



Doctor of Nursing Practice (DNP) Project Oral Defense

Project Title: _____

Student Name: _____

<p>Presentation</p> <ul style="list-style-type: none">a. Slides are presented with professional constructionb. Adheres to APA formattingc. Poster Board, if requested, is professionald. Attire of doctoral candidate is professional, neat and appropriate for doctoral dissertation defense presentatione.	
<p>Title/Overview</p> <p>Concise and accurate/ Provides direction for project</p>	
<p>Background of the Problem</p> <ul style="list-style-type: none">a. Introductory materials with brief evidentiary statement to justify the topicb. Background and Significance of problem.c. Target population and/or stakeholdersd. Purpose statemente. Clinical questions to be answered through the DNP Capstone projectf. Objectives of project with measurable outcomes	

<p>Theoretical Framework and Synthesis of Literature</p> <ul style="list-style-type: none"> a. The model or framework to be used to conduct the project with justification and relevance to the clinical question b. A thorough review of the literature with synthesis of the evidence supporting the clinical question and project c. Literature search strategy and databases used and evaluation process used. 	
<p>Organizational Assessment & Cost Effectiveness Analysis</p> <ul style="list-style-type: none"> 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 b. Identify stakeholders affected by the proposed DNP Capstone Project 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 	
<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 discussed 	
<p>Design and Methodology</p> <ul style="list-style-type: none"> a. Methods b. Outcome measures, evaluation and type of data analysis 	

<p>Design and Methodology (cont.)</p> <ul style="list-style-type: none"> c. Psychometric properties of any instruments used for evaluation (Reliability and Validity) d. Timeline for project from planning, proposal defense, implementation, analysis and project defense e. Plan for sustainability within the organization 	
<p>Analysis of Research Data</p> <ul style="list-style-type: none"> a. Specify the analysis process of the data b. Discuss the results of the data collection c. Outcome measures d. 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 program 	
<p>Conclusion</p> <ul style="list-style-type: none"> a. Comprehensive review to the DNP Project b. Provide insight for the reader of the outcomes purpose and applicability to practice c. Relationship to the Salve Mission 	
<p>DNP Project reflects and demonstrates the AACN Essentials of Doctoral Education for Advanced Nursing Practice and Salve Regina University Mission</p>	
<p>References, APA Format, Title Page</p>	

PASSED, unconditional **Date:** _____

Meets or exceeds all criteria for Defense.

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 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 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 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: _____