

# Program Assessment Plan

**Program: Doctor of Nursing Practice (BSN-DNP) and Post Masters DNP**  
**Department: Nursing**  
**College/School: School of Nursing**  
**Date: September 6, 2017 Second Revision: January 31, 2018**  
**Primary Assessment Contact: Joanne Thanavaro**

*Note: Each cell in the table below will expand as needed to accommodate your responses.*

#	Program Learning Outcomes	Assessment Mapping	Assessment Methods	Use of Assessment Data
1	<p>What do the program faculty expect all students to know, or be able to do, as a result of completing this program?</p> <ul style="list-style-type: none"> <li>Note: These should be measurable, and manageable in number (typically 4-6 are sufficient).</li> </ul> <p>Use advanced knowledge of mid-range and translational theories from nursing and other disciplines as a framework for advanced nursing practice.</p>	<p>From what specific courses (or other educational/professional experiences) will artifacts of student learning be analyzed to demonstrate achievement of the outcome? Include courses taught at the Madrid campus and/or online as applicable.</p> <p><b>NURS 6160 Evidence Based Practice I</b></p> <p><b>NURS 6170 Evidence Based Practice II</b></p>	<p>What specific artifacts of student learning will be analyzed? How, and by whom, will they be analyzed?</p> <ul style="list-style-type: none"> <li>Note: the majority should provide direct, rather than indirect, evidence of achievement.</li> </ul> <p>Please note if a rubric is used and, if so, include it as an appendix to this plan.</p> <p><b>Direct Measures:</b></p> <p><b>NURS 6160-</b> 90% of all students will receive a grade of B or higher in identifying an appropriate evidence-based practice model/theory that may be used to guide their DNP Project. Ideas will be shared in a discussion format. (Appendix A)</p> <p><b>NURS 6170</b> -90% of all students will achieve a score of 8 out of 10 points on incorporating an appropriate mid-range or translational theory (theoretical framework) into their pre-proposal draft of their DNP Project</p>	<p>How and when will analyzed data be used by faculty to make changes in pedagogy, curriculum design, and/or assessment work?</p> <p>How and when will the program evaluate the impact of assessment-informed changes <i>made in previous years</i>?</p> <p>This information will address Essential VIII (Advanced Nursing Practice) of the <i>Essentials of Doctoral Education for Advanced Nursing Practice</i> as outlined by the American Association of Colleges of Nursing (AACN). Aggregate results on the appropriate assignment in each didactic course will be analyzed and compared with trends from previous course offerings. If aggregate results are less than 90% of students achieve a grade of B or higher on course assignments or, if 95% of students achieve less than 4/5 on their DNP project presentation, results and analysis with recommendations will be shared at a dedicated advanced nursing</p>

		<p><b>NURS 6961 DNP Project Presentation</b></p>	<p>(Appendix B)</p> <p>DNP Project Presentation- 95% of all students will achieve an average score of 4 or higher on a 5-point Likert scale, graded by the student's DNP project committee and graduate faculty. (Appendix C)</p> <p><b>Indirect Measure:</b> Skyfactor 6, Science Based Theories; rating of 5.5 or higher on a 7-point scale.</p>	<p>practice curriculum meeting(ANPPC). ANPPC meeting include all graduate nursing faculty and representative study body members. Recommended changes will be implemented into the curriculum during the following academic year and changes will be reevaluated at a dedicated ANPPC curriculum meeting.</p> <p>On an annual basis, student exit ratings on Skyfactor 6 item measures will be incorporated in the analysis. If ratings are less than 5.5, they will be compared to previous years to identify trends in and associations with exit ratings and student performance in NURS 6160 NURS 6170 and NURS 6961</p>
2	Critically examine research and scholarship to support evidence-based clinical practice	<p><b>NURS 6160 Evidence Based Practice I</b></p> <p><b>NURS 6960 DNP Project Management</b></p>	<p><b>Direct Measures:</b></p> <p>90% of all students will achieve a grade of B or higher on the analysis of an evidenced based guideline using the Appraisal of Guidelines for Research &amp; Evaluation II- Agree II Instrument. (Appendix D and E)</p> <p>Satisfactory demonstration of progress with DNP project based on one on one guidance from the faculty statistician (Appendix F)</p>	<p>This information will address Essential III (Clinical Scholarship and Analytical Methods for Evidence-Based Practice) of the <i>Essentials of Doctoral Education for Advanced Nursing Practice</i> as outlined by the American Association of Colleges of Nursing (AACN).</p> <p>Aggregate results on the appropriate assignment in each didactic course will be analyzed and compared with trends from previous course offerings. If aggregate results are:</p> <p>*less than 90% of students achieve a grade of B or higher on NURS 6160 assignment <b>OR</b></p> <p>*unsatisfactory progress with DNP project <b>OR</b></p> <p>* 95% of students achieve less than 4/5 on their DNP project presentation results and analysis with</p>

		<p><b>NURS 6961 DNP Project</b></p> <p>DNP Project Presentation- 95% of all students will achieve a score of 4 or higher on a 5-point Likert scale, graded by the student's DNP project committee and graduate faculty. (See Appendix C</p> <p><b>Indirect Measures:</b></p> <p>Skyfactor 12, Evidence Based Practice; rating of 5.5 or higher on a 7-point scale.</p> <p>Skyfactor 13, Analyze Data; rating of 5.5 or higher on a 7-point scale.</p> <p>Skyfactor 14, Research Methods; rating of 5.5 or higher on a 7-point scale.</p>	<p>recommendations will be shared at a dedicated advanced nursing practice program curriculum meeting (ANPPC). Recommended changes will be implemented into the curriculum during the following academic year and changes will be reevaluated at a dedicated ANPPC curriculum meeting.</p> <p>On an annual basis, student exit ratings on Skyfactor 12, 13 and 14 item measures will be incorporated in the analysis. If ratings are less than 5.5, they will be compared to previous years to identify trends in and associations with exit ratings and student performance in NURS 6160, NURS 6960, and NURS 6961</p>	
3	Exemplify ethical principles in the delivery of comprehensive health care.	<p><b>NURS 6170 Evidence Based Practice II</b></p> <p><b>NURS 6160 Evidence Based Practice I</b></p>	<p><b>Direct Measures:</b></p> <p><b>NURS 6170:</b> All students will take the Biomedical CITI (Collaborative Institutional Training Initiative) modules and receive certificate of completion.</p> <p><b>NURS 6160</b> 90% of all students will receive a grade of B or higher in discussing potential ethical issues associated with advanced nursing practice as well as possible associated ethical concerns with their proposed DNP project. Ideas will be shared in a discussion format. (Appendix G)</p>	<p>This information will address Essential V (Health Care Policy for Advocacy in Health Care) of the <i>Essentials of Doctoral Education for Advanced Nursing Practice</i> as outlined by the American Association of Colleges of Nursing (AACN). It is expected that all students will:</p> <ol style="list-style-type: none"> <li>1) Successfully complete the Biomedical CITI modules and submit a certificate of completion to course faculty.</li> <li>2) Achieve a grade of B or higher on the discussion assignment in NURS 6160.</li> </ol> <p>If aggregate results are less than 100% completion on the CITI or less than 90% of students receiving a grade of B or higher on the discussion assignments, the results and analysis</p>

