Course Description: Working as a member of intra-professional and inter-professional teams, students will conduct planning, implementation, and outcome measurement of a clinical project initiated in NUR 696 Seminar and Service Project I. Careful consideration of human and fiscal resources as well as potential barriers to continued success of the project will be assessed and recommendations for management of these issues will be included in the final project. In this course students will achieve university and organizational Institutional Review Board approval to implement, and subsequently measure and disseminate findings of the clinical project.

University of Mary Mission Statement:
The University of Mary exists to serve the religious, academic, and cultural needs of people in this region and beyond. It takes its tone from the commitment of the Sisters of Annunciation Monastery. These Sisters founded the University and continue to sponsor it today. It is Christian, it is Catholic, and it is Benedictine.

Program Mission Statement:
The Nursing Division prepares nurses to provide safe, quality, patient-centered health care to the people in the region and beyond without regard to race, religion, cultural background, or gender. By fostering a Christian, Catholic and Benedictine learning environment, the Division supports the University mission to prepare leaders in the service of truth and to be competent in spirituality and ethics, communication, critical thinking, and global stewardship.

Servant Leadership Experience: Servant leadership experiences are based on character building relationships integrated with a solid understanding of what it is to be a servant leader with Jesus Christ as model and the Benedictine values of community, hospitality, moderation, prayer, respect for persons, and service. These values are foundational in character building, ethical decision making, and the integration of the intellectual, spiritual, emotional, and physical aspects of life.

Relationship of the course to servant leadership:
This course will allow the student to experience servant leadership with the following populations:
• classmates as a team member in a learning community
• the partnering organization
• health-care at a global level to increase shared knowledge

Benedictine Experience:
Although communal life inspired by the Rule of St. Benedict stores a vast treasury of Benedictine values, six of these are of particular importance for our life here at the University of Mary . . . Father James P. Shea, President, University of Mary
  Community – Striving together for the common good and growing in relationship with God, one another, and self [Rule of Benedict 33 – “Let all things be common to all.”]
  Hospitality – Receiving others as Christ with warmth and attentiveness [Rule of Benedict 53 – “Let all be received as Christ.”]
  Moderation – Honoring all of God’s creation and living simply with balance and gratitude [Rule of Benedict 31 – “Regard all things as sacred and do everything with moderation.”]
  Prayer- Attending to the mystery and sacredness of life, abiding in the divine presence, listening and responding to God [Rule of Benedict 4 – “Listen intently to holy readings. Give yourself frequently to prayer.”]
  Respect for Persons – Recognizing the image of God in each person and honoring each one in their giftedness and limitations [Rule of Benedict 4 – “Honor everyone and never do to another what you do not want done to yourself.”]
  Service – Meeting the needs of others in the example of Jesus the servant leader [Rule of Benedict 35 – “The members should serve one another.”]

Relationship of the course to the Benedictine values:
It is an expectation that graduate nursing students demonstrate professional conduct in all interactions. Please refer to the Professional Conduct and Behavioral Standards outlined in the Graduate Nursing Handbook.

The Benedictine values that are addressed in this course include **Community, Hospitality, and Respect for Persons**. This course utilizes group discussions which require the development of **Community** and **Respect for Persons** among participants. In this course, **Hospitality** is practiced as students welcome all to engage, share professional experiences, and encourage others to participate in the learning environment.

**Competence Experience:**

<table>
<thead>
<tr>
<th>Course Outcomes</th>
<th>Master's Essentials in Nursing Competencies</th>
<th>Dual Degree Program Outcomes</th>
<th>AONE Nurse Executive Competencies</th>
<th>University of Mary Graduate Outcomes</th>
<th>QSEN Competencies</th>
<th>Method of Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement a context-sensitive clinical practice project to address a clinical nursing practice problem with multiple considerations and constituencies to include consideration for healthcare law, policy and ethical practice.</td>
<td>II, III, IV, VII, IX</td>
<td>1, 2, 3, 4, 5, 7</td>
<td>Professionalism competency skills; Business competency skills; Knowledge of the health care environment competency skills</td>
<td>Communication, Scholarship, Professional Distinction,</td>
<td>Quality Improvement Teamwork/Collaboration Evidence Based Practice Patient Safety Patient Centered Care Informatics</td>
<td>Final written paper and oral presentation of Dual Degree project. Discussion.</td>
</tr>
<tr>
<td>Employ high level consultative and leadership skills within intra-professional and inter-professional teams to create, implement, evaluate outcomes of change, and disseminate findings from a clinical practice project</td>
<td>II, IV, VI, VII, IX</td>
<td>2, 3, 5, 6, 7</td>
<td>Leadership competency skills; Communication and relationship-building competency skills</td>
<td>Communication, Scholarship, Professional Distinction, Moral Courage</td>
<td>Quality Improvement Teamwork/Collaboration Evidence Based Practice Informatics</td>
<td>Final written paper and oral presentation of Dual Degree project. Professional portfolio. Discussion.</td>
</tr>
<tr>
<td>Conducted within a complex health care delivery system.</td>
<td>II, VII, VIII, IX</td>
<td>2, 3, 4</td>
<td>Business competency skills; Knowledge of the health care environment competency skills; and Leadership competency skills</td>
<td>Communication, Scholarship, Professional Distinction, Moral Courage</td>
<td>Quality Improvement Teamwork/Collaboration</td>
<td>Final written paper and oral presentation of Dual Degree project. Discussion.</td>
</tr>
<tr>
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<tr>
<td>Assess impact of human, fiscal, and organizational resources for the project in a format consistent with the partnering organizations common practice.</td>
<td>II, VII, VIII</td>
<td>2, 3, 4</td>
<td>Business competency skills; Knowledge of the health care environment competency skills; and Leadership competency skills</td>
<td>Communication, Scholarship, Professional Distinction, Moral Courage</td>
<td>Quality Improvement Teamwork/Collaboration</td>
<td>Final written paper and oral presentation of Dual Degree project. Discussion.</td>
</tr>
<tr>
<td>Analyze any potential administrative or organizational issues and develop suggestions for effective management and conflict resolution for these issues.</td>
<td>II, IV, VII, IX</td>
<td>1, 5, 7</td>
<td>Communication and relationship-building competency skills; Business competency skills; Knowledge of the health care environment competency skills; and Leadership competency skills</td>
<td>Communication, Scholarship, Professional Distinction, Moral Courage</td>
<td>Teamwork/Collaboration</td>
<td>Final written paper and oral presentation of Dual Degree project. Discussion.</td>
</tr>
<tr>
<td>Disseminate clinical scholarship knowledge.</td>
<td>II, IV, IX</td>
<td>2, 3, 5</td>
<td>Professionalism competency skills; Communication and relationship-building competency skills</td>
<td>Communication, Scholarship, Professional Distinction</td>
<td>Teamwork/Collaboration Evidence Based Practice</td>
<td>Final written paper and oral presentation of Dual Degree project. Professional portfolio.</td>
</tr>
</tbody>
</table>

**Master’s Essentials in Nursing**  
I: Background for Practice from Sciences and Humanities  
II: Organizational and Systems Leadership  
III: Quality Improvement and Safety  
IV: Translating and Integrating Scholarship into Practice  
V: Informatics and Healthcare Technologies  
VI: Health Policy and Advocacy  
VII: Interprofessional Collaboration for Improving Patient and Population Health Outcomes  
VIII: Clinical Prevention and Population Health for Improving Health  
IX: Master’s Level Nursing Practice
Program Outcomes for the MSN/MBA in Healthcare Administration Dual Degree:

1. Integrate ethical practices and policies which appropriately address the unique healthcare laws and regulations healthcare organizations must follow.
2. Synthesize information through research and data analysis using best business and evidence based nursing practice to facilitate change toward high quality, cost effective and ethical nursing care delivery systems.
3. Collaborate with interdisciplinary teams, consumers, and other key stakeholders to effect needed change in healthcare delivery systems.
4. Utilize stewardship of human, fiscal, and organizational resources based on principles of finance, accounting, and economics.
5. Incorporate service and Benedictine values into nursing leadership practices.
6. Evaluate current domestic and global issues on healthcare and possible impacts to a changing healthcare industry.
7. Analyze significant issues between clinical nursing practice and healthcare administration to offer effective conflict resolution and provide leadership for practical solutions.

AONE (American Organization of Nurse Executives) Nurse Executive Competencies:

A. Communication and relationship-building competency skills include: 1) Effective communication; 2) Relationship management; 3) Influencing behaviors; 4) Diversity; 5) Community involvement; 6) Medical staff relationships; and 7) Academic relationships.

B. Knowledge of the health care environment competency skills include: 1) Clinical practice knowledge; 2) Delivery models / work design knowledge; 3) Health care economics and policy; 4) Governance; 5) Evidence-based practice / Outcome measurement and research; 6) Patient safety; 7) Performance improvement / Metrics; 8) Risk management.

C. Leadership competency skills include: 1) Foundational thinking skills; 2) Personal journey disciplines; 3) Systems thinking; 4) Succession planning; and 5) Change management.

D. Professionalism competency skills include: 1) Personal and professional accountability; 2) Career planning; 3) Ethics; 4) Advocacy.

E. Business competency skills include: 1) Financial Management; 2) Human resource management; 3) Strategic management; 4) Information management and technology.

The University of Mary graduate programs offer its students preparation in the following four areas of competence:

COMMUNICATION
Graduates demonstrate excellence in all facets of communication including the publication and presentation of scholarship. Graduates differentiate themselves via an ability to fortify technical acumen with robust communication skills. They become leaders who actively listen to those with whom they work and collaborate; who dialogue when they introduce ideas, clarify meaning, and strategize towards solutions; and who write with disciplined purpose to effectively disseminate and contribute to new or existing information. Graduates’ communication skills enable them to excel through effective interaction with colleagues across all levels and environments.

