activities they pursue and recording them in their clinical logs. This documentation, a program requirement, provides a record of their planning process and its implementation. It also provides documentation of the student's achievement of DNP Essentials and UST program outcomes.

- d. In addition to the list of clinical/application activities provided in II, A, 8, b above, the following activities are examples of DNP Project focused activities where the student may earn clinical hours:
 - 1) Attending meetings, conferences, or meeting with consultants related to the DNP Project problem or population.
 - 2) Creating educational tools or protocols necessary for the DNP Project.
 - 3) Developing tools or protocols for evaluation or assessment central to the DNP Project.
 - 4) Collecting, organizing, and evaluating germane evidence for the DNP Project.
 - 5) Engaging in organizational assessment, negotiations, or orientations for the DNP Project.
 - 6) Developing policies essential to the DNP Project.
 - 7) Participating or leading staff in-services related to the DNP Project implementation.
 - 8) Acquiring necessary new skills or competencies for implementing the DNP Project.
 - 9) Developing and managing a DNP Project timeline.

B. Guidelines for Preparing a Project Proposal

1. The first step in starting the DNP Project is the careful preparation of a clear, detailed, concise proposal of the proposed project.
2. This proposal is submitted to the DNP Project Team for approval; the project cannot be implemented until approved by the Project Team.
3. This proposal is used to negotiate with the clinical site of the proposed project; the project cannot be implemented until approved by those with the authority to approve it at the clinical site. The proposal should include a clear statement of how the clinical site will benefit from the proposed project.
4. This proposal articulates all the essential information necessary to meet the requirements of an IRB when the approval of that body is necessary or appropriate.
5. The proposal requires professional writing and clear thinking; it maps out the project and becomes the parameters that are simply then implemented.
6. Students will use the APA formatting, referencing and writing style in the preparation of the proposal of their DNP Project (*Publication Manual of the American Psychological Association*, Seventh edition (2020), Washington, DC: American Psychological Association).
7. While there is variance in proposals developed, the following outline identifies the components of and sequencing of the components in the proposal.

Part I. Overview

- A. Title Page
- B. Table of Contents
- C. Abstract
 1. Introduction to focus of the project
 2. Project assumptions, if any
 3. Problem statement or question

4. Patient population, identifying inclusion and exclusion criteria
5. Purpose of the project
6. Theoretical and conceptual basis or framework
7. Methodology
8. Limitations of the project
9. Proposed analysis
10. Implications for practice

Part II. Background Information

- A. Background and significance
- B. The problem statement or question detailed
 1. The statement
 2. The clinical meaning of the question
 3. Operational definition of project variables
 4. Significance of the project
- C. The literature review
 1. Synthesis of prior literature with focus on:
 - a. Population
 - b. Stated problem
 - c. Theoretical basis for project
 - d. Methodology
 - e. Organizational/system factors
 - f. Proposed action to be taken/intervention
 - g. Measurement/tools/data to be managed
 2. Propose project's potential contribution to literature
- D. The clinical site/organizational assessment (local context)

Part III. Project

- A. The purpose or objectives of the project
- B. The project design
 1. The methodology
 2. The ethical considerations
 3. Risk/benefits of project
 4. Potential barriers to implementation and/or sustainability
- C. The setting: Descriptive information and assessment
 1. Macro-scope details
 2. Micro-scope details
- D. The participants
 1. Recruitment of participants
 2. Recruitment/engagement of relevant stakeholders
 3. Key personnel in project
 4. Protection of human subjects and confidentiality measures
- E. The action/intervention
- F. Measures/tools/instruments

1. Data to be collected
2. Methods for data collection
3. Validity and reliability of measures
- G. Limitations of the project
- H. Proposed analysis of findings
- I. Anticipated findings
- J. Sustainability plan
- K. Proposed dissemination plan
- L. Implications for practice
- M. Evaluation of project plan
 1. Evaluation of purpose outcomes
 2. Evaluation of process
 3. Planned evaluation analysis

Part IV. Support Documents

- A. References
 1. Literature review matrix of analysis results
 2. Listing that meets APA specifications
- B. Appendices as appropriate
- C. Detailed timeline of project from start to finish
- D. Individual project addenda as needed

C. Guidelines for Conducting a Clinical Site/Organizational Assessment (local context)

1. Students are responsible, with the assistance and coaching of their Adjunct Faculty Clinical Practice Coach, to conduct a comprehensive assessment of the facility, unit or organization where they intend to conduct their DNP Project. This clinical or organizational site is the local context of the project.
2. Data generated by this clinical site or organizational assessment indicates factors that shape and influence the project and are reported as an integral component of both the DNP Project Proposal and the final Report of the Project.
3. This assessment demonstrates the students' mastery of complex adaptive system theories and their interface with traditional bureaucratic narrative descriptions of organizations and systems.
4. This assessment includes the following focal areas of investigation of the clinical site or organization (the site):
 - a. Site administration: Traditional Mental Maps
 - 1) Structure
 - 2) Roles and Responsibilities
 - b. Site Informal organization: Complex Adaptive System Mental Maps
 - 1) Influencers
 - 2) Patterns of interaction
 - 3) Agent groups

- 4) Potential for creating healing environments
- 5) Readiness for change initiatives
- c. Site work structures and factors of import
- d. Potential obstacles to project
- e. Supportive stakeholders if present
- f. Resistant stakeholders if present
- g. Student relationships among site employees and participants
- h. Student relationships with patient population
- i. Patient population history with site
- j. Site's evidence of diversity/inclusion and social justice practices
- k. Resources available in site

D. Guidelines for Writing the Final DNP Project Report

1. Students will use the APA formatting, referencing and writing style in the preparation of the written report of their DNP Project Report (*Publication Manual of the American Psychological Association*, Seventh edition (2020), Washington, DC: American Psychological Association).
2. Students are responsible for seeking assistance as needed to ensure the adequate proficiency in professional writing necessary for preparation of the final report.
3. The final report provides the substance for subsequent dissemination activities of the student.
4. The final report outlines the planned and implemented sustainability of the DNP Project.
5. The final report, responsive to AACN criteria, will, "Include an evaluation of processes and/or outcomes (formative or summative). DNP Projects should be designed so that processes and/or outcomes will be evaluated to guide practice and policy. Clinical significance is as important in guiding practice as statistical significance is in evaluating research."
6. The final DNP Project Report will use the following outline to ensure inclusions of all components of the project process.
 - A. Title Page: Project title, student's name and credentials, institution and "in partial fulfillment of the requirements for the Doctor of Nursing Practice Degree" statement
 - B. Signed copy: DNP Project Defense Form
 - C. Dedication Page
 - D. Acknowledgment Page
 - E. Abstract/Executive Summary
 - F. Table of contents
 - G. List of Tables Page
 - H. List of Figures Page
 - I. Introduction
 1. Problem statement/Clinical question
 2. Purpose of the project
 3. Background/significance/needs assessment
 4. Scope of the project