			<p><b>Indirect Measure:</b></p> <p>Skyfactor 10, Ethical Dilemmas; rating of 5.5 or higher on a 7-point scale.</p>	<p>with recommendations will be shared at a dedicated advanced nursing practice program curriculum meeting (ANPPC). Recommended changes will be implemented into the curriculum during the following academic year and changes will be reevaluated at a dedicated ANPPC curriculum meeting.</p> <p>On an annual basis, student exit ratings on Skyfactor 10 item measures will be incorporated in the analysis. If ratings are less than 5.5, they will be compared to previous years to identify trends in and associations with exit ratings and student performance in NURS 6160 and NURS 6170</p>
4	Formulate strategies to maximize health in patient populations	<b>NURS 6110 Health Care Delivery Systems</b>	<p><b>Direct Measure:</b></p> <p><b>Health Disparities Assignment</b></p> <p>90% of all students will achieve a grade of B or higher on a written assignment focused on high disparities. (<b>Appendix H</b>)</p>	<p>This information will address Essential VII (Clinical Prevention and Population Health for Improving the Nation's Health) of the <i>Essentials of Doctoral Education for Advanced Nursing Practice</i> as outlined by the American Association of Colleges of Nursing (AACN).</p> <p>If aggregate results are less than 90% of students receive a grade of B or higher on the health disparities written assignment, the results and analysis with recommendations will be shared at a dedicated advanced nursing practice curriculum meeting (ANPPC). Recommended changes will be implemented into the curriculum during the following academic year and changes will be reevaluated at a dedicated ANPPC curriculum meeting.</p>

			<p><b>Indirect Measure</b></p> <p>Skyfactor 22, Population Health Care; rating of 5.5 or higher on a 7-point scale.</p>	<p>On an annual basis, student exit ratings on Skyfactor 22 item measures will be incorporated in the analysis. If ratings are less than 5.5, they will be compared to previous years to identify trends in and associations with exit ratings and student performance in NURS 6110</p>
5	<p>Develop clinical competence for advanced practice that provides consumers with primary, secondary and/or tertiary health care.</p>	<p><b>NURS 6160 Evidence Based Practice 1 Clinical Practicum</b></p> <p><b>NURS 6130 Interprofessional Collaboration Clinical Practicum</b></p>	<p><b>Direct Measures:</b></p> <p>90% of students will achieve a satisfactory or higher than satisfactory score during their NURS 6160 precepted clinical practicum (Appendix I)</p> <p>Note: A comment and example column has been added to this rubric to facilitate key behaviors that demonstrate a particular level of achievement. Ongoing evaluation of this rubric is underway.</p> <p>90% of students will achieve a grade of B or higher during NURS 6130 precepted clinical practicum (Appendix J)</p> <p>Note: A Comment and example column has been added to this rubric to facilitate key behaviors that demonstrate a particular level of achievement. Ongoing evaluation of this rubric is underway.</p>	<p>This information will address Essential VIII (Advanced Nursing Practice) of the <i>Essentials of Doctoral Education for Advanced Nursing Practice</i> as outlined by the American Association of Colleges of Nursing (AACN).</p> <p>Aggregate results for both clinical practicum will be analyzed and compared with trends from previous course offerings. If aggregate results are</p> <ul style="list-style-type: none"> <li>* less than 90% of students achieve a satisfactory grade in NURS 6160 OR</li> <li>* less than 90% of students achieve a grade of B or higher in NURS 6130</li> </ul> <p>results and analysis with recommendations will be shared at a dedicated advanced nursing practice program curriculum meetings (ANPPC). Recommended changes will be implemented into the curriculum during the following academic year and changes will be reevaluated at a dedicated ANPPC curriculum meeting.</p>

			<p><b>Indirect Measures</b></p> <p>Skyfactor 11, Best Practices; rating of 5.5 on a 7-point scale.</p> <p>Skyfactor 23, APN Role Development; rating of 5.5 or a 7-point scale.</p>	<p>On an annual basis, student exit ratings on Skyfactor 11 and Skyfactor 23 item measures will be incorporated in the analysis. If ratings are less than 5.5, they will be compared to previous years to identify trends in and associations with exit ratings and student performance in NURS 6160 and NURS 6130</p>
6	Use technology and information to improve health care.	<b>NURS 6150 Clinical Informatics</b>	<p><b>Direct Measures:</b></p> <p>NURS 6150: Manuscript: 80% of students will receive a grade B or higher on a manuscript focusing on the use of technology for improvement of patient outcomes and processes. (Appendix K)</p> <p>NURS 6150: Video Presentation: 80% of students will receive a grade B or higher on a video presentation focusing on the use of technology for improvement of patient outcomes and processes (Appendix L)</p>	<p>This information will address Essential IV (Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care) of the <i>Essentials of Doctoral Education for Advanced Nursing Practice</i> as outlined by the American Association of Colleges of Nursing (AACN).</p> <p>Aggregate results for the manuscript and video presentation assignment will be analyzed and compared with trends from previous course offerings. If aggregate results are less than 80% of grade of B or higher, results and analysis with recommendations will be shared at a dedicated advanced nursing practice program curriculum meetings (ANPPC). Recommended changes will be implemented into the curriculum during the following academic year and changes will be reevaluated at a dedicated ANPPC curriculum meeting.</p>

