DNP Residency Guidelines

The DNP Residency is considered a key component of the Doctor of Nursing Practice educational program that combines clinical practicum experiences with scholarly activities to provide in-depth learning for students. It provides an opportunity for meaningful engagement with experts from nursing, as well as other disciplines. During residency the students integrate and synthesize knowledge by demonstrating competency in an area of nursing practice, completing a scholarly project and writing a publishable paper based on their project. The DNP residency is designed to provide a comprehensive clinical experience individually designed to meet the professional and clinical goals of each student. Residency provides an opportunity for further synthesis and expansion of the learning developed to that point.

In addition to clinical practice the MUSC DNP students are expected to reflect on clinical practice and pursue scholarly activities, such as participation in presentations, rounds and seminars. Students integrate scholarly reading, educational offerings and clinical experience to develop case studies that demonstrate increasingly complex and proficient practice. Graduates of the DNP program are expected to demonstrate highly refined clinical and professional skills. Proficiency may be acquired through a variety of methods, such as attending case conferences, practice contact hours, completing specified procedures, demonstrating experiential competencies, or a combination of these elements. Graduates of the program will acquire and are expected to demonstrate, a fund of knowledge, skills and abilities that enhance advanced clinical practice including:

- Refined communication, reflection and scholarly skills
- Advanced scientific foundation
- Patient care expertise with emphasis on independent and inter-professional clinical practice
- Analytic skills for appraising, implementing, and evaluating evidence-based, direct and indirect patient care across populations and settings
- Advanced knowledge of health policy and health care delivery systems.

Prior to starting residency hours, students must insure affiliation agreements are in place for clinical sites and preceptor approval. The designated clinical faculty/Residency Coordinator works with the students on the adequacy of the clinical placements and maintains the student evaluations in partnership with the clinical site preceptor. The clinical and residency faculty, along with their clinical expert or mentor, works with students to coordinate the Scholarly Improvement Project. The residency experience broadens the student’s exposure within his or her APN role and population foci and deepens and enriches the student’s clinical ability in that specialty. Post-MSN DNP students develop scholarship, new skills related to population care, and implementation of evidence-based practice, but do not acquire a new APN specialty. All students are required to fulfill the competencies and demonstrate the same performance objectives regardless of their population foci based upon the following criteria:

- Guided by the DNP competencies (NONPF, 2011, amended 2012)
- Demonstrated competency in an area of APN primary care practice (HRSA, 2002;
NONPF, 2011, amended 2012)

- Established synergy of clinical experience, scholarly activity and educational offerings
- Applied model of comprehensive and continuous care and quality improvement

Residency

There are key aspects of the residency:

- Integrative practicum for DNP students
- Completed in the final year of the program
- Key component of DNP education
- Synthesis of knowledge
- Ongoing portfolio development

The essential components of residency are scholarly activities, reflective journaling combined with documented achievement of competencies and submission of a scholarly paper based upon their Scholarly Improvement Project. The DNP student assumes an expanded scope of practice for patients; provides leadership to foster intra-professional and inter-professional collaboration, demonstrates skills in peer review that promote a culture of evidence, and applies clinical investigative skills to evaluate health outcomes. Students must demonstrate ability to write professionally and influence health policy. The clinical experiences can include a wide variety of sites where the DNP student provides patient care or achieves additional nurse practitioner competencies for the practice doctorate (NONPF, 2010). According to NONPF, residency provides additional hours in autonomous practice, leadership, practice inquiry, and policy as part of the fabric of professional preparation for the NP with a practice doctorate (NONPF, 2010). Gaps in clinical experience and professional growth to meet DNP competencies are identified during scheduled conferences as needed with their clinical faculty/Residency Coordinator and clinical preceptor. Individual arrangements are made to enhance and expand the practicum when necessary. Experience may include ambulatory, inpatient, outpatient and long-term rehabilitative and subspecialty care. All direct patient encounters occurring in the outpatient setting are logged into an online tracking system. All other types of clinical care or residency hours that are non-patient care are documented in a standardized log.

