

COLLEGE *of* NURSING

Doctor of Nursing Practice Anesthesia

2026–2027 Handbook



Thomas Jefferson
University

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WELCOME!

Welcome to the Doctor of Nursing Practice (DNP) Nurse Anesthesia Program at the Jefferson College of Nursing (JCN)! This program-specific student handbook supplements the Jefferson College of Nursing Student Handbook and the Jefferson College of Nursing Course Catalog. This Jefferson College of Nursing Doctor of Nursing Practice Nurse Anesthesia Program Student Handbook is revised annually. Any changes made throughout the academic year will be announced in class and updated in the electronic copy posted on the Jefferson College of Nursing website.

The Jefferson College of Nursing Doctor of Nursing Practice Nurse Anesthesia Program is rigorous and requires discipline and self-direction. The best way to succeed is to immerse oneself in the educational process. All students must stay current with coursework, keep informed by maintaining close contact with the course faculty and checking the course board(s) and Jefferson's email at least daily.

Frequently Asked Questions (FAQs)

Can students walk in the University's May graduation ceremony, even if they do not finish the program until August (DNP)?

While DNP Students are permitted to walk in the University's May graduation (at the end of the spring semester), completion of degree requirements occurs in the summer semester.

Can students stop recording their clinical logs in the electronic clinical case log platform after fulfilling the minimum COA clinical requirement?

No, students are required to record ALL experiences in the electronic clinical logging system.

Can students work while enrolled in the program?

Employment during enrollment in the nurse anesthesia program is prohibited without the approval from the Director. Upon approval from the Director, students may work limited hours in non-anesthesia registered nursing employment settings.

Students enrolled in the nurse anesthesia program must be able to devote full time to the program of study.

Students are informed through published materials and during the interview that the total time committed to the nurse anesthesia program is substantial. Outside work responsibilities require the written approval from the Director.

In the event a student is not demonstrating adequate clinical/didactic growth, the Director will rescind previous employment approval.

Students may complete an employment request form from the education/program coordinator to submit to the Director for review.

In accordance with the Council on Accreditation of Nurse Anesthesia Educational Programs, student registered nurse anesthetists shall not under any circumstances be employed as a nurse anesthetist by title or function while enrolled in the Jefferson College of Nursing Nurse Anesthesia Program.

What RN state licenses am I required to obtain and maintain while enrolled in the program?

Students must obtain and maintain RN licenses in all three of the following states: DE, NJ, and PA while enrolled in the Doctor of Nursing Practice Nurse Anesthesia Program.

Academic Advising

Upon enrollment, students are assigned a nurse anesthesia faculty member as an academic advisor. The academic advisor will assist students in interpreting program and policy requirements, as well as monitoring students' academic and clinical progress.

The advisee should keep their advisor informed regarding current or anticipated plans, goals, progression issues, and as needed. Students having questions about academic advisors should contact the Director-Center City, Robin Birchenough at robin.birchenough@jefferson.edu and Director of Montgomery County Site, Dr. Mike Kost at michael.kost@jefferson.edu.

College of Nursing

Leadership Team



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Nurse Anesthesia Students

Clinical Partners

THOMAS JEFFERSON UNIVERSITY COLLEGE OF NURSING

DOCTOR OF NURSING PRACTICE NURSE ANESTHESIA PROGRAM

STUDENT HANDBOOK

ACKNOWLEDGMENT OF RECEIPT OF

DOCTOR OF NURSING PRACTICE NURSE ANESTHESIA PROGRAM

STUDENT HANDBOOK

My signature* below acknowledges receipt of the Jefferson College of Nursing Doctor of Nursing Practice Nurse Anesthesia Program Student Handbook. I understand that I am responsible for reading and abiding by the materials contained within the Jefferson College of Nursing Student Handbook, the Jefferson College of Nursing Doctor of Nursing Practice Nurse Anesthesia Program Student Handbook, and the Jefferson College of Nursing Course Catalog. All these materials contain important information needed during my student experiences here. Please note, the handbooks are updated on a periodic basis, and therefore, it is the student's responsibility to review and abide by all Jefferson College of Nursing NAP updated policies and information.

Student Signature _____ Date _____

Print Name _____

* Signatures will be collected electronically in Canvas courses.

PROGRAM OUTCOMES

The curriculum of the Jefferson College of Nursing Doctor of Nursing Practice Nurse Anesthesia Program is implemented in accordance with AACN Essentials of Doctor of Nursing Practice Outcomes and the Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate. Program outcome criteria align with CCNE Standards for Accreditation and the Council on Accreditation of Nurse Anesthesia Educational Programs.

Graduate Program Outcomes*

PATIENT SAFETY*

The graduate must demonstrate the ability to:

1. Be vigilant in the delivery of patient care.
2. Refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, emailing, etc.).
3. Conduct a comprehensive equipment check.
4. Protect patients from iatrogenic complications.

PERIANESTHESIA*

The graduate must demonstrate the ability to:

5. Provide individualized care throughout the perianesthesia continuum.
6. Deliver culturally competent perianesthesia care (*see Glossary, "Culturally competent"*).
7. Provide anesthesia services to all patients across the lifespan (*see Glossary, "Anesthesia services" and "Across the lifespan"*).
8. Perform a comprehensive history and physical assessment (*see Glossary, "Comprehensive history and physical assessment"*).
9. Administer general anesthesia to patients with a variety of physical conditions.
10. Administer general anesthesia for a variety of surgical and medically related procedures.
11. Administer and manage a variety of regional anesthetics.
12. Maintain current certification in ACLS and PALS.

CRITICAL THINKING*

The graduate must demonstrate the ability to:

13. Apply knowledge to practice in decision making and problem solving.
14. Provide nurse anesthesia services based on evidence-based principles.
15. Perform a preanesthetic assessment before providing anesthesia services.
16. Assume responsibility and accountability for diagnosis.
17. Formulate an anesthesia plan of care before providing anesthesia services.
18. Identify and take appropriate action when confronted with anesthetic equipment- related malfunctions.
19. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.

* Failure to fully comply with one or more of these Standards is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation.

20. Calculate, initiate, and manage fluid and blood component therapy.
21. Recognize, evaluate, and manage the physiological responses coincident to the provision of anesthesia services.
22. Recognize and appropriately manage complications that occur during the provision of anesthesia services.
23. Use science-based theories and concepts to analyze new practice approaches.
24. Pass the National Certification Examination (NCE) administered by the NBCRNA.

COMMUNICATION*

The graduate must demonstrate the ability to:

25. Utilize interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families.
26. Utilize interpersonal and communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals.
27. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of interprofessional care.
28. Maintain comprehensive, timely, accurate, and legible healthcare records.
29. Transfer the responsibility for care of the patient to other qualified providers in a manner that assures continuity of care and patient safety.
30. Teach others (*see Glossary, "Teach others"*).

LEADERSHIP*

The graduate must demonstrate the ability to:

31. Integrate critical and reflective thinking in one's leadership approach.
32. Provide leadership that facilitates intraprofessional and interprofessional collaboration.

PROFESSIONAL ROLE*

The graduate must demonstrate the ability to:

33. Adhere to the *Code of Ethics for the Certified Registered Nurse Anesthetist*.
34. Interact on a professional level with integrity.
35. Apply ethically sound decision-making processes.
36. Function within legal and regulatory requirements.
37. Accept responsibility and accountability for own practice.
38. Understand the importance of providing cost-effective anesthesia services.[†]
39. Demonstrate knowledge of wellness and substance use disorder in the anesthesia profession through completion of content in wellness and substance use disorder (*see Glossary, "Wellness and substance use disorder"*).

* Failure to fully comply with one or more of these Standards is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation.

[†] Effective for all students matriculating into an accredited program on or after January 1, 2026.

40. Inform others of the role and practice of the CRNA.
41. Evaluate how public policy impacts the financing and delivery of healthcare.[†]
42. Advocate for health policy change to improve patient care.
43. Advocate for health policy change to advance the specialty of nurse anesthesia.
44. Analyze strategies to improve patient outcomes and quality of care.
45. Analyze health outcomes in a variety of populations.
46. Analyze health outcomes in a variety of clinical settings and healthcare systems.[†]
47. Disseminate scholarly work (*see Glossary, "Dissemination of scholarly work"*).
48. Use information/communication technologies and informatics processes to support and improve patient care (*see Glossary, "Information/communication technologies and informatics processes"*).[†]
49. Use information/communication technologies and informatics processes to support and improve healthcare systems (*see Glossary, "Information/communication technologies and informatics processes"*).[†]
50. Analyze business practices encountered in nurse anesthesia delivery settings.

* Failure to fully comply with one or more of these Standards is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation.

[†] Effective for all students matriculating into an accredited program on or after January 1, 2026.

CURRICULUM DESIGN

The Jefferson College of Nursing's Doctor of Nursing Practice Nurse Anesthesia Program curriculum awards students who complete the program with a Doctor of Nursing Practice Degree.

Doctor of Nursing Practice Nurse Anesthesia Program

The Jefferson College of Nursing DNP Nurse Anesthesia Program is an integrated, full-time, 36-month, nine-semester program comprised of 85 credits. Before starting their clinical experiences, expert faculty introduce the basic principles of anesthesia, advanced pharmacology related to anesthesia, chemistry & physics, advanced health assessment, pathophysiology, and immersion skills labs. Students begin their clinical experiences at various clinical training sites in their third semester and continue with their clinical training through the ninth semester.

NURSE ANESTHESIA PROGRAM PLAN OF STUDY (CLASS OF 2026)

YEAR ONE | SEMESTER ONE

NU718.7 Introduction to DNP Studies and the Scholarly Project	1
NU560.7 Advanced Pharmacotherapeutics	3
NU603.7 Research for Advanced Practice Nursing I	3
NU717.7 Health and Social Policy	3
NU724.7 Chemistry and Physics Related to Anesthesia	2
NU673.7 Comprehensive Assessment for Clinical Decision-Making	3
Total Credits	15

YEAR ONE | SEMESTER TWO

NU570.7 Pathophysiology of Human Disease/Pathologic Aspects of Disease	3
NU700.7 Pharmacokinetics and Dynamics of Anesthesia Agents	3
NU748.7 Basic Principles of Anesthesia	3
NU750.7 Orientation to Clinical Practice	0
NU605.7 Role of the Advanced Practice Nurse	3
Total Credits	12

YEAR ONE | SEMESTER THREE

NU751.7 Clinical Practice I	3
NU758.7 Advanced Principles of Anesthesia	3
NU775.7 Pathologic Aspects of Disease II	3
NU715.7 Leading Strategic Change in an Era of Healthcare Transformation	3
Total Credits	12

YEAR TWO | SEMESTER ONE

NU704.7 Philosophy, Foundations, and Methods for Evidence-Based Practice	3
NU714.7 Healthcare Systems Safety, Quality, and Improvement Science	3
NU752.7 Clinical Practice II	3
NU768.7 Advanced Principles of Anesthesia II	3
Total Credits	12

YEAR TWO | SEMESTER TWO

NU702.7 Practice Inquiry: Designs, Methods, and Analyses	3
NU753.7 Clinical Practice III	3
NU716.7 Perspectives in Community Engagement and Population Health	3
Total Credits	9

YEAR TWO | SEMESTER THREE

NU713.7 Digital Transformation in Healthcare: Trends and Opportunities	3
NU754.7 Clinical Practice IV	3
Total Credits	6

YEAR THREE | SEMESTER ONE

NU755.7 Clinical Practice V.	3
NU778.7 Crisis Management and Clinical Correlation in Anesthesia	3
NU719.7 DNP Scholarly Project Seminar I	4
Total Credits	10

YEAR THREE | SEMESTER TWO

NU756.7 Clinical Practice V.	3
NU720.7 DNP Scholarly Project Seminar II.	3
Total Credits	6

YEAR THREE | SEMESTER THREE

NU757.7 Clinical Practice VII.	3
Total Credits	3

TOTAL PROGRAM CREDITS 85

NURSE ANESTHESIA PROGRAM PLAN OF STUDY (CLASS OF 2027-2028)

YEAR ONE | SEMESTER ONE

NU718.7 Introduction to DNP Studies and the Scholarly Project	1
NU560.7 Advanced Pharmacotherapeutics	3
NU603.7 Research for Advanced Practice Nursing I	3
NU713.7 Digital Transformation in Healthcare: Trends and Opportunities	3
NU724.7 Chemistry and Physics Related to Anesthesia	2
NU673.7 Comprehensive Assessment for Clinical Decision-Making	3
Total Credits	15

YEAR ONE | SEMESTER TWO

NU570.7 Pathophysiology of Human Disease/Pathologic Aspects of Disease	3
NU700.7 Pharmacokinetics and Dynamics of Anesthesia Agents	3
NU748.7 Basic Principles of Anesthesia	3
NU750.7 Orientation to Clinical Practice	0
NU605.7 Role of the Advanced Practice Nurse	3
Total Credits	12

YEAR ONE | SEMESTER THREE

NU751.7 Clinical Practice I	3
NU758.7 Advanced Principles of Anesthesia	3
NU775.7 Pathologic Aspects of Disease II	3
NU715.7 Leading Strategic Change in an Era of Healthcare Transformation	3
Total Credits	12

YEAR TWO | SEMESTER ONE

NU704.7 Philosophy, Foundations, and Methods for Evidence-Based Practice	3
NU714.7 Healthcare Systems Safety, Quality, and Improvement Science	3
NU752.7 Clinical Practice II	3
NU768.7 Advanced Principles of Anesthesia II	3
Total Credits	12

YEAR TWO | SEMESTER TWO

NU702.7 Practice Inquiry: Designs, Methods, and Analyses	3
NU753.7 Clinical Practice III	3
NU716.7 Perspectives in Community Engagement and Population Health	3
Total Credits	9

YEAR TWO | SEMESTER THREE

NU717.7 Health and Social Policy	3
NU754.7 Clinical Practice IV	3
Total Credits	6

YEAR THREE | SEMESTER ONE

NU755.7 Clinical Practice V	3
NU778.7 Crisis Management and Clinical Correlation in Anesthesia	3
NU719.7 DNP Scholarly Project Seminar I	4
Total Credits	10

YEAR THREE | SEMESTER TWO

NU756.7 Clinical Practice V	3
NU720.7 DNP Scholarly Project Seminar II	3
Total Credits	6

YEAR THREE | SEMESTER THREE

NU757.7 Clinical Practice VII	3
Total Credits	3
TOTAL PROGRAM CREDITS	85

METHODS OF INSTRUCTION

Remote/Online Instruction

Faculty have shifted to student-centric learning models that include strategies such as the use of flipped-classrooms case-based learning activities, simulations, APEX/Prodigy assignments and test preparation. Best practices in nursing education incorporate all these elements. Student engagement is key to academic success and faculty are prepared to provide support to students throughout the program. Students are expected to play an active role in their learning as outlined in the course syllabi:

- Pre-class preparatory work employing a variety of modalities such as video viewing, completion of baseline knowledge assessments, critical readings
- Review of pre-recorded lectures that are uploaded to Canvas in a timely manner prior to synchronous class meeting
- Synchronous class time with faculty and peers that include faculty presentation and review of critical/complex content and priorities for learning along with student driven dialogue with peers and faculty teams
- Opportunities to clarify unclear or difficult/complex concepts with faculty

Classroom Instruction

The faculty from the Doctor of Nursing Practice Nurse Anesthesia Program employ a variety of learner-centric strategies that may include AV teaching aids, lecture presentations utilizing PowerPoint, videos, classroom assignments, case-based learning, return demonstrations in the simulation lab, online assignments.