			<p><b>Indirect Measure</b></p> <p>Skyfactor-factor 16; Patient care technology rating of 5.5 or higher on a 7-point scale.</p> <p>Skyfactor-factor 17; Health information technology rating of 5.5 on a 7-point scale.</p>	<p>On an annual basis, student exit rating on Skyfactor 16 and Skyfactor 17 item measures will be incorporated in the analysis. If ratings are less than 5.5, they will be compared to previous years to identify trends in and associations with exit ratings and student performance in NURS 6150</p>
7	<p>Apply principles of epidemiology, biostatistics, and environmental sciences to recognized populations at risk, patterns of disease, and effectiveness of prevention and intervention.</p>	<p><b>NURS 6960 DNP Project Management</b></p> <p><b>NURS 6961 DNP Project Presentation</b></p>	<p><b>Direct Measures:</b></p> <p>NURS 6960:Satisfactory demonstration of progress with DNP project based on one on one guidance from the faculty statistician (Appendix F)</p> <p>NURS 6961: DNP Project Presentation- 95% of all students will achieve a score of 4 or higher on a 5-point Likert scale, graded by the student's DNP project committee and graduate faculty. (See Appendix C)</p> <p>95% of students will successfully complete DNP projects within two years of committee approval of project.</p> <p>80% of all DNP projects are deemed suitable for submission for publication by the DNP project committee.</p> <p>40% of submitted project manuscripts are published within 2 years after graduation.</p>	<p>This information will address Essential I (Scientific Underpinnings for Practice) and Essential VII (Clinical prevention and Population Health for Improving the Nation's Health) of the <i>Essentials of Doctoral Education for Advanced Nursing Practice</i> as outlined by the American Association of Colleges of Nursing (AACN).</p> <p>Aggregate results for the DNP project management course and the DNP project presentation will be analyzed and compared with trends from previous course offerings. If aggregate results are:</p> <p>*unsatisfactory progress with DNP project <b>OR</b></p> <p>* 95% of students achieve less than 4/5 on their DNP project presentation, results and analysis with recommendations will be shared at a dedicated advanced nursing practice curriculum meeting (ANPPC). Recommended changes will be implemented into the curriculum during the following academic year and changes will be reevaluated at a</p>

			<p><b>Indirect Measures:</b></p> <p>Skyfactor 7, Healthcare Diversity; rating of 5.5 or higher on a 7-point scale.</p> <p>Skyfactor 22, Population Healthcare; rating of 5.5 or higher on a 7-point scale.</p>	<p>dedicated ANPPC curriculum meeting.</p> <p>Completion rates for the DNP project, submission rate for DNP project manuscripts and rates of published manuscripts will be tracked annually by the Associate Dean of Graduate Nursing Education. Data on DNP projects will be shared annually at a dedicated ANPPC meeting. If outcomes are</p> <ul style="list-style-type: none"> <li>*less than 95% of students complete DNP projects with two years of committee approval OR</li> <li>*less than 80% of DNP projects are deemed suitable for submission for publication OR</li> <li>*less than 40% of submitted manuscripts are published within 2 years of graduation</li> </ul> <p>recommendations will be shared at a dedicated advanced nursing practice program curriculum meetings (ANPPC). Recommended changes will be implemented into the curriculum during the following academic year and changes will be reevaluated at a dedicated ANPPC curriculum meeting.</p> <p>On an annual basis, student exit rating on Skyfactor 7 and Skyfactor 22 item measures will be incorporated in the analysis. If ratings are less than 5.5, they will be compared to previous years to identify trends in and associations with exit ratings and student performance in NURS 6960 and NURS 6961.</p>
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8	Apply current knowledge of organizations and financing of health care systems to improve the outcomes of care	<p><b>NURS 6100 Health Policy and Advanced Practice Nursing</b></p> <p><b>NURS 6110 Health Care Delivery Systems</b></p>	<p>Direct Measures:</p> <p>NURS 6100: 90% of students will achieve a grade of B or higher on the Economic Decision-making Critique assignment (Appendix M)</p> <p>NURS 6100 : 90% of students will achieve a grade of B or higher on a quality improvement assignment (Appendix N)</p> <p><b>Indirect Measure:</b> Skyfactor 9, Business Principles; rating of 5.5 or higher on a 7-point scale.</p>	<p>This information will address Essential II (Organizational and Systems Leadership for Quality Improvement and Systems Thinking) of the <i>Essentials of Doctoral Education for Advanced Nursing Practice</i> as outlined by the American Association of Colleges of Nursing (AACN). Results will be shared annually at a dedicated ANPPC practice curriculum meeting with all graduate nursing faculty and representative study body members.</p> <p>Aggregate results on two written assignments for NURS 6100 will be analyzed and compared with trends from previous course offerings. If aggregate results are less than 90% of students receive a grade B or higher on the assignments, results and analysis with recommendations will be shared at a dedicated advanced nursing practice curriculum meeting (ANPPC). Recommended changes will be implemented into the curriculum during the following academic year and changes will be reevaluated at a dedicated ANPPC curriculum meeting.</p> <p>On an annual basis, student exit rating on Skyfactor 9 item measures will be incorporated in the analysis. If ratings are less than 5.5, they will be compared to previous years to identify trends in and associations with exit ratings and student performance in NURS 6100 and</p>
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				NURS 6110
9	Design and implement processes to evaluate outcomes and systems for health care delivery.	<p><b>NURS 6110 Health Care Delivery Systems</b></p> <p><b>NURS 6961 DNP Project</b></p>	<p>NURS 6110 :90% of students will achieve a grade of B or higher on a Health Care Delivery Systems written assignment (Appendix O)</p> <p>NURS 6961: DNP Project Presentation- 95% of all students will achieve a score of 4 or higher on a 5-point Likert scale, graded by the student's DNP project committee and graduate faculty. (Appendix C)</p> <p><b>Indirect Measures:</b></p> <p>Skyfactor-factor 13; Analyze data rating of 5.5 or higher on a 7-point scale.</p> <p>Skyfactor-factor 14; Research methods rating of 5.5 or higher on a 7-</p>	<p>This information will address Essential III (Clinical Scholarship and Analytical Methods for Evidence-Based Practice) of the <i>Essentials of Doctoral Education for Advanced Nursing Practice</i> as outlined by the American Association of Colleges of Nursing (AACN).</p> <p>Aggregate results for the Health Care Delivery Systems assignment and the DNP project presentation will be analyzed and compared with trends from previous course offerings. If aggregate results are:</p> <p>*Less than 90% of students achieve a grade of B or higher on the Health Care Delivery Systems Assignment <b>OR</b></p> <p>* 95% of students achieve less than 4/5 on their DNP project presentation, results and analysis with recommendations will be shared at a dedicated advanced nursing practice program curriculum meeting (ANPPC). Recommended changes will be implemented into the curriculum during the following academic year and changes will be reevaluated at a dedicated ANPPC curriculum meeting.</p> <p>On an annual basis, student exit rating on Skyfactor 9 item measures will be incorporated in the analysis. If ratings are less than 5.5, they will be compared to previous years to identify trends in and associations with exit ratings and student performance in NURS 6100 and</p>