Residency Hours

Beginning in Fall 2012 admission a minimum of 400 hours is required during DNP residency. Incorporated into residency are 100 hours related to the student’s unique area of interest that support the Scholarly Improvement Project. The remaining hours* (400 for admission prior to Fall 2012 and 300 for Fall 2012 admissions and after) are clinical practice hours in which direct patient care is provided to individuals, families and populations in population-focused areas of NP practice. Clinical hours may also consist of mentored learning that provides a broad range of activities to assist the student in meeting the DNP competencies as outlined by NONPF, in addition to autonomous clinical hours such as leadership and administration, practice inquiry, and policy. Clinical hours can include Scholarly Improvement Project hours if this requires provision
of patient care. Clinical hours may consist of time spent working in an area of specialization. DNP students should be integral to the provider team and assume an expanded scope of practice for a group of patients. The following activities are some examples of time that can be applied toward residency hours:

1. Time spent with a preceptor/agency in an area of specialization providing patient care (hours specifically dedicated to DNP level experience; not the student’s current role in an organization).
2. Special projects related to specialization and work in developing/implementing practice protocols, guidelines and process improvement.
3. Time spent on a clinical agency’s committee to evaluate a practice protocol, guidelines and process improvement project.
4. Time spent participating in a health initiative in the state’s health department
5. For post BSNs, at least half of all clinical hours must the provision of direct patient care in a primary care setting.

Residency clinical hours do not include:

1. Time spent in seminars/conferences that are counted toward a course in which you receive credit.
2. Time spent traveling to and from seminars/conferences
3. Time spent in CE programs may be applied to DNP clinical hours on a case-by-case basis

It is important to note that in order for students to obtain the core, population-focused and DNP competencies as outlined by NONPF and AACN DNP Essentials, a combination of direct care to individuals and families in a specific area of NP practice and other mentored learning experiences is required. Post-master’s DNP students who are nationally certified must have sufficient clinical experience to demonstrate achievement of DNP competencies (NONPF, 2010). One-thousand hours is the minimum requirement. Students must meet competencies to graduate.

*Post-MSN DNP students who have entered the DNP program with 640 precepted hours or more from their MSN will be required to obtain 300 clinical practice hours in direct patient care. If less than 640 precepted hours were obtained from the MSN program, additional hours will be required during residency to meet the 1,000 clinical or administrative hours to earn a DNP degree.

**Residency Contracts**

The purpose of the clinical experience for residency is to increase the student’s exposure to and involvement in doctoral level clinical practice under the direction of a clinical preceptor and work toward independent practice. The student is responsible for identifying and initiating a residency clinical contract with a clinical preceptor/mentor involved in or with expertise in practice. Input from the clinical faculty/Residency
Coordinator is important as the contract is developed. The student and clinical preceptor must establish mutually agreed upon objectives and evaluation criteria. The specific objectives, requirements and evaluation criteria will depend on the practice focus in which the student is participating, the student’s level of education, and the student’s educational needs. Objectives and requirements must address active involvement by the student in the clinical experience and examine impact on patient outcomes. The agreed upon objectives and evaluation criteria are recorded in the DNP Clinical Residency Contract located in the residency course. There are 3 different contracts depending on the student’s practice area: Primary Care, Specialty Care, and Preceptor contracts.

**Primary Care contracts:** Clinical learning objectives are standardized. Students complete boxes for DNP Essentials, Competencies, Learning resources, Outcomes with evidence of achievement, and Methods of evaluation. Once the preceptor signs, students forward to faculty for signature. Faculty will return signed contract to student to upload into MyFolio.

**Specialty Care contracts:** Students develop measurable, achievable learning objectives based on site, negotiation with preceptor, and individual learning needs. Once developed, Faculty review Specialty contracts to ensure objectives are achievable within the contract time frame. Once approved by faculty, the preceptor will sign and the student uploads the signed contract to MyFolio.

**Preceptor contracts:** Post MSN students only. This contract enables Post MSN students to receive residency clinical hours when precepting another student. Clinical learning objectives are standardized. A maximum of 100 clinical hours may be dedicated to the Preceptor role.

The clinical preceptor and residency course faculty, along with clinical faculty/residency course coordinator will decide if the objectives were met as agreed upon. For clinical practice the online Typhon log of patient encounters can be used as the measurable outcome. For practice other than direct clinical care, the standardized log documenting hours and activities submitted by the student to faculty on an agreed upon schedule is the measurable outcome. The residency course coordinator has the ultimate responsibility for the final decision for successful completion of the DNP residency contract.