Clinical Instruction

Students are assigned to administer anesthesia at clinical sites under the direct supervision of a physician anesthesiologist and/or CRNA clinical instructor. Students are expected to attain a set of outcomes at the end of each semester as identified on each semester's Clinical Outcome Assessment/Summative Evaluation.

PLAN FOR NATIONAL CERTIFICATION EXAMINATION (NCE) SUCCESS DOCTOR OF NURSING PRACTICE NURSE ANESTHESIA PROGRAM

POSITION STATEMENTS

- **The Purpose of the National Certification Examination (NCE) Plan for Doctor of Nursing Practice Nurse Anesthesia Program Students**

The NCE plan for success is designed to facilitate the student's readiness for the National Board of Certification & Recertification for Nurse Anesthetists (NBCRNA) certification process and to optimize all students to be successful on the first NBCRNA NCE attempt. It is an essential component of the pre-certification program, and all components of the plan are valuable in transitioning students through program completion and the certification process. This plan is integral for students in the pre-certification curriculum. Content from the review programs, APEX Anesthesia Review & Prodigy, are integrated in select courses throughout the program.

Another component of the NCE success plan is the requirement that students take the Self-Evaluation Examination (SEE) in August of the second year and the second attempt in May of the third year. The SEE is a computerized adaptive test that is intended to help both students and programs identify their respective strengths and areas needing concentration before students take the NCE. The SEE also serves to simulate the NCE experience for students. The four content areas on the SEE are (1) Basic Sciences (20%); (2) Equipment, Instrumentation, and Technology (20%); (3) General Principles of Anesthesia (35%); and (4) Anesthesia for Surgical Procedures and Special Populations (25%) (NBCRNA Self-Evaluation Exam Handbook, 2026). When necessary, remediation is critical to improving student performance and achieving a level of proficiency that equates to success on the NCE.

Refer to Jefferson College of Nursing NAP SEE Policy for further details.

- **Role of the Faculty**

Faculty members assume a key role in the implementation and evaluation of the pre-certification plan. In this role, course faculty members are responsible for supervising the students as they progress to full readiness for the NCE. Inherent to the faculty role is active participation with students in the design and implementation of individualized plans to optimize student success.

- **Role of the Student**

All elements of the plan of study apply to nurse anesthesia students and all students are expected to participate fully in its multiple dimensions and to comply fully with its expectations. Students accept full responsibility for assuming an active role in completing all components of the NCE success plan and for following all recommendations given and requirements determined. Students acknowledge that failure to adhere to the plan's components may impact their ability to successfully complete the NCE. Students will submit to the course faculty the required elements of the plan of study for each course listed below. Specific criteria for acceptable completion of requirements will be established by program faculty.

SELF-EVALUATION EXAMINATION (SEE) POLICY

Successfully passing the National Certification Examination (NCE) is required to become a Certified Registered Nurse Anesthetist (CRNA). The National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) offers this examination to measure the knowledge, skills, and abilities necessary for entry-level nurse anesthesia practitioners.

Eligibility to sit for the NCE includes completing a nurse anesthesia educational program accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA). As preparation for taking the NCE, Jefferson's DNP Nurse Anesthesia Program (NAP) requires all students to take the Self-Evaluation Examination (SEE) in August of the student's second year and a second attempt in May of the third year. Students are required to meet a benchmark score of 400 on the first attempt and 430 on the second attempt. Students will be registered for the exam by the Director. It is the student's responsibility to schedule a testing date/time and complete the exam by the end of each deadline listed above. Test center information will be provided to the students by the NBCRNA.

The Purpose of the National Certification Examination (NCE) Plan for Doctor of Nursing Practice Nurse Anesthesia Program students

Successfully passing the National Certification Examination (NCE) is required to become a Certified Registered Nurse Anesthetist (CRNA). The National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) offers this examination to measure the knowledge, skills, and abilities necessary for entry-level nurse anesthesia practitioners.

Eligibility to sit for the NCE includes completing a nurse anesthesia educational program accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA). As preparation for taking the NCE, Jefferson's DNP Nurse Anesthesia Program (NAP) requires all students to take the Self-Evaluation Examination (SEE) in August of the second year and the second attempt in May of the third year.

Jefferson College of Nursing Self-Evaluation Examination (SEE) Requirements:

- Students are required to take the SEE once in August of the second year and once in May of the third year (paid for by Jefferson College of Nursing). Students will meet with faculty advisors after each exam attempt to create a personalized NCE study plan.
- All students must notify their respective Site Directors within 24 hours of receiving their results .
- Students who fail to achieve the minimum score on either attempt will be required to re-take the SEE at the discretion of the director. Any repeated attempts will be at the student's expense and will have a 60 day waiting period between each SEE Exam attempt. All students will be limited to four SEE exams total during the duration of their nurse anesthesia program. If a student does not receive a minimum total score of 430 on the final attempt, they must meet with directors to develop a remediation plan which may include outside NCE board preparation review sources. Students are responsible for any fee associated with board preparation courses.

If a student does not receive a minimum total score of 430 on the third attempt, they must show proof of registration in an NCE board prep course of their choice. Students are responsible for any charges associated with the board prep course selected.

POLICY ON CLINICAL SUPERVISION/INSTRUCTION

The Jefferson College of Nursing's Doctor of Nursing Practice Nurse Anesthesia Program complies with the Council on Accreditation's definition of clinical supervision restricting the clinical supervision and instruction of students in anesthetizing locations to only CRNAs and/or anesthesiologists intuitively credentialed to practice and who are immediately available for consultation.

The clinical supervision ratio of students to instructors must be coordinated to support patient safety by taking into consideration: the student's knowledge and ability; the physical status of the patient; the complexity of the anesthetic and/or surgical procedure; and the experience of the instructor. Clinical oversight of graduate students in the clinical area must not exceed two graduate students to one CRNA, or two graduate students to one anesthesiologist (if no CRNA is involved).

The program also restricts clinical supervision in non-anesthetizing areas to credentialed experts who are authorized to assume responsibility for the student. Students are never to be supervised by a resident or fellow.

Students who are in the clinical area during their first and second clinical semester will be under the direct supervision of either a board-certified anesthesiologist or certified registered nurse anesthetist (CRNA) in a one-to-one teacher/student ratio. The CRNA and/or anesthesiologist are the only individual(s) with responsibility of care of the patient, and have responsibilities including, but not limited to providing direct guidance to the student; evaluating student performance; and approving a student's plan of care. This policy also limits the maximal student/clinical instructor ratio in the clinical area to 2:1. When this occurs, the anesthesiologist and/or CRNA must be immediately available to the nurse anesthesia student at all times.

POLICY ON LICENSURE OF NURSE ANESTHESIA STUDENTS AND LICENSURE AND CERTIFICATION/RECERTIFICATION OF NURSE ANESTHESIA PROGRAM FACULTY

The Site Directors and Chair will ensure that the following documents are current:

- Current unencumbered RN license and CRNA certification card for all nurse anesthesia program faculty (in the Jefferson College of Nursing faculty files)
- Current unencumbered RN licenses in DE, NJ, and PA for all students enrolled in the program (in the Jefferson College of Nursing student files)
- Current BLS/ACLS certification for all students (in the Jefferson College of Nursing student files)
- Current PALS certification for all students (in the Jefferson College of Nursing student files)
- Current resume, RN license and CRNA online verification for all nurse anesthesia program Clinical Coordinators (in the Jefferson College of Nursing faculty files)

No student will be permitted to participate in clinical experiences at a clinical site if their license and AHA certifications have expired. Students are responsible for making up any clinical time they miss while they are waiting for renewal of their license. Failure to maintain current license and AHA certifications may result in delayed clinical progression and program completion.

It is a Jefferson College of Nursing and a COA requirement that all licenses and certifications are kept on file and valid at all times.

POLICY FOR CLINICAL ASSIGNMENT AND LOGGING OF CLINICAL EXPERIENCES

1. NAP faculty are responsible for assigning students to their clinical placements. Certain clinical sites such as Christiana Care will require a second interview after the student has been accepted into the program. The decision of the clinical site does not affect the student's enrollment in the program.
2. The program will make all efforts to assign a student close to their residence; however, students must be prepared to travel to their clinical rotations. Please refer to the Jefferson College of Nursing, Doctor of Nursing Practice Nurse Anesthesia Program website for a listing of clinical sites and mileage.
3. All students are required to have a reliable means of transportation at all times to assure that they arrive for their clinical site responsibilities in a timely fashion.
4. All students are required to have current unencumbered NJ, DE, and PA RN licenses prior to the start of clinical rotations.
5. Students are required to make up any missed clinical time.
6. All students are required to comply with the clinical site's rules, regulations, and hospital policies. These policies may include, but are not limited to:
 - a. Participation in departmental meetings
 - b. Engagement in student development activities
 - c. Supplemental readings
 - d. Additional care plans
 - e. Assignments
 - f. Participation in pre/post-operative rounds
 - g. Submission of student formative evaluations as per clinical site protocol
7. All students are required to prepare for clinical by formulating an anesthesia care plan daily.
 - a. For the first three clinical semesters, students are required to formulate a written anesthesia care plan for all assigned cases.
 - b. A written care plan is not required for changed assignments. Students may be asked to research a procedure prior to the start of an unanticipated case.

After the first three clinical semesters, students are required to complete a minimum of one anesthesia care plan for any case not previously encountered as well as for specialty cases. Beginning with the fourth clinical semester, a verbal anesthesia care plan may be used for routine/previously encountered cases. Throughout the program on each clinical day, all students are required to provide their clinical preceptor with a verbal/written care plan prior to the start of any patient care. A formative evaluation must be submitted to clinical preceptors prior to the completion of their clinical assignment and after the completion of the student self-reflection. Returned formative evaluations should be submitted to course faculty weekly. Falsification or withholding of clinical evaluations will be managed under the Jefferson College of Nursing Academic Integrity Policy.
8. Students are required to accurately log their clinical experiences according to the COA Guidelines for Counting Clinical Experiences within seven days. Falsifying clinical experience logs will result in immediate dismissal from the program.

GUIDELINES FOR CALL EXPERIENCES

Call experience is a planned clinical experience outside the normal operating hours of the clinical facility. For example, clinical time after 3PM and before 7AM, Monday through Friday, and on weekends is considered a call experience.

- Students on call experiences will always be under the supervision of either an anesthesiologist or a CRNA
- Students may be assigned to a 24-hour call experience; however, a student is not permitted to provide direct patient care for a period longer than 16 continuous hours
- Students are not permitted to participate in any level of anesthesia care without the expressed knowledge, consent, and presence of either an anesthesiologist or CRNA
- Students will only be permitted to leave the clinical area if they have asked and received permission from their preceptor or designee
- Students on call experiences shall maintain constant communication with the senior members of the on-call team
- Students will not be assigned any overnight call experience shift preceding any class day
- Students will be provided a post-call day for any shift worked exceeding 16 hours.
- If students become ill and cannot take call, they must inform the Site Directors, the clinical coordinator, and the clinical site as soon as possible
- If students cannot take their assigned call because of illness, they will be assigned another call experience at the discretion of the Clinical Coordinator

POLICY ON ASSESSMENT OF STUDENT CLINICAL PERFORMANCE

Clinical Semester Performance

Students will receive a pass/fail grade for the clinical courses. This grade is based on Semester I, II, III, IV, V, VI and VII clinical and specialty rotations' Clinical Outcome Assessment Formative Evaluation and Summative Evaluation tools. The Formative Evaluations are completed by the staff CRNAs and/or staff anesthesiologists. The Summative Evaluations are completed by the staff CRNAs, staff anesthesiologists, or NAP faculty. Formal documentation of clinical performance (i.e., evaluation tools, email to

program faculty, written letter) provides the faculty with information on whether a student has successfully met the clinical learning outcomes expected at the end of the semester. Student performance is rated on a progression scale depending on the clinical semester.

If throughout the program a student receives formative and/or summative evaluations that have a progression scale rating that is below what is required for their time in the program reflecting safety concerns, the student will be counseled and placed on clinical jeopardy as per the Jefferson College of Nursing Student Handbook and [Course Catalog](#). All students must meet 80% of the critical outcomes highlighted specifically for their level in the program by the end of the semester for progression, as evidenced on the Summative Evaluation. If a student fails to demonstrate proficiency of clinical learning outcomes, the student will receive a failing grade in the clinical course and be recommended for dismissal from the DNP Nurse Anesthesia Program to the Jefferson College of Nursing College Committee on Student Promotions.

Levels of Progression

Clinical Semester I – Students are expected to demonstrate a rating on both formative and summative evaluations equal to or greater than 1 for every component of the assessment tool.

Clinical Semester II – Students are expected to demonstrate a rating on both formative and summative evaluations equal to or greater than 2 for every component of the assessment tool

Clinical Semester III – Students are expected to demonstrate a rating on both formative and summative evaluations equal to or greater than 3 for every component of the assessment tool

Clinical Semester IV – Students are expected to demonstrate a rating on both formative and summative evaluations equal to or greater than 3 for every component of the assessment tool

Clinical Semester V – Students are expected to demonstrate a rating on both formative and summative evaluations equal to or greater than 4 for every component of the assessment tool

Clinical Semester VI – Students are expected to demonstrate a rating on both formative and summative evaluations equal to or greater than 4 for every component of the assessment tool

Clinical Semester VII – Students are expected to demonstrate a rating on both formative and summative evaluations equal to or greater than 4 for every component of the assessment tool.

Specialty Rotations – Students are expected to demonstrate a rating on both formative and summative evaluations equal to or greater than 3 or 4 for every component of the assessment tool depending upon level in the program.

CLINICAL PROGRESSION SCALE AND DEFINITIONS

Independent (5): The student is independent with complex anesthetic management. Demonstrates proficiency in integrating didactic knowledge within the clinical setting, informed by appropriate clinical reasoning. Able to formalize an anesthetic care plan specific to the type of surgical procedure, meeting patients' physiologic needs across the lifespan assigned an ASA PS 1-6. Confidently provides safe, accurate, and organized evidence-based anesthetic care.

Competent (4): The student is mostly independent with complex anesthetic management, requiring minimal cues and assistance from staff. Able to integrate didactic knowledge toward the type of scheduled surgery within the clinical setting and formalize an advanced anesthetic care plan for ASA PS 1-4. Provides safe, accurate, and organized evidence-based anesthetic care.

Advanced Beginner (3): The student provides care that is safe and accurate. Able to integrate didactic knowledge specific to surgical procedures and a patients' physiological state. The student requires some direction with prioritizing tasks yet can complete them in a timely manner. Shows initiative to implement an anesthetic plan of care.

Novice (2): The student provides care that is safe and accurate but may lack organization. Requires frequent cues from staff in clinical reasoning and assistance in performing tasks. Develops care plans that show an understanding of the anesthetic and surgical procedure.

Dependent (1): The student is safe in practice under direct supervision. Able to verbalize basic knowledge about the scheduled case based on readings. The student lacks confidence, organization, and proficiency, requiring verbal and physical demonstrative cues from the staff. Develops care plans that may lack understanding of anesthetic or surgical procedure.

Safety Concern (0): Unsafe clinical functioning. The student shows a lack of knowledge and/or preparation and is unable to demonstrate an understanding of basic tasks and/or skills. The student requires constant supervision by the staff and lacks appropriate preparation for the scheduled surgical procedure or anesthetic technique.

CLINICAL PROGRESSION SCALE BY LEVEL (SEMESTER) IN THE PROGRAM

Level	Scale	Supervision
I	Dependent (1)	Continuous
II	Novice (2)	Continuous
III	Advanced Beginner (3)	Continuous - Intermittent
IV	Advanced Beginner (3)	Continuous - Intermittent
V	Competent (4)	Intermittent
VI	Competent (4)	Intermittent
VI	Competent-Independent (4-5)	Intermittent
Specialty Rotation*	Novice- Independent (3-5)	Continuous - Intermittent

*Specialty rotations may start in January after the first year (third clinical semester). Students on rotation are expected to perform at the level that corresponds with their semester.