5. Project assumptions, if any
6. Patient population, identifying inclusion and exclusion criteria
7. Operational definition of project variables
8. Proposed project's potential contribution to literature
- J. Theoretical and conceptual basis or framework
- K. Literature Review
- L. Clinical Site/Organizational Assessment
- M. Project design (Instruments in Appendix)
- N. Methodology
- O. Project Implementation
 1. Setting description
 2. Participants
 - a. Recruitment of participants
 - b. Recruitment of relevant stakeholders
 - c. Protection of human subjects and confidentiality measures
 3. Ethical considerations
 4. Intervention/action
 5. Data collection
 6. Measures/Instruments/Tools
 - a. Data collected
 - b. Methods for data collection
 - c. Validity and reliability of measures
 7. Limitations of the project
- P. Analysis/discussion of findings/outcomes
 1. Methods of evaluation
 2. Details of findings
 3. Relationship to literature review
 4. Discussion of facilitators and barriers
 5. Unintended consequences: positive and negative
- Q. Recommendations and limitations
 1. Relationship to theoretical and conceptual basis or framework
 2. Review of methodology
 3. Review of project design
 4. Implications for patient care and health systems
 5. Implications for nursing practice
- R. Evaluation of project
 1. Process
 2. Outcomes
 3. Clinical significance
- R. Sustainability plan/recommendations
- S. Dissemination plan
 1. Selected audiences
 2. Selected media
- T. Implications for personal nursing practice and personal career development
- U. References
- V. Appendices as appropriate



DNP Practicum Policy

In the University of St. Thomas (UST) DNP program, the “Practicum” refers to the purposeful and planned activities that the DNP students engage in to acquire and expand their capacity in the practice of clinical scholarship. During progression in the DNP program of study, students initiate a process of increased mastery based on practicum experiences. This purpose is congruent with AACN descriptions of an aggregate systems organization focus for DNP practice, the focus of the UST program:

“The DNP graduate preparing for advanced specialty practice at the population/organizational/policy level demonstrates competencies in conducting comprehensive organizational, systems, and/or community assessments to identify aggregate health or system needs; working with diverse stakeholders for inter- or intra-organizational achievement of health-related organizational or public policy goals; and, designing patient-centered care delivery systems or policy level delivery models.”
(Essentials of Doctoral Education for Advanced Nursing Practice, 2006, p. 18)

This understanding of “Practicum” may initially be experienced as unfamiliar, altering the students’ prior understanding of the term, often associated with the direct provision of patient care. This transition is described in the same section of the “Essentials” document:

“Aggregate/Systems/Organizational Focus DNP graduates in administrative, healthcare policy, informatics, and population-based specialties focus their practice on aggregates: populations, systems (including information systems), organizations, and state or national policies. These specialties generally do not have direct patient care responsibilities. However, DNP graduates practicing at the aggregate/systems/organization level are still called upon to define actual and emerging problems and design aggregate level health interventions. These activities require that DNP graduates be competent in advanced organizational, systems, or community assessment techniques, in combination with expert level understanding of nursing and related biological and behavioral sciences.”
(Essentials of Doctoral Education for Advanced Nursing Practice, 2006, p. 18)

The UST program further focuses this aggregate/systems/organizational focus on a specific patient population identified by the student. Population, as defined by the UST DNP program, includes any distinct community of persons sharing health related phenomena potentially responsive to nursing’s compassionate healing ministry within a culture of healing practices. This narrative about a population of choice provides the applicant, upon admission, with the opportunity to initiate the design of the unique program of study the student will pursue, shaped by personal interests, capacities and goals. It also creates the arena where the student pursues personal mastery of clinical scholarship.

This population focal point is threaded throughout the student's entire program of study, becoming the focus of competencies in transformative nursing leadership within a culture of healing practices. The content areas of the aggregate/systems/organizational focus inform the planning of practicum experiences, e.g., assessment of organizations, identification of stakeholders, reshaping of policies. These experiences provide a pathway toward clinical scholarship that addresses the specific health care needs of an identified population.

Applicants admitted to the program, with the assistance of the Graduate Program Director and an academic advisor, negotiate a collaborative relationship with key leaders and stakeholders within the student's selected site(s) designed to provide focused, mutually beneficial "Practicum" initiatives that further a culture of healing practices. These negotiations assist the student in crafting a program focus that benefits both the health care clinical partner and the student.

Students select a site for their practicum experiences where they can develop their clinical scholarship capacities with their population of choice. Student can select a site where they are employed however their practicum experiences must extend beyond those of their employee responsibilities. Where the clinical site requires a formal contract with the Peavy School of Nursing (PSON), this contract must precede actual engagement in practicum activities at the site. The Graduate Program Director is responsible for establishing these contracts or expanding existing PSON contracts to include DNP students. While practicum experiences are not involved in direct care practices, the contract enables the DNP students to gain access to pursue activities congruent with their aggregate/systems/organizational focus.

The UST DNP program was structured so that the required clinical practicum component of the curriculum ensures a collaborative partnership between UST faculty and PSON health care service partners. In many cases, these partnerships were established in the PSON baccalaureate program, and the DNP partnerships introduce a new dimension to these established relationships.

More specifically, the DNP program introduces students to an innovative faculty role, the Adjunct Faculty Clinical Practice Coach (AFCPC). The AFCPC must be a clinical expert prepared to assist the student in pursuit of individual learning objectives and the student's practicum engagement with the population of the student's choice. This adjunct faculty member will coach the student, in individual or group sessions, in the design and evaluation of the application of course content to student-identified population health phenomena of concern and appropriate responsive healing environments within the diverse arenas of health care and related nonmedical sectors. The Adjunct Faculty Clinical Practice Coach (AFCPC) is thus an individualized resource for each DNP student. Each student will have an expert clinician who will coach the individual student during progression through the program. The AFCPC, in most cases, will be employed in the clinical site of the student's choice, and thus can serve as an 'in-house' resource in navigating practicum experiences focused on system and organizational phenomena of concern.

Students design their "Practicum" experiences to achieve not only the desired outcomes of these experiences, but also concurrently both the outcomes of the DNP program and the

AACN Essentials. These experiences are integrated into the student's curriculum plan as clinical credits to be earned. Because students may enroll after earning either baccalaureate or master's degrees in nursing, "Practicum" experiences vary for individual students.

Because the DNP program also requires elective credits where students can pursue added expertise related to the students' population focus and their practice of clinical scholarship with this population, these elective courses can further individualize the activities of the students' "Practicum" which can be pursued concurrent with though distinct from the elective course. The "Practicum" experience is thus, though planned and purposeful, also individualized and unique to the student and the student's personal goals as a clinical scholar.