			point scale.	NURS 6110 and NURS 6961
10	Use business and management strategies for the provision of quality care and efficient use of resources.	NURS 6140 Leadership in Health Care.	<p><b>Direct Measures</b></p> <p><b>Lean Canvas Analysis</b></p> <p>90% of students will achieve a grade of B or better on the lean canvas analysis (Appendix P)</p> <p><b>Marketing Strategy</b></p> <p>90% of students will achieve at least a score of 40 out of 50 points on the marketing strategy written assignment (Appendix Q)</p> <p><b>Written Business Plan</b></p> <p>90% of students will achieve a grade of B or better for their development and presentation of a comprehensive business plan to classmates and faculty (Appendix R and S)</p> <p><b>Indirect Measure:</b></p> <p>Skyfactor 9, Employ Business Principles; rating of 5.5 on a 7 point scale.</p>	<p>This information will address Essential III (Clinical Scholarship and Analytical Methods for Evidence-Based Practice) of the <i>Essentials of Doctoral Education for Advanced Nursing Practice</i> as outlined by the American Association of Colleges of Nursing (AACN).</p> <p>Aggregate results for the lean canvas analysis, marketing strategy assignment and the business plan and presentation will be analyzed and compared with trends from previous course offerings. If aggregate results are:</p> <p>*Less than 90% of students achieve a grade of B or higher on any of the listed assignments, results and analysis with recommendations will be shared at a dedicated advanced nursing practice curriculum meeting (ANPPC). Recommended changes will be implemented into the curriculum during the following academic year and changes will be reevaluated at a dedicated ANPPC curriculum meeting.</p> <p>On an annual basis, student exit rating on Skyfactor 9 item measures will be incorporated in the analysis. If ratings are less than 5.5, they will be compared to previous years to identify trends in</p>

				and associations with exit ratings and student performance in NURS 6140
11	Use advanced communication and leadership skills with interprofessional health care teams to create and evaluate health care delivery systems.	NURS 6130 Interprofessional Collaboration	<p><b>Direct Measure:</b></p> <p>90% of students achieve a grade of B or higher on a ICT Risk Reduction Test of Change Project Report (Appendix T)</p> <p><b>Indirect Measures</b></p>	<p>This information will address Essential VI (Interprofessional Collaboration for Improving Patient and Population Health Outcomes) of the <i>Essentials of Doctoral Education for Advanced Nursing Practice</i> as outlined by the American Association of Colleges of Nursing (AACN).</p> <p>Aggregate results on the ICT Risk Reduction Test of Change Project Report assignments will be analyzed and compared with trends from previous course offerings. If aggregate results are less than 90% of students receive a grade B or higher on the assignments, results and analysis with recommendations will be shared at a dedicated advanced nursing practice curriculum meeting (ANPPC). Recommended changes will be implemented into the curriculum during the following academic year and changes will be reevaluated at a dedicated ANPPC curriculum meeting.</p> <p>On an annual basis, student exit rating on Skyfactor 11, 15 and 21 item</p>

			<p>Skyfactor 11, Best Practices; rating of 5.5 on a 7 point scale.</p> <p>Skyfactor 15, Communicate Findings; rating of 5.5 on a 7-point scale.</p> <p>Skyfactor 21, Interprofessional Collaboration; rating of 5.5 on a 7-point scale.</p>	<p>measures will be incorporated in the analysis. If ratings are less than 5.5, they will be compared to previous years to identify trends in and associations with exit ratings and student performance in NURS 6130</p>
12	Influence health policy at institutional, local, state, and national levels.	NURS 6100 Health Policy & Advanced Practice Nursing	<p><b>Direct Measures:</b></p> <p>95% of students achieve a grade of B or higher on a policy brief assignment (Appendix U)</p> <p>95% of students achieve a grade of B or higher on a letter to the editor/legislator (Appendix V)</p> <p><b>Indirect Measures:</b></p> <p>Skyfactor 18, Healthcare Policy; rating of 5.5 on a 7-point scale.</p> <p>Skyfactor 19, Healthcare Policy Leadership; rating of 5.5 on a 7-point scale.</p> <p>Skyfactor 20, Healthcare Policy; education rating of 5.5 on a 7-point scale.</p>	<p>This information will address Essential VI (Interprofessional Collaboration for Improving Patient and Population Health Outcomes) of the <i>Essentials of Doctoral Education for Advanced Nursing Practice</i> as outlined by the American Association of Colleges of Nursing (AACN).</p> <p>Aggregate results on the policy brief and letter to editor/legislator assignments will be analyzed and compared with trends from previous course offerings. If aggregate results are less than 90% of students receive a grade B or higher on the assignments, results and analysis with recommendations will be shared at a dedicated advanced nursing practice program curriculum meeting (ANPPC). Recommended changes will be implemented into the curriculum during the following academic year and changes will be reevaluated at a dedicated ANPPC curriculum meeting.</p> <p>On an annual basis, student exit rating on Skyfactor 18, 19 and 20 item measures will be incorporated in the analysis. If ratings are less than 5.5, they will be compared to previous years</p>

				to identify trends in and associations with exit ratings and student performance in NURS 6100
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### Additional Questions

1. On what schedule/cycle will faculty assess each of the above-noted program learning outcomes? (*It is not recommended to try to assess every outcome every year.*)

2016-2017: Outcomes # 1, #2, #7, and #9

2017-2018: Outcomes # 6 and #11

2018-2019: Outcomes # 8m #10 and #12

2019-2020: Outcomes # 3, # 4 and # 5

Due to a small number of students in the DNP program, a five year cycle is required to have adequate data to recommend revisions in curriculum.