CLINICAL JEOPARDY, PROBATION, AND DISMISSAL

Clinical Jeopardy, Probation, and Dismissal are described in the [Jefferson College of Nursing Student Handbook & Course Catalog](#).

GRADUATE EXAMINATION POLICY

In this policy, “examination” refers to any examination and/or quiz administered in the classroom, online and/or electronically. This includes proctored and non-proctored assessments delivered through approved testing platforms.

1. Students are required to take examinations on the dates scheduled. Examination dates are considered firm academic obligations and are published in advance.
2. Students may miss scheduled examinations only in extreme circumstances. Acceptable reasons must involve documented serious illness, death of an immediate family member, or other extraordinary and verifiable emergency circumstances. Routine travel, employment obligations, or personal scheduling conflicts do not constitute acceptable reasons.
3. In the event a student misses a scheduled examination, the following steps must be taken:
 - a. Notify the lead faculty before the scheduled time for the examination or within 24 hours. Notification should occur as soon as reasonably possible and, when feasible, prior to the examination start time. Supporting documentation may be required at the discretion of the faculty.
 - b. If Approved, Schedule, within three business (3) days of the missed examination, with the faculty, a date for taking the missed examination. Failure to schedule the make-up examination within the designated timeframe will result in a zero (0) for the examination.
 - c. Refrain from discussing the missed examination with students who have already taken the examination. Any discussion, solicitation of content, or attempt to obtain examination information prior to completing the make-up examination may be considered a violation of the Academic Integrity Policy.
 - d. A different version of the examination will be administered in the event of a missed examination. The make-up examination may vary in format, item composition, and structure.
4. Any graduate student missing a scheduled examination without following the steps above will receive a zero
5. An examination may not be repeated for the purpose of improving a course grade.

CLASSROOM EXAMINATION PROCEDURES

Students are expected to demonstrate professional conduct consistent with the Jefferson College of Nursing Academic Integrity Policy throughout the entire testing process.

- Students will bring necessary equipment such as iPad, #2 pencils and/or calculator. Students are responsible for ensuring that all required devices are fully charged, functional, and compliant with faculty instructions prior to the start of the examination. Technical difficulties related to personal equipment will not result in additional testing time. Only faculty-approved calculators may be used.
- The faculty will determine seating arrangements. Unless a student has documented academic accommodations, students must comply with all seating assignments and proctor instructions without exception.
- When room size permits, students may be instructed to leave an empty seat/desk in front of, behind, and to each side. Since examinations may be scheduled in multiple areas, you must report to the assigned room. Failure to do so will result in a grade of zero. Students are responsible for verifying their assigned testing location in advance of the examination.
- No outer apparel is to be worn during the exam period; these items must be left in the front of the room with backpacks, handbags and other personal belongings. Only items expressly authorized by faculty may remain at the student’s desk or testing area. Faculty reserve the right to inspect any item brought into the testing environment.

- Wearing or use of any device capable of web, email, text-messaging and/or data storage capability is prohibited during examinations. All personal equipment (e.g., cell phones, pagers, iPod, watches, smartwatches, headphones, earbuds, smart eyeglasses etc.) must be turned off and left with personal items in the front of the room. Failure to do will result in automatic expulsion from the room and a score of zero for the test/ exam. Foam or rubber ear plugs are permitted to cancel out environmental noise. Failure to comply will result in immediate removal from the testing environment and a score of zero for the examination. Use of unauthorized applications or digital tools during the examination will be treated as a violation of academic integrity.
- Speaking to another student after the examination has started is not permitted and will result in automatic expulsion from the room and a score of zero (0) for the examination. Any behavior perceived as disruptive or inconsistent with examination integrity standards may also result in removal from the testing environment pending review under the Academic Integrity Policy.
- Passing notes or any other items to another student after the exam has started will result in automatic expulsion from the room and a score of zero (0) for the examination. Any questions or requests should be made directly to the faculty or proctor. Students must raise their hand and remain seated until acknowledged by faculty or the proctor.
- Students may not leave the room and return to complete the examination. Once a decision is made to leave the room, the student must submit the exam to the appropriate testing platform. Students should attend to any personal needs before the examination begins, as students may not leave and re-enter the testing environment once testing has started. Leaving the testing environment without faculty approval will result in termination of the examination session.
- Examination start and end times will be listed on the board. Students who arrive late will not receive extra time to complete the examination. Any student who arrives late will only be afforded the remaining allotted test time. Any student who arrives after another student has completed the examination and left the testing room will not be permitted to take the examination that day. At this point, the Examination Policy will apply.
- Examinations will begin and end promptly at the designated times. Students must immediately cease testing when instructed to do so. Failure to stop testing when directed may be considered a violation of academic integrity.
- During examination sessions employing electronic devices, opening any browser other than the examination screen, or taking screen shots will result in automatic expulsion from the room and a score of zero for the examination. Use of unauthorized applications, artificial intelligence tools, communication platforms, or screen capture software during the examination is strictly prohibited and will be treated as a violation of the Code of Conduct.

Additional Student Responsibilities Relating to Electronic Based Remote Proctored Examinations

The following items must not be on the student's desk or used during the proctored exam, unless rules for the exam specifically permit these materials: books, textbooks, notebooks, or a secondary electronic device. The testing area must be clear of all unauthorized materials. Faculty and proctors reserve the right to request a full visual inspection of the testing environment at any time during the session.

- A mirror must be available to show the proctor the workspace at the beginning and continuous of the session. Students must comply with all environmental scan requests, including but not limited to desk surface, surrounding walls, floor area, and computer monitor. Failure to comply may result in termination of the examination session.

- One piece of 8x11 scrap paper and writing tool should be available, if applicable. If scrap paper is permitted, it must be shown to the proctor at the beginning of the session and destroyed in view of the proctor at the conclusion of the examination. No additional paper is permitted unless explicitly authorized.
- Students cannot communicate with any other person during the exam, except the proctor. Any attempt to receive assistance, verbally or nonverbally, including through electronic communication, messaging platforms, or artificial intelligence tools, will be considered a violation of the Academic Integrity Policy.
- Students are responsible for ensuring a stable internet connection and appropriate testing environment prior to the start of the examination. In the event of a connectivity disruption, the student must immediately attempt to reconnect and notify the proctor. Failure to promptly reconnect or report connectivity issues may result in application of the Examination Policy.
- Students will mute themselves on the virtual platform during exam as not to disturb other students.
- Students must keep their camera on, remain fully visible, and stay within the camera frame for the duration of the examination. Disabling video, leaving the camera view, or creating unnecessary distractions may result in termination of the examination session pending review under the Academic Integrity Policy.

GRADUATE ELECTRONIC-BASED EXAMINATION PROCEDURES ON CAMPUS

Student Responsibilities

On examination day students must:

- Arrive at least 10 minutes before the scheduled start time of an examination. Students arriving after the scheduled start time will not receive additional testing time;
- Log in to the exam platform (password will be distributed before start of examination). Students are responsible for following all faculty and proctor instructions regarding access to the examination platform. Accessing the examination prior to authorization is prohibited.; and
- Submit examination on completion or as the scheduled examination period ends and before leaving the room. Students must verify successful upload and display confirmation to the proctor prior to exiting the testing environment. Failure to properly upload the examination before leaving may result in a score of zero pending faculty review.

Any attempt to tamper with or disable the electronic testing software security features will be considered a violation of the Code of Conduct and academic integrity policy will result in disciplinary action. Prohibited activities include but are not limited to sharing examination password(s), recording examination questions, and reverse engineering examination encryption or attempting to do so. Use of artificial intelligence tools, screen capture software, unauthorized applications, or accessing external resources during the examination is strictly prohibited and will be treated as an academic integrity violation.

If a student encounters a technical problem with their computer at the start of or during an examination, they should immediately notify the faculty proctor/s for assistance. Students must remain seated and refrain from attempting to troubleshoot independently unless directed to do so by the proctor. Every effort will be made to resolve the issue in a reasonable time frame.

One sheet of scratch paper will be provided to each student during the administration of an examination/s. Students must clearly print, sign, and date the scratch paper. The scratch paper must be submitted to the faculty

proctor/s at the conclusion of the examination. Students who fail to return this sheet will receive a zero (0) on the examination/s. No additional paper is permitted unless expressly authorized by faculty.

At the completion of the examination, students are required to submit their examination/s immediately before leaving the testing room to ensure examination results are received properly. Students who experience difficulty submitting their examination will be referred to technical assistance (contact the electronic software support services). Students who do not submit the examination and do not seek technical assistance the day of the examination are at risk of receiving a zero (0) for the examination.

GRADUATE ELECTRONIC-BASED EXAMINATION PROCEDURES OFF CAMPUS REMOTELY

Student Responsibilities

Graduate students must install and maintain the current version of the examination software application on their iPad, laptop, or desktop computer that will be used during proctored examination/s. Device must have Windows or MAC operating system. Students are responsible for ensuring their device meets all technical requirements, is fully functional, and is updated prior to the scheduled examination time.

Students must be familiar with their iPad, laptop, or desktop computer, the current version of examination software, and instructions prior to initiating examination. Lack of familiarity with the device or software does not constitute grounds for rescheduling or additional testing time.

Students must adhere to any email instructions from the Academic Commons regarding updates and system maintenance of the current version of examination software. Failure to complete required updates may prevent access to the examination and may be subject to the missed examination policy.

Students will receive instruction from course faculty concerning completing the exam as appropriate. Off-campus examinations will remain open for a time frame that will not exceed 36 hours. Students are responsible for initiating and completing the examination within the designated testing window. Failure to do so will result in application of the Examination Policy.

Off-campus proctors are required for examinations weighted greater than 20%.

On examination day students must

- Have fully charged devices for exam completion and proctor viewing (if applicable);
- Have an AC power cord available;
- Set the internal clock to the correct date and time (EST); and
- Submit the examination on completion or as the scheduled examination period ends. Students must verify successful upload and retain confirmation of submission. Failure to properly upload the examination before the close of the testing window may result in a score of zero pending faculty review.

Any attempt to tamper with or disable the electronic testing software security features will be considered a violation of the Code of Conduct and the academic integrity policy will result in disciplinary action. Prohibited activities include but are not limited to sharing examination password(s), recording examination questions, and reverse engineering examination encryption or attempting to do so. Use of artificial intelligence tools, unauthorized applications, screen capture software, or external communication platforms during the examination is strictly prohibited and will be treated as an academic integrity violation.

Jefferson College of Nursing students experiencing technology problems must make arrangements with Information Systems and Technology (IS&T) to resolve issues during normal business hours. Students are responsible for proactively addressing technical concerns prior to the scheduled examination date. This will allow

appropriate measures to be taken to enable a student to take an examination as scheduled. Failure to resolve known technical issues in advance may result in application of the Examination Policy.

Any technological issues outside of normal business hours that would prevent the use of their laptop/desktop computer during an examination should report the issue (including relevant details) as soon as possible by email to the course faculty. Students must include a clear description of the issue, time of occurrence, and any error messages received. Prompt reporting does not guarantee approval for rescheduling and will be reviewed in accordance with College policy.

At the completion of the examination, students are required to submit their examination/s immediately and show that examination results are received properly. Students must verify successful upload through the confirmation screen or receipt generated by the testing platform. Failure to confirm submission prior to closing the testing session may result in a score of zero (0) pending faculty review.

GUIDELINES FOR SPECIALTY ROTATIONS

OB ROTATION

When second- and third-year students successfully complete an obstetric rotation at their clinical site or if necessary, at a designated off-campus clinical facility, they will be able to administer or manage regional anesthesia and/or administer general anesthesia to pregnant patients during the perinatal period.

When students successfully complete this rotation, they will demonstrate the following specific student learning outcomes.

The student will:

- Identify specific anesthetic equipment necessary to manage patients in labor
- Prepare patients to receive anesthesia for either a vaginal delivery or caesarian section
- Set-up specific anesthetic equipment for all anesthetics during the perinatal period
- Prepare appropriate medication dosing for a variety of anesthetics specific to the obstetric patient
- Develop an anesthetic care plan for obstetrical patient which includes:
 - Conducting a comprehensive pre-operative assessment
 - Selecting pre-operative medication utilizing the protocol of the Department of Anesthesiology
 - Managing fluid requirements
 - Calculating estimated blood volumes
 - Identifying the type of anesthetic technique best suited for an obstetrical patient
 - Selecting the best choice of anesthetic and adjuvant drugs
 - Dose anesthetic agents based on patient condition and weight
 - Discussing proposed anesthetic management with the clinical instructor(s)
 - Managing the emergence of obstetrical patients from general anesthesia

PEDIATRIC ROTATION

When second- and third-year students successfully complete a pediatric anesthesia rotation at their clinical site or if necessary, a designated off-campus clinical facility, they will be able to administer or manage anesthesia for neonatal/pediatric patients undergoing surgery and procedures.

When students successfully complete this rotation, they will demonstrate the following specific student learning outcomes.

The student will:

- Identify specific anesthetic equipment necessary to manage all types of neonatal/pediatric cases
- Set-up specific anesthetic equipment for neonatal/pediatric cases
- Prepare appropriate medication dosing for a variety of anesthetics specific to the neonatal/pediatric patient
- Develop an anesthetic care plan for neonatal/pediatric patients which includes:
 - Conducting a comprehensive pre-operative assessment
 - Selecting pre-operative medication utilizing the protocol of the Department of Anesthesiology
 - Managing fluid requirements
 - Calculating estimated blood volumes
 - Identifying the type of anesthetic technique best suited for a particular neonatal/pediatric patient
 - Selecting the best choice of anesthetic and adjuvant drugs
 - Dosing anesthetic agents based on patient condition, weight, and age
 - Discussing proposed anesthetic management with clinical instructor(s)
 - Managing the emergence of neonatal/pediatric patients from general anesthesia
- Administer anesthesia to neonates and/or pediatric patients scheduled for all types of surgery and procedures
- Interpret the patient physiologic response to procedural interventions and anesthetic agents
- React appropriately to patient physiologic responses to procedural interventions and anesthetic agents
- Manage, fluid and blood component therapy for neonatal/pediatric patients
- Maintain neonatal/pediatric patient core temperatures within an acceptable range
- Transport neonatal/pediatric patients to the PACU/ICU/NICU
- Deliver a comprehensive post-anesthetic report to the PACU/ICU/NICU nurse

NEURO-ANESTHESIA ROTATION

When second- and third-year students complete a neuro-anesthesia rotation at their clinical site or if necessary, at a designated off-campus clinical facility, they will be able to administer or manage anesthesia for patients undergoing a wide variety of neurosurgical and neuro- interventional procedures.

When students successfully complete this rotation, they will demonstrate the following specific student learning outcomes.

The student will:

- Identify specific anesthetic equipment necessary to manage patients undergoing surgical, diagnostic, or interventional radiological neurological procedures
- Set up specific anesthetic equipment for neurological procedures
- Develop an anesthetic care plan which includes:
 - Conducting a comprehensive pre-operative assessment
 - Inserting appropriate invasive monitors
 - Managing fluid requirements
 - Calculating estimated blood volumes
 - Identifying the type of anesthetic technique best suited for the patient with a specific type of neurological condition
 - Selecting the best choice of anesthetic technique individualized for the patient with a specific type of neurological condition
 - Selecting the best choice of anesthetic and adjuvant drugs
 - Discussing proposed anesthetic management with clinical instructor(s)
 - Maintaining the patient's physiologic parameters that will facilitate an optimal outcome
 - Managing the emergence of patients recovering from general anesthesia following a neurosurgical and neuro-interventional procedures

CARDIAC ROTATION

When second- and third-year students successfully complete a cardiac rotation at their primary off-campus clinical site or if necessary, at a designated off-campus clinical facility, they will be able to administer or manage anesthesia for patients undergoing cardiac surgery.