Required Practicum Credits

All BSN prepared DNP students are required to complete 1000 hours of clinical practicum experience. The total clinical hours in the UST DNP program, based on the formula of 1 credit = 45 hours is 1080, or 24 credits. Students may not transfer in clinical credits in the DNP program. Equivalency clinical credits are recognized if documented by the post-Master's student and in negotiation with the Graduate Program Director and the academic advisor and with the advice and approval of the DNP Program Committee.

For post-Baccalaureate students, ten of their 24 required clinical practice credits are earned through the clinical practicum course, NURS 7X14; eight through clinical seminars integrating the practicum with the total curriculum, NURS 7113; and six are earned in selected core courses where the learning experience incorporates objectives focused on collaborative practice experiences with the student's Adjunct Faculty Clinical Practice Coach. These courses are NURS 7301, 7304, 7306, 7307, 7310, and 7211, all offered in the first six semesters of a full-time program of study.

DNP students with an appropriate earned graduate degree with documented prior graduate level clinical credits will meet the requirements for 1000 hours by completing a number of clinical hours determined on an individual basis through a negotiation with the DNP Program Chair and the student's academic advisor at the time of admission to the program. Students will be required to provide their documentation of valid prior clinical hours in these negotiations. These equivalency clinical credits are computed to determine the number of clinical hours to be earned in the DNP program.

For post-Master's students, six clinical credits are earned in the selected core courses not eligible for equivalency where the learning experiences with an Adjunct Faculty Clinical Practice Coach focus on collaborative practices: NURS 7301, 7304, 7306, 7307, 7310 and 7211. In addition to the clinical credits earned in these core courses, additional clinical credits are earned in the clinical practicum course, NURS 7X14 and the clinical seminar course, NURS 7113.

As recommended by the AACN Report from the *Report from the Task Force on the Implementation of the DNP* (August 2015), the UST DNP program will credit practice hours of post-Master's DNP students who hold a current national certification in an area of

advanced practice nursing as defined in the DNP Essentials as long as this certification includes the requirement of a minimum of a graduate degree. This crediting process will be achieved through negotiation with the Graduate Program Director and the academic advisor on an individual basis.

Planning Practicum Experiences

The AACN *Report from the Task Force on the Implementation of the DNP* (August, 2015) provide useful guidance in clarifying the role DNP program practice experiences play in the students' program of study and this guidance assists UST faculty and students in designing clinical practice experiences. The Task Force list includes the following:

- Systematic opportunities for feedback and reflection.
- In-depth work/mentorship with experts in nursing, as well as other disciplines.
- Opportunities for meaningful student engagement within practice environments.
- Opportunities for building and assimilating knowledge for advanced nursing practice at a high level of complexity.
- Opportunities for further application, synthesis, and expansion of learning.
- Experience in the context of advanced nursing practice within which the final DNP Project is completed.
- Opportunities for integrating and synthesizing all of the DNP Essentials and role requirements necessary to demonstrate achievement of defined outcomes in an area of advanced nursing practice.

To provide further planning guidance, the UST program developed *DNP Clinical and Application Experience Guidelines* as follows:

The following are examples of clinical/application activities that may be representative of the type of experiences you design to meet your course and individual learning objectives:

Planning and Evaluating Clinical Experiences: the intellectual investment made in planning, evaluating, and professionally documenting clinical and application experiences qualifies as clinical time.

Analysis: analytic summaries of demographic, health needs, and life patterns of target population; case analysis of one or more patients reflective of target population; analysis of a leadership or administrative problem; analysis of political or policy issue relevant to healthcare or target population.

Individual Development: conducting self and elicited assessments of leadership patterns and competencies as basis for development; engaging in self-reflection in a systematic manner; participating in professional development activities relevant to DNP program of study.

Initiating or Engaging in Innovation: the creation of a new way of addressing an old or recurring issue; facilitating a change that yields a more effective or satisfactory outcome; introducing new ideas or strategies into administrative or policy deliberations; inventing something new and useful.

Engaging Purposefully with Leaders and Administrators: meetings with Clinical Coach; networking and collaborating with intra and inter-professional colleagues to achieve a

specific goal or project; observation of or engagement in administrative meetings relevant to individual objectives;

Translating Research into Practice: inquiries that produce evidence based outcomes or applications; activities related to DNP project; professional presentations, posters and/or publications related to DNP program of study.

Students are advised to use these guidelines to plan purposeful “Practicum” experiences. Individual students may, however, identify additional options that meet their goal of acquiring and expanding their capacity in the practice of clinical scholarship. In such cases, the students are encouraged to negotiate pursuit of these innovations after negotiations with the DNP Program Chair, the academic advisor and the individual AFCPC, incorporating their goals into their formal Practicum planning process.

This planning process is documented through the development of a formal “DNP Program Practicum Action Plan Form” (See attached Appendix I). Students are also required to provide detailed documentation, in their online Clinical Logs, indicating how they have earned their required clinical hours, through a formal entry in the form provided for this purpose. Activities that meet the clinical hours requirement are determined by negotiations with designated course faculty and the student’s Adjunct Faculty Clinical Practice Coach who must approve all clinical experiences, the objectives to be met and the support personnel who may be involved in the experience. AACN guidelines are used to guide this negotiation. The documentation creates a data base for demonstrating that the student has met the requirement for clinical hours earned and for tracing the students’ progression toward the mastery of clinical scholarship.

Practicum Progression

Practicum experiences within the curriculum are designed to support a progression toward expanded competencies. While the majority of the earned clinical credits are acquired through the planning process described above, the first stages of practicum experience are directly linked to specific courses, where one of the earned course credits is a clinical credit.

As noted above, these single clinical credits are earned in six core courses. The individual faculty who teach these courses design the objectives, evaluation processes and grading for this clinical credit. These single clinical credits are introduced at the outset, as students begin their participation in the program, to integrate the practicum and its relationship to the diverse dimensions of the program, linking dimensions of clinical scholarship to components of varied course content. It also assists the student in grasping a more complex understanding of “clinical practice” that moves beyond the assumptions of direct patient care to the more demanding initiatives that focus on the aggregate/systems/organizational level of action.

The remaining required clinical credits are earned in two courses:

NURS 7113

Transformational Nursing Leadership: Clinical Applications Seminar

(1 Credit)

NURS 7014V

Transformational Nursing Leadership: Clinical Applications Practicum
(6 Credit Hours Maximum per semester)

NURS 7113 is offered every semester and enables the students, with faculty support, to plan, pursue and evaluate their clinical progression. In this course students develop the intellectual and practical templates that guide the steady expansion of their comprehension and skills for refining their clinical scholarship goals and achievements. NURS 7014V is the formal clinical practicum course where students enroll in up to 6 credits per semester to invest substantial time in further developing their clinical scholarship skills. This includes the preparation of their DNP Project proposal, the selection of a DNP Project Team, and the preparatory work necessary for implementation of their DNP Project proposal. In these two courses, grades are Pass/Fail. In the six practicum credits earned in the earlier courses, GPA computation will include the letter grade earned in courses and will thus influence the student's overall GPA.

