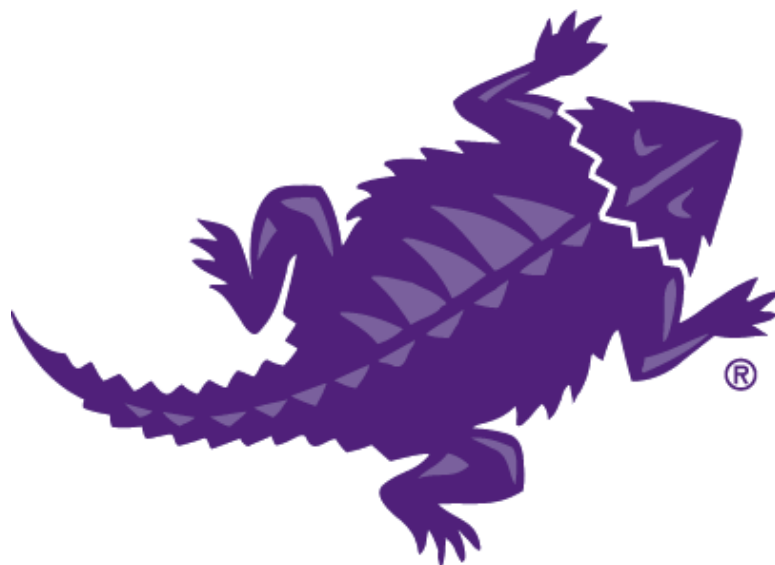




Doctor of Nursing Practice-Anesthesia Doctoral Project Guide



Class of 2023 Edition



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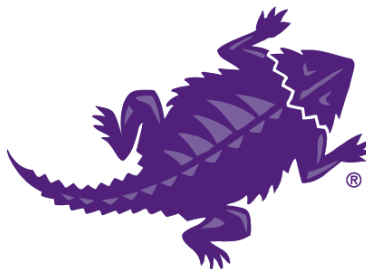
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Section I: DNP-A Scholarly Project

Philosophy and Purpose

The Doctor of Nursing Practice-Anesthesia (DNP-A) Scholarly Project is about process and product, both aspects carry equal importance. The DNP-A Scholarly Project process is organized and well-delineated to guide the clinically oriented doctoral student to incorporate specific knowledge and skill sets that ultimately improve healthcare delivery, clinical practice, and patient care. The School of Nurse Anesthesia (SONA) DNP-A Scholarly Project adheres to The Essentials of Doctoral Education for Advanced Nursing Practice put forth by the American Association of Colleges of Nursing (AACN)¹ and the goals, requirements, and competencies of the Council on Accreditation of Nurse Anesthesia Educational Programs (COA).²

AACN Final DNP Project

“Doctoral education, whether practice or research, is distinguished by the completion of a specific project that demonstrates synthesis of the student’s work and lays the groundwork for future scholarship. For practice doctorates, requiring a dissertation or other original research is contrary to the intent of the DNP. The DNP primarily involves mastery of an advanced specialty within nursing practice. Therefore, other methods must be used to distinguish the achievement of that mastery. Unlike a dissertation, the work may take a number of forms.”¹ One example of a final DNP project is a practice change initiative. This may be represented by a pilot study, a program evaluation, a quality improvement project, an evaluation of a new practice model, a consulting project, or an integrated systematic literature review. Additional examples of a DNP final product include a research utilization project, practice topic dissemination, substantive involvement in a larger endeavor, or other practice project. A DNP project would be expected to include a manuscript submitted for publication. The theme that links these forms of scholarly experiences is the use of evidence to improve either practice or patient outcomes incorporating synthesis and scholarship.¹

“The final DNP project produces a tangible and deliverable academic product that is derived from the practice immersion experience and is reviewed and evaluated by an academic committee.

The final DNP product documents outcomes of the student’s educational experiences, provides a measurable medium for evaluating the immersion experience, and summarizes the student’s growth in knowledge and expertise. The final DNP product should be defined by the academic unit and utilize a form that best incorporates the requirements of the specialty and the institution that is awarding the degree. Whatever form the final DNP product takes, it will serve as a foundation for future scholarly practice.”¹

Essentials of Doctoral Education for Advanced Nursing Practice

provide the framework for assessment of outcome competencies.¹

I. Scientific Underpinnings for Practice

The DNP program prepares the graduate to:

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

II. Organizational and systems leadership for quality improvement and systems thinking

The DNP program prepares the graduate to:

- A. Develop and evaluate care delivery approaches that meet current and future needs of patient populations based on scientific findings in nursing and other clinical sciences, as well as organizational, political, and economic sciences.
- B. Ensure accountability for quality of health care and patient safety for populations with whom they work.
 1. Use advanced communication skills/processes to lead quality improvement and patient safety initiatives in health care systems.
 2. Employ principles of business, finance, economics, and health policy to develop and implement effective plans for practice-level and/or system-wide practice initiatives that will improve the quality-of-care delivery.
 3. Develop and/or monitor budgets for practice initiatives.
 4. Analyze the cost-effectiveness of practice initiatives accounting for risk and improvement of health care outcomes.
 5. Demonstrate sensitivity to diverse organizational cultures and populations, including patients and providers.
- C. Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in-patient care, the health care organization, and research.

III. Clinical scholarship and analytical methods for evidence-based practice

The DNP program prepares the graduate to:

- A. Use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice.
- B. Design and implement processes to evaluate outcomes of practice, practice patterns, and systems of care within a practice setting, health care organization, or community against national benchmarks to determine variances in practice outcomes and population trends.
- C. Design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient-centered care.
- D. Apply relevant findings to develop practice guidelines and improve practice and

the practice environment. Use information technology and research methods appropriately to:

1. collect appropriate and accurate data to generate evidence for nursing practice
 2. inform and guide the design of databases that generate meaningful evidence for nursing practice
 3. analyze data from practice
 4. design evidence-based interventions
 5. predict and analyze outcomes
 6. examine patterns of behavior and outcomes
 7. identify gaps in evidence for practice
- E. Function as a practice specialist/consultant in collaborative knowledge-generating research.
- F. Disseminate findings from evidence-based practice and research to improve healthcare outcomes

IV. Information systems/technology and patient care technology for the improvement and transformation of health care

The DNP program prepares the graduate to:

- A. Design, select, use, and evaluate programs that evaluate and monitor outcomes of care, care systems, and quality improvement including consumer use of health care information systems.
- B. Analyze and communicate critical elements necessary to the selection, use and evaluation of health care information systems and patient care technology.
- C. Demonstrate the conceptual ability and technical skills to develop and execute an evaluation plan involving data extraction from practice information systems and databases.
- D. Provide leadership in the evaluation and resolution of ethical and legal issues within healthcare systems relating to the use of information, information technology, communication networks, and patient care technology.
- E. Evaluate consumer health information sources for accuracy, timeliness, and appropriateness.