SCHOLARSHIP
Graduates access, analyze, evaluate, and process information from a variety of sources to generate new ideals which guide decision making to influence meaningful change.

Graduates foster a culture conducive to scholarship in which they use research principles to answer relevant questions which lay the foundation from existing knowledge and from those foundations generate relevant and innovative ideas and new knowledge. Our graduates are leaders in the synthesis of research to inform best practices.

PROFESSIONAL DISTINCTION
Graduates are values-based and evidence-driven professionals who are servant leaders committed to excellence in their professions and communities.

Graduates grow in excellence, focusing professional skills and technical proficiency towards a higher commitment to service. They interact collaboratively and effectively within environments comprised of individuals who have diverse educational backgrounds, cultures, and professional talents. Their leadership is founded in both values-based and evidence-driven practice and recognizes its role in contemporary society as one of distinct contribution and gift of self.

MORAL COURAGE
Grounded in faith and reason, graduates clarify and defend moral personal and social values to uphold the pathway for justice in multiple contexts.

Graduates evaluate the human, cultural, religious, and social conditions and history in which decisions are made and habits are formed. With courage they take responsibility to make and follow the course of action which helps build a profession of integrity and a civilization of virtue and dignity rooted in ethical principles that serve the authentic good of all persons.

For students to acquire proficiency in these competences, continual assessment of learning in an atmosphere of openness and free inquiry is promoted.
Graduate QSEN Competencies:

Quality Improvement (QI): Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of healthcare systems.

Safety: Minimize risk of harm to patients and providers through both system effectiveness and individual performance.

Teamwork and Collaboration: Function effectively within nursing and interprofessional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.

Patient-centered Care: Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient’s preferences, values, and needs.

Evidence-Based Practice (EBP): Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.

Informatics: Use information and technology to communicate, manage knowledge, mitigate error, and support decision making.

Course Purpose:
NUR 698, MSN/MBA Dual Degree Capstone Course, is intended to follow NUR 696. During NUR 698 students will implement and measure the Seminar and Service project that was planned and proposed in NUR 696. During NUR 698 students will be mentored through the point of project implementation and measurement. It is expected by the conclusion of this course that students will be prepared to disseminate the details of their project and the findings from outcome measurements.

Remember: Data collection of outcome measures cannot be initiated until University of Mary and as necessary organizational IRB approval has been granted.

Masters level students are expected to complete a rigorous evidence-based capstone project for the MSN/MBA in Healthcare Administration Dual Degree. The capstone project will be a synthesis of knowledge gained and scholarly work completed in all previous coursework. In the pursuit of the examination of strategy making/strategy execution, the course attempts to integrate much of the knowledge from previous cornerstone graduate courses. In this regard, this course should bring together the students’ knowledge of nursing leadership, management functions, management disciplines, as well as students’ written and verbal communication skills.

The course’s focus is “strategy and analysis” and “planning and managing for success.” One aspect of the capstone courses, NUR 696 and NUR 698, is for the class to encounter a real organization, plan and manage an evidence-based project, and apply strategic analysis, planning, implementation, and outcome measurement to organizational issues. The project will be disseminated through; 1) a written document and 2) formal presentation(s).

The faculty at the University of Mary require students to take this course in order to facilitate understanding of the duties of a nurse leader to introduce students to think strategically; to lead students through the process of formulating and implementing a strategic plan; to get students into the habit of reviewing an organization’s situation, [resources, competition, competencies]; and to re-appraise the need for strategic revision. Students are introduced to the concepts, processes and tools used in organizational strategic planning. The strategic alignment of people, resources and processes to the vision, mission and purpose of the organization are addressed. Students study the principles of strategic management and link these principles to both sound theory and best practices. Student will prepare and utilize budgets in the management control process.

The evidence of high level teamwork is an important aspect of this project, thus teamwork will be evaluated by the faculty. The rationale for this focus is that the nurse leader works primarily with teams in the healthcare setting, thus the ability to take on various roles on a team and effectively complete a finished product as a team will be evaluated during this project.

Conducting an evidence-based practice clinical project is not a way of avoiding the research process. Evidence-based practice essentially establishes that your subject of study (the healthcare organization) will: (a) be founded in a clinical setting; (b) require a detailed process to review and critique the related body of literature (external data); (c) gain essential organizational data to inform project work (internal data); (d) gain approval for project implementation/measurement by the formal means of IRB; (e) lead the implementation of a healthcare organizational change in practice; and (f) institute methods or tools to measure the effectiveness of the change.
Major Assignments: See attached guidelines for each assignment at the conclusion of this document

<table>
<thead>
<tr>
<th>Assignment</th>
<th>% of Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussion Participation (refer to attached rubric)</td>
<td>10%</td>
</tr>
<tr>
<td>Due Date: At conclusion of each discussion week</td>
<td></td>
</tr>
<tr>
<td>Project Work plan, schedule, timeline, and group norms</td>
<td>P/F</td>
</tr>
<tr>
<td>Due Date: End of week 2</td>
<td></td>
</tr>
<tr>
<td>Leadership Experiences Log</td>
<td>P/F</td>
</tr>
<tr>
<td>Due Date: Week 14 or 15</td>
<td></td>
</tr>
<tr>
<td>Confidentiality and Clinical Project Agreement – (using a new form, obtain updated signatures and dates to validate the ongoing agreement between the student team and the organizational contact).</td>
<td>P/F</td>
</tr>
<tr>
<td>Note: All signatures must be affixed (student and organizational contact)</td>
<td></td>
</tr>
<tr>
<td>This document serves as the official agreement between the healthcare organization, the University of Mary, and the students.</td>
<td></td>
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<tr>
<td>Once all signatures are obtained, this document must be scanned and uploaded in the coursework page.</td>
<td></td>
</tr>
<tr>
<td>Due Date: End of week 2</td>
<td></td>
</tr>
<tr>
<td>Dual Degree Project Written Report (refer to attached rubric)</td>
<td>30%</td>
</tr>
<tr>
<td>Due Date: Week 14</td>
<td></td>
</tr>
<tr>
<td>Dual Degree Project Formal Presentation (refer to attached rubric)</td>
<td>30%</td>
</tr>
<tr>
<td>Due Date: Week 14 or 15</td>
<td></td>
</tr>
<tr>
<td>Evaluations (refer to attached evaluation forms)</td>
<td>P/F</td>
</tr>
<tr>
<td>Due Date: Week 8 or 9</td>
<td></td>
</tr>
<tr>
<td>Mid-Course Self &amp; Team Assessment Evaluation</td>
<td></td>
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<tr>
<td>Self &amp; Group Evaluation</td>
<td></td>
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<tr>
<td>Oral Presentation (Final) – Peer Evaluation of Assigned Team</td>
<td></td>
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<tr>
<td>Organizational Contact Evaluation</td>
<td></td>
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<tr>
<td>Due Date: Week 15</td>
<td></td>
</tr>
<tr>
<td>Electronic Professional Portfolio</td>
<td>30%</td>
</tr>
<tr>
<td>Due Date: Week 14 or 15</td>
<td></td>
</tr>
</tbody>
</table>

Methods for Evaluation and Grading

<table>
<thead>
<tr>
<th>Letter Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>94-100</td>
</tr>
<tr>
<td>A-</td>
<td>92-93</td>
</tr>
<tr>
<td>B+</td>
<td>90-91</td>
</tr>
<tr>
<td>B</td>
<td>86-89</td>
</tr>
<tr>
<td>B-</td>
<td>84-85</td>
</tr>
<tr>
<td>C+</td>
<td>82-83</td>
</tr>
<tr>
<td>C</td>
<td>75-81</td>
</tr>
<tr>
<td>D</td>
<td>71-74</td>
</tr>
<tr>
<td>F</td>
<td>&lt;70</td>
</tr>
</tbody>
</table>

Students are encouraged to review the Graduate Catalog and the Program Handbook for policies regarding successful academic progression. For example, the Graduate Nursing Handbook indicates a letter grade of less than B- is not passing.

Required Texts and Resource Materials

Students are expected to reference texts and materials used throughout graduate MSN/MBA in Healthcare Administration Dual Degree course curriculum as well as any healthcare specific texts and materials obtained through research or provided by the
faculty. It is expected that current management and leadership literature will be utilized. There is not a designated textbook for this course.
Expectations
Since this is a three semester credit graduate level course offered over 15 weeks, you can expect to spend approximately 3 hours per week interacting in class and in project advising by phone and emails with your course faculty. And, another 6 hours per week studying and preparing assignments outside of class time. You will be required to complete project activities that will result in acquisition of 200 Leadership Experiences hours by the culmination of this course.

In this course, the student team is to determine the most effective way to orchestrate implementation, outcome measurement, and dissemination of the project. The group should continue to meet on a regular basis to ensure a quality project. It is the student or team’s responsibility to seek additional faculty guidance and set up these meeting as needed. Typically, a student or student team meet on a weekly basis, both as separate student work groups and in partnership with the healthcare organization. These meeting times account as part of your leadership experience and are to be logged. Please refer to expectations for Leadership Experiences hour documentation.

Attendance Policy
Instructors are required to maintain reports of student attendance and to report absences for each course. At the request of the course faculty, students may be administratively dropped from the course if they do not attend the initial two weeks of class and have not been in contact with the course faculty by the close of the second week (last day to drop a course without a grade). Students who do not enter the classroom for two consecutive weeks during the remaining class term without an approved excused absence, may also be administratively withdrawn from the class.

The policy of class attendance is at the discretion of instructors who will explain their written policy during the first week of class. Students are responsible to be familiar with the policy of their instructors. In the case of unexcused absences, students are responsible for work assigned, quizzes, tests or announcements made while absent. For accelerated courses, opportunity to make-up work involving discussion with a peer cohort may not be possible. At the request of the instructor and with approval of the Vice President for Academic Affairs, students may be administratively dropped from classes due to excessive absences.