2. Describe how, and the extent to which, program faculty contributed to the development of this plan.

In October 2016, a meeting was held with the advanced nursing practice committee (ANPPC) to determine the cycle for this assessment plan. The outcomes were all reviewed and decisions were made on the best approach to evaluating each outcome. Specifically, outcomes that could best be measured in specific courses were selected to be reviewed according to when those courses were offered in the curriculum. All faculty members were given a complete copy of the assessment plan and suggestions for revisions were discussed and implemented if there was a majority vote to make a change. Graduate faculty were utilized as expert consultants for the DNP curriculum. In January 2018, the graduate faculty reviewed the assessment plan and additional revisions were made based on input from an outside accreditation consultant.

3. On what schedule/cycle will faculty review and, if needed, modify this assessment plan?

At the beginning of every academic year (September), the ANPPC committee will review the outcomes that have been selected for review based on the cycle above. Any changes in the planned approach will be discussed and revisions will be made for the upcoming academic year. The assessment cycle has been developed to allow one outcome to be assessed in the fall and spring semesters every year. Evaluation of outcomes will be discussed at the November-December ANPPC meeting for the fall semester and the April-May ANPPC meeting for the spring semester. Recommended changes will be implemented into the curriculum for the following academic year and changes will be evaluated at the next annual dedicated ANPPC meeting. Reviewing assessment outcomes on a bi-annual basis should facilitate continual revision and ongoing improvement of our program.

- Note, students in the BSN-DNP also meet the MSN program outcomes for their specialty nurse practitioner program as described in the MSN program assessment plan.

***IMPORTANT: Please remember to submit any assessment rubrics (as noted above) along with this report.***

Appendix A

NURS 6160 Evidence-Based Practice 1

Faculty Grading Rubric

Discussion Question: Choose one of the EBP models discussed by Melnyk to serve as your framework for your DNP project. Discuss in detail why you think this model would be a “good fit” for your area of interest and provide some beginning strategies for implementation

**Grading Rubric for Weekly Class Participation**

<b>OBJECTIVE</b>	<b>DEVELOPING (C)</b>	<b>ACCOMPLISHED (B)</b>	<b>EXEMPLARY (A)</b>
Shared thoughts	Sometimes shared well-considered thoughts	Often shared well-considered thoughts	Consistently shared well-considered thoughts and introduced new ideas
Displayed critical thinking (application, analysis, synthesis & evaluation)	Satisfactory development of critical thinking skills	Very good display of critical thinking skills	Excellent, clear display of critical thinking skills
Discussion entered promptly	Sometimes entered discussion promptly; occasionally posted original insights; responses to classmates may be brief	Usually entered discussion promptly; posted original insights and responded appropriately to classmates; postings sometimes elicit classmate or instructor response	Always entered discussion promptly; posted original insights and responded appropriately to classmates; postings nearly always elicit classmate or instructor response
	Doesn't provide references	Cites textbook only	Cites references Other than textbook



## APPENDIX B

### The DNP Project Pre-Proposal Assignment

#### Nursing 6170

#### Faculty Grading Rubric

Component	Expected Content	Due Date	Points
These components will go directly into sections of the IRB form that you will need to submit later.	This describes what I will be looking for in grading the section,		
Title page	Title Name Course		
Introduction and Purpose	Approximately 1 – 1/12 pages introducing the project topic . Makes the case for the significance of the topic  Answers the questions – what is my topic and why is it important? (SO WHAT?)  Tells what the purpose of your project is.		10
Background	This will be partly drawn from your literature review from EBP I but you will probably need to broaden what you wrote before.  For the pre-proposal, the background is a good synthesis of the literature – 3-5 pages. The literature builds on the introduction providing support for your specific project and the methods you will use.  Answers the question – Why is this specific project needed?  Describes how your project fits within the current literature in your area.  Appropriate number and quality of references will be taken into account (should include background information, research and prior projects in your area). Prior students have had 20-25 references in their final version.		20
Capstone Aims/Research Questions	The aims/research questions or objectives should be clear and measurable.		5

	Defines what questions you will ask about the project.		
Theoretical Framework	<p>An appropriate framework should be described and the fit with the project explained. ½ - 1 page.</p> <p>May answer the question – What do I need to measure to evaluate this project?</p> <p>A QI framework will be described to answer how it guides your project.</p> <p>References are expected.</p>		10
<p>Methods</p> <ul style="list-style-type: none"> <li>a. Design</li> <li>b. Sample description and number</li> <li>c. Inclusion/ exclusion criteria</li> <li>d. Recruitment methods</li> <li>e. Procedures for conducting the study</li> <li>f. Description of outcomes and how they will be measured</li> <li>g. Data analysis</li> </ul>	<p>The methods should be clearly described to provide a blueprint for exactly how you will conduct your project.</p> <p>Anyone could pick up your plan and replicate it.</p> <p>You should reference how you are using evidence-based approaches to implementing your project.</p> <p>f. The section on outcomes should include demographic variables you will collect about your sample as well as any other measurements you are going to collect.</p>		35 (5 points for each sub-section)
<p>Ethical Considerations</p> <ul style="list-style-type: none"> <li>a. Risks and procedures to minimize risks</li> <li>b. Potential benefits to participants</li> <li>c. Measures to address any risks</li> </ul>	<p>You will want to describe any potential potential risks for participants (there are <u>always</u> some risks)</p> <p>Then you want to describe steps you will take to minimize any risks.</p>		5
Cost Considerations	<p>Describe any costs of the project and who will cover these costs (usually investigator).</p> <p>Describe any costs to participants (time, travel, etc.)</p>		5
Potential Contributions/ Clinical Implications	Summarize what this project will add to what we know about the topic or describe the clinical implications for your patients/practice.		5
Clarity of writing, APA	Clear and organized, follows APA for references		5
	Total		

**APPENDIX C**

**NURS 6961 DNP PROJECT PRESENTATION**

**FACULTY SCORING RUBRIC**

STUDENT NAME \_\_\_\_\_

RATE THE STUDENTS PRESENTATION ON EVIDENCE OF DNP PROGRAM OUTCOMES AS FOLLOWS:

5= STRONGLY AGREE; 4= AGREE; 3= NEITHER AGREE OR DISAGREE; 2= DISAGREE; 1= STRONGLY DISAGREE

<b>Program Outcome</b>	5	4	3	2	1	Comments/Examples to support your score
1.Advanced knowledge of mid-range/translational theories from nursing and other disciplines						
2. Critical examination of research and scholarship to support evidence-based clinical practice						
7a. Application of principles of epidemiology to populations at risk						
7b.Application of biostatistics to populations at risk						
7c. Application of environmental science to populations at risk						
7d.Knowledge of patterns of disease						
7e. Effectiveness of prevention and intervention						
9.Designs and implements processes to evaluate outcomes & systems for health care delivery						

# APPRAISAL OF GUIDELINES FOR RESEARCH & EVALUATION **II**



AGREE II

INSTRUMENT

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The AGREE Next Steps Consortium  
May 2009

**UPDATE: September 2013**



Advancing the science of practice guidelines

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This document is the product of an international collaboration. It may be reproduced and used for educational purposes, quality assurance programmes and critical appraisal of guidelines. It may not be used for commercial purposes or product marketing. Approved non-English language versions of the AGREE II Instrument must be used where available. Offers of assistance in translation into other languages are welcome, provided they conform to the protocol set out by The AGREE Research Trust.