V. Health care policy for advocacy in health care

The DNP program prepares the graduate to:

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

VI. Interprofessional collaboration for improving patient and population health outcomes

The DNP program prepares the graduate to:

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

VII. Clinical prevention and population health for improving the nation's health

The DNP program prepares the graduate to:

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

VIII. Advanced nursing practice

The DNP program prepares the graduate to:

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

Overview of the Doctoral Scholarly Project

The DNP-A doctoral scholarly project may vary in its form and focus but is always based on use of evidence to improve either practice or patient outcomes, incorporating synthesis and scholarship. Evidence-based practice embodies the philosophical underpinning for all DNP-A doctoral projects. Evidence-based practice is a process that includes locating, appraising, and applying quality scientific evidence.³ Evidence-based practice is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients.^{3,4} The RRNA uses the translational research process to gain new knowledge from primary research, translate existing research findings, and/or focus on implementing known best practices. Application of evidence-based methodology through the translation of research, evaluation of practice, and collaboration results in improvement of healthcare practice and outcomes.⁵

The doctoral scholarly project consists of an evidence-based inquiry that is centered around a problem that is identified in the clinical setting. The doctoral student will utilize the scholarship skills gained from doctoral coursework to date to apply academically sound scholarship skills with the goal of improving clinical practice. The elements (also referred to as “steps”) of the scholarly work include: **1) identify a problem, 2) conduct a detailed literature review, 3) develop a strategy to address the problem, 4) develop a plan for implementation, and 5) disseminate the scholarly project.**

DNP-A doctoral scholarly project objectives:

The DNP-A project is a scholarly process that will assist the DNP-A student to:

- Appraise evidence to implement the best evidence for practice
- Develop an evidence-based project through problem identification, a review of the literature, identification of a strategy to address the problem, plan for implementation, dissemination, and evaluation;
- Design processes to evaluate outcomes of practice and systems of care
- Use information technology systems for storage and retrieval of data
- Apply analytical methodology to synthesize existing literature relevant to nurse anesthesia practice
- Disseminate project results in a professional manner both written and orally
- Develop strategies to translate research into practice.

SONA Faculty Information and Interests

Ron Anderson, MD

Associate Professor of Professional Practice

BS (University of Texas) 1981; MD (Texas Tech University School of Medicine) 1987

Project interests include obstetric and regional anesthesia, pain management, impaired cognitive development following fetal or early childhood anesthetic exposure, medical ethics, effective healthcare resource utilization, obstructive sleep apnea, and perioperative medical optimization.

Greg Collins, DNP, CRNA

Assistant Professor of Professional Practice

BSN (West Texas A&M University), 2002; MSNA (Texas Christian University), 2006; DNP (Texas Christian University), 2018.

President of Operations for the Texas division of EmergencHealth. He maintains a general clinical practice in Granbury, TX. Dr. Collins completed both his initial anesthesia training and subsequent Doctor of Nursing Practice degree at Texas Christian university. He is a veteran of the US Army Reserves having delivered down- range anesthesia in support of both Operation Iraqi Freedom and Operation New Dawn. Dr. Collins was President of the Texas Association of Nurse Anesthetists (TxANA), representing more than 4,500 CRNAs.

M Roseann Diehl, PhD, DNP, CRNA, CHSE-A

Professor of Professional Practice

BSN (University of Texas), 1987; MHS (Texas Wesleyan University), 1997; DNP (Texas Christian University), 2010; PhD (Texas Woman's University), 2016.

Project interests include systematic reviews and clinical projects related to simulation, anesthesia crisis resource management, debriefing, self- assessment/reflection, nurse anesthesia education, regional anesthesia and portfolio management.

Clay Freeman, DNP-A, CRNA

Assistant Professor of Professional Practice

BSN (University of Texas at Tyler), 2009; DNP (Texas Christian University), 2014.

Project interests include enhanced recovery after anesthesia, alternative therapies, postoperative cognitive dysfunction, epidemiology, ventilation strategies, mental **and** physical wellness, in-situ simulation, and emerging trends and techniques.

Vaughna Galvin, DNAP, CRNA

Associate Professor of Professional Practice

BSN (Barton College), 1997; MA (East Carolina University), 2002; MSNA, (Texas Christian University), 2005; DNAP, (Virginia Commonwealth University), 2011.

Project interests include gross anatomy, regional anesthesia anatomy, point-of- care ultrasound assessment, anesthesia crisis resource management, and critical scenario simulation.

James Holcomb, DNP, CRNA

Assistant Professor of Professional Practice

BA (Texas Tech University), 1993; Diploma (Methodist Hospital School of Nursing, Lubbock), 1995; BSN (West Texas A & M University), 1997; MHS (Texas Wesleyan University), 1998; Certificate in Nurse Anesthesia (Texas Wesleyan University), 1999; DNP (Texas Christian University), 2012.

Monica Jenschke, PhD, CRNA*Associate Professor of Professional Practice*

Assistant Director, Advanced Pain Management Fellowship. Director, DNP-A Projects
BSN (University of Texas Health Science Center School of Nursing at San Antonio); MHS
(Texas Wesleyan University); PhD (University of North Texas Health Science Center at FW).

Project interests include the effect of aging on postoperative pain, use of multimodal
analgesia/anesthesia techniques, NMDA antagonists in reducing opioid tolerance and opioid-induced
hyperalgesia, perioperative fluid management, pharmacology, incorporation of TeamSTEPPS into
healthcare culture, and fostering health and wellness in nurse anesthesia.

Jennifer Oakes, DNAP, CRNA, CHSE*Associate Director**Associate Professor of Professional Practice*

DNAP (Virginia Commonwealth University) 2011; MSNA (Virginia Commonwealth University)
2010; BSN (University of Phoenix) 2008.

Project interests include anesthesia crisis resource management, simulation, professional
aspects, conflict resolutions and curriculum development.

Julie A Pearson, PhD, CRNA*Adjunct Faculty*

BSN (Rush University), 1980; BS Nurse Anesthesia (George Washington University), 1987;
MSN (Rush University), 1993; PhD (Virginia Commonwealth University), 2006.

Project interests include professional satisfaction, program accreditation, clinical outcomes,
competence and confidence, pediatric anesthesia, professional socialization, leadership development.

J Dru Riddle, PhD, DNP, CRNA, FAAN*Associate Professor of Professional Practice*

BSN (Virginia Commonwealth University), 1999; MSN (Old Dominion University), 2002; DNP
(Texas Christian University), 2011; PhD (Medical University of South Carolina), 2014.

Project interests include pharmacogenomics, OB anesthesia (high risk OB patient management),
anesthesia pharmacology, preoperative evaluation and risk stratification, evidence-based practice,
implementation science, cost-effectiveness analysis, cost-benefit analysis, JBI/systematic reviews,
international anesthesia practice, healthcare economics, and healthcare policy.

Jackie Rowles, DNP, MBA, MA, CRNA, NSPM-C, ANP-BC, FNAP, DAIPM, FAANA, FAAN*Associate Professor of Professional Practice*

Director Advanced Pain Management Fellowship

BSN (Ball State University), 1982; MBA (University of Memphis), 1988; Certificate in Nurse
Anesthesia (Truman Medical Center School of Nurse Anesthesia), 1994; MA Biology (University
of Missouri Kansas City), 1994; Post Master's Certificate Adult Nurse Practitioner (Ball State
University) 2013; DNP (Barry University) 2016.