Assignment & Exam Policies
All assignments and projects are to be completed and submitted by the date they are due. No extensions can be granted for the class discussions. All other assignments completed and submitted after assigned deadline are subject to a 10% reduction in points. Make up assignments for excused absences will be allowed if completed within 5 days of the regular scheduled times. No credit will be given beyond 5 days of the due date. All make-ups are to be given at the faculty's discretion.

The University of Mary is in process of implementing TurnItIn plagiarism software. Faculty have the discretion to submit student work to this software for verification of the authenticity and appropriate use of paraphrasing, citing other works, and originality.

Statement on Academic Honesty: Students who cheat perpetrate an intellectual fraud which betrays their own potential, cheapens the honest achievements of others, and undermines the integrity of the university community. Plagiarism is a form of cheating. Students who violate academic honesty fall under the Academic Integrity Policy and are subject to the sanctions under that policy including removal from their programs of study or dismissal from the University.

Policy:
- The instructor will initiate action against a student found cheating while enrolled in a course within seven (7) days of discovery of the infraction. The instructor will formally notify the student and record the action.
- The instructor may apply any of the following sanctions to students found to have cheated during the term of the course.
  - The student will receive a zero for the work in question.
  - The student will be given another opportunity to demonstrate knowledge or skills.
  - The student will be expelled from class with a failing grade.
  - The instructor may recommend additional sanctions to the student’s Program Director, the student’s Division Chair or Dean, or the University Director of Graduate Studies.

Please refer to the most current Graduate Studies Catalog’s Graduate Policies and Procedures sections titled “Academic Honesty” and “Policy” for additional information. A student who is found to breach this policy while enrolled in a course will be formally notified by the instructor and the action will be recorded in the student’s file.

The University of Mary is in process of implementing TurnItIn plagiarism software. Faculty have the discretion to submit student work to this software for verification of the authenticity and appropriate use of paraphrasing, citing other works, and originality.
**Forms of Plagiarism**

Source: Westmont College ~ 955 La Paz Road, Santa Barbara, CA 93108 805.565.6000

http://www.westmont.edu/_academics/pages/provost/curriculum/plagiarism/facinfo.html

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**Minimal Plagiarism**

Doing any of the following without attribution:

- Inserting verbatim phrases of 2-3 distinctive words
- Substituting synonyms into the original sentence rather than rewriting the complete sentence
- Reordering the clauses of a sentence
- Imitating the sentence, paragraph, or organizational structure, or writing style of a source
- Using a source’s line of logic, thesis or ideas

Consequence:

- Use situation as an educational opportunity to discuss with the student the nature of plagiarism and the values of a scholarly, Christian community
- At the professor’s discretion, assignments may be rewritten and resubmitted, with or without a grade penalty.
- Repeated instance of minimal plagiarism may, at the professor’s discretion, be treated as substantial plagiarism. If the professor plans to exercise discretion in cases of minimal plagiarism, procedures and consequences should be clearly described in the course syllabus/learner guide.
- Faculty are encouraged to keep records of all instances (e.g., in the form of a report to the Assistant VP for Academic Affairs)

**Substantial Plagiarism**

Doing any of the following without attribution:

- Inserting verbatim sentences or longer passages from a source
- Combining paraphrasing with verbatim sentences to create a paragraph or more of text
- Repeatedly and pervasively engaging in minimal plagiarism

Consequence:

- First Offense: The student receives a failing grade on the assignment that has been plagiarized and a Faculty Report of Student Plagiarism is submitted to the Assistant VP for Academic Affairs.
- Second Offense: The student receives a failing grade in the course and a Faculty Report of Student Plagiarism is submitted to the Assistant VP for Academic Affairs.
- Third Offense: The student is recommended for expulsion from the University. Action is taken at the discretion of the Assistant VP for Academic Affairs.

**Complete Plagiarism**

Doing any of the following without attribution:

- Submitting or presenting someone’s complete published or unpublished work (paper, article, or chapter)
- Submitting another student’s work for an assignment, with or without that student’s knowledge or consent
- Using information from a campus file or old assignments
- Downloading a term paper from a web site
- Buying a term paper from a mail order company or web site
- Reusing or modifying a previously submitted paper (e.g., from another course) for a present assignment without obtaining prior approval from the instructor/s involved

Consequence:

- First Offense: The student receives a failing grade in the course and a report is submitted to the Assistant VP for Academic Affairs within 10 school days.
- Second Offense: The student is expelled from the University. Action is taken at the discretion of the Assistant VP for Academic Affairs.

**Channel for Communication Relating to this Course** [provide the name of the individual for each person in the channel]

Instructor > Graduate Nurse Administrator Program Coordinator > Chair of Graduate and Distance Nursing Education > Dean of the School of Health Sciences
Statement Regarding Reasonable Accommodations
Students with disabilities who need accommodations should apply to the Office of Student Accessibility Services. For further information, contact Melissa Lafferty, Director of Student Accessibility Services in the Student Success Center, located in the lower level of Welder Library, at (701) 355-8264 or malafferty@umary.edu.
Project Work plan, Schedule, Timeline and Group Norms

1. NUR 696 concluded with work on initiating acquisition of IRB approval from the University of Mary and the organization (if applicable). IRB approval can at times be a lengthy process. Students are encouraged to maintain momentum in coursework by focusing on their professional electronic portfolio during times that they may not be able to move forward with project implementation as a result of pending IRB approval.

2. The student team will be responsible for continuing the partnership with the healthcare organization that was established in NUR 696 in order to complete implementation and outcome measurement for the EBP project.

3. To kick off this course, the student and/or team will schedule a meeting with the healthcare organizational contact to:
   - Recap work that was completed in NUR 696.
   - Frame the plan for this semester’s work.
   - Complete the Statement of Confidentiality and Clinical Project Agreement (must be submitted within the first two weeks of class). Confidentiality is critical for the organization as well as the credibility of each student and the University of Mary. When signing this document, the student and organizational representative verify ongoing mutual agreement for the project.

4. Should it be desired by the team or the organizational contact, a meeting (GoToMeeting, WebEx, telephone conference or face-to-face) can be established by the course faculty to ensure understanding by all persons involved, i.e., the student team, the organizational contact and the course faculty.

5. Promotion of effective team functioning is a critical competence of nurse leaders. In most situations, team members work well together and have a positive team experience, however it is recognized that while working on major and rigorous team projects, conflict may be a factor particularly when tensions and emotions run high. Collaborating; communicating; promoting strengths and supporting weaknesses of individual members are skills that nurse leaders must achieve. This program culminating EBP project will position students in an experience that faculty expect students to apply such competencies. A positive team experience for all students is considered a critical focus of this EBP project. In fact, faculty place high value on team-work throughout the two semesters of this project. Should there be conflict due to lack of participation or lack of contribution by an individual member of the team, it is suggested that such conflicts attempt to be resolved within the team first. As would be required in the workplace setting, it is advised that the team provide this type of feedback to the non-participating or non-contributing team-member, first verbally, and, then secondly, in a written format, (e.g., email) should the behavior continue. These communications must clearly identify, in a professional context, the challenges members are having and a suggested path toward resolution. Should the conflict remain unresolved, it is suggested that students reach out to the faculty member for consultation as to how to handle the non-participating or non-contributing team member. Other considerations:
   - The Mid-Course and Final Self and Team Evaluations provide a venue for students to inform faculty of any team problems that have already been attempted to be addressed as a team and that remain unresolved. That said, it is preferable that this communication takes prior to the evaluations.
   - Please note that final grades may be different for each student based on the results of the Mid-Course and Final Self and Team Evaluations and the anecdotal and/or written feedback provided to the faculty by team members.

6. All work related to the project is strictly confidential and all students must sign the “Statement of Confidentiality and Clinical Project Agreement” (attached) within the first two weeks of the class. Confidentiality is critical for the organization as well as the credibility of each student and the University of Mary. When signing this document, the student and organizational representative verify mutual agreement for the project. In addition, by signing this document the student acknowledges that during the course of graduate study, s/he has signed and submitted to the Graduate Nursing Office in Bismarck the “Confidentiality and Privacy Oath” found in the Graduate Nursing Handbook.

7. The student/student team will design a project work plan, schedule, and timeline to include group norms (see assignment guideline). **By the end of the second week of class**, a copy of this assignment will be submitted to the coursework page for faculty review and approval. The student team should collaborate on determining work assignments and workloads. Students should submit in a table format assigned roles they are assuming within the group. Types of roles may include those listed below. While during development, individual members may work on elements of the project (i.e. paper, presentation, discussions, etc.), the final products must be representative of input from all group members.

Developed March 2014
A. STUDENT/S PROJECT LEAD: Designated as the liaison person between the student group and healthcare organization. Responsible for coordination of project activities and meeting schedule with organization. Will be integral in resolving any key access issues. Responsible for delivery of final PPT presentation to organization.

B. PROJECT OUTCOME MEASUREMENT ANALYSIS: Responsible for gathering project outcome measurements and conducting appropriate statistical analysis. It is highly recommended that the team collaborates/consults with a statistician or other qualified professional.

C. EDITING: Responsible for editing and oversight of final written project. The project should read as though there is one author. This objective is the responsibility of the editing team.

D. HUMAN SUBJECTS PROTECTION: Responsible for completion of IRB application and submission to both University of Mary and organizational IRB application, if needed, and if not accomplished during NUR 696.

E. CLASS REPORTING: Responsible for posting updates and ongoing contributions to the class discussion board regarding project status.

F. ORGANIZING: Responsible for organizing group meetings, communicating summary of meeting proceedings and agreements to the group, negotiating deadlines and following up on individual member’s progress on assigned work.

G. PRESENTATION: Responsible for the majority of the oral presentation to the organizational representatives and faculty.