The composite of credit hours earned in these various venues conclude in meeting the DNP program requirement for clinical practicum hours. While individual students may exceed the requirement, students cannot complete the program without meeting the minimum requirement for clinical hours. The student is responsible for monitoring their progression toward meeting the minimum requirement.

Practicum Outcomes

Practicum hours are designed to demonstrate synthesis of expanded competencies acquired within the DNP program of study and applied to real world health care leadership initiatives. They provide documentation of the students' achievement of program outcomes specific to advanced practice in nursing as articulated in the AACN Essentials (2006). The practicum hours thus signify the capability of the student to meet the core competencies of the DNP degree as established by the AACN and articulated in the UST DNP program.

Practicum hours are not substantiated by the students' expertise in the healthcare system demonstrated prior to the DNP program nor by time spent working on classroom assignments other than those described above. By the time of graduation, competencies must be demonstrated and documented in all domains identified in the AACN Essentials and directly linked to the population specialization as designed by the student.

The Practicum thus serves as the arena where the student identifies, acquires and masters the skills necessary to conduct a final product of the DNP program, the DNP Project, where they demonstrate their central outcome of clinical scholarship. The DNP Project Policy describes this product and its process in detail. As students' progress through the DNP program, they systematically acquire the competencies they need to engage in clinical scholarship as their primary expression of transformational leadership, creating healing environments. The successful completion of planned, purposeful practicum activities thus creates a state of readiness for the proposal, implementation, evaluation and outcome dissemination of this project.

Thus, the most substantive outcome of the Practicum is the successful completion of the DNP Project, concurrent with the successful completion of the DNP program of study.

Appendix I



DNP Program Practicum Action Plan Form

Student Name:	Date:	Coach:
Course Number:	Semester:	Clinical Site:
<p>Practicum Purpose: The purpose of the practicum is to provide students with guided experiences leading to the development of clinical scholarship competencies. Practicum learning experiences are expected to contribute substantively to the student’s ability to produce a DNP project that meets Peavy School of Nursing and AACN criteria. This purpose is congruent with AACN descriptions of an aggregate systems organization focus for DNP practice. <i>“The DNP graduate preparing for advanced specialty practice at the population/organizational/policy level demonstrates competencies in conducting comprehensive organizational, systems, and/or community assessments to identify aggregate health or system needs; working with diverse stakeholders for inter- or intra-organizational achievement of health-related organizational or public policy goals; and, designing patient-centered care delivery systems or policy level delivery models.” – AACN Essentials included in Graduate Nursing Handbook 2019-2020.</i></p>		
<p>Practicum Outcome(s): Describe the outcome(s) you expect to achieve by completing this practicum and key indicators of outcome achievement.</p>		

Directions: Using the template below, list objectives you plan to achieve and the projected practice experiences required to achieve stated objectives. Please consider the number of semester hours you selected for this practicum in delineating your objectives and practice activities. After you have delineated objectives and projected practice activities, please identify AACN DNP Essentials category that aligns with the objectives and practice activities.

Note: This Action Plan is a dynamic tool designed to facilitate your progress toward achieving your identified practicum outcomes. If during the semester, you find it necessary to alter your plan to achieve your outcomes, please do so in consultation with your Clinical Practice Coach and faculty).

Objectives	Projected Clinical/Application Activities Required to Achieve Objectives	Associated DNP Essentials

Practicum Credit Designation: To earn one credit in a clinical/practicum course, the student must document he/she committed 45 hours to achieving 1 credit. Using the checklist below, please Indicate the number of practicum credits desired for the semester in which the student is enrolling. As indicated above, students should plan practicum objectives and activities that are congruent with the number of practicum hours to which they commit. Please seek guidance from the Graduate Program Director and Clinical Practice Coach in selecting practicum hours and completing Action Plan.

- 1 Credit = 45 Practicum hours
- 2 Credit = 90 Practicum Hours
- 3 Credit = 135 Practicum Hours
- 4 Credit = 180 Practicum Hours
- 5 Credit = 225 Practicum Hours
- 6 Credit = 270 Practicum Hours

Requirements for successful completion of the practicum:

- I. Submit Practicum Action Plan to include:
 - a. Specific practicum objectives relevant to the practicum focus.
 - b. Alignment of DNP essential categories with each objective
 - c. Projected practice experiences required to achieve objectives
 - d. Key indicators of practicum outcome achievement.
- II. Submit Midterm progress report on achievements and any substantive alterations to original proposal with rationales.
- III. Written summary report on practicum outcomes.

Student Signature: _____ Date: _____

Graduate Program Director Signature: _____ Date: _____

Clinical Practice Coach Signature: _____ Date: _____

Section: Policy #: DA.009	Peavy School of Nursing Policies PMHNP Practicum Policy	Effective: January 8, 2022 Revised: February 17, 2025 Reviewed:
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PMHNP Practicum Policy

Audience	Faculty, clinical faculty, students, and clinical preceptors coordinating, teaching core and specialty courses for the Psychiatric- Mental Health Nurse Practitioner (PMHNP) track, and/or supervising PMHNP clinical experiences.
Purpose	This policy was developed to guide course faculty, clinical faculty, students, and clinical preceptors engaged in the University of St. Thomas (UST), Peavy School of Nursing (PSON) PMHNP clinical practicum requirements. The University of St. Thomas, Peavy School of Nursing is committed to quality graduate nursing education. As such, faculty supervision, including observation of the PMHNP student's clinical performance with clinical partner agencies and patients is essential. In order to support the partnership between the student, faculty, school, and preceptor for the clinical immersion experience, the following document has been developed for use by all parties involved.
Policy Statement	<p>PMHNP's work with a diverse range of patients, from children through older adults and the program will provide them with the preparation to: Initiate medical histories and physical and psychological assessment, including ordering and interpreting psychiatric related diagnostic testing, generate differential diagnoses and manage psychiatric and mental health problems, medications management (prescribe and evaluate treatment plan- pharmacological and non-pharmacological)</p> <ul style="list-style-type: none"> • The PMHNP practicum provides the students with skills in advanced physical assessment, psychosocial assessment, health promotion, and diagnosis and management of acute and chronic mental health problems. • Students are to spend concentrated time in the clinical setting appropriate to their PMHNP specialty. Refinement of clinical expertise and establishment of role identity as an advanced practice registered nurse are expected outcomes. A minimum of 500 clinical hours is required for satisfactory completion of the PMHNP track or certification options program (<i>The National Task Force on Quality Nurse Practitioner Education: Criteria for Evaluation of Nurse Practitioner Programs (2016). 5th Edition. Washington, DC. https://www.nonpf.org/page/12</i>)
Definitions	<ol style="list-style-type: none"> 1. The PMHNP Practicum is a clinical training experience where psychiatric nurse practitioner students apply classroom knowledge in real-world settings under supervision. They work with patients, diagnosing conditions, providing therapy, prescribing medications, and managing care. This hands-on experience is essential for developing the skills needed to become a licensed PMHNP