Project interests include pain management, professional aspects, international anesthesia
education and practice, competency assessment, wellness.

Robyn C Ward, PhD, CRNA, FAANA*Director**Associate Professor of Professional Practice*

BSN (Montana State University), 1990; MS Nurse Anesthesia (Georgetown University), 2000;
PhD (Rush University), 2018.

Project interests include psychometrics of testing, lifelong learning, education and certification,
simulation-based assessment for decision-making and competence, obstetric anesthesia, and regional
anesthesia techniques.

Faculty Advising

Doctoral-prepared faculty in the school of nurse anesthesia will serve as primary advisors. Primary faculty advisors are paired with secondary advisors which enhances oversight and feedback to the advisee. Advisor-advisee assignments will be made by the director and associate director.

Both faculty and students have specific responsibilities toward the progress of the project. Communication is extremely important throughout the entire project process and is the student's overall responsibility. The timeline and deadlines of each project are designed to facilitate continual progress. Failure to meet requirements and deadlines may jeopardize timely completion of the project and ultimately, graduation. Delays or omissions in the timeline must be clearly discussed with faculty advisor and resolved. All projects are to be completed on time to avoid graduation delays. Some specific responsibilities of student and faculty are listed below:

Student responsibilities:

- Communicate regularly with primary advisor via in-person, phone, Zoom conferencing, and/or email. Keep all documentation of communications and replies for records.
- Closely follow the timeline for projects completing each requirement completely and on time. Uploads of all work must be submitted by the deadline, to the student's portfolio AND to D2L as assigned for that semester.
- It is the student's responsibility to adhere to the syllabus, the DNP guide and requirements in D2L to ensure timely submission of documents. Repeated faculty reminders may result in a grade of zero for that requirement and/or a grade of Incomplete for the semester.

Faculty responsibilities:

- Respond to student communications in a timely fashion.
- Provide, at a minimum, semester progress feedback, guidance, and evaluation.
- Communicate and coordinate student progress with the students themselves and with the secondary advisor.
- Provide guidance and formative feedback in construction of poster presentation for the annual Research Symposium held in late April or early May.
- Provide guidance and feedback for progression of case study focused scholarly project.

Section II: Doctoral Scholarly Project

In-depth Examination of a Clinical Anesthesia Topic

The doctoral scholarly project represents an evidence-based inquiry process using scholarship skills, resulting in an academically sound product to improve clinical practice. The project interweaves phase I content (didactic courses) and phase II (clinical experience and courses). The scholarly work consists of 5 steps to be completed over the course of clinical practicums I, II, III, and IV. Each step of the project builds on prior steps to culminate in 2 comprehensive manuscripts.

Doctoral scholarly projects will be either: (1) a clinical case report or (2) an integrative review.

Elements of Scholarly Work

The 5 elements (steps) include:

1. Problem identification
2. Retrieval, review, and synthesis of existing evidence from the literature
3. Development of a strategy to address the problem
4. Plan for implementation
5. Dissemination

Step 1: Problem Identification (Clinical Practicum I)

The RRNA will identify and define a problem related to nurse anesthesia practice; this will be the focus of the scholarly project. The problem will originate in the clinical milieu, and is clinically based, but the problem may include educational and/or professional components.

Through the course of clinical residency, students are exposed to a variety of clinical cases that represent the need to reference current literature. Students will select **one case or problem of interest that identifies new research, techniques, and evidence-based practice**. The doctoral scholarly project delves deeply into various aspects of clinical anesthesia integrating pharmacology, physiology, pathophysiology, and principles of translational research.

Step 2: Retrieval, review, and synthesis of existing evidence from the literature (Clinical Practicums I and II)

Literature reviews are a requirement for all projects. A review of the literature inclusive of an appraisal with implications and/or recommendations for practice offers breadth, depth, and scope to a project. This step evaluates literature search skills and critical thinking. The literature review should be submitted in table format as an **Evidence Appraisal Table**. The **Scholarly Project Paper 1: Synthesis** will follow the submission of the evidence appraisal table.

Deliverables for Steps 1 and 2 (Clinical Practicums 1 and 2):

Evidence Appraisal Table

An evidence appraisal table provides a wonderful snapshot and efficient method to learn about a clinical topic of the student's choosing. You created an evidence appraisal table in translational research and have seen versions of these tables when reading systematic reviews

and/or meta-analyses. Formulating an evidence appraisal table is excellent preparation for gathering information to provide a "bird's eye view" for any scholarly project. Collecting quality evidence is useful, but writing annotations for each reference, forces you to read each source more carefully. The information gathered is critically analyzed and visually compared. What is known, not known, and other gaps can more easily be identified during this process as well.

Scholarly Project Paper 1: Synthesis

The scholarly project paper will synthesize findings, and demonstrate translation of research into practice and interdisciplinary collaboration to provide a basis for evaluation of patient care. The paper's focus will be either a clinical case report or an integrative review, as follows:

- **Clinical case reports.** Clinical case reports are detailed descriptions of a unique or unusual anesthesia case. The patient may have had a rare disorder, a unique co-morbidity that necessitated an adjustment of anesthesia technique, or an unanticipated clinical complication. A purpose statement is developed, the case is thoroughly described, a literature search retrieves relevant studies pertaining to the subject, the evidence is critically appraised, and recommendations for practice and future research are discussed. *Students must have personally performed the anesthetic for the selected case report subject.* Consult with faculty advisor and utilize the paper format provided by Shelton et al within the D2L course for guidance.
- **Integrative review paper.** The integrative review paper delves into a clinical anesthesia subject. *The subject may arise from a case, procedure, experience in the clinical setting, or observation of others' practice.* The integrative paper follows the process learned in translational research. Identify a topic, develop a PICOT question, search databases for relevant literature, critically appraise the evidence, and develop recommendations for practice and future research.

The format for the 2 papers conforms to instructions from the AANA Foundation.

- The *impact statement* and *structured abstract* follow instructions for authors to submit an abstract for a poster presentation at the Annual Congress (deadline May 1, Annual Congress in August).
- The manuscript outlines for the *case report* and the *integrative review* follow instructions for authors to submit for publication in the *AANA Journal* and other anesthesia journals.