When students successfully complete this rotation, they will demonstrate the following specific student learning outcomes.

The student will:

- Identify specific anesthetic equipment necessary for cardiac surgery
- Interpret the patient physiologic response to surgical/procedural interventions and anesthetic agents
- Respond appropriately to patient physiologic responses to surgical/procedural interventions and anesthetic agents
- Explain the pharmacophysiology associated with the coagulation process
- Discuss the management of patients undergoing coronary bypass or valve replacement
- Discuss the basic principles of cardiovascular bypass
- Discuss the management of minimally invasive cardiac procedures
- Set up specific anesthetic equipment necessary for cardiac surgery
- Develop an anesthetic care plan for cardiac patients which includes:
 - Conducting a comprehensive pre-operative assessment
 - Inserting appropriate invasive monitors
 - Managing fluid requirements
 - Calculating estimated blood volumes
 - Maintaining the patient's physiologic parameters that will facilitate an optimal outcome
 - Identifying the type of anesthetic techniques for specific cardiac condition/procedure
 - Selecting the best choice of anesthetic technique individualized for the patient with a specific type of cardiac condition/procedure
 - Selecting the best choice of anesthetic and adjuvant drugs
 - Managing the patient while they are on bypass
 - Reversing anticoagulation drugs - Dosing anesthetic agents based on patient condition, weight, and age
 - Discussing proposed anesthetic management with clinical instructor(s)
 - Managing the emergence of patients recovering from anesthesia following cardiac surgical/procedural intervention

EVALUATION

Students in the Doctor of Nursing Practice Nurse Anesthesia Program will engage in evaluative processes at a variety of levels and for varied purposes throughout their program of study. Evaluation data are critical to the process of continuous self-evaluation of the program and to strengthen program components.

The following types of evaluation are conducted throughout the program:

1. **Formative Evaluation*** – completed by clinical preceptor and student. Returned weekly for faculty review.
2. **Summative Evaluation*** – completed at the end of each clinical rotation by clinical coordinator and/or clinical preceptor. Reviewed at the end of each clinical semester with faculty advisor.
3. **Self-Summative Evaluation*** – completed at the end of each clinical rotation by student learner. Reviewed at the end of each clinical semester with faculty advisor.
4. **Clinical Preceptor Evaluation*** – completed at the end of each clinical rotation by student learner. Two evaluations must be submitted per rotation by each student. Reviewed at the end of each clinical semester with faculty advisor.***
5. **Clinical Coordinator Evaluation*** - completed at the end of each clinical rotation by student learner. Reviewed at the end of each clinical semester with faculty advisor.***
6. **Clinical Site Evaluation*** - completed at the end of each clinical rotation by student learner. Reviewed at the end of each clinical semester with faculty advisor. ***
7. **Course Evaluation**** – completed at the end of each course by student learner. Results reported in the aggregate are anonymous. Reviewed by faculty at the conclusion of each semester.
8. **Faculty Evaluation**** - completed at the end of each course by student learner. Results reported in the aggregate are anonymous. Reviewed by faculty at the conclusion of each semester.
9. **Exit Satisfaction Survey**** - completed at the end of the program plan of study by the prospective graduate. Results reported in the aggregate are anonymous and are reviewed annually at the NAP Faculty Meeting in the month following receipt.
10. **Alumni Survey**** – completed at 3, 5, and 10-year intervals, post-graduation by alumnus. Results reported in the aggregate are anonymous. Reviewed by faculty upon receipt from the Office of Institutional Research (OIR).

* Required

** Highly encouraged

*** Students complete these surveys electronically; faculty review the results at the end of each semester during the Nurse Anesthesia Program faculty meeting. Additionally, students are encouraged to bring up questions or concerns on an ongoing basis.

STUDENT TIME COMMITMENT TO THE DOCTOR OF NURSING PRACTICE NURSE ANESTHESIA PROGRAM

The Council on Accreditation (COA) of Nurse Anesthesia Educational Programs that oversees nurse anesthesia education in this country defines a reasonable time commitment as follows:

“Reasonable time commitment - A reasonable number of hours to ensure patient safety and promote effective student learning should not exceed 64 hours per week. This time commitment includes the sum of the hours spent in class and all clinical hours, averaged over 4 weeks. Students must have a 10-hour rest period between scheduled clinical duty periods (i.e., assigned continuous clinical hours). At no time may a student provide direct patient care for a period longer than 16 continuous hours.”

The 64-hour per week time commitment limit includes the sum of hours spent in class, and all clinical hours averaged over four weeks and is followed throughout the program. To ensure this standard is met, program faculty monitor student logs to ensure adherence to this policy. Students will be surveyed annually to assess their overall time commitment to the program.

The Jefferson College of Nursing’s Doctor of Nursing Practice Nurse Anesthesia Program will continually monitor student’s time commitment to ensure that it is compliant with this accreditation criterion.

POLICY FOR SICK TIME

All students are required to contact the Site Directors and/or Assistant Site Director, faculty advisor, NAP Education/Program Coordinator, and Clinical Coordinator by phone and email when calling out sick for class or clinical prior to 6 hours of the assigned time.

1. Additionally, students must follow clinical site protocols when calling out sick from the clinical area.
2. In the event of an illness or serious injury that causes the student to miss clinical or class time, documentation of clearance through Jefferson Occupational Health Network for Employees & Students is required. Students must contact the Jefferson Occupational Health Network for Employees & Students (JOHN) for an evaluation and may be required to present information from the treating provider to the Program Director.
3. All students are required to log any sick and make-up time in the electronic clinical logging system.
4. Students are required to attend all classes for which they are registered. Course faculty shall clearly outline these requirements, the objectives, and the anticipated outcomes of each course in the syllabus. For non-nurse anesthesia specific courses, see Immersion or Clinical Performance Expectations Policy in the Jefferson College of Nursing Student Handbook & Course Catalog for procedures related to clinical absence.
5. Special circumstances will be evaluated on a case-by-case basis. Students experiencing such circumstances will contact the Site Directors.
6. Clinical Coordinators reserve the right to determine if a student needs to leave the clinical area for any reason. Students with excessive sick time must meet with the Site Directors and/or Assistant Site Directors to generate a plan for completion of required clinical/class hours.
7. If a student fails to notify the Site Directors and/or Assistant Site Directors by email when they call out sick from clinical, it will be counted as an unexcused absence. A student with three unexcused absences will be placed on clinical jeopardy with the potential to be dismissed from the program.
8. Students will make up missed clinical days in coordination with the Program Director, Clinical Coordinator, and Faculty Advisor.

ATTENDANCE/INCLEMENT WEATHER

Student nurse anesthetists understand their professional responsibilities and duties associated with clinical and didactic assignments.

In the event of inclement weather, Jefferson's DNP NAP does not utilize a publicly announced snow emergency number to announce program closure.

Students enrolled in the program reside in a wide geographic region from program administrative offices and clinical sites. Therefore, all students are expected to use their judgment in relation to weather conditions. Student safety is of primary concern.

When a decision is made by a student to stay home from clinical or class due to inclement weather, they are required to contact both their clinical site and the NAP Site Directors. Students opting to stay home from class days are required to contact NAP Site Directors prior to 8:00 a.m.

Students are not expected to travel in dangerous weather conditions.

DRESS CODE POLICY

Students enrolled in Jefferson's DNP NAP will display a professional appearance at all times during didactic, clinical, and all school related obligations.

Nurse anesthesia students are representatives of the NAP, the specialty, and the profession. The maintenance of a professional appearance and demeanor facilitates the acceptance of the profession and the individual by patients and other health professionals. It is expected that students will assume responsibility for observing the following guidelines on professional attire at all clinical and didactic sites.

Identification/name badges MUST be worn at all didactic and clinical affiliate sites.

All students are expected to maintain a neat, professional appearance and a high standard of personal cleanliness at all times. The personal appearance of our students is very important, essential to the work we do, and reflective of the standards that we uphold. Professional attire for clinical affiliation rotation sites and didactic classroom instruction includes business casual attire or scrubs.

The items listed below, (but not limited to) are not considered business casual attire:

- Jeans or jean skirts
- Tee shirts
- Shorts
- Crop, halter or tank tops
- Flip flops
- Sweatpants or sweat tops
- Jogging suits
- Ripped, torn or faded clothing
- Sleepwear
- Backless dresses or clothing more appropriate for evening or leisure wear
- Sheer clothing
- Caps or hats
- Good personal hygiene is required. Excessive cosmetics and cologne are not permitted.

- In accordance with the Center for Disease Control (CDC) guidelines, students may not wear artificial nails or silk overlays on nails. Nails should not be longer than ¼ inch past nail bed in length. No nail polish may be worn during the pediatric rotations.
- Tattoos are to be covered at all times
- All hair must be neat, clean, and groomed. Exotic hair styles or hair colors (blue, green, purple, yellow, rainbow, etc.) are not permitted
- Large amounts of jewelry are not permitted
 - Post earrings are acceptable; however, ear piercings are limited to 2 per ear
 - No facial piercings are permitted. Tongue piercings must be removed
 - Body piercings must be covered and/or removed at all times
 - No bracelets or necklaces are permitted in the clinical areas
 - Each clinical affiliate has policies governing surgical attire as interpreted from the Center for Disease Control (CDC). All surgical attire being worn in the operating room must be made of a fabric that meets the National Fire Protection Association Standards. Students are required to observe the practice of the clinical site related to surgical attire.
- Students are required to wear 'navy blue' color scrubs for sim lab and class. At the clinical affiliate sites, students will wear the scrubs approved by the site. All other attire must have prior written approval. Some clinical sites allow the students to wear their own traditional OR scrub jackets made of 100% cotton while others provide a scrub jacket when needed for warmth. No other personal jackets or sweaters are permissible.
- Students must change into scrubs at the clinical site before entering the operating room and change out of scrubs before leaving the facility to minimize the spread of pathogens.
- Students are required to wear appropriate OR shoes or clogs in the surgical suite. Students must wear shoes that cover and protect their feet from sharps, blood, and body fluids. No street shoes are permitted. Shoe covers may be required at some sites.
- Students are required to wear appropriate head attire to adequately cover all hair. Some clinical sites allow the students to wear their own cloth caps while others allow only disposable paper caps. Students with beards may be required to wear a hood.

Failure to abide by the NAP dress code may result in initiation of the disciplinary process up to and including dismissal from the nurse anesthesia program.

STUDENT WELLNESS/VACATION POLICY

The Council on Accreditation of Nurse Anesthesia Programs (COA) has defined wellness as a positive state of mind, body, and spirit reflecting a balance of effective adaptation, resilience, and coping mechanisms in personal and professional environments that enhance quality of life. The Council on Accreditation stresses the importance of wellness to healthcare professionals, healthy lifestyles that reflect a positive work-life balance, along with adaptive behaviors to reduce the intensity of experienced stress.

- Students are allotted a **total of 20 wellness/vacation days**, with each day equivalent to **8 hours**, for the duration of the program.
- Prior to entering the clinical arena, students will follow the Jefferson College of Nursing Graduate Academic Calendar, which includes all designated semester breaks and holidays. Once clinical rotations begin, Students will attend clinical during semester and holiday breaks as assigned.

- NAP students are not required to attend clinical during university observed holidays once they enter the clinical arena.
- Wellness/vacation days must be used only at the primary clinical site and may not be taken during specialty rotations.
- Requests for wellness/vacation days must be submitted via email to the Clinical Coordinators, Site Directors, and Education/Program Coordinators at least one week in advance of the requested date. Some clinical sites may have additional or more specific timelines for submitting time-off requests, which students are responsible for adhering to.
- Wellness/vacation days are not required for attendance at professional conferences or board preparation review courses. Students will need to send their registrations for the conference or board prep review to their respective Site Directors and Education /Program Coordinator.
- Requests related to special or extenuating circumstances must be discussed directly with the site directors for consideration and approval.

LOCATION ASSIGNMENT PROCEDURE FOR NURSE ANESTHESIA STUDENTS

Purpose

To establish a transparent, equitable, and systematic process for assigning Nurse Anesthesia Program (NAP) students to their preferred location based on their preferences, while ensuring clinical site capacity, faculty support, and educational outcomes are maintained.

Scope

This policy applies to all matriculated students in the Nurse Anesthesia Program who are required to be placed at one of the NAP locations.

Policy Statement

Students will be assigned to the Jefferson College of Nursing NAP location through a structured process that considers student preferences, clinical site availability, and programmatic needs. While student preferences are taken into consideration, final assignments will prioritize the optimal distribution of students for a high-quality educational experience.

Procedure

1. Student Preference from Admission Portal

- Admission Preference
- Students must select the preferred location on the admission portal.
- The deadline for submission will be clearly stated; late submissions may not be considered.

2. Assignment Process

- Student preferences will be reviewed alongside the admission application and site capacity.
- Where possible, top preferences will be honored, but no guarantees can be made.
- Location selection will be on a first-come, first-served basis

3. Notification of Assignment

- Students will be notified of their location assignment via email after an admission decision is made in about 4 weeks after the interview.
- A deadline will be provided for raising any questions or concerns.

4. Appeals Process

- Students who wish to appeal their assignment must submit a written request to the Program Director within five (5) business days of notification.
- Appeals will be reviewed on a case-by-case basis by the NAP Chair & Program Director and decisions will be final.

5. Responsibilities

- Program Administrator: Oversees the process and approves final location assignments.
- Students: Submit preferences on time and adhere to the Jefferson College of Nursing admission process and requirements.

POLICY RELATIVE TO STUDENTS WORKING OUTSIDE OF PROGRAM COMMITMENT

Employment during enrollment in the nurse anesthesia program is prohibited without the approval from the Director. Upon approval from the Director, students may work limited hours in non-anesthesia registered nursing employment settings.

Students enrolled in the nurse anesthesia program must be able to devote full time to the program of study.

Students are informed through published materials and during the interview that the total time committed to the nurse anesthesia program is substantial. Outside work responsibilities require the written approval from the Director.

In the event a student is not demonstrating adequate clinical/didactic growth, the Director will rescind previous employment approval.

Students may complete an employment request form from the education/program coordinator to submit to the Director for review.

In accordance with the Council on Accreditation of Nurse Anesthesia Educational Programs, student registered nurse anesthetists shall not under any circumstances be employed as a nurse anesthetist by title or function while enrolled in the Jefferson College of Nursing Nurse Anesthesia Program.

COLLEGE *of* NURSING

Doctor of Nursing Practice

2026–2027 Handbook



**Thomas Jefferson
University**

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WELCOME!

Welcome to the Doctor of Nursing Practice (DNP) Program at Thomas Jefferson University's College of Nursing! This guidebook was created to be a reference for all Jefferson DNP students and faculty and is not meant to be an exhaustive resource. The guidelines are revised annually and include information to guide DNP students in the completion of program progression, the DNP Project and practicum hours.

The DNP is a practice doctorate designed to prepare professional nurses for scholarly practice as clinical and health systems experts who will lead and inspire health care improvement and reform. Jefferson College of Nursing's DNP curriculum focuses on leadership, systems thinking, reflective practice, health policy, implementation science and evidence-based clinical practice.

Doctoral study is rigorous and requires independence, discipline and self-direction. The best way to succeed is to immerse oneself in the educational process. An expectation of all students is to stay current with course work and keep informed by maintaining communication with the Graduate faculty, checking the course board/s and JeffMail email daily.