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	2. A Clinical Preceptor is an experienced NP or a physician with both clinical practice skills and expertise in the roles appropriate to the roles in which the student is preparing.
Practicum Role Responsibilities	
Responsibility of the Peavy School of Nursing	Responsibility of the Peavy School of Nursing <ul style="list-style-type: none"> • The School will initiate affiliation agreement or/ and Memorandum of Understandings between the preceptor organization and the Peavy School of Nursing (PSON). The agreement will be signed by the preceptor organization, the clinical facility, and the appointed representative for the Graduate Program. • The PSON will provide the course work and laboratory experiences that establish the foundation for clinical practice. • The PSON will provide faculty site visits to preceptorship sites to evaluate the student and to assist the student and preceptor, as needed, in accomplishing the clinical learning objectives. • The PSON will provide the materials required for evaluation of the student's performance in the preceptor's clinical setting.
Responsibility of the Faculty Course Coordinator/Clinical Faculty	Responsibility of the Faculty Course Coordinator/Clinical Faculty <ul style="list-style-type: none"> • Responsible for all PMHNP students in the clinical areas. • Responsible for identifying and evaluating clinical sites for appropriateness of learning experiences and ensuring completion of site evaluation forms. • Responsible for making student/faculty assignments and assigning students to appropriate clinical sites. • Responsible for assuring all documents are completed related to the preceptorship, including the letter of intent, preceptor profile (or resume), and Memorandum of Agreement. • Responsible for arranging meetings with the preceptor, student and faculty during the semester for evaluation purposes. • Responsible for providing immediate consultation and/or support of the preceptor when needs or problems are reported. • Responsible for seeking preceptor input regarding the student's performance. • Responsible for collaborating with the student in completing the Student's Evaluation of Preceptor form at the end of the semester

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	<ul style="list-style-type: none"> Using clinical objectives for the specific semester, Clinical Faculty will document the student’s progress and specify satisfactory/unsatisfactory completion of clinical competencies. All relevant documents must be completed by the end of the semester.
Responsibility of the Preceptor	<p>Responsibility of the Preceptor:</p> <ul style="list-style-type: none"> The Preceptor will provide a setting in which the student will see patients and gain experience in clinical practice. The preceptor will have a minimum of two years of clinical experience in the area of specialty as documented in the curriculum vitae/resume. The preceptor will function as a role model to provide clinical teaching and supervision for the student in the practice of work up and management specific to patient care needs. The preceptor will dialogue with the clinical faculty and will provide input to the clinical faculty. The preceptor will provide ongoing feedback to the students regarding their progress in obtainment of course objectives. The preceptor will notify the clinical faculty within 24 hours if any conflict arises with the student or if the preceptor identifies a student who is having difficulty. The preceptor will review the clinical oversight documentation and co-sign all records and orders written by the student unless otherwise restricted. The Preceptor will sign the student’s clinical hours tracking log each day the student is present in his/her clinical site. The Preceptor will make contact during the semester with the students and faculty to discuss the student's progress and learning needs. The Preceptor will provide input regarding clinical evaluation of the student and will complete the clinical evaluation form at the end of the semester for the student(s) he/she is precepting. The Preceptor is expected to notify faculty immediately when unsatisfactory performance of the student is in question. <p>Acceptable preceptors for the clinical (medical management) experiences: Psychiatrist or Psychiatric Mental Health Nurse Practitioner with prescriptive authority. Preceptors must be board certified.</p> <p>Acceptable preceptors for therapy clinical experiences: licensed psychologist, LCSW-ACP (licensed clinical social worker-advanced clinical practitioner), LMFT (licensed marriage and family therapist), or LPC (licensed professional counselor) Master’s prepared counseling preceptors are required; doctoral prepared preceptors are preferred.</p>

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	<p>Examples of acceptable therapy/counseling practice settings: Individual Counseling/Therapy Environments, psychologist’s private or community practice; LCSW/LMFT/LCDC’s private or community practice.</p> <p>Other acceptable therapy/counseling environments might include:</p> <ul style="list-style-type: none"> • Individual or group counseling center • Drug and alcohol treatment center • Children’s behavioral health type center • art therapy, music therapy, parenting guidance center • A developmental disabilities treatment center • A school guidance counseling center • Rehabilitation center, retirement center • Intake center for ID intake for a public or private psychiatric center or hospital
<p>Responsibility of the Student</p>	<p>Responsibility of the Student: Students are accountable to the standard of care expected of NPs. So, nurse practitioner students can be held personally liable for actions taken in the clinical setting. Given this risk of liability, NP students may be required to obtain medical malpractice insurance.</p> <ul style="list-style-type: none"> • The student will complete the Student Profile in a timely fashion. • The student is responsible for providing the preceptor with the APN Preceptor, Faculty, and Student Handbook, including clinical objectives, appropriate evaluations tools. • The student will submit a completed student profile to the preceptor and to faculty on or before the first clinical day • The student will establish a mutually agreeable schedule for clinical time with the preceptor. He/she will come to the clinical experience prepared to perform in accordance with assigned learning activities in accordance with course. • The student will demonstrate ability to manage progressively complex patient care situations (including differential diagnosis, treatment plans, and patient teaching) in accordance with his/her academic progression. • The student will follow policies and procedures established in the practicum site and will keep the preceptor informed about cases and learning activities. • The student functions under the Nurse Practice Act statues and regulations for expanded nursing roles. • The student participates in conferences with the preceptor and faculty to discuss progress, problems, and learning needs.