Format of Scholarly Project Paper 1: Synthesis

Clinical Case Report (see Shelton et al, 2021)⁶

1. Impact statement
 - a. 200 characters (including spaces) or less,
 - b. Describe the impact of the case report on anesthesia practice for CRNAs
2. Structured abstract
 - a. Introduction
 - i. 1050 characters (including spaces) or less
 - ii. Introduce focus of the report
 - iii. Relevant etiology, epidemiology
 - b. Case presentation
 - i. 1400 characters (including spaces) or less

- ii. Relevant patient history
 - iii. Perioperative course and postoperative outcomes
 - c. Discussion
 - i. 1750 characters (including spaces) or less
 - ii. Present current literature and how it relates to the reported case
- 3. Key words, 3-5
- 4. Introduction
 - a. Brief background of the clinical condition
 - b. Summarize the importance of the case report
- 5. Case summary
 - a. Focused patient and contextual information
 - b. Assessment, optimization and consent
 - c. Interventions
 - d. Adverse/critical events if applicable
 - e. Follow-up and outcomes
- 6. Discussion
 - a. Strengths and limitations in your approach to this case
 - b. Discussion of relevant medical literature
 - i. Brief description of evidence search method
 - ii. Review of the literature, synthesis
 - iii. Rationale for conclusions
 - c. Primary novel or educational message
 - d. Recommendations for practice and future research
- 7. Summary
- 8. Reference list
- 9. Summary of evidence table

Integrative Review

- 1. Impact statement
 - a. 200 characters (including spaces) or less
 - b. Describe the impact of the integrative review on anesthesia practice for CRNAs
- 2. Structured abstract
 - a. Background / Purpose / Question
 - i. 875 characters (including spaces) or less
 - ii. Define the nature and significance of the problem
 - iii. Clearly stated purpose of the project
 - iv. Clearly stated question your project addresses
 - b. Methods / Evidence Search
 - i. 1050 characters (including spaces) or less
 - ii. Method clearly described and reproducible
 - iii. Database search and keywords clearly described and reproducible
 - iv. Outline statistical/analysis plan as appropriate
 - c. Synthesis of Literature / Results / Discussion
 - i. 1400 characters (including spaces) or less
 - ii. Clearly presented and consistent with purpose and questions
 - iii. Point out relevance of findings to other published work
 - iv. Highlight future directions of the research
 - d. Conclusion / Recommendations for Practice
 - i. 1050 characters (including spaces) or less

- ii. Concise summary addressing relevance
 - iii. Provide recommendations for future practice
- 3. Key words, 3-5
- 4. Introduction
- 5. Evidence Search Method
- 6. Discussion
 - a. Review of the Literature
 - b. Synthesis of the Literature
 - c. Recommendations for practice and future research
- 7. Summary
- 8. Reference list
- 9. Summary of evidence table

*** see Scholarly Project Rubrics in NРАН 88080 within D2L*

Step 3: Develop a Strategy to Address the Problem (Clinical Practicum II)

This step should demonstrate problem solving and critical thinking skills. Current methodologies and theories should be explored to identify applications pertinent to your chosen topic. The strategy must include the **construction of a poster** to be presented at both the TCU SONA Research Symposium and a chosen mode of dissemination (see step 5). The format of the poster as well as the content will be guided and approved by your individual advisors. This process is fully described in Section V of this DNP Guide.

Step 4: Implementation (Clinical Practicum II)

Each project should have the ability to be presented in poster format. Participation in the TCU SONA Research Symposium is intended to be an evaluative, public speaking, and learning opportunity. As such, students present their posters in printed or electronic format and present verbal explanations of the doctoral project, the current and/or needed research regarding the topic, and recommendations for future practice. Questions will be asked from the audience, consisting of faculty and students. Formative feedback will be provided by faculty, which can be incorporated into the next step (Step 5: Dissemination). See Section V of this DNP Guide for further details on 3MT presentation.

Step 5: Dissemination (Clinical Practicum III and IV)

After successful completion of the Research Symposium experience, the students will disseminate their work with an additional oral presentation. Students will choose 1 of 3 additional presentation options:

1. Submission of poster for presentation at a state meeting;
2. Submission of poster and abstract to the AANA Foundation for potential acceptance and presentation at AANA Annual Congress (oral and/or general session);
3. Presentation to an audience of anesthesia providers / preceptors at the student's clinical site.

Students who submit for acceptance at Annual Congress, and whose work does not get

accepted, will finalize their dissemination in 1 of 2 ways:

1. Presentation to an audience of anesthesia providers / preceptors at the student's clinical site; OR
2. Submission of poster, abstract, and/or scholarly paper to a journal of choice.
 - ❖ Students who present AND publish their work in a journal of choice will be recognized at Hooding at time of graduation.
 - ❖ Approval of all dissemination activities should be obtained from the advisor prior to dissemination. Evidence of dissemination must be present.

A second, separate paper, doctoral scholarly paper 2 dissemination, will describe the 3 steps of dissemination: intervention (teach others), implementation (present scholarly work publicly), and evaluation aspects (did audience learn information presented) of doctoral scholarly work. The dissemination paper will include a self-reflection aspect of professional learning. The dissemination paper is due August 31.

Scholarly Project Paper 2: Dissemination

As in the translational research course, after researching databases for evidence, critically appraising the evidence, synthesizing the information, making recommendations for practice and future research, the student embarks on the dissemination phase. The dissemination phase is composed of the *intervention* (teach others), *implementation*, and an *evaluation* (IIE) of the intervention and implementation. The final section of the dissemination scholarly project paper includes the vital learning tool: self-reflection. Through the self-reflection, the student gains insight into achievements, strengths/weaknesses of the project, and solidifies the knowledge, skills, and aptitude gained from the doctoral scholarly project.

Format of the Scholarly Project Paper 2: Dissemination

1. Introduction
 - a. Briefly describe the subject of the project
2. Intervention—to teach others
 - a. Identify desired mode of dissemination—poster at a professional meeting, in-service at clinical site
 - b. Discuss rationale for selection
3. Implementation
 - a. Describe the process of preparing materials for the intervention, planning the event, and advertising (as for a clinical site presentation to medical staff)
4. Evaluation
 - a. Develop a tool to evaluate the effectiveness of the intervention to teach others
 - i. Write questions for annual congress poster abstract submission
 - ii. Write Kahoot questions to incorporate into clinical site in-service presentation
 - iii. Pre-/post-test questions or a survey to assess pre-/post-presentation audience's knowledge of the subject
 - iv. General post-presentation survey from the audience
 - b. Incorporate reviewers' feedback from journal submission (if available in time)
5. Self-reflection

- a. Encompasses the period from inception of selecting a subject, developing a purpose or PICOT question, literature search, synthesis, recommendations for practice and research, and the IIE process
 - b. *Briefly* (1-2 sentences) summarize the event, case, or circumstance that provided the inspiration for choosing the subject of the doctoral scholarly project. Why was this meaningful to you as an anesthesia professional?
 - c. Critique your knowledge of the case, event, subject *prior* to searching, critically appraising, and synthesizing the literature.
 - d. What new knowledge have you gained from this process?
 - e. Propose a plan of action to take as an anesthesia profession when a similar situation occurs in the future.
 - f. Recommend changes you would make to the dissemination of the scholarly project based on selected mode of dissemination, challenges encountered in the implementation, and feedback received from evaluations.
 - g. Discuss how this entire process shapes your practice as a doctoral CRNA.
6. References (as applicable to dissemination process)

Example of Doctoral Scholarly Project: Clinical Case Report

Step 1: Problem Identification

The student participates in a case involving a patient who has a family history of malignant hyperthermia (MH). The 63-year-old male patient has undergone genetic and muscle biopsy testing with negative results for susceptibility to MH. The patient has received general total intravenous anesthesia (TIVA) twice in the past 15 years with no incidence of MH. The patient is scheduled to have an extensive abdominal procedure under general endotracheal anesthesia. Appropriate preventive measures as recommended by the Malignant Hyperthermia Association of the US were taken prior to and during the anesthetic. During the procedure, the patient exhibited signs and symptoms of an MH crisis. Treatment is initiated, the MH crisis resolves, and the patient is taken to ICU for observation.