#### DISCLAIMER

The AGREE II Instrument is a generic tool designed primarily to help guideline developers and users assess the methodological quality of guidelines. The authors do not take responsibility for the improper use of the AGREE II Instrument.

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AGREE II Project Office, [agree@mcmaster.ca](mailto:agree@mcmaster.ca)  
AGREE Research Trust Web site, [www.agreetrust.org](http://www.agreetrust.org)



AGREE



AGREE II

AGREE 10<sup>th</sup> Year Anniversary: 2003 - 2013

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### NOTICE:

AGREE II Original Public Release and Publication Date: 2009/2010

**AGREE II Update: September 2013**

*Please see the Update section, at the end of the Introduction, following the References section*



Advancing the science of practice guidelines

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# I. INTRODUCTION

---

## I. OVERVIEW

### i) Purpose of the AGREE II Instrument

Clinical practice guidelines ('guidelines') are systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances (1). In addition, guidelines can play an important role in health policy formation (2,3) and have evolved to cover topics across the health care continuum (e.g., health promotion, screening, diagnosis).

The potential benefits of guidelines are only as good as the quality of the guidelines themselves. Appropriate methodologies and rigorous strategies in the guideline development process are important for the successful implementation of the resulting recommendations (4-6). The quality of guidelines can be extremely variable and some often fall short of basic standards (7-9).

The *Appraisal of Guidelines for REsearch & Evaluation (AGREE) Instrument* (10) was developed to address the issue of variability in guideline quality. To that end, the AGREE instrument is a tool that assesses the methodological rigour and transparency in which a guideline is developed. The original AGREE instrument has been refined, which has resulted in the new AGREE II and includes a new User's Manual (11).

The purpose of the AGREE II, is to provide a framework to:

1. assess the quality of guidelines;
2. provide a methodological strategy for the development of guidelines; and
3. inform what information and how information ought to be reported in guidelines.

The AGREE II replaces the original instrument as the preferred tool and can be used as part of an overall quality mandate aimed to improve health care.

### ii) History of the AGREE Project

The original AGREE Instrument was published in 2003 by a group of international guideline developers and researchers, the AGREE Collaboration (10). The objective of the Collaboration was to develop a tool to assess the quality of guidelines. The AGREE Collaboration defined quality of guidelines as *the confidence that the potential biases of guideline development have been addressed adequately and that the recommendations are both internally and externally valid, and are feasible for practice* (10). The assessment includes judgments about the methods used for developing the guidelines, the components of the final recommendations, and the factors that are linked to their uptake. The result of the Collaboration's effort was the original AGREE Instrument, a 23-item tool comprising 6 quality domains. The AGREE Instrument has been translated into many languages, has been cited in well over 100 publications, and is endorsed by several health care organizations. More details about the original instrument and related publications are available on the Web site of the AGREE Research Trust (<http://www.agreetrust.org/>), the official body managing the interests of the AGREE Instrument.



As with any new assessment tool, it was recognized that ongoing development was required to strengthen the measurement properties of the instrument and to ensure its usability and feasibility among intended users. This led several members of the original team to form the AGREE Next Steps Consortium (Consortium). The objectives of the Consortium were to further improve the measurement properties of the instrument, including its reliability and validity; to refine the instrument's items to better meet the needs of the intended users; and to improve the supporting documentation (i.e., original training manual and user's guide) to facilitate the ability of users to implement the instrument with confidence.

The result of these efforts is the AGREE II, which is comprised of the new User's Manual and 23 item tool organized into the same six domains, described here. The User's Manual is a significant modification of the original training manual and user's guide and provides explicit information for each of the 23 items. Table 1 compares the items of the original AGREE to the items in the AGREE II.

Table 1. Comparison of original AGREE and AGREE II items.

Original AGREE Item	AGREE II Item
<b>Domain 1. Scope and Purpose</b>	
1. The overall objective(s) of the guideline is (are) specifically described.	No change
2. The clinical question(s) covered by the guideline is (are) specifically described.	The health question(s) covered by the guideline is (are) specifically described.
3. The patients to whom the guideline is meant to apply are specifically described.	The population (patients, public, etc.) to whom the guideline is meant to apply is specifically described.
<b>Domain 2. Stakeholder Involvement</b>	
4. The guideline development group includes individuals from all the relevant professional groups.	No change
5. The patients' views and preferences have been sought.	The views and preferences of the target population (patients, public, etc.) have been sought.
6. The target users of the guideline are clearly defined.	No change
7. The guideline has been piloted among end users.	Delete item. Incorporated into user guide description of item 19.
<b>Domain 3. Rigour of Development</b>	
8. Systematic methods were used to search for evidence.	No change in item. Renumber to 7.
9. The criteria for selecting the evidence are clearly described.	No change in item. Renumber to 8.
	<b>NEW</b> Item 9. The strengths and limitations of the body of evidence are clearly described.
10. The methods for formulating the recommendations are clearly described.	No change
11. The health benefits, side effects, and risks have been considered in formulating the recommendations.	No change

Original AGREE Item	AGREE II Item
12. There is an explicit link between the recommendations and the supporting evidence.	No change
13. The guideline has been externally reviewed by experts prior to its publication.	No change
14. A procedure for updating the guideline is provided.	No change
<b>Domain 4. Clarity of Presentation</b>	
15. The recommendations are specific and unambiguous.	No change
16. The different options for management of the condition are clearly presented.	The different options for management of the condition or health issue are clearly presented.
17. Key recommendations are easily identifiable.	No change
<b>Domain 5. Applicability</b>	
18. The guideline is supported with tools for application.	The guideline provides advice and/or tools on how the recommendations can be put into practice. AND Change in domain (from Clarity of Presentation) AND renumber to 19
19. The potential organizational barriers in applying the recommendations have been discussed.	The guideline describes facilitators and barriers to its application. AND change in order – renumber to 18
20. The potential cost implications of applying the recommendations have been considered.	The potential resource implications of applying the recommendations have been considered.
21. The guideline presents key review criteria for monitoring and/ or audit purposes.	The guideline presents monitoring and/ or auditing criteria.
<b>Domain 6. Editorial Independence</b>	
22. The guideline is editorially independent from the funding body.	The views of the funding body have not influenced the content of the guideline.
23. Conflicts of interest of guideline development members have been recorded.	Competing interests of guideline development group members have been recorded and addressed.