DNP-CLINICAL PRACTICE POST BACCALAUREATE ENTRY ORGANIZING FRAMEWORK

Jefferson College of Nursing Graduate Program has adopted the components of doctoral education defined in The Essentials: Core Competencies for Professional Nursing Education published by the American Association of Colleges of Nursing as the organizing framework of the Doctor of Nursing Practice (DNP) program. Two components form the organizing framework for the doctoral level curriculum: 1) core curriculum comprised of the DNP Essentials 1 through 8 that are the foundational outcome competencies deemed essential for all graduates of a DNP program regardless of specialty or functional focus, and 2) specialty curriculum comprised of the specialty competencies/content that prepares the DNP graduate for those practice and didactic learning experiences for a particular specialty. Competencies, content, and practicum experiences needed for specific roles in specialty areas are delineated by national specialty nursing organizations. The core curriculum constitutes foundational curriculum content that has been identified as essential for all students who pursue a DNP degree in nursing.

The courses incorporated into the core curriculum are foundational to all advanced nursing practice roles.

Students Admitted Spring 2025 & Earlier

- **Essential I:** Scientific Underpinnings for Practice prepares graduates to: 1) 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; and 2) 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 prepares graduates to: 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, and 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 prepares graduates to: 1) use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice; 2) design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient-centered care; 3) apply

- relevant findings to develop practice guidelines and improve practice and the practice environment;
- 4) use information technology and research methods appropriately; 5) function as a practice specialist/consultant in collaborative knowledge-generating research; and 6) 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 prepares graduates to: 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; and 4) evaluate consumer health information sources for accuracy, timeliness, and appropriateness.
- **Essential V:** Health Care Policy for Advocacy in Health Care prepares graduates to: 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) educate others, including policy makers at all levels, regarding nursing, health policy, and patient care outcomes; 4) advocate for the nursing profession within the policy and healthcare communities; 5) develop, evaluate, and provide leadership for health care policy that shapes health care financing, regulation, and delivery; and 6) advocate for social justice, equity, and ethical policies within all healthcare arenas.
- **Essential VI:** Interprofessional Collaboration for Improving Patient and Population Health Outcomes prepares graduates to: 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; and 2) lead interprofessional teams in the analysis of complex practice and organizational issues.
- **Essential VII:** Clinical Prevention and Population Health for Improving the Nation's Health prepares graduates to: 1) analyze epidemiological, biostatistical, environmental, and other appropriate scientific data related to individual, aggregate, and population health; and 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.
- **Essential VIII:** Advanced Nursing Practice prepares graduates to: 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 other 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; and 7) use conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal, and policy issues. The specialty curriculum constitutes the specialty competencies/content that prepares the DNP graduate for those practice and didactic learning experiences for a particular specialty. Competencies, content, and practice experiences needed for specific roles in specialty areas are delineated by national specialty nursing organizations.

American Association of Colleges of Nursing (2006) *The Essentials of Doctoral Education for Advanced Nursing Practice* Washington D.C.

Students Admitted Summer 2025 & Later

THE ESSENTIALS: CORE COMPETENCIES FOR PROFESSIONAL NURSING EDUCATION

Domain 1: Knowledge for Nursing Practice

Integration, translation, and application of established and evolving disciplinary nursing knowledge and ways of knowing, as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences. This distinguishes the practice of professional nursing and forms the basis for clinical judgment and innovation in nursing practice

Domain 2: Person-Centered Care

Person-centered care focuses on the individual within multiple complicated contexts, including family and/or important others. Person-centered care is holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate. Person-centered care builds on a scientific body of knowledge that guides nursing practice regardless of specialty or functional area.

Domain 3: Population Health

Population health spans the healthcare delivery continuum from public health prevention to disease management of populations and describes collaborative activities with both traditional and non-traditional partnerships from affected communities, public health, industry, academia, health care, local government entities, and others for the improvement of equitable population health outcomes. (Kindig & Stoddart, 2003; Kindig, 2007; Swartout & Bishop, 2017; CDC, 2020).

Domain 4: Scholarship for the Nursing Discipline

The generation, synthesis, translation, application, and dissemination of nursing knowledge to improve health and transform health care (AACN, 2018).

Domain 5: Quality and Safety

Employment of established and emerging principles of safety and improvement science. Quality and safety, as core values of nursing practice, enhance quality and minimize risk of harm to patients and providers through both system effectiveness and individual performance.

Domain 6: Interprofessional Partnerships

Intentional collaboration across professions and with care team members, patients, families, communities, and other stakeholders to optimize care, enhance the healthcare experience, and strengthen outcomes.

Domain 7: Systems-Based Practice

Responding to and leading within complex systems of health care. Nurses effectively and proactively coordinate resources to provide safe, quality, and equitable care to diverse populations.

Domain 8: Informatics and Healthcare Technologies

Information and communication technologies and informatics processes are used to provide care, gather data, form information to drive decision making, and support professionals as they expand knowledge and wisdom for practice. Informatics processes and technologies are used to manage and improve the delivery of safe, high-quality, and efficient healthcare services in accordance with best practice and professional and regulatory standards

Domain 9: Professionalism

Formation and cultivation of a sustainable professional identity, including accountability, perspective, collaborative disposition, and comportment, that reflects nursing's characteristics and values.

Domain 10: Personal, Professional, and Leadership Development

Participation in activities and self-reflection that foster personal health, resilience, and well-being; contribute to lifelong learning; and support the acquisition of nursing expertise and the assertion of leadership

Concepts threaded throughout the curriculum across various courses and domains include:

1. Clinical Judgement
2. Communication
3. Compassionate Care
4. Diversity, Equity, Inclusion
5. Ethics
6. Evidence-Based Practice
7. Health Policy
8. Social Determinants of Health

American Association of Colleges of Nursing (2021) The Essentials: Core Competencies for Professional Nursing Education Washington D.C.

DNP-CLINICAL PRACTICE POST BACCALAUREATE ENTRY PROGRAM OUTCOMES

For Students Admitted Spring 2025 & Earlier

Upon completion of this program, the graduate will be able to:

1. Synthesize knowledge from ethics and the biophysical, psychosocial, analytical, and organizational sciences into the conceptual foundation of advanced nursing practice at the doctoral level. (Essential I)
2. Employ organizational and systems-level leadership principles in the development and evaluation of care delivery approaches that meet the current and future needs of communities and populations. (Essential II)
3. Design, direct and evaluate scholarly inquiries that incorporate evidence appraisal, research translation, and standards of care to improve practice and the practice environment. (Essential III)
4. Analyze ethical and legal issues in the use of information, information technology, communication networks, and patient care technologies used to support safe, high quality patient care. (Essentials II, IV)

1. 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. (Essential V)
2. Integrate skills of effective communication, collaboration, shared decision-making, and leadership with interprofessional teams to create change in health care. (Essential VI)
3. Synthesize individual, aggregate, and population health data in the development, implementation, and evaluation of interventions that address health promotion/disease prevention, access, and disparities. (Essential VII)
4. Demonstrate advanced levels of leadership, systems thinking, clinical judgement, and analytical skills in designing, delivering, and evaluating evidence-based care at the highest level of advanced practice. (Essential VIII)

* In the Summer of 2023, Jefferson instituted new Post MSN DNP Clinical Practice track and new Executive Leadership curricula, based on the 2021 organizing framework from the American Association of Colleges of Nursing.

For Students Admitted Summer 2025 & Later

1. Synthesize, integrate, and translate evolving transdisciplinary and nursing knowledge to lead advanced nursing specialty practice. (Domain 1)
2. Lead and integrate initiatives which drive person-and family-centered care that is culturally responsive, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate. (Domain 2)
3. Appraise practice patterns and risk stratification to lead evidence-based initiatives that improve holistic care, collaborating in traditional and non-traditional partnerships for the improvement of equitable population health outcomes. (Domain 3)
4. Design, implement, evaluate, and disseminate scholarly inquiries that incorporate evidence appraisal, research translation, and best practices to improve outcomes. (Domain 4)
5. Design and lead quality and safety initiatives using established and emerging principles of safety and improvement science to mitigate risk of harm to patients and providers and optimize individual performance and system effectiveness. (Domain 5)
6. Lead interprofessional teams to address complex needs of the individual, families, community and population through respectful and effective communication and shared decision making. (Domain 6)
7. Analyze complex systems impacting the healthcare industry to generate strategic innovations that enhance value, access to care and cost-effectiveness. (Domain 7)
8. Leverage information and communication technologies and informatics processes in accordance with best practice and professional and regulatory standards, to analyze and compare quality metrics, impact clinical decision making, and develop knowledge to improve healthcare delivery. (Domain 8)
9. Advance core values that promote professionalism, ethical standards, accountability, integrity, empathy, civility, and a spirit of mentorship into one's advanced nursing specialty practice/role. (Domain 9)
10. Advocate for reflective practices that advance the health and well-being of self and colleagues through engagement in initiatives that support personal health, resilience, life-long learning, and leadership development. (Domain 10)

* Prior to Master of Science in Nursing (MSN) degree conferral, students will follow the MSN program outcomes (please refer to the 'Organizing Framework of the Master of Science in Nursing (MSN) Program' section). Upon MSN degree conferral, students will follow the Doctor of Nursing Practice (DNP) program outcomes.

DNP-CLINICAL PRACTICE POST MASTER'S ENTRY PROGRAM OUTCOMES

Students Admitted Spring 2025 & Earlier

1. Integrate, translate, and apply established and evolving disciplinary nursing and transdisciplinary knowledge to form the basis for clinical judgment and innovation in nursing practice.
Domain: 1
Concepts: 1, 2, 5
2. Model advanced clinical reasoning and person-centered care to improve health equity and population health outcomes across the healthcare delivery continuum.
Domains: 2, 3
Concepts: 2, 3, 4, 8
3. Synthesize scientific knowledge to inform evidence-based practice, influence policy, improve health outcomes, and transform health care.
Domain: 4
Concepts: 5, 6, 7
4. Lead within complex systems of health care through coordination of resources; through utilization of Information and communication technologies and informatics processes; and, through the application of principles of safety and improvement science to deliver safe, high quality, equitable care.
Domains: 5, 7, 8
Concepts: 2, 3, 4
5. Build intentional interprofessional partnerships to optimize care and improve health outcomes for patients, families, communities, and other stakeholders.
Domain: 6
Concepts: 2, 3
6. Integrate reflective practices to model a sustainable professional nursing identity that fosters personal health, resilience, and well-being; cultivates lifelong learning; reflects nursing's characteristics and values; and supports acquisition of nursing expertise and the assertion of leadership.
Domains: 9, 10
Concepts: 2, 3, 5

For Students Admitted Summer 2025 & Later

Upon completion of this program, the graduate will be able to:

1. Synthesize, integrate, and translate evolving transdisciplinary and nursing knowledge to lead advanced nursing specialty practice. (Domain 1)
2. Lead and integrate initiatives which drive person-and family-centered care that is culturally responsive, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate. (Domain 2)
3. Appraise practice patterns and risk stratification to lead evidence-based initiatives that improve holistic care, collaborating in traditional and non-traditional partnerships for the improvement of equitable population health outcomes. (Domain 3)

1. Design, implement, evaluate, and disseminate scholarly inquiries that incorporate evidence appraisal, research translation, and best practices to improve outcomes. (Domain 4)
2. Design and lead quality and safety initiatives using established and emerging principles of safety and improvement science to mitigate risk of harm to patients and providers and optimize individual performance and system effectiveness. (Domain 5)
3. Lead interprofessional teams to address complex needs of the individual, families, community and population through respectful and effective communication and shared decision making. (Domain 6)
4. Analyze complex systems impacting the healthcare industry to generate strategic innovations that enhance value, access to care and cost-effectiveness. (Domain 7)
5. Leverage information and communication technologies and informatics processes in accordance with best practice and professional and regulatory standards, to analyze and compare quality metrics, impact clinical decision making, and develop knowledge to improve healthcare delivery. (Domain 8)
6. Advance core values that promote professionalism, ethical standards, accountability, integrity, empathy, civility, and a spirit of mentorship into one's advanced nursing specialty practice/role. (Domain 9)
7. Advocate for reflective practices that advance the health and well-being of self and colleagues through engagement in initiatives that support personal health, resilience, life-long learning, and leadership development. (Domain 10)

ACADEMIC ADVISING

Upon enrollment, students in the DNP program are assigned a DNP faculty member(s) as an academic advisor. The academic advisor will assist students in interpreting DNP and College of Nursing program and policy requirements as well develop a plan of study.

Students shall arrange a meeting with their academic advisor as soon as possible after being assigned as well as communicate with their advisor at least once per semester and keep the advisor informed regarding current or anticipated plans, goals, and progression issues. Students should initiate meetings with advisers. It is recommended that these meeting are held via Zoom, Teams, Skype, Face Time, and/or in person. Students having questions about academic advisors should contact the DNP Program Director.

The following list of faculty includes nursing faculty who advise students, and/or teach in the DNP program:

Bimpe (Bebe) Adenusi, PhD, CRNA, APRN, CNE, FAANA, FNAP, FAAN.	Bimpe.Adenusi@jefferson.edu
Robin Birchenough, DNP, CRNA, CNE	Robin.Birchenough@jefferson.edu
Michael Kost, DNP, CRNA, CNE, FAAN, FAANA	Michael.Kost@jefferson.edu
Kathy Gray, DNP	Kathy.gray@jefferson.edu
Caitlyn Moore, DNP	Caitlyn.Moore@jefferson.edu
Ksenia Zukowsky, PhD	Ksenia.Zukowsky@jefferson.edu

Doctor of Nursing Practice Program Options

Please refer to the 2026-2027 Jefferson College of Nursing Student Handbook & Course Catalog for DNP program options and full-time and part-time plans of study. All students should consult with their advisor to create and/or revise their plan of study.

DNP-CLINICAL PRACTICE POST BACCALAUREATE & POST MASTER'S ENTRY COURSE LISTING AND COURSE DESCRIPTIONS

NU702	Credits: 3
Practice Inquiry: Designs, Methods and Analyses	

This course focuses on research and quality improvement designs, methods, and measurements pertaining to students' evidence-based project proposals. Proposals include problem identification; a search, analysis, and synthesis of the literature and evidence; translating evidence to construct a strategy or method to address the problem, and a plan for implementation. Project management principles are applied to the proposed project. This course has practicum hours.

NU704	Credits: 3, Practicum 20-60 hours (at the discretion of the course faculty)
Philosophy, Foundations and Methods for Evidence Based Practice	

Introduces the concepts associated with evidence-based nursing practice models. The steps in implementing evidence-based practice are explored in depth. Issues related to information management technology will be introduced. Strategies for creating a culture of evidence-based practice both for individual and systems will be identified and barriers to evidence-based practice will also be identified. This course has a minimum practicum component of 20-40 hours.

NU713	Credits: 3, Practicum 20-60 hours (at the discretion of the course faculty)
Digital Transformation in Healthcare: Trends and Opportunities	

This course focuses on understanding the current and future state of digital transformation. At the core of this transformation is the ability to leverage data to deliver actionable insights and predictions using artificial intelligence and machine learning. Students explore digital technologies and apply informatics processes, tools and tactics to retrieve and critically analyze digital data and information to promote and lead effective and equitable delivery of health care services in accordance with best practice and professional, ethical, and regulatory standards.

NU714	Credits: 3, Practicum 20-60 hours (at the discretion of the course faculty)
Healthcare Systems Safety, Quality, and Improvement Science	

This course focuses on principles and practices of safety science, quality improvement and implementation science and applies evidence-based strategies to minimize risk of harm to patients and providers of care. Students will apply associated principles, practices and tools to establish safe and just environments of care, foster cultures of physical and psychological safety, and engage patients and interprofessional partners in the provision of safe, equitable, team-based, person-centered care.