Case reports require an unusual or unique patient case. The aspect of uniqueness for this case is that the patient had a known risk, prior anesthetics were uneventful, and appropriate procedures were instituted before and during the anesthetic to prevent MH yet the patient developed MH during the procedure.

Step 2: Retrieval, review, and synthesis of existing evidence from the literature

The student follows the Anesthesia Case Report Checklist as published in Shelton et al⁶ describing the case and surrounding events in detail. Databases are searched for current, relevant literature exploring recommendations for prevention of MH, sensitivity and specificity of MH testing, background of MH, and treatment protocols.

Step 3: Develop a Strategy to Address the Problem

The student develops a model that will demonstrate correction of the problem. A poster is constructed to illustrate the above steps.

Step 4: Implementation

The student presents the poster at the TCU SONA Research Symposium. Formative feedback is received from TCU Faculty. The student modifies necessary areas of the poster and presentation in preparation for the next step (dissemination).

Step 5: Dissemination (intervention, implementation, and evaluation; student self-reflection of project)

The student identifies the most appropriate venue for dissemination. In this example, the student selects the option of submitting an abstract to the AANA Foundation to present a poster at the Annual Congress for the *intervention to teach others*. The *implementation* phase will include final preparation of the abstract to submit to the AANA Foundation. If accepted, the student is required to complete additional education forms. The AANA Foundation requires authors to write several test questions for *evaluation* of learning by audience members.

A second doctoral scholarly paper is composed describing the 3 steps of dissemination (intervention, implementation, and evaluation) and includes a self-reflection of the student's accomplishment.

Example of a Doctoral Scholarly Project: Integrative Review

Step 1: Problem Identification

The student participates in a case involving a patient who develops MH during general anesthesia. Reporting on a case whereby the patient develops MH generally lacks uniqueness to qualify for a case report unless something unusual is noted as in the clinical case report example above.

An integrative review could be used to explore various aspects of the case: inadequate response by OR team after MH was recognized, specificity and sensitivity of MH preoperative testing, adequacy of anesthesia machine preparation, etc.

Step 2: Retrieval, review, and synthesis of existing evidence from the literature

The case is reviewed and examined for areas of improvement. A direction for exploration is selected, a PICOT question is developed, databases searched for relevant studies, evidence critically appraised and synthesized, and recommendations for practice and future research are proposed.

Step 3: Develop a Strategy to Address the Problem

The student develops a model that addresses the problem identified in the clinical situation. A poster is constructed to illustrate the above steps.

Step 4: Implementation

The student presents the poster at the TCU SONA Research Symposium. Formative feedback is received from TCU Faculty. The student modifies necessary areas of the poster and presentation in preparation for the next step (dissemination).

Step 5: Dissemination (intervention, implementation, and evaluation; student self-reflection of project)

The student identifies the most appropriate venue for dissemination. In this example, the student selects the option of presenting the doctoral scholarly work during an in-service at the clinical site for the *intervention to teach others*. The student will plan the *implementation* of the *intervention* (in-service, to teach others). The *implementation* phase will include planning for the date, time, and venue. Determine who will be invited to the presentation. The student will explore options for the actual presentation itself—use an electronic version of the poster, have the poster printed, provide handouts to participants, or even create a short PowerPoint presentation. The dissemination requires *evaluation* of the intervention (teaching others) effectiveness. Some options for *evaluating* effectiveness of the *intervention* are creating a pre-, post-test for attendees, use of Kahoot questions during the presentation to assess learning, or survey participants' knowledge and perceptions of a subject before and after the presentation.

A second, doctoral scholarly paper is composed describing the 3 steps of dissemination (intervention, implementation, and evaluation) and includes a self-reflection of the student's accomplishment.

Section III: The DNP-A Scholarly Portfolio

What is a Scholarly Portfolio?

A portfolio is an ongoing form of assessment that incorporates both formative and summative evaluation. This makes a portfolio highly suitable for monitoring student development as well as assessing and mentoring learners' competency development. Portfolios represent the underpinnings for competency-based education and evaluation where the learner plays a pivotal role in the driving process.

What is the theoretical underpinning for the scholarly portfolio?

The portfolio follows the *Collect, Select, Reflect, and Connect* model by Johnson.⁷ The portfolio addresses 3 domains, reflecting both quantitative and qualitative competencies: (1) professionalism/leadership, (2) clinical knowledge/skills, and (3) critical reflection. The portfolio should disclose exceptional development in each of these areas.

How does the portfolio link with the *Collect, Select, Reflect, Connect* model?

The *collect, select, and connect* aspects of the Johnson model are represented by the portfolio's chronicles of the student's accomplishments throughout the program, which include scholarly work, papers, case logs, and anesthesia plans. Portfolios are an innovative, competency-based, qualitative, and quantitative collection of scholarly processes that provide evidence of learning.⁷

The *reflect* component of the Johnson model is evident in the assembly of all components for the DNP-A portfolio, as each aspect requires reflection, synthesis, and self-appraisal.⁷ This experience is transformational and provides the foundation for pursuit of enduring clinical scholarship. Reflective self-evaluations are incorporated throughout the curriculum and are a requirement in many of the doctoral courses.

Students exposed to self-reflective activities can have a significant increase in the perception of their learning abilities. As a result, the student takes on more responsibility for learning and clinical practice evaluation.

How does the scholarly portfolio showcase my work in the DNP-A program?

The portfolio is a tool for organizing all DNP-A materials with the aim of allowing the student and faculty advisor to view the scope of their topics. It does not represent the sole deliverable product of the project, but rather a means of showcasing the student's progression toward completion of doctoral study. The portfolio also provides a measurable outcome of competency-based doctoral-level behaviors that can be evaluated by an academic committee.⁸

Reflective Self-Evaluations

What other aspects of the DNP-A program allow me to *Reflect*?

Two additional requirements for the *reflect* component of the Johnson model⁷ include reflective self-evaluation at 2 critical junctures of the DNP-A program: (1) the advanced crisis resource management (ACRM) simulation experience in the last year of the program and (2) the summative reflective self-evaluation at the end of the program.

Instructions for these 2 requirements follows.

Advanced Simulation Critical Self Reflection

Complete within 2 weeks after your advanced simulation experience.

Upload completed work to D2L in the appropriate clinical practicum.

Upload completed work to portfolio using the title, “*Advanced Simulation Critical Self Reflection*”

Address the following 6 topics in your self-reflection paper:

1. What did you learn from participating in advanced simulation?
2. What specific information you take back from simulation and use in your practice?
3. What performance aspects did you do well?
4. What performance aspects did you not do well?
5. As an observer of other simulated scenarios what are some things you learned from observing your peers’ performance?
6. What future potential scenarios might be useful to CRNA practice?