## II. APPLYING THE AGREE II

### i) Which guidelines can be appraised with the AGREE II?

As with the original instrument, AGREE II is designed to assess guidelines developed by local, regional, national or international groups or affiliated governmental organizations. These include original versions of and updates of existing guidelines.

The AGREE II is generic and can be applied to guidelines in any disease area targeting any step in the health care continuum, including those for health promotion, public health, screening, diagnosis, treatment or interventions. It is suitable for guidelines presented in paper or electronic format. At this stage, the AGREE II has not been designed to assess the quality of guidance documents that address health care organizational issues. Its role in the assessment of health technology assessments has not yet been formally evaluated.

### ii) Who can use the AGREE II?

The AGREE II is intended to be used by the following stakeholder groups:

- by **health care providers** who wish to undertake their own assessment of a guideline before adopting its recommendations into their practice;
- by **guideline developers** to follow a structured and rigorous development methodology, to conduct an internal assessment to ensure that their guidelines are sound, or to evaluate guidelines from other groups for potential adaptation to their own context;
- by **policy makers** to help them decide which guidelines could be recommended for use in practice or to inform policy decisions; and
- by **educators** to help enhance critical appraisal skills amongst health professionals and to teach core competencies in guideline development and reporting.

## III. KEY RESOURCES AND REFERENCES

### i) AGREE Research Trust

The AGREE Research Trust (ART) is an independent body established in 2004 at the conclusion of the activities of the original AGREE Collaboration. ART endorses the AGREE II and manages the interests of the AGREE enterprise, supports a research agenda regarding its development, and serves as the holder of its copyright.

The AGREE Research Trust web site <http://www.agreetrust.org> provides:

- free downloadable copies of AGREE II
- links to the AGREE II on-line training tool
- reference lists citing AGREE II and the original AGREE Instrument
- free downloadable copies of the original AGREE Instrument
- information about AGREE projects, the AGREE Next Steps Consortium and the original AGREE Collaboration

## ii) How to cite the AGREE II

AGREE Next Steps Consortium (2009). *The AGREE II Instrument* [Electronic version]. Retrieved <Month, Day, Year>, from <http://www.agreetrust.org> .

## iii) AGREE II On-Line Training Tool

For access to the AGREE II On-Line Training Tool, please visit <http://www.agreetrust.org> .

## iv) References related to the AGREE II

AGREE II: Advancing guideline development, reporting and evaluation in healthcare.  
*Parallel publications in progress*

## v) Primary reference related to the original AGREE Instrument

AGREE Collaboration. Development and validation of an international appraisal instrument for assessing the quality of clinical practice guidelines: the AGREE project. *Qual Saf Health Care*. 2003 Feb;12(1):18-23.

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11. AGREE II: Advancing the guideline development, reporting and evaluation in healthcare. *Parallel publications in progress*.

## UPDATE: September 2013

In 2013, the AGREE marked its 10<sup>th</sup> anniversary since the original AGREE Instrument was first published and made available for use. To mark this anniversary, we provide a summary of

activities that have taken place over the past 10 years and an update to the references originally noted in the AGREE II 2009 version.

## UPTAKE AND USE OF AGREE II

As with the original AGREE Instrument, uptake and use of AGREE II has been significant. Between 2010 (publication of AGREE II) and July 2013, a cited reference search revealed a total of 590 articles referencing the four core AGREE articles. An analysis of the AGREE Enterprise Website ([www.agreetrust.org](http://www.agreetrust.org)) showed much activity with a total of 42,553 visits to the website over a seven month period (January – July 2013). In addition, to date nearly 2,000 users have registered accounts with the website. AGREE II continues to be used as the basis of PG development frameworks, academic course materials and requirements, and PG evaluation activities.

### I. SUMMARY OF ACTIVITIES:

1. **AGREE Website: Development Project** [www.agreetrust.org](http://www.agreetrust.org)
  - Using a user-centred development strategy and working with a website development group specializing in building evidence-based healthcare sites ([www.minervation.com](http://www.minervation.com)), we redeveloped and redesigned the AGREE website.
  - The Website included various resources, including an online platform to complete and store individual AGREE II appraisals of PGs, “My AGREE”.
  - [www.agreetrust.org](http://www.agreetrust.org) is the AGREE Enterprise’s website and the home for all things AGREE.
  
2. **\*NEW\* (2013) – “My AGREE PLUS”**
  - In response to user feedback and in recognizing a service gap, we enhanced the original “My AGREE” online platform to include the functionality for completing group (multi-rater) AGREE II appraisals of practice guidelines.
  - New functions include the capacity to “Contribute” to a group appraisal and to “Coordinate” a group appraisal.
  - To facilitate use of “My AGREE PLUS”, several “Help” videos are available.
  - Visit: [www.agreetrust.org](http://www.agreetrust.org) and click on top right tab, “My AGREE PLUS”
  
3. **AGREE II Training Tools (online)**
  - To facilitate the application and use of AGREE II, we developed two innovative, online training tools
    - i. AGREE II Overview Tutorial
    - ii. AGREE II Overview Tutorial + Practice Exercise
  - Visit the **Resource Centre** of the AGREE website:  
<http://www.agreetrust.org/resource-centre/agree-ii-training-tools/>
  
4. **AGREE II Language Translations**
  - As with the original AGREE Instrument, members of the international PG community have taken the initiative to translate the AGREE II in various languages. We extend our thanks to those members for undertaking and making available the translations.
  - Completed translations:
    - i. Basques, Dutch, French, Italian, Korean, Portuguese, Portuguese (Brazilian), Slovakian, Spanish, Thai