H. OTHER – as needed

Please submit in one document entitled *Project Work Plan, Schedule, Timeline and Group Norms*:

1. Summarize the agreed upon project objectives and goals that have been set in collaboration with the organization regarding the actual implementation and outcomes measurement that will be conducted during this semester.
2. Differentiate roles and responsibilities of the student team.
3. Provide the agreed upon student team member roles in a table as requested above.
4. Design a project team work plan, schedule and timeline.
5. Re-establish and/or revise the student group norms that were developed during NUR 696.

This work is to be submitted to the appropriate tab in the coursework page.
Peer and Self-Assessment of Team-Members’ Participation

Part of a nurse leader’s responsibility is to provide thoughtful, honest & relevant feedback to peers, subordinates and team-members. Please take the time for meaningful comments and evaluation of the team-work process thus far in this course. Be sure to complete questions on page three of this document.

Your Name: ________________________________________________________________ Date: ______________________

Team Project Title: ____________________________________________________________

Instructions: Enter the numeric score you assign for each criterion for each member of your team (including yourself). Note: Total possible score is 35.

<table>
<thead>
<tr>
<th>Team Member Rated (Be sure to rate yourself!)</th>
<th>A Contributions, etc.</th>
<th>B Working with Others</th>
<th>C Focus on Task</th>
<th>D Team Role</th>
<th>E Communication</th>
<th>F Problem-Solving</th>
<th>G Job Proficiency</th>
<th>Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Contributions, Participation, Attitude</td>
<td>Exemplary to Proficient 5</td>
<td>Partially Proficient 4</td>
<td>Emerging 3</td>
<td>Does not Meet Expectations 1</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Always willing to help and do more; routinely offers useful ideas. Always displays positive attitude about the tasks and the work of others. Always contributes; quality of contributions is exceptional.</td>
<td>Cooperative; usually offers useful ideas. Generally displays positive attitude about the tasks and the work of others. Usually has a positive attitude about the tasks and the work of others. Usually contributes; quality of contributions is solid.</td>
<td>Sometimes cooperative; sometimes offers useful ideas. Rarely displays positive attitude about the tasks and the work of others. Occasionally is publicly critical of the tasks or the work of other members of the team or of the faculty or course. Sometimes contributes; quality of contributions is fair.</td>
<td>Seldom cooperative; rarely offers useful ideas. Is disruptive to team process and meetings. Is often negative and publicly critical of the tasks or the work of other members of the groups, etc. Rarely contributes; contributions are often peripheral or irrelevant; frequently misses team meetings.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B Working with Others, Cooperation</td>
<td>Highly productive. Works extremely well with others; never argues in a disruptive manner, however articulates contrary points of view that contribute to the development of the project.</td>
<td>Does their part of the work – cooperative. Works well with others, rarely argues in a disruptive manner.</td>
<td>Could do more of the work – has difficulty, requires structure, directions and leadership, sometimes argues in a disruptive manner.</td>
<td>Did not do any of the work – does not contribute, does not work well with others, usually argues with teammates.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C Focus on Task, Commitment</td>
<td>Tries to keep people working together. Consistently stays focused on the task and what needs to be done. Is very self-</td>
<td>Does not cause problems in the group. Focuses on the task and what needs to be done most of the time.</td>
<td>Sometimes not a good team member. Sometimes focuses on the task and what needs to be done. Must be prodded and reminder to</td>
<td>Often is not a good team member. Does not focus on the task and what needs to be done. Allows others do the</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Directly RELATED TO:</td>
<td></td>
<td></td>
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<td>---</td>
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<td></td>
</tr>
<tr>
<td>D</td>
<td><strong>Team Role</strong>&lt;br&gt;<strong>Fulfillment, Dependability, Shared Responsibility</strong>&lt;br&gt;Participates in all group meetings, is punctual, and assumes leadership role as necessary. In leading is attentive to each member of the team, keeps team on schedule, foregrounds collaboration, and integrates individual efforts. Follows through on work that was self or team-assigned. A true team member who contributes a lot of effort, and encourages and supports the efforts of others in the group.</td>
<td>Participates in most team meetings. Provides leadership when asked. Does most of the work assigned by the team. Is willing to lead. In leading is attentive to each member of the team, attempts to keep team on schedule. A strong team member who tries hard!</td>
<td>Participates in some team meetings. Provides some leadership. Does some of the work assigned by the team. Will take lead if group insists; not good at being attentive to each member of the team, has some trouble keeping team on schedule. Sometimes a satisfactory team member who does what is required.</td>
<td>Participates in few or no team meetings. Provides no leadership. Does little or no work assigned by the team. May volunteer and not follow through or resists taking on leadership role; in leading allows uneven contributions from team members, is unclear about outcomes or direction and does not make plans for sessions or projects. Sometimes chooses not to participate and does not complete assigned tasks.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td><strong>Communication, Listening, Information Sharing, Discussing, and Openness to Others’ Ideas</strong>&lt;br&gt;Respectfully listens to, shares with, interacts and supports the efforts of others. Provides effective feedback to other members. Relays a great deal of information all related to the topic. Helps direct the team in reaching consensus. Listens to others’ ideas without interrupting; responds positively to ideas even if rejecting; asks questions about the ideas.</td>
<td>Usually listens to, shares with, and supports the efforts of others. Sometimes talks too much. Provides some effective feedback to others. Relays some basic information mostly related to the topic. Sometimes listens to others’ ideas without interruption; generally responds to the ideas.</td>
<td>Often listens to, shares with, and supports the efforts of others. Usually does most of the talking – rarely listens to others. Provides little feedback to others. Relays very little information related to the topic. Interrupts others’ articulation of their ideas; does not comment on the ideas.</td>
<td>Rarely listens to, shares with, and supports the efforts of others. Is always talking and never listens to others. Provides no feedback to others. Does not relay information to teammates. Interrupts others’ articulation of their ideas; makes depreciatory comments and/or gestures.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>F</td>
<td><strong>Problem-Solving</strong>&lt;br&gt;Actively looks for and suggests solutions to problems.</td>
<td>Refines solutions suggested by others.</td>
<td>Does not suggest or refine solutions, but is willing to try out solutions suggested by others.</td>
<td>Does not try to solve problems or help others solve problems.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G</td>
<td><strong>Job Proficiency Correctness</strong>&lt;br&gt;Work is complete, well organized with no errors and is done on time or early.</td>
<td>Work is generally complete, meets the requirements of the task and is mostly done on time.</td>
<td>Work tends to be disorderly, incomplete, and inaccurate and is usually late.</td>
<td>Work is generally sloppy and incomplete, with excessive errors and is mostly late or not done at all.</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Please answer the following questions to provide additional input about the team.

1. Identify the planning, meeting and communication processes of the Seminar & Service Project student team:

2. What were your key roles in the Seminar & Service project?

3. To what specific sections of the project did you contribute?

4. Who were the team researchers? The team analysts? The team editors? The team presentation members? How were these distinctions decided?

5. Was the workload shared equitably? Equally?

6. Was there adequate input and feedback from all group members?

7. Was there adequate direction from the Seminar & Service Project faculty?

8. Was there adequate access to the information the group needed from the organization?

9. What suggestions would you have for the Seminar and Service Project course?

10. In your opinion, should everyone in the group receive the same grade? What would that grade or those grades be?
Statement of Confidentiality and Clinical Project Agreement

The following page is the Statement of Confidentiality and Clinical Project Agreement that all student groups are required to complete in collaboration with the organization. This agreement needs to be attested by the organizational contact.

The purpose of this agreement is to identify the student group has engaged in discussion with the organization about the organization’s unique needs and both parties have agreed for the student group to proceed with work within the partnering organization on an evidence based practice project through implementation and measurement of project outcomes. It is important to ensure that confidentiality is maintained during the 2 capstone classes, specifically involving sensitive internal organizational data that may be discussed in the context of these projects.

Students are required to sign two (2) confidentiality statements during their program of study, one from the Graduate Nursing Handbook, when you were accepted into the graduate program, and, this Confidentiality and Clinical Project Agreement with your partnering organization. Students are reminded that a breach of confidentiality would result in dismissal from the program. Any sensitive internal data that is discussed in class during presentations or on the discussion forums needs to remain within this class for the purpose of learning and supporting our nurse colleagues’ projects and presentations.

It is possible to have a scenario where students in class together are employed at competing organizations. In these situations it is particularly important to be most respectful of confidential data, sensitive information, resources, and strategic plans of the collaborating organization where the student group is implementing new initiatives.

The organizational contact is an individual, typically a nurse leader (i.e., CNO, CEO, nursing director, nurse researcher, etc.), who works in a capacity closely related to the project purpose.
Statement of Confidentiality And Clinical Project Agreement

From the rich heritage infused by the founders, the Sisters of Annunciation Monastery, the University of Mary has selected the following six values for special emphasis: Hospitality, Respect for Persons, Moderation, Community, Service, and Prayer (adapted from Benedictine Educational Philosophy, revised 7-15-98).

The spirit of the above mentioned six values presents the opportunity to forge a learning/consulting relationship (the Project) between a Seminar and Service Project Student Team enrolled in the University of Mary MSN/MBA in Healthcare Administration Dual Degree Program (Program) and a healthcare organization (Organization), representing designated issues in healthcare leadership.

Reflecting the spirit of the above-mentioned six values, we the undersigned, by this “Statement of Confidentiality,” acknowledge and assure complete confidentiality of the Project. Discussion of and written materials of the Project shall remain among the Seminar Class, the faculty, the management (or designee) of the organization, and the Director of the Program.

We the undersigned acknowledge and assure complete confidentiality, as well as acknowledge that we have signed and submitted to the Graduate Nursing office in Bismarck the Confidentiality & Privacy Oath found in the Graduate Nursing Handbook.