NU715	Credits: 3, Practicum 20-60 hours (at the discretion of the course faculty)
Leading Strategic Change in an Era of Healthcare Transformation	

This course focuses on leadership and organizational change theories and how they apply to successfully leading strategic, unplanned, and chaotic change in complex healthcare settings. The course offers a unique blend of evidence-based content, personal insight assessments, role-specific examples and scenarios, and change application exercises and discussions. The goal of the course is for students to cultivate a growth mindset to build and lead problem-solving interprofessional teams that transform systems in diverse, dynamic, volatile and ambiguous health care environments.

NU716	Credits: 3, Practicum 20-60 hours (at the discretion of the course faculty)
Perspectives in Community Engagement and Population Health	

This course explores population health as a framework for improving health in society. The course focuses on an application of the concepts and methods for conducting an in depth assessment of health status among populations, which serves as the foundation for the health improvement planning process. Principles of epidemiology are applied in analyzing population and organizational level data to provide understanding of population needs and resources. Multiple determinants are examined in relation to health status measurement, health and disease trends, and health disparities at a community, national, and global perspective. Students will explore how evidence is utilized in determining population-based interventions and policies directed at health promotion and disease prevention.

NU717	Credits: 3, Practicum 20-60 hours (at the discretion of the course faculty)
Health and Social Policy	

This course focuses on understanding how health care is organized, financed, and delivered in the U.S. and examines key issues currently on the national and global policy agendas. Students conduct health and social policy analyses, examine stakeholders' perspectives, ethics, environmental factors, and anticipated consequences. Goal-directed feasible policy options and recommendations are developed. Advocacy strategies related to the profession, justice and vulnerable populations are explored and applied to a variety of venues.

NU718	Credits: 1, Practicum 20-60 hours (at the discretion of the course faculty)
Introduction to DNP Studies and the Scholarly Project	

This course explores the requisite mindset and essential skills and abilities necessary for success in the DNP journey. Topics include intellectual curiosity, professionalism, personal well-being, time management, academic writing, ethical conduct, and the scholarly project process.

NU719	Credits: 4, Practicum 20-60 hours (at the discretion of the course faculty)
DNP Scholarly Project and Practicum Seminar I	

This course requires students to finalize the evidence-based project proposal and project management plan, implement the plan and evaluate the outcomes. Implementation strategies are aligned with the healthcare systems' or community of interests' existing culture, infrastructure, and practices.

NU720	Credits: 3, Practicum 20-60 hours (at the discretion of the course faculty)
DNP Scholarly Project and Practicum Seminar II	

This course is designed to assist students in the completion of their project. Focus is placed on the business, policy, technology, and leadership implications of students' projects and dissemination strategies. Students evaluate sustainability of the project, appropriateness of key indicators and adoption for larger scale implementation in clinical practice or health systems. Strategies and tools to help students proactively navigate their careers as clinical practice leaders are discussed.

NXXXX	Credits: 3, Elective
Approval will be given by the program director	

DNP EXECUTIVE LEADERSHIP (DNP-EL) TRACK PROGRAM

Program Overview

The Doctor of Nursing Practice in Executive Leadership (DNP-EL) Program offers nurses with a master's degree a dynamic, flexible program preparing them for executive leadership roles across all care delivery sites and systems. The online program designed for current and aspiring senior leaders, focuses on evidence-based leadership and innovation and integrates experiential learning tailored to each student's interests often within their practice setting or community.

DNP-EL Program Outcomes

At the completion of the DNP-EL the graduates will be able to:

1. Synthesize, integrate, and translate evolving transdisciplinary and nursing knowledge to lead advanced nursing specialty practice. (Domain 1)
2. Lead and integrate initiatives which drive person-and family-centered care that is culturally responsive, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate. (Domain 2)
3. Appraise practice patterns and risk stratification to lead evidence-based initiatives that improve holistic care, collaborating in traditional and non-traditional partnerships for the improvement of equitable population health outcomes. (Domain 3)
4. Design, implement, evaluate, and disseminate scholarly inquiries that incorporate evidence appraisal, research translation, and best practices to improve outcomes. (Domain 4)
5. Design and lead quality and safety initiatives using established and emerging principles of safety and improvement science to mitigate risk of harm to patients and providers and optimize individual performance and system effectiveness. (Domain 5)
6. Lead interprofessional teams to address complex needs of the individual, families, community and population through respectful and effective communication and shared decision making. (Domain 6)
7. Analyze complex systems impacting the healthcare industry to generate strategic innovations that enhance value, access to care and cost-effectiveness. (Domain 7)
8. Leverage information and communication technologies and informatics processes in accordance with best practice and professional and regulatory standards, to analyze and compare quality metrics, impact clinical decision making, and develop knowledge to improve healthcare delivery. (Domain 8)
9. Advance core values that promote professionalism, ethical standards, accountability, integrity, empathy, civility, and a spirit of mentorship into one's advanced nursing specialty practice/role. (Domain 9)
10. Advocate for reflective practices that advance the health and well-being of self and colleagues through engagement in initiatives that support personal health, resilience, life-long learning, and leadership development. (Domain 10)

Curriculum

A two or three-year plan of study provides students with flexibility in an online format. The program is thirty-two credits (32). The DNP-EL program prepares nurses to become innovators, strategic planners, and expert leaders in the complex healthcare industry. Nurse executives are vital to lead change based on the evidence from research and improve clients' health care outcomes, decrease cost, and improve patient satisfaction.

DNP-EL PROGRAM COURSE DESCRIPTIONS

NU702	Credits: 3, Practicum 20-60 hours (at the discretion of the course faculty)
Practice Inquiry: Designs, Methods and Analyses	

This course focuses on research and quality improvement designs, methods, and measurements pertaining to students' evidence-based project proposals.

Proposals include problem identification; a search, analysis, and synthesis of the literature and evidence; translating evidence to construct a strategy or method to address the problem, and a plan for implementation. Project management principles are applied to the proposed project. This course has practicum hours.

NU713	Credits: 3, Practicum 20-60 hours (at the discretion of the course faculty)
Digital Transformation in Healthcare: Trends and Opportunities	

This course focuses on understanding the current and future state of digital transformation. At the core of this transformation is the ability to leverage data to deliver actionable insights and predictions using artificial intelligence and machine learning. Students explore digital technologies and apply informatics processes, tools and tactics to retrieve and critically analyze digital data and information to promote and lead effective and equitable delivery of health care services in accordance with best practice and professional, ethical, and regulatory standards.

NU714	Credits: 3, Practicum 20-60 hours (at the discretion of the course faculty)
Healthcare Systems Safety, Quality, and Improvement Science	

This course focuses on principles and practices of safety science, quality improvement and implementation science and applies evidence-based strategies to minimize risk of harm to patients and providers of care. Students will apply associated principles, practices and tools to establish safe and just environments of care, foster cultures of physical and psychological safety, and engage patients and interprofessional partners in the provision of safe, equitable, team-based, person-centered care.

NU715	Credits: 3, Practicum 20-60 hours (at the discretion of the course faculty)
Leading Strategic Change in an Era of Healthcare Transformation	

This course focuses on leadership and organizational change theories and how they apply to successfully leading strategic, unplanned, and chaotic change in complex healthcare settings. The course offers a unique blend of evidence-based content, personal insight assessments, role-specific examples and scenarios, and change application exercises and discussions. The goal of the course is for students to cultivate a growth mindset to build and lead problem-solving interprofessional teams that transform systems in diverse, dynamic, volatile and ambiguous health care environments.

NU716	Credits: 3, Practicum 20-60 hours (at the discretion of the course faculty)
Perspectives in Community Engagement and Population Health	

This course explores population health as a framework for improving health in society. The course focuses on an application of the concepts and methods for conducting an in depth assessment of health status among populations, which serves as the foundation for the health improvement planning process. Principles of epidemiology are applied in analyzing population and organizational level data to provide understanding of population needs and resources. Multiple determinants are examined in relation to health status measurement, health and disease trends, and health disparities at a community, national, and global perspective. Students will explore how evidence is utilized in determining population-based interventions and policies directed at health promotion and disease prevention.

NU725	Credits: 1, Practicum 20-60 hours (at the discretion of the course faculty)
Introduction to Executive Leadership DNP Studies	

This course introduces students to the opportunities and rigor of doctoral education, as well as to the mindset and skills that contribute to academic success. Topics include personal and professional well-being, ethical conduct, academic resources, practicum requirements and the scholarly project process.

NU726	Credits: 3, Practicum 20-60 hours (at the discretion of the course faculty)
Trends in Executive Health Care Leadership	

This course focuses on the accelerating demands on today's healthcare leaders and the essential skills needed to inspire, influence, and foster inclusive, positive work environments. Topics include the impact of economic, political, and socio-cultural forces, the implications of law, standards, and regulatory.

NU727	Credits: 3, Practicum 20-60 hours (at the discretion of the course faculty)
Innovation, Creativity and Well-Being in Health Care	

This course focuses on using innovation to lead effectively, work collaboratively, and engage employees in their health and well-being, despite everyday challenges. Students will apply design-thinking concepts, processes and tools to harness the power of diverse perspectives and creative thinking to solve health care's critical workforce and workplace problems.

NU728	Credits: 4, Practicum 120 hours
Executive Leadership DNP Project and Practicum Seminar	

This course provides students with opportunities to gain executive leadership experience in health care systems or communities of interest across the health care delivery continuum. Tailored to individual interests and experience, students will participate, manage and evaluate agency-designated projects or finalize and implement a project related to an organizational healthcare or nursing practice problem. Seminars will address key operational questions that challenge students to think and listen more deeply and enhance their ability to lead in increasingly complex healthcare environments.

NU729	Credits: 3, Practicum 120 hours
Executive Leadership DNP Project and Practicum Seminar II	

This course provides students with continuing opportunities to gain executive leadership experience in health care systems or communities of interest across the health care delivery continuum. Students will finalize, evaluate, and disseminate their organizational healthcare or nursing practice project. Seminars will address key strategic questions that challenge students to think more deeply and listen more attentively as they refine their ability to lead in increasingly complex healthcare environments.

NUXXX	Credits: 3, Elective
Approval will be given by the program director	

DOCTORAL PRACTICUM REQUIREMENTS

The American Association of College of Nursing requires 1,000 post-BSN practicum hours for the DNP. On application to the DNP program, students submit a letter from the college where they earned a master's degree, stating the hours they obtained in their program.

This serves as the baseline to determine the number of hours still to be earned throughout the DNP Program. Students entering the BSN to DNP will earn all 1,000 throughout their clinical placements and the DNP practica. The hour requirement is determined at admission and recorded on the student's Plan of Study. Additional practicum hours may be approved at the discretion of the program director.

Practicum hours earned in a course are null and void in the case of course failure or course withdrawal. When the course is repeated, practicum hours are not counted from the first attempt. Therefore, when the course is repeated, the student must complete all required hours at that time.

Clinical Affiliation Agreements and Consent and Release Forms

While Jefferson College of Nursing strives to provide enriching and engaging clinical practicum experiences for our DNP students, it is imperative that we respect and protect the legal and ethical boundaries of both our students and clinical sites.

- For practicum sites that constitute ongoing contact, the university must have a clinical affiliation agreement with the agency/site/individual. Students shall work with individual course faculty to determine if the university has a pre-existing clinical affiliation agreement with the intended agency/site/individual.
- For one-time interfaces (observations, interviews, etc.) or experiences that constitute a single contact and/or one-time event, students must complete a consent and release form with the agency/site/individual. Note: Some course assignments may require a consent and release form as well. Students shall provide copies of completed consent and release forms with their practicum log submissions or course assignments, as appropriate.
- The consent and release form can be found in the Forms section of the DNP Handbook.

Prior to confirming an individual's participation with you in an interview designed to fulfill curricular requirements of the Jefferson College of Nursing, the following must occur:

- You must explain to the intended interviewee/observation location who you are.
- You must explain your role as a Doctor of Nursing Practice (DNP) student at the Jefferson College of Nursing, Thomas Jefferson University.
- You will explain the project upon which you are working, the extent to which you will publish or otherwise share the information obtained from your interactions with them, and the media you intend to utilize to obtain information.
- You will read a description of your intended activities to the interviewee or provide them with the option to read an explanation of your planned interview.

The Consent and Release Form will help you fully convey to the interviewee/observation location the important elements of their participation. After the potential interviewee/location receives information sufficient to satisfy the criteria identified in the section above, you must ask them to sign the Agreement to Interview/Observe Form. Give the interviewee/observation location a copy of the signed form and submit a copy of the signed form to the course board. You may also keep a copy for your records. Do not conduct the interview/observation until you have obtained a signed copy of the Consent and Release Form.

Practicum Hours for DNP Courses

OVERVIEW

Practicum experiences are a central part of the Doctor of Nursing Practice (DNP) curriculum at Jefferson College of Nursing (JCN). These experiences give students the opportunity to apply advanced knowledge, strengthen leadership and systems-thinking skills, and work toward achieving the 1,000 post-BSN practicum hours required for graduation. Many practicum hours will support the development, implementation, or evaluation of your DNP Scholarly Project, and these connections should be reflected in DNP Practicum logs.

All practicum activities must be approved by faculty, align with the course Student Learning Outcomes (SLOs), and be documented in accordance with program requirements. You will complete practicum hours throughout the DNP program.

WHAT COUNTS AS PRACTICUM HOURS?

Practicum experiences are advanced, systems- or leadership-focused experiential learning tied to course SLOs. Practicum hours include faculty-approved advanced learning activities such as:

- Leading or participating in quality or safety improvement projects
- Engaging in system-level or organizational assessments
- Collaborating with interprofessional teams
- Conducting policy or health system analyses
- Designing, implementing, or evaluating evidence-based initiatives
- Participating in community and population health work
- Working with leaders on informatics or digital health priorities
- Completing advanced specialty clinical activities (for BSN–DNP and SRNA students)

All hours must reflect advanced, doctoral-level experiential learning and support completion of course SLOs.

WHAT DOES NOT COUNT?

The following cannot be counted as practicum hours:

- Routine job duties without doctoral-level responsibilities
- Observational or administrative activities without assigned tasks or deliverables
- Clinical hours completed without supervision or approval
- Hours completed before receiving faculty or preceptor approval
- Activities that are not linked to a course SLO
- Duplicate use of the same activity without demonstration of advancement in multiple courses

Faculty reserve the right to approve or decline any potential practicum activity in collaboration with the student.

YOUR PRACTICUM RESPONSIBILITIES

1. Complete Required Hours

- You must complete all practicum hours assigned in each DNP course. Hours vary by course and by program pathway. Practicum hours may be completed on a flexible schedule as long as they are faculty-approved and documented within an academic term.

- It is the student's responsibility to maintain records and practicum logs throughout the program of study and evidence of completion if audited.

1. **Keep a Log of Practicum Activities**

A practicum log of hours, activities, and SLOs will be maintained by the student throughout their program of study and submitted for review in each corresponding course as designated in the syllabus. For every course with practicum hours, you must submit documentation that:

- Describe the practicum activities
- Identify the course SLO addressed
- Demonstrate advanced-level competencies
- Reflect on your learning and impact

Each entry must be unique. Students cannot reuse the same activity in multiple courses without demonstration of advancement. Additionally, it is the student's responsibility to maintain records and practicum logs throughout the program of study.

2. **Log Hours in the Approved System**

All practicum hours must be entered in the JCN-approved tracking platform. Hours must be:

- Accurate
- Submitted on time
- Verified by faculty or a preceptor when required

All practicum documentation must accurately represent the activities completed. Falsifying hours or documentation is considered academic misconduct.