The advanced simulation critical self-reflection will be no more than 1200 words and reflect pertinent essentials of doctoral education (identify specific Roman numeral within the self-evaluation—see *Essentials* of Doctoral Education under Summative Reflective Self-Evaluation below; and full framework in Section I of this Guide).

A reflective self-evaluation after advanced simulation contributes to the student’s volume of work represented in their portfolio. It exemplifies the achievements of the program’s goals and objectives, and how the student has incorporated the essentials of doctoral education for advanced practice nursing, demonstrating how this unique simulated experience has prepared each student for future practice.

Summative Reflective Self-Evaluation

A summative reflective self-evaluation in the 9th semester (clinical practicum IV) will discuss the student’s portfolio representation of program goals and objectives achievement, incorporation of the doctoral education essentials for advanced practice nursing¹ into their professional practice preparation, and how the unique knowledge and skills related to the DNP-A has prepared them for future practice.

Summative reflective self-evaluations will be at least 6 pages. The summative reflective self-evaluation will address *Essentials* of Doctoral Education for Advanced Practice Nursing (see Section I for full framework of the *Essentials*):¹

- I. Scientific underpinnings for practice
- II. Organizational and systems leadership for quality improvement and systems thinking
- III. Clinical Scholarship and analytical models for evidence-based practice
- IV. Information systems/technology and patient care technology for the improvement and transformation of healthcare
- V. Health care policy for advocacy in health care
- VI. Interprofessional collaboration for improving patient and population health outcomes
- VII. Clinical prevention and population health for improving the nation’s health
- VIII. Advanced nursing practice

Additional Scholarly Works of Choice (optional)

Individual projects provide evidence of scholarly work and of professional growth/contributions. Additional works allow self-direction and individual creativity. Explanation of how the additional work contributes to your professional development is required in each critical self-reflection.

Examples include but are not limited to: peer-reviewed publication, newspaper editorial, magazine article, peer-networking, professional membership, university or hospital committee membership, class spokesperson/president, international student exchange, mission trips, community activities, participation in research study, tutoring/student learning assistance, computer software/app/web site development, blogging, public relations, National Nurse Anesthetists Week activities, etc. The possibilities are endless and student creativity is encouraged.

Section IV: Timeline

DNP-A Scholarly Project Timeline and Portfolio Requirements Semesters 1–9

Semester	Items for Submission	Deadline for Submission
1, 2 spring and summer, distance education	<p>NRAN 81153 Emerging Science/Complexity</p> <ul style="list-style-type: none"> • 2 concept maps • AANA Art Zwering Conference module certificates x 5 <p>NRAN 81233 Decision Science</p> <ul style="list-style-type: none"> • Cost effectiveness analysis (assign 2) • Decision/SWOT analysis (assign 3) <p>NRAN 80113 Research in Nurse Anesthesia</p> <ul style="list-style-type: none"> • Critical Appraisal Qualitative study (assign 1) • Critical Appraisal Quantitative study (assign 2) <p>Current resume or CV of pre-doctoral program experience (upload on home page)</p>	<p>Spring courses: May 15 Summer courses: August 15</p> <p>Revise documents as recommended by course faculty. Upload to the portfolio (Digication)</p>
3 fall, on campus	<p>NRAN 81243 Translational Research</p> <ul style="list-style-type: none"> • Scholarly project paper 3, final course paper • CITI certificate • AACN reflective self-evaluation 	<p>December 31</p> <p>Revise documents as recommended by course faculty. Upload to the portfolio</p>
4 spring, on campus	Any course works of student's choice	April 30
5 summer, on campus	Any course works of student's choice	July 31

6 fall, clinical practicum I	<p>NRAN 88080 Advanced Project Step 1: Problem identification</p> <ul style="list-style-type: none"> • Identify and define clinical problem • Evidence appraisal • table: search/analysis of the literature <p>NRAN 80683 Clinical Residency I Practicum I case log from Typhon</p> <p>NRAN 80672 Advanced Pathophysiology and Clinical Management I</p> <ul style="list-style-type: none"> • 3 course topic anesthesia plans (add a title page; upload to clinical coursework, clinical case reports, respective care plan topic) • Reflection paper (add a title page; upload to clinical coursework, reflective self-evaluations, clinical practicum I) 	<p>November 1-15: Participate in Advanced Project course D2L discussion board with peers. Meet with advisor to discuss project topic.</p> <p>November 15: Final topic decision due</p> <p>November 30: items due in Advanced Project course:</p> <ul style="list-style-type: none"> • Initial evidence appraisal table • Practicum I case log <p>November 30: upload practicum I case log in portfolio</p> <p>December 31: Upload the following items from the distance education course to the portfolio by due date:</p> <ul style="list-style-type: none"> • 3 course topic anesthesia plans • Reflection paper
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<p>7 spring, clinical practicum II</p>	<p>NRAN 88080 Advanced Project Step 2: Retrieval, review, and synthesis of existing evidence from the literature</p> <ul style="list-style-type: none"> • Final evidence appraisal table <p>Step 3 and Step 4: Develop a strategy to address the problem and plan for implementation</p> <ul style="list-style-type: none"> • Poster • Scholarly project paper 1 synthesis <p>NRAN 80783 Clinical Residency II</p> <ul style="list-style-type: none"> • case log from Typhon • Advanced simulation reflective self- evaluation. Advanced Sim may be in practicum II, III, or IV. <p>NRAN 80772 Advanced Pathophysiology and Clinical Management II</p> <ul style="list-style-type: none"> • 3 course topic anesthesia plans (add a title page; upload to clinical coursework, clinical case reports, respective care plan topic) • Reflection paper (add title page; upload to clinical coursework, reflective self-evaluations, clinical practicum II) 	<p>January 15: final evidence appraisal table due in Advanced Project course</p> <p>March 1: drafts due in Advanced Project course</p> <ul style="list-style-type: none"> • Poster • Scholarly project paper 1 synthesis <p>April 1: final poster due in Advanced Project course</p> <p>May 31: final scholarly project paper 1 synthesis due in Advanced Project course</p> <p>April 30: practicum II case log due in Advanced Project course</p> <p>April 30: upload the following items to portfolio by due date:</p> <ul style="list-style-type: none"> • Poster • Scholarly project paper 1 • Practicum II case log • Advanced simulation reflective self-evaluation <p>May 31: Upload the following items from the distance education course to the portfolio by due date:</p> <ul style="list-style-type: none"> • 3 course topic anesthesia plans • Reflection paper
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8 summer, clinical practicum III	<p>NRAN 88080 Advanced Project Step 5: Dissemination—intervention, implementation, and evaluation; student self-reflection</p> <ul style="list-style-type: none"> • Methods of dissemination: • Presenting the DNP-A poster to additional audiences at state or national association meetings; clinical education session; or submission for journal publication. • Evidence of dissemination MUST be present in portfolio. May be completed in practicum IV • Scholarly project paper 2 dissemination <p>NRAN 80882 Clinical Residency III</p> <ul style="list-style-type: none"> • 3 patient anesthesia care plans from the clinical setting • Practicum III case log from Typhon <p>NRAN 81353 Health Care Policy and Politics</p> <ul style="list-style-type: none"> • Health policy course project • Summary of professional meeting attendance (may be completed in semester 9, fall) 	<p>July 31: Items due in Advanced Project course:</p> <ul style="list-style-type: none"> • Draft of scholarly project paper 2 dissemination • 3 patient anesthesia plans from the clinical setting • Practicum III case log • Advanced simulation reflective self-evaluation (if done in practicum III) <p>July 31: upload the following items to the portfolio by due date:</p> <ul style="list-style-type: none"> • 3 patient anesthesia plans from the clinical setting • Practicum III case log • Advanced simulation reflective self-evaluation (if completed in practicum III) • Health policy course project • Summary of professional meeting attendance (if completed in practicum III)
9 fall, clinical practicum IV	<p>NRAN 88080 Advanced Project Step 5: Dissemination—intervention, implementation, and evaluation; student self-reflection</p> <p>Final portfolio documents:</p> <ul style="list-style-type: none"> • Summative reflective self-evaluation • Final CV or resume • Any additional works of student's choice 	<p>August 31: final scholarly project paper 2 dissemination due in Advanced Project course.</p> <p>November 30: items due in the Advanced Project course:</p> <ul style="list-style-type: none"> • Summative reflective self-evaluation • Resume or CV • 3 patient anesthesia plans from the clinical setting