_________________________/________
Student Signature Date

_________________________/________
Student Signature Date

_________________________/________
Student Signature Date

_________________________/________
Student Signature Date

Name of organization: __________________________________________________

Organizational contact name:________________________________________________

Title:______________________________________________________________________

Address:____________________________________________________________________

City, State, Zip:______________________________________________________________

Phone number(s):____________________________________________________________

Email:______________________________________________________________________

Attest by organization’s designee: ____________________________________________/_______
Signature Date

Attest by faculty:_______________________________________________________________________/_______
Signature Date
Human Subjects Protection

The capstone courses (NUR 696 and NUR 698) in the MSN/MBA in Healthcare Administration Dual Degree program require students to complete an evidence based practice project within a healthcare organization. Through a needs assessment and conversations with organizational leaders, students will identify an organizational gap. Routinely monitored baseline organizational data, often referred to as secondary data, will provide the rationale/purpose for the EBP Project. After identifying the purpose of the project, students will plan and then implement the EBP Project. After implementation, outcomes measurements will be collected. As a result of utilizing and analyzing organizational data, it is necessary for all projects to be reviewed by the University of Mary Institutional Review Board.

General tips:

1. The application has four parts. Be sure to complete all elements of each part. One reason IRB applications are often delayed related to incomplete application documents.
2. Maintain close communication with your course faculty.
3. IRB approval can take up to four weeks. The goal is for your application to be submitted during Week 13 of NUR 696; therefore, it is necessary for students to plan time accordingly starting at the beginning of the course.
4. IRB approval from healthcare organizations (if determined necessary by the healthcare organization) is to be sought after University of Mary IRB approval has been obtained.

If IRB approval has not been achieved in NUR 696 students will need to ensure this step is met early in NUR 698. Forward progression with the project, namely data collection, will be stalled until IRB approval is obtained.
Seminar and Service Project Written Report Guidelines

Students will begin this semester having developed the foundation of their work in NUR 696. That work serves as the starting point for the final documents in NUR 698. It is suggested the first step the student or student team takes is revision of the final paper and presentation based on feedback offered by NUR 696 course faculty. From there, students will be adding the sections of project implementation and outcome measurement to their final project works (both the paper and presentation). Finally, students will disseminate findings of their project with a formal oral presentation to organizational stakeholders (usually an interdisciplinary team) and, if possible, to entities outside the organization.

The guidelines provided below will be used by students as they prepare their final written report to submit near the end of the course. Following these guidelines is the grading rubric used to score the final written report assignment. Suggestions that have been received as a result of ongoing work within the healthcare organization, from peers during course discussions, and from course faculty should be incorporated in the final work for this culminating course.

Student work submitted via Canvas will be evaluated by TurnItIn software for verification of authenticity and appropriate use of paraphrasing, citing other works, and originality.

The written project format MUST FOLLOW APA GUIDELINES and will be formatted in the following order:

A. Cover page (Title Page)
B. Acknowledgments
C. Table of Contents
D. List of Tables (This page lists the tables and the page number they fall on within the body of the paper.)
E. List of Figures (This page lists the figures and the page number they fall on within the body of the paper.)
F. List of Appendices (This page lists the appendices and the page number they fall on at the end of the paper.)
G. Executive Summary
H. Body of Manuscript (Text bolded below should be used as headers within your manuscript and in your table of contents. Be sure to follow the APA level heading guidelines.)
   1. Title of Paper – this is not a level of heading according to APA. The title should not be boldface and should be centered at the top of the first page of the paper. Remember the paper will have a cover title page as well.
   2. Introduction statements - remember in APA the introduction doesn’t have a header
      a. Problem statement - this will be your first header [level 1 heading] –APA manual pg. 62
         • How does it fit into the context of the scope of healthcare from a global perspective or nationally?
         • Why is this problem unique and or timely?
         • Why is it or should it be a priority?
      b. Significance of Clinical Problem at the Organizational Level [level 1 heading]
         • What is the organizational problem?
         • This section will outline how the problem relates to the organizational request.
      c. PICO(T) question - all 4 elements of the PICO question must be identifiable [level 1 heading]
      d. Purpose Statement - Remember a purpose statement is declarative. The purpose of this project is to…. [level 1 heading]
         • What does the project intend to do?
         • Where will it occur? (Do not give specific organizational name – only offer a brief description. A more comprehensive description of the setting occurs later in the paper.)
   3. Review of Literature [level 1 heading]
a. Literature Search [level 2 heading] - Narrative description of literature search and critique of evidence. The body of the paper will reference the reader to both tables bulleted below:
   - External Data table
   - Level of Evidence Table

b. Synthesis of Current Literature (i.e. literature review) [level 2 heading] – thematic writing is encouraged. Each theme, cited from multiple resources, is described in the literature review. Level 3 headings can be used to signify the theme.
   - The synthesis of literature section will provide a foundation for the evidence-based recommendations to be implemented in this project. Evidence-based practice is considered successfully implemented when the relationship of project recommendations, implementation and measurement is correlated to best practices established from the literature.
   - To reiterate, the literature synthesis should lead the project team to identification of the evidence for project initiatives, recommendations, implementation plan strategies, and measurement plan strategies.

4. Project Problem Identification - Describe how specific gaps were identified, i.e., consider root cause analysis, fishbone, or other methodologies and consider all factors affecting gap. [level 1 heading]
   i. Internal Evidence [level 2 heading]
      - Narrative of organizational background data related to the project (i.e. what are the baseline metrics leading to the need for the project). This narrative should refer to the Internal Data Table.
      - Internal Data table

   ii. External Evidence [level 2 heading]
      - This section will describe the relationship of external data from the literature review to the internal organizational data supporting the need for change

5. Project Recommendations [level 1 heading] - Based on the preceding analysis, recommendations may be related to protocols, policies, processes, procedures, nursing interventions, clinical care, or other needs as identified. Articulate clear, specific, and measurable recommendations linked to the organizational gaps identified, organizational objectives, and internal and external data. This section will be short and concise and should:
   a. State the project recommendations
   b. Conclude this section with a concise summary of the internal and external data supporting the recommendations

6. Project Implementation Plan - Start this section with restating the problem [level 1 heading]
   a. Change Theory - [level 2 heading] select a change theory that aligns with project needs and can be utilized as a framework to support the project and implementation plan. Describe this change theory. Students are encouraged to use previous textbooks for this work and supplement it with additional resources.
   b. Key stakeholders - [level 2 heading]
   c. Barriers and facilitators/ drivers and resistors to change - [level 2 heading] Consider factors that will influence adoption or rejection of your project. What is the setting’s readiness for change?
   d. Organization planning process [level 2 heading] Relate implementation plan to strategic, mission, vision or financial planning process of the healthcare organization
   e. Implementation Plan [level 2 heading] Refer to Chapter 5 in your Roussel text and Chapter 12 in your Melynk text. Using the elements of the change theory you selected to frame your project lay out in detail your implementation strategy. Identify and describe the setting where your project will be implemented, including the type of facility, number of beds, unit or location of project, rational for selecting this setting. Define who your project participants are. Your implementation plan should address the “who, what, where, when, why, etc.” for each project recommendation. A project action plan including a timeline should be incorporated. The following factors are not an exclusive list but are factors for you to consider in your implementation plan:
• Organizational behaviors and systems thinking
• Administrative support
• Champions/Resistors
• Values and Beliefs
• Clinical Leadership
• Communication
• Timing
• Education
• Information Technology
• Ongoing review & modification
• Performance improvement
• Feedback
• Funding resources/sustainability/fiscal impact
• Leveraging Human capital

7. **Project Measurement Plan** - [level 1 heading] Use the baseline metrics gathered from the internal data analysis during the fact findings phase to establish the project measurement outcomes. The measurements for project outcomes need to be:
   • Specific
   • Measurable
   • Attainable
   • Realistic
   • Time-limited

8. **Human Subject Protection Statement**

9. **Business Plan** – *The business plan will be a separate document, should be based on a format completed in previous business and/or nursing finance (NUR 560) courses, and does not need to follow APA format.*

   The business plan is comprehensive, factual, and linked to strong data. Describe how the project may impact the organization’s business. Given the uniqueness projects business impact may be human resources, patient satisfaction, internal and external marketing, financial bottom lines, etc. Students will be expected to analyze internal and external factors that might have an impact on the organization’s success. Areas to address include human resources, legal compliance, fiscal health, and industry best practices. Plan is eye appealing without any formatting issues. The business plan includes:
   - a cover letter
   - title page
   - table of contents
   - executive summary
   - company facet
   - market facet
   - organizational facet
   - financial facet
   - **Budget** - [The budget will be part of the business plan] Budget is comprehensive and complete. Budget ties to organization’s strategy and mission. There are no errors in budget and it presents a realistic approach to use of the organization’s capital. Budget must include organizational goal, strategic long-range profit, and the master budget.
     - The student team has contributed man hours to the project, thus the organization has benefitted from this academic endeavor. Quantify the value
the organization has benefitted from as a result of the efforts of the student team.

10. Implementation and Measurement
   a. Implementation
      o Based on the actual implementation of the project (as planned in the “Implementation Plan” section from NUR 696), a critical analysis of the effectiveness and opportunities for improvement in the work of project implementation is well described. (i.e., what worked well, what could have been differently, what wasn’t considered, what was a critical consideration made, etc.)
   b. Project Outcome Measurements (As a result of actual implementation of the above recommendations and implementation plan, report on the outcome measurements of the project. This section will be narrative and supported by figures, i.e., charts, depicting the statistically analysis of metrics pre and post implementation.).
      o Offer the strengths and weaknesses of project outcome measurements (i.e., were the appropriate metrics identified during project planning, was the data reliable, were there questions left unanswered, were new questions created)
      o Results of data comparison from internal data collected during pre-project implementation to post-project data are outlined.
      o Results of what has changed or improved as a result of implementing recommendations
   c. Hand-off Plan The student team will collaborate with the organizational contact person in developing a hand-off plan for the project at the end of the academic endeavor. This plan will set the stage for the project to have the greatest potential for continued success.

11. Conclusions
   o Summarize the project. This may include: providing strengths and weakness of the project; offering implications of your project results for nursing practice; and considerations for future project replication.