3. **Maintain Professional Conduct**

During practicum experiences, students must follow all policies related to:

- Professionalism
- Confidentiality
- Ethics
- Safety
- Site-specific requirements

PRACTICUM HOURS BY PROGRAM PATHWAY

A. **DNP Clinical Practice Program**

Students complete practicum hours across the following DNP courses:

Core Courses

- NU704 Philosophy, Foundations, and Methods for Evidence-Based Practice
- NU713 Digital Transformation in Healthcare
- NU717 Health and Social Policy

Additional Didactic Courses with Practicum Hours

- NU718 Introduction to DNP Studies and the Scholarly Project
- NU702 Practice Inquiry: Designs, Methods & Analyses
- NU714 Healthcare Systems Safety, Quality, and Improvement Science

- NU715 Leading Strategic Change
- NU716 Perspectives in Community Engagement and Population Health
- Graduate Elective (3 credits)

Scholarly Project Courses

- NU719 DNP Scholarly Project and Practicum Seminar I
- NU720 DNP Scholarly Project and Practicum Seminar II

A. DNP Executive Leadership (EL) Program

You will complete practicum activities integrated into leadership-focused coursework.

Core and Leadership Courses

- NU725 Introduction to DNP-EL Studies and the Scholarly Project
- NU702 Practice Inquiry: Designs, Methods & Analyses
- NU713 Digital Transformation in Healthcare
- NU714 Healthcare Systems Safety, Quality, and Improvement Science
- NU715 Leading Strategic Change
- NU716 Perspectives in Community Engagement and Population Health
- NU726 Trends Shaping the Future of Executive Leadership
- NU727 Innovation, Creativity, and Well-Being in Healthcare
- Graduate Elective (3 credits)

Scholarly Project Courses

- NU728 DNP-EL Scholarly Project and Practicum I
- NU729 DNP-EL Scholarly Project and Practicum II

SPECIAL SITUATIONS

1. BSN–DNP Students

You must complete practicum hours for every DNP course you take before finishing the specialty track portion of your program. Once your MSN degree is awarded, the clinical hours you completed in your specialty track curriculum may be applied toward the 1,000 post-BSN practicum hours, pending official review and approval.

2. Post-Master's and Post-Graduate Certificate Students

If a student completed supervised direct or indirect care hours during a master's program or post-graduate certificate, they may receive credit toward the 1,000-hour requirement, up to 500 total. These hours must be documented and approved through a gap analysis, upon admission, or in NU718 or NU725.

3. MSN-Only Students Enrolled in DNP Courses

Any DNP courses taken during the MSN program of study must be completed with all required practicum hours per the course syllabus.

4. Student Registered Nurse Anesthetists (SRNAs)

SRNAs may apply anesthesia direct-care clinical hours toward the DNP Practicum Hours total with appropriate corresponding documentation and connection with the SLOs.

EVALUATION AND PROGRESSION

Performance in practicum coursework will be evaluated based on:

- Completion of practicum hours
- Quality of practicum logs
- Alignment of activities with SLOs
- Timeliness and accuracy of documentation
- Professional behavior and adherence to site protocols

Not completing required practicum activities may delay course progression or graduation.

RECORD KEEPING

Students are responsible for maintaining DNP Practicum Hour logs and all practicum documentation. Documentation must be submitted in the JCN-approved tracking platform. This platform may be reviewed for accreditation purposes. JCN retains all practicum-related records for at least seven years.

QUESTIONS OR SUPPORT

If you have questions about practicum requirements, documentation, or site expectations, contact:

- Course faculty
- DNP Program Director
- Graduate Chair

Additional guidance is provided during orientation and within each course syllabus.

DNP Project Practicum Preceptors/Mentors

The DNP project in NU719, NU720, NU728, and NU729 require a student preceptor/mentor. This individual is usually the external member of the student's DNP Project Team. Preceptors assist the student to conceptualize and approach practice through a scientific mindset — challenging the habits of practice, cultivating curiosity about the scientific and theoretical underpinnings of practice, and formulating practice inquiry questions. Students are encouraged to select preceptors who are subject matter experts in their selected area of inquiry, and who agree to guide, advise, counsel, motivate, coach and facilitate the work of the student.

To be successful with the DNP Project and as a mentee, students must establish clear goals and expectations, determine their personal and professional interests, be open to learning, correction, and even failures, and carefully choose the project topic and mentors. Successful mentoring relationships require commitment from both parties, as well as the recognition of the needs of both and the understanding that these needs will change with time.

Students must collect a CV, professional license and credentials, when appropriate, from the preceptor/mentor at the beginning of the NU719 or NU728 semester and submit to faculty for review and approval..

DNP Project Practicum Evaluation

A DNP project practicum evaluation is required for NU719, NU720, NU728, and NU729. The clinical practicum evaluation incorporates identified behaviors outlined in the AACN's Essentials of Doctoral Education for Advanced Practice Nursing and The Essentials: Core Competencies for Professional Nursing Education. The clinical evaluation will be completed each semester by the student's preceptor/mentor and/or JCN Project Faculty as appropriate. Each student will complete a Practicum Site/Preceptor-Mentor Evaluation every semester. The form for preceptor evaluation of the student is placed in the NU719, NU720, NU728, and NU729 course boards. Student

evaluations of their preceptor will be conducted through an online survey link provided by email from the College of Nursing each semester. A copy of completed evaluations from each semester shall be submitted to the project team leader as well as maintained in the student's files.

DNP Scholarly Project

All Doctor of Nursing Practice (DNP) students are expected to complete a DNP Project. The DNP Project is a faculty-guided scholarly process of quality improvement that is relevant to the student's practice/interests or a clinically relevant problem. The DNP Project provides evidence of the student's practice inquiry knowledge and skills and one's ability to apply evidence, principles and skills learned in the DNP didactic courses. Students identify a problem or area for improvement, develop a proposal to address the problem or improve quality related to clinical practice, the health care delivery system, or health care policy. Students implement their plan and evaluate the outcomes.

Much of what goes into the DNP Project selection reflects the professional and personal interests of the student. As with any major undertaking, success includes a series of realistic and achievable goals and expectations. Students are expected to begin NU719, or NU728 with a well-defined Project topic, working closely with the DNP Project Team Lead.

The DNP Project is guided by a project team leader from the Jefferson College of Nursing faculty, and an external team member. The external team member also typically serves as the student's practicum preceptor. Requirements for project team members are outlined below.

The DNP Project is conducted during two consecutive courses. Typically, in NU719/NU728 students write the proposal and submit the proposal to the appropriate Institutional Review Board and implement the project. In NU720 / NU729 students evaluate and disseminate the project results.

Types of DNP Projects

DNP Projects may include, but are not limited to, the following examples.

1. Quality Improvement projects are **strongly** encouraged as a prototype of professional practice change initiatives. Practice change initiatives may also be represented by a pilot study, demonstration project, program evaluation, research utilization project, or an evaluation of a new practice model.
2. Development of innovative products to foster patient engagement in health-related activities.
3. Substantive involvement in a large-scale clinical practice project.
4. Systems wide initiative executive leadership projects.

DNP Project Timeline

Students must begin NU719 or NU728 with a solid practice inquiry topic and question related to clinical practice, the health care delivery system, or a health care policy issue. During the semester prior to beginning NU719 or NU728 each student will submit a DNP project proposal. This document must include the proposed DNP Project type, title, purpose, objectives, referenced evidence indicating the need for such a Project, the anticipated practicum site and any student preferences for their project team leader. This information provides the DNP faculty the opportunity to review and discuss the topics/ideas and discuss and identify Project Team Leaders and determine if a clinical affiliation agreement exists for the anticipated practicum site. DNP Program Directors will meet to discuss the assignment of faculty team leaders to student projects and students will be notified of their team leader prior to the beginning of their project semesters. Students are not to assemble a project team prior to being assigned a project team leader and discussing the team composition with the assigned team leader.

NU719/NU728 DNP Project Requirements

- **Identify a DNP Project Team Leader.** A team leader will be identified prior to beginning NU719 or NU728 by DNP Program Directors in collaboration with the student. The leader must hold an earned doctorate and be a member of the Jefferson College of Nursing graduate faculty. The student and team leader are expected to work closely throughout all stages of the doctoral project. The student and team leader will discuss their communication expectations and needs, as well as identification of potential committee members.
- **Identify a Practicum Site.** Using the student's professional network, determine a practicum site for completion of the Project. Work with the DNP Project team lead and DNP Program Directors to determine if a current clinical affiliation agreement exists for this site.
- **Select DNP Project Team Members.** In consultation with the DNP Project team leader, the student will identify an external community preceptor/mentor. The external team member must hold an earned doctorate. This team member will have clinical expertise or a research collaborative relationship that may either facilitate the student's access to the project study site, population or data or supplement the clinical expertise of faculty team members. The external team member also typically agrees to serve as the student's practicum preceptor/mentor. The student must obtain and submit a curriculum vitae (CV) for all team members other than those affiliated with Jefferson College of Nursing. Students must also obtain license and/or credentials, when appropriate, from external team members and/or preceptors. Students may at times also have an internal team member who should be a subject matter or methods expert or have interest in the topic, hold an earned doctorate and be a member of the Thomas Jefferson University faculty. Students should not contact, ask or speak with potential DNP Project team members until after they meet with their project leader, and the leader approves of the members.
- **Complete Form A.** The student will obtain the leader's and team members' signatures on the Doctoral Project Team Member Appointment (Form A).
- The form can be found on the NU719 or NU728 course board. The student shall submit the completed form to the DNP Project team leader and to the NU719 or NU728 course board. The student will develop a DNP Project proposal timetable, including a plan to meet the clinical practicum hour requirement and review the plan with the team leader.
- **Refine the DNP project question and project purpose.** Once the student and team leader agree on the type of project and a clinical question/purpose, the student will begin to write the DNP Project proposal, consistent with writing the DNP Project format, noted below.
- **Write and revise.** The student will review the draft proposal with the team leader and revise as recommended, allowing ample time between revisions. The student should plan to have the proposal completed and approved by the faculty project team in sufficient time for the full team to review and revisions to occur, when necessary, prior to the end of the semester. Once approved, the team leader will distribute the proposal to the project team members for review. Members should be given two weeks to review the proposal.
- **Complete Form B.** Once all project team members approve the project proposal, the student will direct each member to sign the DNP Project Proposal Approval (Form B). The form can be found on the NU719 or NU728 course board. Students shall submit the completed form to their team leader and to the course board.
- **IRB and Ethical Approvals.** For projects being implemented at Jefferson, upon project team approval of the DNP Project proposal, the student is ready to submit the proposal to the appropriate Institutional Review Board (IRB) as indicated. Projects that are strictly quality improvement and meet the criteria as outlined by the IRB may not require IRB oversight. Please check with DNP Program Directors, the course faculty and project teams for confirmation prior to making a final decision. The student is responsible for

- collaborating with their project team lead and site preceptor regarding any additional ethical approvals needed at their individual implementation site, including, but not limited to, nursing research councils, practice owners, etc.
- Projects that do not meet the criteria of quality improvement will require IRB submission and approval only from the organization where the project will take place. The student shall prepare the required IRB application forms in consultation with the appropriate institutional IRB departments. NU719 or NU728 Course and Project Team Faculty will guide students regarding IRB submission. The student is not permitted to start official work implementing the project until the project receives IRB approval from all required organizational IRBs and ethical approvals (for example, some sites require nursing research council involvement). IRB submission or confirmation that the project meets the criteria of quality improvement is a requirement of the doctoral project.
- **Implement.** Once appropriate ethical or IRB approval is obtained, the student implements the DNP Project. During this time, the student maintains frequent communication with the project team members throughout the implementation and completion of the project.

NU720/NU729 DNP Project Requirements

- **Analyze and synthesize results.**
- **Write and revise.** The student will write the remainder of the Project document and submit to the project team leader according to a course outlined mutually agreed-upon schedule. As with the DNP Project proposal, ample time should be allocated for revisions. Once approved, the team leader will distribute the proposal to the project team members for review. Members should be given two weeks to review the proposal.
- **Complete Form C.** The student will complete the DNP Project Successful Completion (Form C). The form can be found on the course board. Upon final DNP Project approval, the student must submit an electronic copy to the course board. The student is encouraged to deposit the DNP Project abstract into the Jefferson Digital Commons AFTER the committee has approved the DNP Project and signed Form C.
- **Disseminate results.** The student will complete a dissemination of their DNP Project . This may include but not limited to creation of a poster, oral dissemination or publication .

NOTE: Students in the DNP-EL program practicum will take NU728 and NU729. Students in the DNP-CP Program will take NU719 and NU720.

WRITING THE DNP PROJECT

The length of the proposal may vary depending on the DNP Project option selected. Students may find that they need to rework their proposals several times to achieve clarity, brevity and completeness. All work is to adhere to the most recent edition of the APA style manual.

As appropriate to the nature of the project, the following format should be followed.

Title Page

Abstract should not exceed 120 words

Part I Problem Identification, Conceptual Framework and Review of the Literature, Project Design and Methods

- Background and significance
- Description of the problem
- Population affected
- Epidemiology
- Brief description of the state of general knowledge organizational/local knowledge of significance of the problem
 - Purpose statement
 - Clinical questions
 - Project objectives
 - Assumptions and limitations
- Conceptual framework
 - Description of framework or model
 - Figure or model, if relevant
 - Clear link to purpose and clinical question/s
 - Conceptual definitions

Part II Review of the Literature

- How have other researchers examined the problem?
- Other sources of evidence: guidelines, expert panels
- Critical synthesis (what are the similarities and differences among studies) What is the level of evidence to date?
- Gaps in the literature
- Setting
- Population/sample
- Inclusion/exclusion criteria

Part III Methods

- What data will be collected?
- What tools will be used to collect these data?
- What is the quality of the measure?
- Who will collect the data?

- How will the data collection methods be systematic and rigorous?
- How will the data be protected, and how will the data be analyzed?
- Timetable
- Resources: Personnel, technology
- Identification of key stakeholders and site support
- Protection of human subjects
- Plan for dissemination to key stakeholders

Part IV Results

Part V Discussion and Conclusions, Implications and Recommendations.

- Presentation of data and results
 - Explanation of analysis used
 - Extent to which each objective was achieved or question answered
 - Limitations and lessons learned
- Application for practice, theory, policy, research and/or education
 - Relevance to change in practice and/or leadership role of the doctorally-prepared nurse
 - Recommendations

References

Appendices

FORMS, INSTRUCTIONS AND INFORMATION

THOMAS JEFFERSON UNIVERSITY COLLEGE OF NURSING
DOCTOR OF NURSING PRACTICE (DNP) PROGRAM

DOCTORAL PROJECT TEAM MEMBER APPOINTMENT (FORM A)

Student Name: _____ Date: _____

Proposed Project Title:

PROJECT TEAM

Project Team Leader (Jefferson College of Nursing Faculty Member):

Print Name	Signature	Date
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Project Member (Thomas Jefferson University Faculty Member, if indicated):

☐ Not applicable

Print Name	Signature	Date
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Address	Email/phone number
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Project Member (External Member/Preceptor):

Print Name	Signature	Date
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Address	Email/phone number
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*NOTE: The student is to submit the completed form to the team leader and the NU719 course board

THOMAS JEFFERSON UNIVERSITY COLLEGE OF NURSING

DOCTOR OF NURSING PRACTICE PROGRAM

DOCTORAL PROJECT PROPOSAL APPROVAL* (FORM B)

Student Name: _____ Date: _____

Title of Doctoral Project Proposal:

I hereby accept the Doctoral Project proposal submitted by the above named student.