**Clinical Preceptor**

DNP students will select, with the input and approval from the DNP clinical faculty and Residency Coordinator, a clinical preceptor for the clinical experience. If the student has more than one clinical experience for their residency experience, additional clinical preceptors and residency contracts may be needed. The clinical preceptor must be an expert in the clinical, educational, or administrative area in which the DNP student wishes to develop expertise. There are currently very few nurses prepared at the DNP level who can serve as the clinical preceptor to DNP students. Therefore, the clinical preceptor will not necessarily be a DNP-prepared advanced practice nurse. A preceptor may be a professional with a doctoral degree; an advanced practice nurse with
considerable experience and recognition in a particular clinical field; an MD with specialized training and experience, a nurse with an administrative position as a Director, Vice President, President, or CEO within a health care organization; a doctorally prepared nurse educator; etc. The clinical preceptor must hold a position in the organization where he/she can facilitate the DNP student’s access to organizational information, decision makers, and other personnel. This is necessary to develop, facilitate and implement the DNP student’s Scholarly Improvement Project over a 2 semester to one-year residency within the organization.

The clinical preceptor must be nationally certified in their specialty. They must have worked at their site for at least one year and agree to complete student evaluations as required.

When possible and practical, the DNP student is encouraged to select a clinical preceptor outside of their current work setting. In large organizations, for example the DNP student would be placed for the clinical scholarship courses with a clinical preceptor outside the department or unit where they are employed. The line between current employment and clinical scholarship hours and project must remain clear to the organization, the clinical preceptor, the DNP Project committee, the clinical faculty/Residency Coordinator and the DNP student. The DNP student must be able to demonstrate the achievement of the DNP competencies, regardless of whether they are in their current place of employment or a different clinical setting (NONPF Board of Directors, 2010).

Prior to beginning the clinical experience, the MUSC College of Nursing must receive required information from the approved clinical preceptor. A Graduate Clinical Preceptor Information Form/Abbreviated CV found at https://sp.musc.edu/nursing/graduates/Graduate/Home.aspx under Required Clinical Forms must be completed and scanned/emailed or faxed (843-792-5395) to the Clinical Education Coordinator. A copy of the preceptor’s license and certification must also be on file at MUSC. These documents must be obtained and completed prior to starting any clinical work.

**Preceptor Orientation:**

An online Graduate Preceptor Toolbox provides clinical preceptors with an orientation to the College of Nursing MUSC student policies and resources, and College of Nursing clinical policies. The role of the clinical preceptor is defined and specific responsibilities of the clinical preceptor and student are outlined. Teaching tips are provided. Finally, the evaluation tools that will be used by the preceptor and student may be downloaded form the web site (http://academicdepartments.musc.edu/nursing/academics/preceptor/) Library resources are available to the preceptor as well as the course syllabi. Different evaluation tools or criteria may be set and utilized based on the agreed upon contract for that clinical experience.

The clinical faculty/residency coordinator will communicate with the clinical preceptor during the semester. The clinical practice contract for the DNP program will be reviewed
and evaluated by the clinical faculty/residency coordinator and student during the semester. Lines of communication with the clinical preceptor and clinical faculty/Residency Coordinator will be established at this time. Expected student outcomes and the evaluation process will be reviewed. Telephone conferences will be held at least once during the defined clinical hours and again at the end of the clinical experience to monitor and evaluate the student’s progress. If there is any concern regarding individual student progress, more frequent contacts with the clinical preceptor may occur initiated either by the clinical preceptor, supervising clinical faculty or residency course coordinator.

Clinical Site:

Students secure their own clinical residency site, which may or may not be in South Carolina. Students are encouraged to identify potential residency sites and clinical preceptor soon after admission to the program. The residency site may include a paid position. When considering paid positions, students are advised to consider the position responsibilities as well as their learning needs and negotiate unpaid time for academic experiences, clinical learning opportunities, and clinical scholarship, which are all part of the residency.

The clinical site for the residency is important to the development and implementation of the Scholarly Improvement Project. DNP students are encouraged to select a clinical site that can provide the required facilities and clinical experts for their growth. The clinical site may be a hospital, a health care system, an insurance company, a public health agency, a school/college of nursing, a research institute, a nonprofit agency, or other organization.