I. Reference Page
J. Appendices
Examples of table format as introduced in NUR 601 (Content within tables listed is merely to serve as an example of table layout and content):

Table 1

*External Data*

<table>
<thead>
<tr>
<th>CINAHL</th>
<th>MEDLINE</th>
<th>Cochrane</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Safety</td>
<td>In these cells you will simply list the number of “hits” found in the database for this keyword</td>
<td></td>
</tr>
<tr>
<td>2. Length of shift</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Outcomes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. 1 and 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. 1 and 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. 2 and 3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 2

*Matrix Grid*

<table>
<thead>
<tr>
<th>Full APA Reference Citation</th>
<th>Research Purpose</th>
<th>Study Design</th>
<th>Sample (Setting)</th>
<th>Data Collection/ Measures</th>
<th>Analysis/ Outcomes</th>
<th>Strengths/ Limitations</th>
<th>Joanna Briggs Level of Evidence</th>
<th>Study Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rogers, A. E., Hwang, W., Scott, L. D., Aiken, L. H., Dinges, D. F. (2004). The working hours of hospital staff nurses and patient safety. <em>Health Affairs</em>, 23(4), 202-212.</td>
<td>The purpose of this research was to examine the work patterns of hospital staff nurses and to determine if there is a relationship between hours worked and the frequency of errors.</td>
<td>Non-experimental, descriptive</td>
<td>393 registered nurse members of the American Nurses Association</td>
<td>Spiral-bound logbooks were used to collect information about hours worked (both scheduled and actual hours), time of day worked, overtime, days off, and sleep/wake patterns. Subjects completed seventeen to forty items per day; all forty questions were completed only on days the nurses worked. Questions regarding errors and near errors were included, and space was provided for nurses to describe any errors or near errors that might have occurred during their work periods. On days off, nurses were asked to complete the first seventeen questions about their sleep/wake patterns, mood,</td>
<td>Descriptive statistics and frequency tables</td>
<td>Data collected on 5,317 work shifts revealed that hospital staff nurses worked longer than scheduled daily, and generally worked more than forty hours per week. There were 199 errors and 213 near errors reported during the data-gathering period. Our analysis showed that work duration, overtime, and number of hours worked per week had significant effects on errors. The</td>
<td>Level 4</td>
<td>High Quality</td>
</tr>
</tbody>
</table>
and caffeine intake. All items in the logbook and the logbook format itself were pilot-tested before this study began.

Next Citation

Etc.

Table 3

*Internal Data*

<table>
<thead>
<tr>
<th>Data Need</th>
<th>Special Considerations</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of 8 hour nursing shifts</td>
<td></td>
<td>Unit director</td>
</tr>
<tr>
<td>Percentage of nursing shifts longer than 8 hours</td>
<td>Asking for this data will not allow for differentiation between 10, 12, and 16 hours shifts</td>
<td>Unit director</td>
</tr>
<tr>
<td># of nursing errors in critical care unit</td>
<td>What timeframe should be queried</td>
<td>Risk Management</td>
</tr>
<tr>
<td>Hour of shift with greatest incidence of error</td>
<td>Be clear with source of data that the information needed is which hour of the shift (i.e., 9th hour worked) is needed rather than hour of day.</td>
<td>Risk Management</td>
</tr>
</tbody>
</table>

*Special Note:* Tables, Graphs, & Figures should all be formatted professionally following APA format. According to APA guidelines, tables and figures should be placed within the text (not in appendix) and be referenced by number and briefly described in the narrative of the paper. Table titles are at the top of the table and figures are title at the bottom. For specifics on formatting please see the APA manual, pages 128-150.
# Final Written Report - Evaluation Rubric

**Team / Students:**
**Evaluator:**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Exemplary</th>
<th>Proficient</th>
<th>Emerging</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paper Development</td>
<td>The student has reviewed and successfully taken into consideration suggestions from previous reviews. All valid suggestions for change have been completed.</td>
<td>The student has reviewed and successfully taken into consideration suggestions from previous reviews. Many to most suggestions for change have been completed. Main idea is clear but the supporting information is general. The paper topic is mostly appropriate to MSN/MBA in Healthcare Administration Dual Degree audiences and probably timely content. Supporting details and information are relevant, but one key issue or portion of the storyline is unsupported.</td>
<td>The student has reviewed and successfully taken into consideration suggestions made from previous reviews. Some suggestions for change have been completed. Main idea is somewhat clear but there is a need for more supporting information. The paper topic is mostly appropriate to MSN/MBA in Healthcare Administration Dual Degree audiences but may not be timely content. Supporting details and information are relevant, but several key issue or portions of the storyline are unsupported.</td>
<td>The student has reviewed and successfully taken into consideration suggestions made from previous reviews. Few suggestions for change have been completed. The main idea is not clear. There is a seemingly random collection of information. The paper topic is not appropriate to MSN/MBA in Healthcare Administration Dual Degree audiences and probably not timely content. Supporting details and information are typically unclear or not related to the topic.</td>
</tr>
<tr>
<td>Focus and Relevancy of Paper Topic</td>
<td>5pts</td>
<td>5pts</td>
<td>5pts</td>
<td>5pts</td>
</tr>
<tr>
<td>Paper Topic</td>
<td>The topic is well-focused. Main idea stands out and is supported by detailed information. The paper topic is appropriate to MSN/MBA in Healthcare Administration Dual Degree audiences. The content is timely and adds to the knowledge base of the profession. Relevant, telling, quality details give the reader important information that goes beyond the obvious or predictable.</td>
<td>All sources used for quotes and facts are credible and cited correctly both in-text and in the reference page. All sources in the reference page are used in manuscript narrative. Utilization of evidence based resources is easily identifiable by the nature of scholarly writing throughout the manuscript. APA writing style is followed consistently, across all elements of the paper. To include, but not be limited to, cover page, table of contents, running head, spacing, section headers, citation, use of tables, figures and appendices, and reference page.</td>
<td>Most sources used for quotes and facts are credible and cited correctly. All sources in the reference page are used in manuscript narrative. Utilization of evidence based resources is recognized often in the manuscript by demonstration made through scholarly writing. APA writing style is followed by the majority of the time, across all elements of the paper. To include, but not be limited to, cover page, table of contents, running head, spacing, section headers, citation, use of tables, figures and appendices, and reference page.</td>
<td>Many sources used for quotes and facts are less than credible (suspect) and/or are not cited correctly. Not all sources in the reference page are used in manuscript narrative. Utilization of evidence based resources is not recognized in the manuscript. APA writing style is not in compliance with the most current edition of the APA manual.</td>
</tr>
<tr>
<td>References</td>
<td>All sources used for quotes and facts are credible and cited correctly both in-text and in the reference page. All sources in the reference page are used in manuscript narrative. Utilization of evidence based resources is easily identifiable by the nature of scholarly writing throughout the manuscript. APA writing style is followed consistently, across all elements of the paper. To include, but not be limited to, cover page, table of contents, running head, spacing, section headers, citation, use of tables, figures and appendices, and reference page.</td>
<td>All sources used for quotes and facts are credible and most are cited correctly. All sources in the reference page are used in manuscript narrative. Utilization of evidence based resources is recognized often in the manuscript by demonstration made through scholarly writing. APA writing style is followed by the majority of the time, across all elements of the paper. To include, but not be limited to, cover page, table of contents, running head, spacing, section headers, citation, use of tables, figures and appendices, and reference page.</td>
<td>Most sources used for quotes and facts are credible and cited correctly. All sources in the reference page are used in manuscript narrative. Utilization of evidence based resources is recognized but not consistently demonstrated in the manuscript. APA writing style is followed occasionally. To include, but not be limited to, cover page, table of contents, running head, spacing, section headers, citation, use of tables, figures and appendices, and reference page.</td>
<td>Many sources used for quotes and facts are less than credible (suspect) and/or are not cited correctly. Not all sources in the reference page are used in manuscript narrative. Utilization of evidence based resources is not recognized in the manuscript. APA writing style is not in compliance with the most current edition of the APA manual.</td>
</tr>
<tr>
<td>Use of Evidence Based Resources</td>
<td>5pts</td>
<td>5pts</td>
<td>5pts</td>
<td>5pts</td>
</tr>
<tr>
<td>APA format</td>
<td>5pts</td>
<td>5pts</td>
<td>5pts</td>
<td>5pts</td>
</tr>
<tr>
<td>Sequencing</td>
<td>Details are placed in a logical order,</td>
<td>Details are placed in a logical order,</td>
<td>Some details are not in a logical order,</td>
<td>Many details are not in a logical order.</td>
</tr>
</tbody>
</table>

Developed March 2014
<table>
<thead>
<tr>
<th>Transitions</th>
<th>Sentence Structure, Flow, Rhythm &amp; Length, Writing and Grammar</th>
<th>5pts</th>
</tr>
</thead>
<tbody>
<tr>
<td>order and the way they are presented effectively keeps the interest of the reader. A variety of thoughtful transitions are used. They clearly show how ideas are connected. All sentences are well-constructed with varied structure. All sentences sound natural and are easy-on-the-ear when read aloud. Each sentence is clear and has an obvious emphasis. Every paragraph has sentences that vary in length. Writer makes no errors in grammar or spelling that distracts the reader from the content. and the way in which they are presented / introduced sometimes makes the writing less interesting. Transitions clearly show how ideas are connected; variety of transitions could be improved. Most sentences are well-constructed with varied structure. Almost all sentences sound natural and are easy-on-the-ear when read aloud, but 1 or 2 are stiff and awkward or difficult to understand. Almost all paragraphs have sentences that vary in length. Writer makes 1-2 errors in grammar or spelling that distract the reader from the content. expected order, and this distracts the reader. Some transitions work well; but connections between other ideas are fuzzy. Most sentences are well-constructed but have a similar structure. Some sentences vary in length. Most sentences sound natural and are easy-on-the-ear when read aloud, but several are stiff and awkward or are difficult to understand. Writer makes 3-4 errors in grammar or spelling that distract the reader from the content.</td>
<td></td>
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</tr>
<tr>
<td>or expected order. There is little sense that the writing is organized. The transitions between ideas are unclear or nonexistent. Sentences lack structure and appear incomplete or rambling. The sentences are difficult to read aloud because they sound awkward, are distractingly repetitive, or difficult to understand. Sentences rarely vary in length. Writer makes more than 4 errors in grammar or spelling that distracts the reader from the content.</td>
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</table>