Section V: Doctoral Presentation

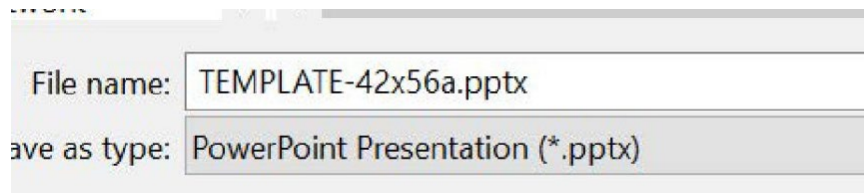
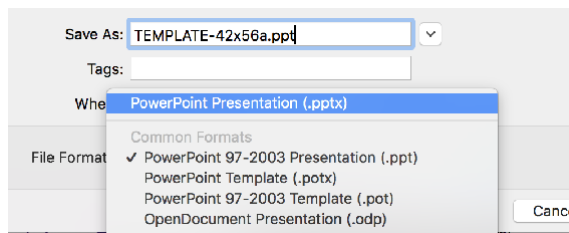
The Doctoral Scholarly Project Presentation

The DNP-A doctoral project poster will be presented at the School of Nurse Anesthesia Research Symposium held in April each year. All students (local and distant) will be present for the Research Symposium. A poster on the scholarly project, clinical case report or integrative review, will be prepared and presented to the faculty and for peer review. Undertaking this project prepares the RRNA to incorporate clinical scholarship and analytical methods for evidence-based practice.¹

The poster will represent the synthesis scholarly project paper. General instructions: Use the official TCU poster template size 42" x 56".

[42" x 56" template](#)

Note: the template is software version 97-2003. When saving to computer, save in a newer format, **pptx**.



Visitors reading the poster should be able to scan and obtain all salient points within 5 minutes. Do NOT copy and paste information directly from a paper. The poster should be a condensed synopsis of the main aspects of a project.

The grading rubric for the posters are in the DNP-A Project Guide. Review the rubric for the scholarly project poster and ensure all points are addressed. Follow AMA style to format the writing within the poster.⁹

Include *reference citations for all* images, graphs, diagrams, etc. Use high quality images. Acceptable references are peer-reviewed journal articles and no more than one textbook, preferably no textbooks. Figures from *quality* websites may be used in the poster.

Areas of focus or concentration include:

- Why did one select this topic and case?
- Provide a brief background of the issue or overview of the case
- Briefly state the search strategy used to retrieve relevant literature

- Provide a case presentation
- Discuss review of literature and synthesis
- Discuss recommendations for practice, conclusions, and recommendations for future research

Oral presentation of the poster:

- The RRNA will present a poster including relevant findings, literature synthesis, and any recommendations for practice change to the faculty in a brief, 3-minute oral presentation to a team of 2-3 faculty members.
- The 3-minute oral presentation will be conducted using the 3-minute thesis (3MT, University of Queensland) style of presenting research.¹⁰

General guidelines include:

- Write for the audience, explain concepts
- Convey excitement and enthusiasm for the subject
- Present the information as a story—how would you explain your work to a friend or family member who is unfamiliar with the topic area.
- Target a specific point that is important for audience members to know from the presentation.
- Practice, practice, practice.
- Video record yourself giving the presentation.
- Have someone watch you give the presentation and offer constructive criticism.

For more detailed information, view the Three Minute Thesis (3MT) website, University of Queensland, Australia.¹⁰

[3 Min Thesis Founded by University of Queensland](#)

Direct links to resources for preparing a 3MT presentation: 3MT competitor guide, see *3MT drafting* and *3MT presentation*.

[3MT Competitor Guide](#)

In place of a single PowerPoint slide, RRNAs will present the DNP-A poster. Use the 3MT format to give the oral presentation to faculty. Faculty recommend watching several 3MT videos on the website to learn the format for presenting information within a 3-minute timeframe. The faculty will elicit answers from the student during a 5-minute discussion after the oral presentation. See advanced project course for example presentations.

RRNAs will be evaluated on the ability to clearly articulate the poster topic, answering questions and project a confident, professional demeanor. See respective DNP-A poster rubrics on the following pages.

Faculty complete an evaluation via a rubric and provide formative feedback to the student. The student will make appropriate revisions based on feedback from faculty. The final work will be disseminated to future audiences, as required for Step 5 (Dissemination).

Students must pass this aspect of the scholarly project, or a grade of NC will be received. With faculty feedback, all students should expect to move forward after suggested modifications to the poster have taken place.

Dissemination after Research Symposium: (Step 5)

Dissemination of findings from research projects to others in clinical practice can improve healthcare outcomes. To achieve this goal, all students are required to present their poster to educate others (Dissemination / Step 5).

The poster will be presented to additional audience(s) after appropriate revisions, if any, are completed (based on formative feedback post symposium).

After successful completion of the Research Symposium experience, the students identify an appropriate mode of dissemination. Examples of dissemination include submission for publication, state or national presentation of poster, or clinical site education session. Approval of dissemination activity should be obtained from the advisor prior to dissemination. Evidence of dissemination must be present. Coordinate the poster presentation event selection with your advisor.

Provide evidence of poster presentation to additional audiences to the DNP-A scholarly project.

Evidence can be in the form of photos, email/letter of acceptance to present at a professional meeting and certificate of attendance, attestation from clinical faculty of presenting an in-service, or evidence of submission to a journal of the RRNA's choosing.