MUSC College of Nursing must have a facility agreement with the clinical site prior to the student beginning clinical residency. The Clinical Affiliation Agreement must be in place for each clinical site where the student plans to practice. The DNP student should begin discussing possible clinical sites in their first semester of the DNP program. Two semesters prior to the student beginning Residency, the student and the clinical preceptor must complete the Clinical Site Approval Form found at https://sp.musc.edu/nursing/graduates/Graduate/Home.aspx under Required Clinical Forms and scan/email or fax it (843-792-5395) to the Clinical Education Coordinator. Once the site has been approved, the Affiliation Agreement Request Form found at https://sp.musc.edu/nursing/graduates/Graduate/Home.aspx under Required Clinical Forms should be completed and scanned/emailed or faxed (843-792-5395) to the Clinical Education Coordinator. Please remember this is not the same document as your clinical residency contract. This is a planning form so that a formal agreement can be processed between the agencies involved. The legal contract will go to the preceptor’s agency directly from the MUSC College of Nursing, if a current contract is not already in place. Failure to complete the form accurately and entirely can slow the contract process and may prevent the student from beginning the clinical experience. Completing new facility contracts are extremely time consuming. The student must start well before the Residency or clinical course or they may not be able to complete the clinical
requirements. The Clinical Education Coordinator will assist the student with the process, but it is the responsibility of the student to complete the Affiliation Agreement Request Form so that the College of Nursing can work directly with leadership at the facility to get the necessary legal contract signed.

**Student evaluation**

Evaluating role performance requires direct observation of the student by the clinical preceptor/mentor. Clinical preceptors will evaluate the students each semester at final semester. For hours done at the student’s primary care anchor site, the evaluation is emailed to preceptors who then complete it online. For hours other than primary care, it is done using the Graduate Clinical Evaluation Form posted in the Residency course. Once completed, students must scan and upload it to MyFolio. If a student does less than 50 hours with the preceptor/site, the preceptor must sign off on the Residency contract indicating the student reached the outlined goals and objectives of the contract. This must then be uploaded to MyFolio. At any time if a student is having difficulty in clinical the clinical preceptor and clinical faculty/residency coordinator will discuss the issues by phone conference and develop a plan for the student. Online clinical logs will also be reviewed and approved by clinical faculty each semester.

**Clinical Site and Preceptor Evaluation:**

Students will evaluate their clinical site and clinical preceptors each semester. This will be completed online. The Graduate Program Committee members, the student’s clinical faculty and the Residency faculty evaluate the adequacy of clinical sites and preceptors each semester by reviewing the clinical site evaluations as well as the achievement of the DNP clinical contract goals.

**Student Licensure:**

Each student is responsible for obtaining and maintaining a current or unencumbered registered nurse licensure or advanced practice licensure as applicable in the state(s) in which the student is participating in clinical experiences. Failure to do so will result in loss of credit for those clinical hours and administrative withdrawal from the courses involved. The students must have a copy of the nursing license (RN and/or APRN) and state of licensure on file with the MUSC College of Nursing.

**Professional Portfolio:**

Students are expected to develop a professional portfolio. The development and maintenance of a professional portfolio reflects students’ responsibility in their own learning, actively constructing how competencies are met, while faculty provide guidance, teaching and mentoring. The DNP academic professional portfolio will include:

- Individualized DNP residency clinical contracts *(signed and uploaded to MyFolio)*
• Comprehensive clinical and procedural log (*Typhon online tracking system*)
• Log forms for non-Typhon clinical hours e.g. administrative students, students functioning as preceptors, (*uploaded to MyFolio*)
• Clinical evaluations (*uploaded to MyFolio or done online if primary care anchor site*)
• Site and preceptor evaluations (*Online in Typhon*)
• Current and updated CV (*uploaded to MyFolio*)
• Scholarly activities, e.g. abstracts of grand rounds presentation, CE certificates for educational offerings, publications, participation in community events, letters of participation as guest lecturers, in-service outlines, etc. (*Uploaded in MyFolio*)
• Competency assessment (*uploaded to MyFolio*)
• Reflective journal (*uploaded to MyFolio*)
• Scholarly Project Poster (*uploaded to MyFolio*)
• Final publishable paper (*uploaded MyFolio*)

Students will maintain an online residency log of all clinical activities. Both the student and the clinical preceptor must sign the hours spent in the physical setting with the clinical preceptor. These hours can be printed from the on-line tracking system. Hours with the clinical preceptor consist of time spent working in an area of primary care or specialization.