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	<ul style="list-style-type: none"> The student will maintain accurate records of clinical time and experiences on the Clinical Log. This document will be completed, including the preceptor’s signature each day the student is in the clinical site. The original copy of the Clinical Log will be submitted to faculty.
Practicum Guidelines/ Clinical Hour Requirements	<p>In order to meet the clinical learning objectives, students may choose to complete clinical hours with physicians, and nurse practitioners at a setting that meets the practicum experience needs for the semester. Each course has specific focus for clinical, and clinical sites/preceptors must be approved by your clinical faculty:</p> <ul style="list-style-type: none"> Students are expected to develop specific clinical objectives and provide those to each of your preceptors at the beginning of your clinical rotations. Students will be evaluated by their preceptor using several means including, but not necessarily limited to, the following: observation, chart review, discussions with the student's preceptor(s), and review of feedback provided by the preceptor and evaluation by faculty/Preceptor. Clinical Performance/Evaluations = P/F. Students must satisfactorily complete the clinical performance component of the course to be eligible to pass the course. Students deemed unsafe or incompetent will fail the course and receive a course grade of “F.” The behaviors constituting clinical failure include, but are not limited to, the following: <ol style="list-style-type: none"> Demonstrates unsafe performance and makes questionable decisions Lacks insight and understanding of own behaviors and behavior of others Needs continuous specific and detailed supervision Has difficulty in adapting to new ideas and roles Fails to submit required written clinical assignments Falsifies clinical hours <p>Practicum I - 180 clinical hours required are segmented in the following ways (Some observational experiences may be allowed if approved by clinical faculty)</p> <p>Below are examples of clinical hours’ distribution</p> <ul style="list-style-type: none"> 90 hours - Assessment and Management of Acute and chronic PMH issues in Assessment and Medical Management of Acute and Chronic PMH issues in adults and older adults 20 hours – Therapy (can be individual group, family or addiction)

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	<ul style="list-style-type: none"> • 20 hours – Observation of Formal Psychological and Evaluation Procedures (observation of psychological and neuropsychological testing and evaluations. Typically, a PhD psychologist performs these tests/evaluations) • 30 hours – Observation of Psychiatric and Mental Status Evaluation Procedures (observation of MSE and psychiatric assessment). Preceptor must be a board certified PMHNP or psychiatrist. • 20 hours – Addiction <p>Practicum II - 180 clinical hours required for this Practicum I are segmented in the following ways (Some observational experiences may be allowed if approved by clinical faculty:</p> <p>Below are examples of clinical hours distribution</p> <ul style="list-style-type: none"> • 90 hours - Assessment and Management of Acute and chronic PMH issues in Child and Adolescent • 20 hours – Therapy (can be individual group, family or addiction) • 20 hours – Observation of Formal Psychological and Evaluation Procedures (observation of psychological and neuropsychological testing and evaluations. Typically, a PhD psychologist performs these tests/evaluations) • 30 hours – Observation of Psychiatric and Mental Status Evaluation Procedures (observation of MSE and psychiatric assessment). Preceptor must be a board certified PMHNP or psychiatrist. • 20 hours – Addiction <p>Practicum III - 180 clinical hours required for this course are segmented in Integrative Care</p>
<p>Increase in Practicum Clinical Hours Requirement</p>	<p>Students entering The PSON PMHNP Certificate, MSN, PMHNP, and or the DNP-PMHNP programs will be required to complete 750 clinical practicum hours beginning fall 2025.</p> <p>Note: The NONPF (National Organization of Nurse Practitioner Faculties) is requiring 750 clinical hours for nurse practitioner (NP) programs due to the "National Task Force Standards" which mandate increased clinical practice hours to better prepare NPs for the growing complexities of the healthcare system, including expanded practice authority and diverse patient populations, requiring a higher level of clinical competency upon graduation; this means more direct patient care experience is deemed necessary to meet current healthcare demands.</p>
<p>Submitted for Approval by</p>	<p><u>Lucindra Campbell-Law, PhD, APRN, ANP, PMHNP, BC, Professor/ Divisional Dean Graduate Program/ PMHNP Track Director, PSON</u></p>

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References	<p>The National Task Force on Quality Nurse Practitioner Education: Criteria for Evaluation of Nurse Practitioner Programs (2016). 5th Edition. Washington, DC. https://www.nonpf.org/</p> <p>National Organization of Nurse Practitioner Faculties. (2021). <i>Nurse practitioner core competencies</i> (6th ed.). National Organization of Nurse Practitioner Faculties.</p>
Date	<p>Draft: January 8, 2022 Approved: January 12, 2022 Frequency of policy review: Every two (2) years or as needed Revised: February 17, 2025</p>

Approved by:



Graduate Programs Director

2/17/2025

Date



Graduate Programs Division Dean

2/17/2025

Date

Section: Policy #: DA.010	Peavy School of Nursing Policies PMHNP Clinical Site Policy	Effective: January 5, 2022 Revised: Reviewed:
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PMHNP Clinical Site Policy

Audience	Psychiatric-Mental Health Nurse Practitioner (PMHNP) course faculty, clinical faculty, and clinical preceptors coordinating clinical placement for students experiences in the PMHNP track.
Purpose	The University of St. Thomas, Peavy School of Nursing is committed to quality graduate nursing education. As such, faculty supervision, including observation of the PMHNP student's clinical performance with clinical partner agencies and patients is essential. In order to support the partnership between the student, faculty, school, preceptor, and clinical sites for the clinical immersion experience, the following document has been developed for use by all parties involved.
Policy Statement	<p>The clinical agency must assure the academic institution has adequate facilities and clinical preceptors to provide the type of clinical activities the student needs.</p> <p>At the end of every clinical course the student and clinical faculty will evaluate the clinical site. These include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • The appropriate patient population. • The dedication of preceptors. • The appropriate environment (e.g., rooms for student to conduct practice). • The appropriate time frame students may need to conduct practice. <p>In the event that the clinical site is not conducive to student learning, faculty if necessary, will identify and secure another site for the student and ensure all requirements are in place prior to student placement.</p>
Guidelines	<p>Nurse practitioner programs obtain agreements with clinical sites, called affiliation agreements, prior to placing students in the site.</p> <p>Affiliation agreements outline the responsibilities of both the university and clinical facility.</p>
Procedures	<p>Obtain an Affiliation Agreement: This process can take from three to nine months depending on the legal departments of both parties.</p> <p>Obtain a Program Agreement: This process can take from a few weeks to three months.</p>

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	Complete onboarding paperwork: This is the final step get students connected with clinical site.
Submitted for Approval by	<u>Lucindra Campbell-Law, PhD, APRN, ANP, PMHNP, BC, Professor/ Divisional Dean Graduate Program/ PMHNP Track Director, PSON</u>
Date	Draft: January 5, 2022 Approved: January 12, 2022 Frequency of policy review: Every two (2) years or as needed Revised:

Section: Policy #: DA.011	Peavy School of Nursing Policies Coaching Policy	Effective: January 2, 2018 Revised: Reviewed: January 12, 2022
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Coaching Policy

The University of St. Thomas (UST) School of Nursing (SON) Doctor of Nursing Practice (DNP) program has been designed to integrate coaching as a core component of the DNP program, identifying coaching as an alternative to mentoring, precepting and teaching as historic customary components of a program of instruction in nursing. Coaching in the DNP program focuses specifically on the clinical component of the program and will be provided by clinical experts as partners in the students' course of study.