<table>
<thead>
<tr>
<th>Executive Summary</th>
<th>10pts</th>
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<tbody>
<tr>
<td>Written after the paper and project have been completed. No more than 3 pages. Succinctly summarizes each main point of the project in the same order they appear in the report. The executive summary captures the essence of the manuscript and fulfills the need for busy executives to be informed of the work without reading the full report. The executive summary could be strengthened. The executive summary does not succinctly summarize each main point of the project.</td>
<td></td>
</tr>
<tr>
<td>Not developed</td>
<td></td>
</tr>
<tr>
<td>Introduction:</td>
<td>1. The introduction statements are inviting, state the main topic and preview the structure of the paper.</td>
</tr>
<tr>
<td>Problem Statement</td>
<td>2. The problem statement &amp;/or request is presented as a clear, concise statement in the introductory section of the written project.</td>
</tr>
<tr>
<td>Significance of clinical problem</td>
<td>3. The significance of the clinical problem is clearly outlined and contributes to the clinical merit of the scholarly project.</td>
</tr>
<tr>
<td>PICO Question</td>
<td>4. The PICO question is well written, succinct, and includes all four essential components.</td>
</tr>
<tr>
<td>Purpose Statement</td>
<td>5. The purpose statement is clear, concise, and cogent. It lays the foundation for the remainder of the scholarly project.</td>
</tr>
<tr>
<td>Review of Literature</td>
<td>Comprehensive investigation and critical analysis of best practices in the literature relevant to the project initiatives, recommendations, implementation plan strategies, and measurement plan strategies.</td>
</tr>
<tr>
<td>Problem Identification:</td>
<td>The written report effectively discusses internal evidence:</td>
</tr>
<tr>
<td>Internal and External Evidence</td>
<td>1. Appropriate organizational background r/t the project.</td>
</tr>
<tr>
<td>Project Recommendations 3pts</td>
<td>Determines clear and concise project objectives followed by recommendations that are clear, specific, and measurable; related to project objectives and linked to internal and external data.</td>
</tr>
<tr>
<td>Implementation Plan: • <strong>Change Theory</strong> • <strong>Key stakeholders</strong> • <strong>Drivers and Resistors to change</strong> • <strong>Organization Planning Process,</strong> Measurement Plan 5pts</td>
<td>Implementation plan, change theory, and link to organizational planning processes and mission are all well developed. A project timeline is proposed. Key stakeholders and project drivers and resistors to change are discussed as well as strategies to overcome barriers. An action plan, or similar format, is outlined including the &quot;who, what, why, when, etc.&quot; of the project implementation. The measurement methods and/or tools use the baseline metrics gathered from the internal data analysis during the internal data assessment phase and the metrics clearly measure results planned and are: 1) Specific, 2) Measurable, 3) Attainable, 4) Realistic, 5) Time-limited.</td>
</tr>
<tr>
<td>Human Subject Protection 2pts</td>
<td>Evidence of application to University of Mary IRB included in the appendix.</td>
</tr>
<tr>
<td>Business Plan</td>
<td>Business plan is comprehensive, factual, and linked to strong data. Plan includes a cover letter, title page, table of contents, executive summary, company facet, market facet, organizational facet, and financial facet. Plan is eye appealing without any formatting issues. Budget is comprehensive and complete. Budget ties to organization’s strategy and mission. There are no errors in budget and it presents a realistic approach to use of the organization’s capital. Budget must include organizational goals, strategic long-range profit, and the master budget.</td>
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<tr>
<td>Budget</td>
<td>15pts</td>
</tr>
<tr>
<td>Project Implementation</td>
<td>A critical analysis of effectiveness and opportunities for improvement in the work of project implementation is described.</td>
</tr>
<tr>
<td>Project Measurement</td>
<td>The paper offers 1) the strengths and weaknesses of project outcome measurements (i.e., were the appropriate metrics identified during project planning, was the data reliable, were there questions left unanswered, were new questions created); 2) results of data comparison from internal data collected during pre-project implementation to post-project data are outlined, and 3) results of what has changed or improved as a result of implementing recommendation.</td>
</tr>
<tr>
<td>Hand Off Plan Conclusion</td>
<td>5pts</td>
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</tr>
<tr>
<td>Peer and Self-Assessment of Team-Members’ Participation</td>
<td>10pts</td>
</tr>
<tr>
<td>Total Points</td>
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</table>
Seminar and Service Project Presentation Guidelines

The formal oral presentation is expected to be of professional quality. The Nurse Administrator is expected to be the “voice for nursing” at the table with senior executive level administrators, thus this presentation should be of the caliber to be presented to a Board of Directors or an Administrative Council or senior leadership members within an organization.

The person(s) who have volunteered to present the project at the organization should be the presenters to the class and faculty. The rationale for this requirement is related to the fact that presenting to the class serves as an opportunity for a “practice run” prior to presentation to the organization. It is important that the individuals who will be speaking to the organization are the ones “practicing” and therefore being evaluated on presentation style and offered constructive feedback prior to the time of presentation to the organization.

1. The Seminar student team is responsible for presenting the project on two (2) separate occasions:
   - Once, to the course faculty and class colleagues via GoToMeeting. These presentations will be evaluated and may be more comprehensive than the organizational presentation. Presentation dates will be set during the first 2 weeks of class. Students will be required to be comprehensive yet concise in their delivery. Presentation should be between 20-30 minutes in length.
     - Final Presentation
     - Once, to representatives of the organization.
     - This presentation will ONLY occur after the final class presentation and will be done with the approval of course faculty.
     - The organizational presentation will be delivered to key stakeholders, interested parties, and usually involves an interdisciplinary group. The organizational presentation may need to be customized to meet the time limits of the organization.
     - The team is expected to set up a time and place for the formal organizational presentation that is mutually convenient for all parties.
     - In order for evaluations to be sent to the organizational contact, the team will inform the faculty when this presentation is scheduled.
     - Because of geographic distance, it is not expected that all team members will be able present for the presentation. However, if possible to make arrangements, distant team members may be able to be connected by available technology.
     - The presentation’s length will vary depending on the time allocated by the appropriate organizational audience. The time an organization may permit for the presentation should be established with the organizational contact prior to the presentation date.

2. Following formal oral presentation to faculty and class, the students will:
   - Complete the “Self and Group Assessments” (attached). Completed assessments are submitted to the coursework page.
   - Complete a written evaluation of other class team’s presentations is also completed and submitted to the coursework page.

3. The faculty will oversee the process for receiving organizational assessments (attached) and will issue grades within the following week.
Formal Oral PPT Presentation Format

Presentations must be developed on the University of Mary PowerPoint templates. These templates are available within the University of Mary PowerPoint Template page in the course.

Presentations should include the following:

1. Introduction
   a. Acknowledgement slide
2. Problem Identification
   a. Background of problem including internal evidence
   b. Problem statement – this is a concise statement that summarizes in one sentence the need for intervention
   c. Significance of Clinical Problem
   d. PICO question
   e. Purpose statement
3. Review of Literature - concise overview of themes found in the literature related to the project purpose with synthesis of external evidence.
4. Project Recommendations
5. Implementation Plan
   a. Change Theory
   b. Key stakeholders
   c. Project barriers and facilitators/drivers and resistors to change
   d. Business impact
   e. Organizational planning process
6. Measurement Plan
7. Human Subject Protection Statement
8. Business Plan
9. Budget
10. Implementation
   f. Change Theory
   g. Key stakeholders
   h. Project barriers and facilitators/drivers and resistors to change
   i. Business impact
   j. Organizational planning process
   k. Project Implementation
11. Measurement
   a. Project outcome measurements
   b. Summary of project effectiveness
12. Conclusions

Student Consideration:

- The PowerPoint presentation must be spell-checked, display proper grammar, have a professional aesthetic appearance, and demonstrate critical application of knowledge. The following link provides a tutorial on how to use PowerPoint in case you are unfamiliar. [http://www.cyberbee.com/powerpoint.html](http://www.cyberbee.com/powerpoint.html).
  - Basics re: Power Point Presentations:
    - Complete sentences are not generally used rather use bullet points.
    - Use graphics to improve audience interest
<table>
<thead>
<tr>
<th>Students:</th>
<th>Team:</th>
<th>Evaluator:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Formal Oral Presentation Rubric</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Exemplary</strong></td>
<td><strong>Proficient</strong></td>
<td><strong>Emerging</strong></td>
</tr>
<tr>
<td><strong>Organization Presentation</strong></td>
<td>Clear; Follows outline closely; Logical clear description of project; Elements included per guidelines</td>
<td>Generally clear with areas for improvement; Inaccuracies in project description Some disorganization or AV support lacking, e.g., handouts, etc., or confusing. Use of less professional language or behavior; exceeds time allocation.</td>
</tr>
<tr>
<td>10 pts</td>
<td>Clear; Competent use of audiovisuials; Professional presentation; Adheres to time requirements</td>
<td></td>
</tr>
<tr>
<td><strong>Introduction</strong></td>
<td>Acknowledgements slide recognizing those key individuals who were part of the project progression. Introduction is inviting. The problem statement, clinical significance of the problem, and all four essential components of the PICO question is included. The introduction concludes with the purpose statement.</td>
<td></td>
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<tr>
<td>5 pts</td>
<td></td>
<td>Literature Review – Limited investigation into the body of knowledge needed to inform the work of the project.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Most key findings from internal and external data are summarized in a logical manner. The content of this summary provides information related to the problem statement but fails to add depth. The evidence fails to set the stage for the significance of the project. States project objectives followed by recommendations that lack clarity and/or specificity and measurability; and are not strongly related to project objectives or linked to internal and external data.</td>
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<tr>
<td>Component</td>
<td>Description</td>
<td>Score</td>
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<td>----------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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<tr>
<td>Implementation Plan</td>
<td>Solution(s), implementation plan, change theory, key stakeholders, drivers and resisters to change, business impact and link to organizational planning processes and mission are all well developed. A project timeline is outlined. The presentation shares measurement methods and/or tools used for baseline metrics gathered from the internal data analysis during the internal data assessment phase and the metrics clearly measure results planned and are: 1) Specific, 2) Measurable, 3) Attainable, 4) Realistic, 5) Time-limited.</td>
<td>10 pts</td>
</tr>
<tr>
<td>Measurement Plan</td>
<td>Solution(s), implementation plan, change theory, and link to organizational planning processes and mission are not fully developed. A project timeline is proposed. Key stakeholders and project facilitators are discussed but not fully developed. Project barriers and are outlined and strategies to overcome barriers included but not fully developed. Generally clear with areas for improvement.</td>
<td></td>
</tr>
<tr>
<td>Business Plan</td>
<td>The presentation includes a concise review of the project business plan. A summary of the company facet, market facet, organizational facet, and financial facet is presented. Presentation of the project budget is included. The link between the budget and the organization’s strategy and mission is demonstrated.</td>
<td>15 pts</td>
</tr>
<tr>
<td>Budget</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Human Subject Protection</td>
<td>Acquisition of Human Subject Protection is stated. (i.e. Human Subject Protection was obtained through Institutional Review Board (IRB) at...)</td>
<td>2 pts</td>
</tr>
<tr>
<td>Implementation</td>
<td>Based on the implementation plan, a critical analysis of the effectiveness and opportunities for improvement in the work of project implementation is well described.</td>
<td>15 pts</td>
</tr>
<tr>
<td>Project Measurement</td>
<td>15 pts</td>
<td>The presentation offers 1) the strengths and weaknesses of project outcome measurements (i.e., were the appropriate metrics identified during project planning, was the data reliable, were there questions left unanswered, were new questions created); 2) results of data comparison from internal data collected during pre-project implementation to post-project data are outlined, and 3) results of what has changed or improved as a result of implementing recommendation.</td>
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</tr>
<tr>
<td>Hand off/Conclusion</td>
<td>10 pts</td>
<td>Conclusion – well developed and clear</td>
</tr>
<tr>
<td>Reference Page APA Format</td>
<td>3 pts</td>
<td>Reference list – included &amp; done correctly per APA</td>
</tr>
<tr>
<td>Peer and Self-Assessment of Team-Members’ Participation</td>
<td>10 pts</td>
<td>Average of team member scores 33-35 points</td>
</tr>
</tbody>
</table>

**Total Points**

**ADDITIONAL COMMENTS:**
University of Mary Division of Nursing  
Final Portfolio Completion Guide Sheet  
MSN/MBA in Healthcare Administration Program

Every University of Mary graduate nursing student completes an electronic portfolio as a program culminating activity. The portfolio serves the purpose of facilitating each student’s reflection of how their graduate education has contributed to their professional growth and development. A dual purpose of this assignment is to prepare students to showcase their professional and academic accomplishments; aptitudes; and accolades.

Students are required to create their portfolios using one of two options: 1) the ePortfolio tool in Canvas or 2) a WordPress personal webpage. Tutorials and a benefit drawback section to each option is listed below.

Please refer to the Course Home Page and click on the Professional Portfolio link to access further instructions and the grading rubric for this program expectation.
Organizational Contact Evaluation

NAME OF STUDENT:   

SEMINAR TOPIC: 

EVALUATOR’S NAME & TITLE:  

DATE:  

Identify the planning and meeting processes of the seminar student team with your organization:

Please comment regarding the level of professionalism & respect that the student team members demonstrated in all types of communication and interactions with the organization?

How satisfied are you with the final project in these areas? (Check appropriate box and comment below or on back of page or on separate sheet, if desired).

<table>
<thead>
<tr>
<th>Area</th>
<th>Very Satisfied</th>
<th>Moderately Satisfied</th>
<th>Satisfied</th>
<th>Somewhat Dissatisfied</th>
<th>Dissatisfied</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Summary</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Definition of the Clinical Problem</td>
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<tr>
<td>Review of the Literature Regarding the Problem Identified</td>
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<tr>
<td>Analysis of Internal and External Data and Evidence</td>
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<tr>
<td>Project Recommendations</td>
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<tr>
<td>Implementation Plan</td>
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<tr>
<td>Business Plan &amp; Budget</td>
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<tr>
<td>Measurement Plan</td>
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<tr>
<td>Human Subject Protection / IRB process</td>
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<tr>
<td>Project Implementation</td>
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<tr>
<td>Project Outcome Measurement</td>
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<tr>
<td>Critical Analysis of Project Effectiveness</td>
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<tr>
<td>Conclusions</td>
<td></td>
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</table>
Please comment regarding the professional quality of the oral presentation to your organization.

Please comment regarding the applicability of this project to nursing practice.

What suggestions would you have for the Seminar and Service Project for the future?

In your opinion, what should be the grade of the Seminar & Service Project student team? In your opinion, should everyone in the group receive the same grade?

Do you have any other ideas or comments that would be helpful for the course faculty for future development of the Seminar & Service Project or the overall MSN/MBA in Healthcare Administration Dual Degree graduate program?
Leadership Experiences Activities and Log

The AACN Master’s Essentials, which guides the accrediting body of graduate nursing programs (CCNE), require that all graduate nursing students complete at a minimum 500 hours of clinical experiences. You have already completed many of these hours in previous coursework and have documented them in your Leadership Experiences Log.

In this course students will participate in at least 200 hours of leadership experiences. These 200 hours will be time spent working either directly or indirectly on the course project. For those students who may be living at a distance from the project location it will be necessary to have an active and ongoing role in project proceedings. Students will be expected to log their leadership experiences time and activities. **Please use the running Leadership Experiences Log you have already entered leadership experiences activities from previous coursework to document the leadership experiences hours for this course. Please provide sub-totals for each course and a grand total for all hours completed in the program.** You must show evidence of 500 hours of leadership experiences in order to graduate.

Examples of leadership experiences related to your project will include but may not be limited to the time spent in:

**Direct**
- regular meeting times you establish as a working group
- the healthcare organization working on project related activities
- acquiring and studying organizational data behind the impetus of the project
- project implementation
- outcome measurement analysis
- dissemination of project findings (class, healthcare organizational partner, and potential professional meeting)

**Indirect**
- appraisal of suggestions provided on the discussion board
- composition of written project document
University of Mary  
MSN/MBA in Healthcare Administration Dual Degree  
Leadership Experiences Log

Student Name: 

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Date</th>
<th>Activity</th>
<th>Student Role</th>
<th>Brief Description of Activities</th>
<th># of hours</th>
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<tbody>
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</table>

Students will enter data for leadership experiences across all courses with leadership components on this log. Therefore, it is encouraged that an electronic copy be kept for easy access from semester to semester.

Please use the running Leadership Experiences Log you have already entered leadership experiences activities from previous coursework to document the leadership experiences hours for this course. Please provide sub-totals for each course and a grand total for all hours completed in the program. You must show evidence of 500 hours of leadership experiences hours in order to graduate.
**Discussion Rubric**

Each week of class begins on Monday and runs through Sunday. Modules will be open for student viewing, in preparation for the upcoming week, at 6am (central) the Saturday preceding the upcoming week. Discussion will conclude each week on Sunday. The last week of every course will conclude on Friday.

For the purposes of class discussion, students are encouraged to make note that initial discussion posts are due on **Wednesday** of each week. Faculty will be assessing discussion quality and engagement according to the rubric criterion outlined below. Intentionally, this rubric does not establish a minimum number of required total posts. Rather, the quality of contributions to the discussion and the degree of ongoing engagement will determine the degree of participation. Those criterion can be reached in a variety of ways. It may be multiple contributing posts to a variety of peers or it may be one or two contributions on subsequent days of the week that evidence an incorporation of ideas from multiple peers’ posts.

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Exemplary</th>
<th>Proficient</th>
<th>Emerging</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completeness of Initial Post</td>
<td>Criterion expectation is fully met. 1 pt.</td>
<td>Criterion not met 0 pts.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of Initial Post</td>
<td>The contribution displays an adeptness with criterion expectations and models graduate level work. 3 pts.</td>
<td>Expectations met 2 pts.</td>
<td>The specified expectation needs to be strengthened 1 pt.</td>
<td>Criterion not met 0 pts.</td>
</tr>
<tr>
<td>Timeliness</td>
<td>Criterion expectation is fully met. 1 pt.</td>
<td>Criterion not met 0 pts.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of Contribution to Class Discussion</td>
<td>The contribution displays an adeptness with criterion expectations and models graduate level work. 2 pts.</td>
<td>Expectations met 1 pt.</td>
<td>The specified expectation needs to be strengthened 0.5 pt.</td>
<td>Criterion not met 0 pts.</td>
</tr>
<tr>
<td>Degree of Participation in Class Discussion and Engagement</td>
<td>The contribution displays an adeptness with criterion expectations and models graduate level work. 2 pts.</td>
<td>Expectations met 1 pt.</td>
<td>The specified expectation needs to be strengthened 0.5 pt.</td>
<td>Criterion not met 0 pts.</td>
</tr>
<tr>
<td>Mechanics/Formatting</td>
<td>Criterion expectation is partially met 0.5 pts</td>
<td>Criterion is not met 0 pts.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Dev. July 2016