Students will document all patient encounters in the on-line clinical log. Information will include diagnoses, coding, medications, and treatments. Students will also produce notes as required. Clinical faculty review all online clinical logs and feedback is provided for student learning experiences. Scholarly activities, reflective journals, and competencies will be documented in the online Typhon system. The student does not need to document hours spent on the Scholarly Improvement Project (a minimum of 100 hours). Successful completion of the Scholarly Improvement Project and presentation of student posters describing their project’s outcomes provide direct evidence of project hours. DNP students assume responsibility for obtaining the total required number of residency hours and attainment of all competencies. Students with deficits in expected learning experiences at mid term or finals periods arrange to acquire those experiences prior to the end of the semester or program. This may include an additional semester of residency. Students delayed in obtaining IRB approval, if required for their Scholarly Improvement Project, may need an additional residency to complete their projects. This is an expectation of doctoral education.

**Scholarly Activities**

Although the clinical experience is central, students participate in multiple academic and scholarly activities outside of clinical practice. They are expected to attend conferences, seminars, journal club, grand rounds, morbidity and mortality meetings, patient conferences, practice based lectures, interdisciplinary committees, quality improvement committees and any other opportunities available at their site, in their community or nationally. Each student will post a minimum of at least ten scholarly activities while they are in the DNP program. At least ten activities will be documented by the end of the first residency. In addition to this, students are required to be involved and contribute to interdisciplinary initiatives. These academic scholarships and competencies are logged
into the online MyFolio tracking system. Students have access to MyFolio throughout the program.

**Reflective Journal**

All students will maintain a reflective journal integrating clinical leadership and inquiry into previous or current practice. Students will use the online clinical log of all patient encounters from their clinical courses or internship and reflect back on these to demonstrate professional growth and higher levels of knowledge and skills in their APN role. Post-masters students will reflect back using clinical cases from their own practice.

Formal and purposeful reflection allows the student to integrate ethics, health policy, collaboration, and health information technology into their new professional role. This allows students to synthesize what has been learned. Students will reflect back on clinical cases, common diagnoses, and population concerns to discuss how ethics were considered, how informatics were used with team members, patients and families, how health policy and politics were considered, and how those situations impacted health disparities. Students will outline how they used their leadership skills in those situations, describing what was learned about their work, what their strengths were and what more they could bring to the situation. Administrative students provide reflective journaling based on populations at an administrative level and issues related to the topic. These reflective narratives will be completed in the online MyFolio. The reflective journal produces a tangible and deliverable academic product that is derived from the practice immersion experience and is reviewed and evaluated by the residency faculty. The reflective journal with the competency tool, documents outcomes of the student’s educational experiences and summarizes the student’s growth in knowledge and expertise.

**Competencies**

All students are required to fulfill all the competencies and demonstrate the same performance objectives regardless of their specialty. Many DNP competencies are met within the DNP program core courses. Others are met during residency. There are independent tasks that students will complete during clinical and residency to demonstrate several of the competencies. Students must review the competencies within the MyFolio system and are responsible for completion of all tasks to demonstrate they have met the competencies for graduation. The DNP competencies are outlined for the student in the MyFolio system.

**Scholarly Improvement Project**

Once the Scholarly Improvement Project has been presented by the student and approved by the DNP faculty committee in NRDNP 862, the proposal paper, the accompanying PowerPoint, and any faculty recommendations for change are uploaded to MyFolio. The majority of student project proposals meet criteria for quality improvement and do not require IRB review. When a proposed project needs IRB review, faculty assist the student with this
process. Students having difficulty with IRB must be able to demonstrate meeting their requests and should contact the IRB coordinator for assistance if needed.

Once in residency, the project is begun within the first 2 weeks of the semester. Projects are approved in NRDNP 862 and cannot be altered without approval of the Residency Coordinator. During the first residency the students identify a journal to submit their final paper and write the Introduction/Background, and Methods sections of the paper according to the journal’s Author Guidelines. The paper is submitted to faculty for review, editing, and grading. Students complete paper revisions as guided by residency faculty. Students update the residency faculty frequently about the progress of the project through the course discussion board.

The Scholarly Improvement Project is completed during the final semester of residency. Students work with the residency faculty and statistician to develop a poster showcasing their project and its outcomes to faculty and student peers. Students complete the paper for publication, writing their Abstract, Results, Conclusions/Discussion and Implications for Practice. The final version is sent to residency faculty for review, editing and grading. Once approved, the manuscript is submitted to the journal and the submission receipt is uploaded in Myfolio. It is expected that students will notify faculty of all manuscripts accepted for publication. Faculty recommend all students use the MUSC Center for Academic Excellence to assist with professional writing skills. A copy of the poster PDF and the final manuscript are uploaded in MyFolio once approved.

References