This commitment emerges as congruent with the vision, mission philosophy and conceptual framework of the school's programs of instruction. It is also congruent with the strong emphasis on transformation, the central process shaping the preferred future of the discipline of nursing. This emphasis on transformation emerges in large part from the outcomes of the national study of the discipline sponsored by the Robert Wood Johnson Foundation and the Institute of Medicine resulting in the 2010 report, *The Future of Nursing: Leading Change, Advancing Health* (Institute of Medicine, 2010). This report is integral to the structure and focus of the DNP program of study. Finally, coaching as a process is congruent with nursing's deep respect for the self-agency of all persons nurses hope to serve.

The program commitment to coaching is framed within the International Coach Federation's (ICF) definition: "Coaching is partnering with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential" (n.d.). The core competencies of the ICF serve as central guide to decision-making about essential training objectives and content as the UST SON pursues this commitment.

This definition and these core competencies are congruent with the specific focus of the DNP program as a course of study that prepares nurse leaders who can transform complex adaptive healthcare environments into healing environments that support nurses in providing truly holistic care. Most DNP students will enter the program with experience in healthcare environments organized in traditional hierarchical structures led by administrators utilizing traditional transactional leadership practices. The program focuses students on understanding health care as provided in complex adaptive systems where they function as transformational leaders. The realization of this transition can best be achieved through the coaching partnership where DNP students take responsibility for maximizing their personal potential.

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Emphasizing coaching is best understood when contrasted with analogous but substantively different approaches used in nursing by nurses. Mentoring occurs when a more experienced and often older nurse gives help and advice to a less experienced and often younger nurse. It is more directive than collaborative, the direction determined by the mentor. Preceptors are expert nurse clinicians who guide, tutor, and provide direction aimed at a specific performance of a nursing skill or competency. It is specific to the clinical focus shared by the involved parties and is designed to assist individuals in mastering essential clinical competencies under the direct supervision of the nurse preceptor. Teaching is a process where an expert in a given discipline or competency, in this case nursing, imparts knowledge or skill to another, giving instruction to make the knowledge or skill accessible to another who seeks this. Each of these more familiar approaches places primary emphasis on the intent and methodology of the nurse as mentor, preceptor or teacher in relationship to another person who is the recipient of this expertise.

Coaching is present and future focused, relatively short-term and action oriented. The coach elicits and facilitates the actualization of the choices made by the person being coached. It emphasizes the development of clear and specific goals with a mechanism for measuring progress toward those goals. The success of coaching relies on a trusting and open relationship between the coach and the person being coached. The purposes of the coaching process provided by clinical experts for UST DNP students include:

1. To explore existing challenges in the environment(s) where students complete the clinical hours requirements of the program.
2. To describe, through self-reflection, current personal responses and identify alternative responses to these challenges.
3. To identify and access supportive resources available to strengthen options in addressing challenges.
4. To recognize and expand personal competencies and strengths in pursuing self-selected learning objectives and responses to organizational challenges.
5. To test out and evaluate alternative approaches to emergent situations in the clinical environment as a proactive presence in a complex adaptive system.
6. To relate clinical experiences to the health related experiences and opportunities of the students' self-selected population.
7. To integrate components of the course of study and the planned DNP project with the clinical experiences.

These purposes are pursued through a collaboratively designed action plan. The clinical expert provides coaching embedded in the existing culture of the organization where the student completes clinical hours while concurrently aiming to collaboratively create a coaching culture in this organization.

One other dimension of coaching is noteworthy in this approach to clinical education. Concurrent with the development of coaching for DNP students, the discipline of nursing also embraces coaching as a health and wellness process, designed

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to promote well-being, prevent disease and stabilize and support those with chronic conditions. Best articulated by Barbara Dossey (Dossey, n.d.), health and wellness coaching is a multidimensional, concept across the health professions; in nursing it includes a focus on healing, the metaparadigm of nursing theory, and patterns of knowing in nursing. Barbara Dossey who, in collaboration with Susan Luck and Bonney Gulino Schaub, have developed a certificate program for integrative nurse coaching believe that nurse coaches, with their leadership capacities, interactions with clients/patients, and other interprofessional collaborations, are leaders in the evolution of healthy people living in a healthy world (Dossey, n.d.).

The authors of a landmark study of corporate leaders best describe the promise implicit in this emphasis on coaching within organizations. The study, conducted through the Center for Creative Leadership, focused on creating coaching cultures in organizations (Anderson, Frankovelgia, & Hernez-Broome, 2009). In their Executive Summary the authors noted:

The surveyed leaders believed that seismic shifts in their organizations' performance are possible if coaching is ingrained in their culture. The leaders believe that a coaching culture increases focus on developing others and managing performance; increases sharing and utilization of knowledge; leads to more participative and transparent decision-making; and makes learning and development a top priority. (p. 3)

The DNP program emphasis on coaching will prepare students to create coaching cultures that can pursue transformations in health care environments. In addition, clinical partners of the UST DNP program, trained in fundamental coaching concepts and competencies, become resources not only for DNP students but also for their own clinical agencies, bringing the coaching culture to their environments.

Two conceptual shifts are essential to the integration of coaching as a preferred organizational practice. The first focuses on the organization. While several comparisons are available to understand this shift, Table 1, adapted in part from Rouse (2008), provides a summary of the contrast between a traditional understanding of organizational structures and processes and that of complex adaptive systems. The final term in the table, heterarchy, may be unfamiliar and is most simply described as a formal structure, usually represented by a diagram of connected nodes, without any single permanent uppermost or dominant node, implicitly indicating the absence of a single leader.

Table 1. Comparison of Traditional Organizations and Complex Adaptive Systems

Comparison Factors	Traditional Organizations	Complex Adaptive Systems
Roles Assumed	Management	Leadership
Methods Used	Command and Control	Incentives and Emergence

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Measurement Focus	Activities	Outcomes
Process Focus	Efficiency	Agility
Relationship Focus	Contractual	Personal Engagement
Network Structure	Hierarchy	Heterarchy

The second conceptual shift is based on a comparison between transactional leadership and transformational leadership. Once more, many comparison structures exist to understand this shift. Table 2, adapted from Surbhi (2015), and refined from a variety of sources, provides a summary of the contrast between these two understandings of leadership.