**TCU School of Nurse Anesthesia DNP-A Program
POSTER PRESENTATION EVALUATION RUBRIC: CLINICAL CASE REPORT**

Student name:

Advisor:

Evaluator:

	Met	Partially Met	Unmet	Comments
Introduction / background				
<ul style="list-style-type: none"> • Clearly introduced subject/topic 				
<ul style="list-style-type: none"> • Background appropriately informs reader 				
<ul style="list-style-type: none"> • Background supports project work and motivation for project 				
<ul style="list-style-type: none"> • Purpose statement clearly stated 				
Case summary				
<ul style="list-style-type: none"> • Appropriate history and physical 				
<ul style="list-style-type: none"> • Clear, accurate description of perioperative course, postop assessment 				
Discussion				
<ul style="list-style-type: none"> • Key points of case stated 				
<ul style="list-style-type: none"> • Clinical rationale described 				
<ul style="list-style-type: none"> • Case critique, alternatives stated 				
Supporting evidence				
<ul style="list-style-type: none"> • Relevant to purpose statement and case report 				
<ul style="list-style-type: none"> • Synthesis of available evidence 				
Recommendations for practice / conclusions				
<ul style="list-style-type: none"> • Clear recommendations, based on supporting evidence 				
<ul style="list-style-type: none"> • Cites appropriate conclusions and any recommendations for similar scenarios 				
Oral / affective component				
<ul style="list-style-type: none"> • Articulates clearly, concisely 				
<ul style="list-style-type: none"> • Answers questions completely, without hesitation 				
<ul style="list-style-type: none"> • Confident, professional demeanor 				
<ul style="list-style-type: none"> • Presentation reflects adequate preparation 				
<ul style="list-style-type: none"> • Conveys in-depth mastery and knowledge of the topic 				
Poster style and layout				
<ul style="list-style-type: none"> • Easy to read, logical flow of information 				
<ul style="list-style-type: none"> • Professional appearance 				
<ul style="list-style-type: none"> • Effective use of graphics 				
<ul style="list-style-type: none"> • Compliant with AMA format 				
<ul style="list-style-type: none"> • No typographical errors 				

Comments:

TCU School of Nurse Anesthesia DNP-A Program POSTER PRESENTATION EVALUATION RUBRIC

The following is a general description of the poster and oral presentation ratings. Areas marked as met are accepted as final work. Areas marked as partially met or unmet require revision. Consult with advisor for revisions to the poster and/or oral presentation prior to presenting the poster to additional audiences.

MET

- Exemplary work in section(s) marked as met with little or no need for improvement. Areas of evaluation meet or exceed specified criteria. Few, if any, very minor flaws or gaps in the work. The student is articulate and eloquent in delivery of the oral presentation, demonstrates in-depth mastery of the topic and a professional demeanor.
- The poster and/or oral presentation are accepted as final for disseminating and presenting the scholarly work to additional audiences.

PARTIALLY MET

- Appropriate, acceptable work in areas marked as partially met require more detail or completeness. Areas of evaluation partially meet specified criteria. Flaws or gaps exist in the work. The student is articulate in delivery of the oral presentation, demonstrates mastery of the topic and a professional demeanor.
- Minor revisions to the poster and/or oral presentation are required prior to disseminating and presenting the scholarly work to additional audiences.

UNMET

- Clear, obvious deficits exist in the work in areas marked as unmet. Flaws and gaps in the work are easy to identify. The student lacked ability to easily articulate delivery of the oral presentation. He/she demonstrates poor understanding of the topic and/or lacks professional demeanor.
- Major revisions to the poster and/or oral presentation are required prior to disseminating and presenting the scholarly work to additional audiences.

**TCU School of Nurse Anesthesia DNP-A Program
POSTER PRESENTATION EVALUATION RUBRIC: INTEGRATIVE REVIEW**

Student name:

Advisor:

Evaluator:

	Met	Partially Met	Unmet	Comments
Introduction / background				
<ul style="list-style-type: none"> Clearly introduced subject/topic 				
<ul style="list-style-type: none"> Background appropriately informs reader 				
<ul style="list-style-type: none"> Background supports project work and motivation for project 				
<ul style="list-style-type: none"> PICOT question clearly stated 				
Case summary				
<ul style="list-style-type: none"> Brief description of case or clinical situation that inspired topic, if applicable 				
Evidence search strategy				
<ul style="list-style-type: none"> List databases, keywords, inclusion and/or exclusion criteria 				
<ul style="list-style-type: none"> Search results, types of studies retrieved 				
Review of literature / critical appraisal				
<ul style="list-style-type: none"> Relevant to PICOT question 				
<ul style="list-style-type: none"> Brief summary of evidence, identify gaps in knowledge 				
<ul style="list-style-type: none"> Synthesis of available evidence 				
Recommendations for practice / conclusions				
<ul style="list-style-type: none"> Clear recommendations, based on supporting evidence 				
<ul style="list-style-type: none"> Future research recommendations to close knowledge gap 				
<ul style="list-style-type: none"> Was the PICOT question answered? 				
Oral / affective component				
<ul style="list-style-type: none"> Articulates clearly, concisely 				
<ul style="list-style-type: none"> Answers questions completely, without hesitation 				
<ul style="list-style-type: none"> Confident, professional demeanor 				
<ul style="list-style-type: none"> Presentation reflects adequate preparation 				
<ul style="list-style-type: none"> Conveys in-depth mastery and knowledge of the topic 				
Poster style and layout				
<ul style="list-style-type: none"> Easy to read, logical flow of information 				
<ul style="list-style-type: none"> Professional appearance 				
<ul style="list-style-type: none"> Effective use of graphics 				
<ul style="list-style-type: none"> Compliant with AMA format 				
<ul style="list-style-type: none"> No typographical errors 				

Comments:

TCU School of Nurse Anesthesia DNP-A Program

POSTER PRESENTATION EVALUATION RUBRIC

The following is a general description of the poster and oral presentation ratings. Areas marked as met are accepted as final work. Areas marked as partially met or unmet require revision. Consult with advisor for revisions to the poster and/or oral presentation prior to presenting the poster to additional audiences.

MET

- Exemplary work in section(s) marked as met with little or no need for improvement. Areas of evaluation meet or exceed specified criteria. Few, if any, very minor flaws or gaps in the work. The student is articulate and eloquent in delivery of the oral presentation, demonstrates in-depth mastery of the topic and a professional demeanor.
- The poster and/or oral presentation are accepted as final for disseminating and presenting the scholarly work to additional audiences.

PARTIALLY MET

- Appropriate, acceptable work in areas marked as partially met require more detail or completeness. Areas of evaluation partially meet specified criteria. Flaws or gaps exist in the work. The student is articulate in delivery of the oral presentation, demonstrates mastery of the topic and a professional demeanor.
- Minor revisions to the poster and/or oral presentation are required prior to disseminating and presenting the scholarly work to additional audiences.

UNMET

- Clear, obvious deficits exist in the work in areas marked as unmet. Flaws and gaps in the work are easy to identify. The student lacked ability to easily articulate delivery of the oral presentation. He/she demonstrates poor understanding of the topic and/or lacks professional demeanor.
- Major revisions to the poster and/or oral presentation are required prior to disseminating and presenting the scholarly work to additional audiences.

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