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**SALVE REGINA
UNIVERSITY**

**Doctor of Nursing Practice (DNP)
Proposal Written Manuscript**

Project Title: _____

Student Name: _____

Title/Overview Concise and accurate/ Provides direction for project	
Abstract	
Background of the Problem <ul style="list-style-type: none">a. Introductory materials with brief evidentiary statement to justify the topicb. Background and Significance of problemc. Target population and/or stakeholdersd. Purpose statement(s)e. Quality Improvement/ Clinical questions answered through the DNP Projectf. Objectives of project reviewed with an explanation of measurable outcomes	
Theoretical Framework and Synthesis of Literature <ul style="list-style-type: none">a. The model or framework used to conduct the project with justification and relevance to the clinical questionb. A thorough review of the literature with synthesis of the evidence supporting the clinical question and projectc. Literature search strategy and databases used and evaluation process used.	

<p>Organizational Assessment & Cost Effectiveness Analysis</p> <ul style="list-style-type: none"> a. SWOT Analysis of the organization the project was completed identifying the readiness for change, facilitators and barriers, risks and/or unintended consequences. b. Stakeholders and impact by the DNP Project identified c. Cost factors associated with the project; including, but not limited to, cost of the implementation process, analysis and cost avoidance or savings associated with implementation, both direct and indirect cost allocations 	
<p>IRB Approval (as applicable)</p> <ul style="list-style-type: none"> a. Institutional IRB (if applicable) b. Salve Regina University IRB approval c. Process completed identified 	
<p>Design and Methodology</p> <ul style="list-style-type: none"> a. Methods clearly explained b. Outcome measures, evaluation and type of data analysis c. Psychometric properties of any instruments used for evaluation (Reliability and Validity) 	
<p>Analysis of Research Data</p> <ul style="list-style-type: none"> a. Discuss the results of the data collection b. Explain the outcome measures c. Analyze the Interpretation of statistical findings 	

<p>Discussion:</p> <p>Significance to practice, Limitation and Strengths of the Study</p> <ul style="list-style-type: none"> a. Discussion based on findings of research b. Strengths c. Limitations d. Recommendations for future research e. Impact on Health Care Practice and the Role of the APRN f. Sustainability of the QI/ Program 	
<p>Conclusion</p> <ul style="list-style-type: none"> a. Comprehensive review to the DNP Project b. Provide insight for the outcomes purpose and applicability to practice c. Relationship to the Salve Regina Mission 	
<p>DNP Project reflects and demonstrates The Essentials Advanced-Level Nursing Competencies (AACN,2021) and Salve Regina University Mission</p>	
<p>References, APA Format, Title Page</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 Team lead or designated member of the team will be responsible for communicating to the student, in detail, the revisions necessary for completion of the DNP Project and the deadline for the completion of the revisions. If, after that length of time, the DNP project has not been accepted, the candidate will be considered as having failed.

Members of the examining team who will certify completion of the revisions:

Team 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 Lead: _____ Date: _____

DNP Project Member: _____ Date: _____ DNP

Project Committee: _____ Date: _____

Graduate Nursing Program Director _____ Date: _____