Table 2. Comparison of Transactional Leadership and Transformational Leadership

Comparison Factors	Transactional Leadership	Transformational Leadership
Meaning of Term	A leadership style that employs rewards and punishments to motivate followers.	A leadership style that employs modeling and motivation for love of the work to inspire followers.
Leader Emphasis	Leader lays emphasis on relations with followers as exchange for production	Leader lays emphasis on the values, ideals, morals and needs of the followers.
Core Essential Impetus	Reactive	Proactive
Congruent Setting	Settled Environment	Turbulent Environment
Congruent Purpose	Developing/refining the existing organizational culture	Changing the existing organizational culture
Fundamental Style	Bureaucratic	Inspirational
Number of Leaders	Only one	More than one
Focus	Planning and execution	Innovation

As is apparent from content from Tables 1 and 2, the DNP program focuses on transformational processes in both the leadership and organizational dimensions, processes often unfamiliar in health care settings. Coaching as essential to both can be equally unfamiliar. Hence, UST has crafted a systematic initiative to provide coaching training.

The first and primary audience for this training is the clinical partners of the SON who will serve as coaches for UST DNP students. Coaching competency as an organizational strength, however, calls for a more inclusive long-term plan for training. Such training might invite the inclusion of clinical partners not directly engaged in DNP student coaching, graduate students and interested faculty from both the SON and the larger UST community, and in time, potentially, health care professionals in the Houston metropolitan area and the nation at large.

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Coaching training will be provided at three levels of complexity and competency. A first level program would provide participants with a one-day survey introduction to coaching, focused primarily on the nature and utility of coaching and an understanding of the fundamental core competencies as identified by the International Coach Federation (n.d.). These 11 core competencies provide a content outline for this and all subsequent levels of training, and are listed below:

- A. Setting the Foundation
 - 1. Meeting Ethical Guidelines and Professional Standards
 - 2. Establishing the Coaching Agreement
- B. Co-creating the Relationship
 - 3. Establishing Trust and Intimacy with the Client
 - 4. Coaching Presence
- C. Communicating Effectively
 - 5. Active Listening
 - 6. Powerful Questioning
 - 7. Direct Communication
- D. Facilitating Learning and Results
 - 8. Creating Awareness
 - 9. Designing Actions
 - 10. Planning and Goal Setting
 - 11. Managing Progress and Accountability

The second level of training provided by the SON would be a 2-3 day workshop focused on using coaching skills as a management style essential to transformational leadership in complex adaptive systems. This program would be of particular import to our clinical partners working with DNP students, though not confined to this audience, and would emphasize the development of coaching skills. Skill practice would focus specifically on the objectives of the DNP program and the needs of the DNP students. It is anticipated that this workshop would serve to prepare clinical coaches for their role within the DNP program but also introduce valuable new competencies into the agencies of our clinical partners.

The experiences acquired in the first two levels of training would frame the creation of a certificate program that would be marketed to the regional and national nursing and health professional community. The intent of the SON in offering this program would be to make a contribution to the transformation of health care at a macro level through coaching skills as an essential engagement in complex adaptive systems. UST would position itself as a transformational nursing resource and engage our clinical partners and DNP students in the certificate program.

While the DNP program would enjoy substantive benefits from the coaching training programs, this training would move beyond the scope of the DNP program to

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provide the UST SON with a high visibility program offering that mirrors the school's commitment to transformational leadership and the transformation of health care. In this way it also provides an arena where UST SON pursues its vision and mission and engages the UST community in this initiative.

To ensure quality training programs, the SON has sought the expertise of a recognized master coach and coach trainer, Debra Gerardi, RN, JD.

Sources:

Anderson, M.C., Frankovelia, C. & Hernez-Broome, G., (January, 2009). Creating coaching cultures: What business leaders expect and strategies to get there. *A CCL Research White Paper*, Center for Creative Leadership.

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Surbhi, S. (July 21, 2015). Difference between transactional and transformational leadership. Accessed March 8, 2016 at <http://keydifferences.com/difference-between-transactional-and-transformational-leadership.html>

Program Planning Committee Approval: April 1, 2016

Section: Policy #: GA.001	Peavy School of Nursing Policies Cross-Listed Courses Policy for Graduate Nursing Programs	Effective: June 1, 2021 Revised: January 12, 2022 Reviewed:
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Cross-Listed Courses Policy for Graduate Nursing Programs

Audience	This policy applies to the UST Peavy School of Nursing (PSON) MSN, DNP programs and PMHNP track and certification option course coordinators and faculty.
Purpose & Policy	<p>The purpose is to assure the objectives and student outcomes are met for both cross-listed courses.</p> <p>When graduate nursing students participate in cross-listed courses, the course coordinator(s) are accountable for that course content delivery and student outcomes are congruent with the student's program level.</p>
Guidelines	<p>Course coordinators are accountable for planning and evaluating cross-listed course offerings to meet the following criteria:</p> <ul style="list-style-type: none"> • Identify core content congruent with both graduate nursing course objectives • Differentiate content specific to graduate nursing course objectives • Determine core and specific learning activities • Specify core and specific outcome expectations and evaluation processes • Differentiate student outcome evaluation and documentation by program level <p>Course structure and documentation:</p> <ul style="list-style-type: none"> • Provide syllabi for each cross-listed course (one for each program cross-listed) • Provide one or two calendars as perceived appropriate to course plan

Section: Policy #: GA.002	Peavy School of Nursing Policies Graduate Student Academic Retention Policy	Effective: July 1, 2020 Revised: March 23, 2023 Reviewed:
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Graduate Student Academic Retention Policy

Audience	This policy applies to the UST Peavy School of Graduate Nursing faculty and all Graduate Program students.
Purpose	This policy establishes criteria and processes to facilitate students maintaining prescribed academic standards during their time in the program. This sets the expectation that remedial measures will be initiated when a student fails to achieve or maintain a test grade of B- (80-83) or above on any nursing course test.
Academic Retention Program Services	The goal of the academic retention program is to proactively coach the student so they can remedy the deficiency causing the drop in grades. The services provided to achieve this goal include but are not limited to peer mentoring, peer tutoring, and referring the student to services such as UST tutorial services for writing or counseling.
Academic Retention and Progression Guidelines	<p>The following guidelines are used to determine student academic status and responsive action:</p> <ol style="list-style-type: none"> 1. Graduate students are expected to maintain a cumulative GPA of 3.0 to progress in their plans of study. 2. A student who receives less than a B- (<80) in any course specified in his/her plan of study must repeat the course to meet the standard for progression. If successful in meeting the academic standards on the second attempt, the student is eligible to progress in his/her plan of study. 3. Course Coordinators are expected to refer students who receive a grade below a "B-" (<80) in any assignment or exam to the Manager of the Graduate Nursing Student Success Center (GNSSC). The Manager will initiate the student into the Academic Retention Program and develop a plan of action appropriate to the student's need. 4. A student who is unsuccessful at achieving a "B-" on the second attempt in a nursing course will be dismissed from the program. 5. A student who receives a grade less than a "B-" (<80) in two nursing courses will be dismissed from the program. <p>Note: Students wishing to appeal their academic status must follow the appeals process provided in the graduate handbook.</p>