Project Team Leader:

_____	_____	_____
Print Name	Signature	Date

Team Member:

_____	_____	_____
Print Name	Signature	Date

Team Member (if indicated):

☐ Not applicable

_____	_____	_____
Print Name	Signature	Date

*NOTE: The student is to submit a copy of the completed form to:

- Project team leader
- NU719 Course Board

THOMAS JEFFERSON UNIVERSITY COLLEGE OF NURSING

DOCTOR OF NURSING PRACTICE PROGRAM

DOCTORAL PROJECT SUCCESSFUL COMPLETION (FORM C)

Student Name: _____ Date: _____

Title of Doctoral Project:

I hereby certify that the above named student has successfully completed the DNP Project requirements.

Team Leader:

_____	_____	_____
Print Name	Signature	Date

Student:

_____	_____	_____
Print Name	Signature	Date

Chair of Graduate Programs:

_____	_____	_____
Print Name	Signature	Date

THOMAS JEFFERSON UNIVERSITY COLLEGE OF NURSING

DOCTOR OF NURSING PRACTICE PROGRAM

PRACTICUM LOG INSTRUCTIONS

Students must complete the following goals, objectives, table, and the corresponding summary to document practicum activities.

- **Date(s):** Record the specific date(s) on which the practicum activity occurred.
- **Practicum Experience Description:** Provide a detailed description of the practicum experience, including the location, individuals involved, and the student's role (member, leadership role, etc.). Any online activity (such as a webinar, pod-cast, or conference) should include a link to the activity.
- **Activity Evaluation and Citation of References:** Provide an evaluation of the learning achieved. The description must clearly demonstrate how the activity contributed to doctoral-level experiential learning and professional development aligned with the course student learning outcomes. Additionally, students must cite references in APA format as applicable.
- **Program Outcome or Course Student Learning Outcome:** Identify and list the applicable program outcome(s) or course student learning outcome(s) addressed by the activity. See the course syllabus.
- **Practicum Hours:** Document the number of hours completed for the activity and maintain an accurate running total of cumulative practicum hours.
- **Summary:** Write a reflection (no more than 500 words) of the lessons learned from the overall practicum experience. Include a discussion of how each practicum activity facilitated your practicum goals and objectives in connection with the course student learning outcomes.

THOMAS JEFFERSON UNIVERSITY COLLEGE OF NURSING

DOCTOR OF NURSING PRACTICE PROGRAM

PRACTICUM JOURNAL, EVALUATION, AND HOURS

Student: _____

Student Program Track (Clinical Practice, Executive Leadership, or Nurse Anesthesia): _____

Practicum Goal: _____

Practicum Objectives (at least 2): _____

PRACTICUM ACTIVITIES				
Date	Practicum Experience: Describe in detail (location, people involved, etc.)	Activity Evaluation and Citation of References	Program Outcome or Course Student Learning Outcome	Practicum Hours: List hours in this activity AND Running Total Cumulative Hours

PRACTICUM ACTIVITIES, continued				
Date	Practicum Experience: Describe in detail (location, people involved, etc.)	Activity Evaluation and Citation of References	Program Outcome or Course Student Learning Outcome	Practicum Hours: List hours in this activity AND Running Total Cumulative Hours

TOTAL HOURS COMPLETED: _____

Complete this section once all practicum hours are completed.

SUMMARY:

Please write a reflection (no more than 500 words) of the lessons learned from the overall practicum experience. Include a discussion of how each practicum activity facilitated your practicum goals and objectives in connection with the course-specific program and student learning outcomes.

* Student Signature: _____ Date: _____

*** By signing this practicum log, I certify that all documented hours are complete, accurate, and were honestly earned in compliance with program and course requirements.**

INFORMATION FOR PRACTICUM PRECEPTOR/MENTOR

NU719/NU720 and NU728/NU729

All Thomas Jefferson University, Jefferson College of Nursing, Doctor of Nursing Practice (DNP) degree students must successfully complete a Doctor of Nursing Practice Project (DNP Project). The DNP Project is a faculty-guided scholarly process to address a theoretically and clinically relevant problem. The DNP Project provides evidence of the student's practice inquiry knowledge and skills and one's ability to apply research principles through problem identification, proposal development, implementation, and evaluation of a problem related to clinical practice, the health care delivery system, or a health care policy issue.

Each of the practicum courses includes a practicum component. The practicum hours are related to the student's unique area of clinical inquiry and support the DNP Project, the student's identified practicum goals, course objectives and enhance the DNP competencies as described in The American Association of College of Nursing Essentials (2021).

Students are mentored by faculty and selected practicum preceptor(s)/mentors) to conceptualize and approach practice through a scientific mindset – challenging the habits of practice, cultivating curiosity about the scientific and theoretical underpinnings of practice, and formulating practice inquiry questions. Students are encouraged to select preceptors/mentors who are subject matter experts in their selected area of clinical inquiry, and who agree to guide, advise, counsel, motivate, coach and facilitate the work of the student. In most cases, the preceptor will be the external member of the student's Doctoral Project Team.

Practicum Preceptor/Mentor Requirements

- Preceptors/mentors, as project team members must hold an earned doctoral degree and provide copies of the current curriculum vitae, when applicable, professional license and professional certifications.
- The preceptor-student relationship should begin with clearly defined expectations and address issues such as how long the relationship will last, how frequently the preceptor and student will meet and the need for confidentiality.
- Preceptors will complete a student practicum evaluation at the completion of each semester.

Note: The following forms will apply to DNP-Post Master's Entry students.

NU719 and NU720 DNP Clinical Practicum Courses

NU728 and NU729 DNP Executive Leadership Courses

Thomas Jefferson University College of Nursing Doctor of Nursing Practice Program

Preceptor Evaluation of Student: NU719, NU720, NU728, and NU729

Date of Review: _____ Preceptor Name: _____

Practicum Site: _____

Student Name: _____

Directions: Please circle the option which best reflects your opinion of the student's clinical performance.

Program Outcome

1. Synthesize, integrate, and translate evolving transdisciplinary and nursing knowledge to lead advanced nursing specialty practice. (Domain 1)	Met	Unmet	Not Applicable
	Comments:		
2. Lead and integrate initiatives which drive person-and family-centered care that is culturally responsive, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate. (Domain 2)	Met	Unmet	Not Applicable
	Comments:		
3. Appraise practice patterns and risk stratification to lead evidence-based initiatives that improve holistic care, collaborating in traditional and non-traditional partnerships for the improvement of equitable population health outcomes. (Domain 3)	Met	Unmet	Not Applicable
	Comments:		
4. Design, implement, evaluate, and disseminate scholarly inquiries that incorporate evidence appraisal, research translation, and best practices to improve outcomes. (Domain 4)	Met	Unmet	Not Applicable
	Comments:		
5. Design and lead quality and safety initiatives using established and emerging principles of safety and improvement science to mitigate risk of harm to patients and providers and optimize individual performance and system effectiveness. (Domain 5)	Met	Unmet	Not Applicable
	Comments:		
6. Lead interprofessional teams to address complex needs of the individual, families, community and population through respectful and effective communication and shared decision making. (Domain 6)	Met	Unmet	Not Applicable
	Comments:		

1. Analyze complex systems impacting the healthcare industry to generate strategic innovations that enhance value, access to care and cost-effectiveness. (Domain 7)	Met	Unmet	Not Applicable
	Comments:		
2. Leverage information and communication technologies and informatics processes in accordance with best practice and professional and regulatory standards, to analyze and compare quality metrics, impact clinical decision making, and develop knowledge to improve healthcare delivery. (Domain 8)	Met	Unmet	Not Applicable
	Comments:		
3. Advance core values that promote professionalism, ethical standards, accountability, integrity, empathy, civility, and a spirit of mentorship into one's advanced nursing specialty practice/role. (Domain 9)	Met	Unmet	Not Applicable
	Comments:		
4. Advocate for reflective practices that advance the health and well-being of self and colleagues through engagement in initiatives that support personal health, resilience, life-long learning, and leadership development. (Domain 10)	Met	Unmet	Not Applicable
	Comments:		

Thank you for taking the time to evaluate and comment on the student's performance.

Strengths: (Please provide specific examples):

Areas needing improvement: (please provide specific examples):

Reviewed with student (circle): yes no

Preceptor signature: _____

Student signature: _____

Course Faculty signature: _____

Reviewed and Revised: College Executive Committee 6/3/2026.

Thomas Jefferson College of Nursing Doctor of Nursing Practice Program

Student Evaluation of Practicum Site & Preceptor: NU719, NU720, NU728, and NU729

Date of Review: _____ Preceptor Name: _____

Course: _____ Practicum Site: _____

Directions: Describe your general impression of your clinical "site" and your preceptor.

Practicum Site:

Activity	Yes/No	Comments
1. Provides a conducive environment to meet student learning outcomes		
2. Provides orientation as needed		
3. Site personnel is supportive of doctoral nursing education		

Preceptor:

Activity	Yes/No	Comments
1. Available for and amenable to consultation		
2. Encouraged open dialogue and challenged thinking		
3. Acted as coach, advisor and facilitated the work of the student		
4. Provided abundant opportunities to meet student learning outcomes		
5. Offered suggestions for improvement in a constructive manner		

6. Please provide any additional comments that would be helpful in the evaluation of this experience:

Reviewed and Revised: College Curriculum Committee 08/26/2020. Reviewed and Approved: College Executive Committee 10/21/2020.

FREQUENTLY ASKED QUESTIONS

What is the role of the DNP Project Team Leader?

The team leader works closely with the student as they plan and execute the doctoral project. The team leader should be aware of all plans, timelines, changes and problems throughout the project process. The team leader must hold an earned doctorate and be a member of the Jefferson College of Nursing faculty. Selection of team leader may be based upon mutual interests, similar clinical or research experience, area of expertise and/or previous mentorship relationship.

How should I determine my external DNP team member?

The external team member must hold an earned doctorate with clinical expertise or a research collaborative relationship that may either facilitate the student's access to the study site, population or data or supplement the clinical expertise of faculty committee members. The external team committee member also typically agrees to serve as the student's practicum preceptor/mentor.

Does writing my DNP Project count as practicum hours?

No.

Does everyone have to apply for IRB approval?

Faculty will help determine if the student's project requires approval. Students are expected to disseminate the results of their DNP projects, and IRB approval is necessary, even if a project is determined to be exempt.

Does my time preparing the IRB submission count as practicum hours?

Yes with approval from course faculty.

Will I have to get multiple IRB approvals?

This will depend on the nature of the project and policies of the project site. It is the student's responsibility to determine if this is necessary.

What if my project proposal gets delayed in the IRB?

If the application does get waylaid in the review process, the student will work with the project team leader to revise the timeline and expectations.

What are the characteristics of a successful student?

- Student takes ownership of the project as their own scholarly work
- Synthesizes concepts from DNP courses as a foundation for project design and implementation
- Clear definition of the support and help you think you need
- Recognition that one person cannot help you meet all your mentoring needs
- Recognition that your needs for mentoring change over time
- Ability to accept and work through meaningful criticism
- Interest in working with mentors to help you grow
- Respectful of mentor and project team members' time; adhere to meeting and due dates

JEFFERSON DIGITAL COMMONS

About the Jefferson Digital Commons

The [Jefferson Digital Commons](#), or JDC, is Jefferson's open access institutional repository. It is a free service of the [Academic Commons](#) (AC) that helps you share your scholarly work with the world. All Jefferson faculty, staff, researchers, and students are able to contribute.

The Jefferson Digital Commons holds a wide variety of material from across Thomas Jefferson University and Jefferson Health. The primary requirement is the work must have been created by a Jeffersonian while affiliated with Jefferson, with a focus toward scholarly and institutional output. Content includes, but is not limited to, published articles, posters, conferences, grand rounds, journals, newsletters, theses, dissertations, and student material.

Why Publish in the Jefferson Digital Commons?

Publishing in the Jefferson Digital Commons increases the reach and impact of your work. Not only will your work be discoverable through the Jefferson Digital Commons, it will also show up in major search engines like Google and Google Scholar, making it freely available to anyone in the world. Additionally, the Jefferson Digital Commons gives you access to a rich set of metrics, like the [Author Dashboard](#) and [PlumX Metrics](#), to help you track who is accessing your work.

Dissertations in the Jefferson Digital Commons

All doctoral students are encouraged to submit their completed dissertations to the Jefferson Digital Commons, and there are two ways to do so.

If you are interested in sharing your entire dissertation, please email the dissertation and a signed release form to Kelsey Duinkerken at kelsey.duinkerken@jefferson.edu. This option allows you to share your research with the widest audience possible.

Alternatively, if you are interested in sharing just your abstract we recommend depositing your dissertation in [ProQuest](#). This option allows users to access your full dissertation from ProQuest (often after paying a fee), but it also automatically adds your abstract to the Jefferson Digital Commons.

Have questions? Feel free to contact digitalcommons@jefferson.edu.

THOMAS JEFFERSON UNIVERSITY COLLEGE OF NURSING

DOCTOR OF NURSING PRACTICE

INTERVIEW AND OBSERVATION STUDENT INSTRUCTIONS

1. Informing the Intended Interviewee(s) OR Observation Location:

Prior to confirming an individual's participation with you in an interview designed to fulfill curricular requirements of Thomas Jefferson University, Jefferson College of Nursing, the following must occur:

- You must explain to the intended interviewee/observation location who you are.
- You must explain your role as a student at Thomas Jefferson University, Jefferson College of Nursing, Doctor of Nursing Practice.
- You will explain the project upon which you are working, the extent to which you will publish or otherwise share the information obtained from your interactions with them, and the media you intend to utilize to obtain information.
- You will read a description of your intended activities to the interviewee or provide them with the option to read an explanation of your planned interview.

2. The Consent and Release Form

The Consent and Release Form will help you fully convey to the interviewee/observation location the important elements of their participation. After the potential interviewee/location receives information sufficient to satisfy the criteria identified in section (1) above, you must ask them to sign the Agreement to Interview/Observe form. Give the interviewee/observation location a copy of the signed form and return a copy of the signed form to the course board. You may also keep a copy for your records. Do not conduct the interview/observation until you have obtained a signed copy of the Consent and Release Form.

THOMAS JEFFERSON UNIVERSITY COLLEGE OF NURSING

DOCTOR OF NURSING PRACTICE

CONSENT AND RELEASE FOR INTERVIEWS AND OBSERVATIONS

Name of the Project: _____

Student's Name and University Contact Information:

Project Description:

I, _____, hereby grant the right to use information from written notes taken during interviews and/or observations in which I participated, to _____ (student's name) and Thomas Jefferson University, Jefferson College of Nursing.

I understand that materials derived from the interview/observation(s) will be kept by the University and/or the interviewer/observer, and that the information contained in the interview(s)/observation(s) will be submitted to faculty for evaluation. I received satisfactory answers to my inquiries concerning the project and I understand that my words will be utilized for educational, institutional, and/or scientific purposes. I understand that compensation for use of materials developed as a result of my participation is not available to me. All rights, titles, and interest in the materials gathered during my participation on the project will become and remain the property of Thomas Jefferson University, Jefferson College of Nursing, .

I understand that I may contact [insert contact information of faculty member with whom participants may speak] to share comments or concerns regarding the project.

_____ By initialing here, I also agree to be identified by name in the project and related materials.

_____ By initialing here, I agree to be audio recorded during this interview/observation.

I irrevocably give consent to Thomas Jefferson University, its officers, agents, employees, successors, and licensees, forever to make use of my words in the project described above. I acknowledge that I am fully aware of the scope and purpose of my participation on this project and I consent to participation freely without duress, disability, or undue influence at the time of signing this release and consent instrument.

Signature of Interviewee: _____ Date: _____

Signature of Student: _____ Date: _____

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