



# Doctor of Nursing Practice (DNP) Proposal Written Manuscript

**Project Title:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

<p><b>Title/Overview</b></p> <p>Concise and accurate/ Provides direction for project</p>	
<p><b>Abstract</b></p>	
<p><b>Background of the Problem</b></p> <ul style="list-style-type: none"> <li>a. Introductory materials with brief evidentiary statement to justify the topic</li> <li>b. Background and Significance of problem.</li> <li>c. Target population and/or stakeholders</li> <li>d. Purpose statement</li> <li>e. Clinical questions to be answered through the DNP Capstone project</li> <li>f. Objectives of project with measurable outcomes</li> </ul>	
<p><b>Theoretical Framework and Synthesis of Literature</b></p> <ul style="list-style-type: none"> <li>a. The model or framework to be used to conduct the project with justification and relevance to the clinical question</li> <li>b. A thorough review of the literature with synthesis of the evidence supporting the clinical question and project</li> <li>c. Literature search strategy and databases used and evaluation process used.</li> </ul>	

<p><b>Organizational Assessment &amp; Cost Effectiveness Analysis</b></p> <ul style="list-style-type: none"> <li>a. Assessment of the organization in which the project will be carried out to include readiness for change, facilitators and barriers, risks and/or unintended consequences</li> <li>b. Identify stakeholders affected by the proposed DNP Capstone Project</li> <li>c. Cost factors associated with the project; including, but not limited to, cost of the proposed implementation process, analysis and cost avoidance or savings associated with implementation</li> </ul>	
<p><b>IRB Approval (as applicable)</b></p> <ul style="list-style-type: none"> <li>a. Institutional IRB (if applicable)</li> <li>b. Salve Regina University IRB approval</li> </ul>	
<p><b>Design and Methodology</b></p> <ul style="list-style-type: none"> <li>a. Methods</li> <li>b. Outcome measures, evaluation and type of data analysis</li> <li>c. Psychometric properties of any instruments used for evaluation (Reliability and Validity)</li> <li>d. Timeline for project from planning, proposal defense, implementation, analysis and project defense</li> <li>e. Plan for sustainability within the organization</li> </ul>	
<p><b>Analysis of Research Data</b></p> <ul style="list-style-type: none"> <li>a. Specify the analysis process of the data</li> <li>b. Discuss the results of the data collection</li> <li>c. Outcome measures</li> <li>d. Interpretation of findings</li> </ul>	

<p><b>Discussion:</b></p> <p><b>Significance to practice, Limitation and Strengths of the Study</b></p> <ul style="list-style-type: none"> <li>a. Discussion based on findings of research</li> <li>b. Strengths</li> <li>c. Limitations</li> <li>d. Recommendations for future research</li> <li>e. Impact on Health Care Practice and the Role of the APRN</li> <li>f. Sustainability of the program</li> </ul>	
<p><b>Conclusion</b></p> <ul style="list-style-type: none"> <li>a. Comprehensive review to the DNP Project</li> <li>b. Provide insight for the reader of the outcomes purpose and applicability to practice</li> </ul>	
<p><b>DNP Project reflects and demonstrates the AACN Essentials of Doctoral Education for Advanced Nursing Practice and Salve Regina University Mission</b></p>	
<p><b>References, APA Format, Title Page</b></p>	

**PASSED, unconditional**    **Date:** \_\_\_\_\_

Meets or exceeds all criteria for Proposal to proceed to implementation phase.

**PASSED, provisional**    **Date:** \_\_\_\_\_

The DNP Project requires minor to moderate, non-trivial revision(s). The DNP Project Chair or other designated member of the advisory committee will be responsible for communicating to the student, in detail, the revisions necessary for completion to implement the DNP Project. The deadline for the completion of the revisions is determined. If the deadline is not adhered to, the DNP proposal will be on hold and the student will receive an incomplete in NUR 650. The student will not be able to register for NUR 655.

**Members of the examining committee who will certify completion of the revisions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Committee member who will notify the candidate of the required revisions:**

\_\_\_\_\_

**Revisions must be complete by:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Revisions received on:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**DNP Project PASSED on:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**FAILED**    **Date:** \_\_\_\_\_

Does not meet criteria for proposal defense and contains significant deficits.

**Additional Comments:**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DNP Project Chair: \_\_\_\_\_ Date: \_\_\_\_\_

DNP Project Committee Member: \_\_\_\_\_ Date: \_\_\_\_\_

DNP Project Committee Member: \_\_\_\_\_ Date: \_\_\_\_\_

NUR 650 Course Facilitator \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Nursing Program Director \_\_\_\_\_ Date: \_\_\_\_\_