- In progress translations:
  - i. Arabic, Chinese (Traditional), Chinese (Mandarin), Czech, Farsi (Persian), German, Greek, Japanese, Romanian, Russian, Turkish
- If you would like to undertake a translation, please contact us by emailing [agree@mcmaster.ca](mailto:agree@mcmaster.ca) .
- Visit the **Resource Centre** of the AGREE website to access a translation: <http://www.agreetrust.org/resource-centre/agree-ii-translations/>

## 5. Ongoing Program of Research

- As an assessment tool, AGREE II evaluates the methodological rigour used to develop a particular practice guideline. It does not assess the clinical validity of practice guideline recommendations.
- To address the gap, the AGREE Enterprise is undertaking a program of research to develop a knowledge resource to direct the development, reporting and evaluation of practice guideline recommendation clinical credibility.
- The knowledge resource will accompany the AGREE II.
- Please visit the website for updates to ongoing research work: <http://www.agreetrust.org/agree-research-projects/>

As always, we welcome your feedback and suggestions. We enjoy hearing from our users and the PG community at large, so please contact us through our website or by emailing us directly via [agree@mcmaster.ca](mailto:agree@mcmaster.ca) .

## II. AGREE II REFERENCES:

Listed below are the core references related to the AGREE II and its training tools:

**AGREE II: Non-Technical Paper** (*Main publication: Canadian Medical Association Journal; parallel publications in Journal of Clinical Epidemiology and Preventive Medicine*)

Brouwers M, Kho ME, Browman GP, Cluzeau F, feder G, Fervers B, Hanna S, Makarski J on behalf of the AGREE Next Steps Consortium. AGREE II: Advancing guideline development, reporting and evaluation in healthcare. *Can Med Assoc J.* Dec 2010, 182:E839-842; doi: 10.1503/cmaj.090449

Brouwers M, Kho ME, Browman GP, Cluzeau F, feder G, Fervers B, Hanna S, Makarski J on behalf of the AGREE Next Steps Consortium. AGREE II: Advancing guideline development, reporting and evaluation in healthcare. *J Clin Epidemiol.* 2010, 63(12): 1308-1311

Brouwers M, Kho ME, Browman GP, Cluzeau F, feder G, Fervers B, Hanna S, Makarski J on behalf of the AGREE Next Steps Consortium. AGREE II: Advancing guideline development, reporting and evaluation in healthcare. *Preventive Medicine,* 2010, 51(5): 421-424

**AGREE II: Technical Papers** (Parts I and II)

Brouwers M, Kho ME, Browman GP, Burgers J, Cluzeau F, Feder G, Fevers B, Graham ID, Hanna SE, Makarski J, on behalf of the AGREE Next Steps Consortium. Performance, usefulness and areas for improvement: Development steps toward the AGREE II – Part 1. *Can Med Assoc J.* 2010, 182: 1045-52

Brouwers MC, Kho ME, Browman GP, Burgers J, Cluzeau F, Feder G, Fervers B, Graham ID, Hanna SE, Makarski J, on behalf of the AGREE Next Steps Consortium. Validity assessment of items and tools to support application: Development steps towards the AGREE II – Part 2. Can Med Assoc J. 2010, 182: E472-78

**[AGREE A3 Project, Stream 1](#)** (Training Tools Development & Evaluation)

Brouwers MC, Makarski J, Levinson A. A randomized trial to evaluate e-learning interventions designed to improve learner's performance, satisfaction, and self-efficacy with the AGREE II. Implement Sci. 2010; 5:29

Brouwers MC, Makarski J, Durocher L, Levinson A. E-learning interventions are comparable to user's manual in a randomized trial of training strategies for the AGREE II. Implement Sci. 2011; 6:81

**AGREE II:  
USER'S MANUAL**



## II. USER'S MANUAL: INSTRUCTIONS FOR USING THE AGREE II

This User's Manual has been designed specifically to guide appraisers in the use of the instrument. We suggest reading the following instructions before using the instrument.

### I. Preparing to Use the AGREE II

#### i) Accompanying Guideline Documents

Before applying the AGREE II, users should first carefully read the guideline document in full. In addition to the guideline document, users should attempt to identify all information about the guideline development process prior to the appraisal. This information may be contained in the same document as the guideline recommendations or it may be summarized in a separate technical report, methodological manual or guideline developer policy statement. These supporting documents may be published or may be available publicly on web sites. While it is the responsibility of the guideline authors to advise readers on the existence and location of relevant additional technical and supporting documents, every effort should be made by the AGREE II users to locate and include them as part of the materials appropriate for assessment.

#### ii) Number of Appraisers

We recommend that each guideline is assessed by at least 2 appraisers and preferably 4 as this will increase the reliability of the assessment. Reliability tests of the instrument are on-going.

### II. Structure and Content of the AGREE II

The AGREE II consists of 23 key items organized within 6 domains followed by 2 global rating items ("Overall Assessment"). Each domain captures a unique dimension of guideline quality.

*Domain 1. Scope and Purpose* is concerned with the overall aim of the guideline, the specific health questions, and the target population (items 1-3).

*Domain 2. Stakeholder Involvement* focuses on the extent to which the guideline was developed by the appropriate stakeholders and represents the views of its intended users (items 4-6).

*Domain 3. Rigour of Development* relates to the process used to gather and synthesize the evidence, the methods to formulate the recommendations, and to update them (items 7-14).

*Domain 4. Clarity of Presentation* deals with the language, structure, and format of the guideline (items 15-17).

*Domain 5. Applicability* pertains to the likely barriers and facilitators to implementation, strategies to improve uptake, and resource implications of applying the guideline (items 18-21).

*Domain 6. Editorial Independence* is concerned with the formulation of recommendations not being unduly biased with competing interests (items 22-23).

*Overall assessment* includes the rating of the overall quality of the guideline and whether the guideline would be recommended for use in practice.

### III. Rating Scale and User's Manual Sections

Each of the AGREE II items and the two global rating items are rated on a 7-point scale (1–strongly disagree to 7–strongly agree). The User's Manual provides guidance on how to rate each item using the rating scale and also includes 3 additional sections to further facilitate the user's assessment. The sections include User's Manual Description, Where to Look, and How to Rate.

#### i) Rating Scale

All AGREE II items are rated on the following 7-point scale:

1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
------------------------	---	---	---	---	---	---------------------

Score of 1 (*Strongly Disagree*). A score of 1 should be given when there is no information that is relevant to the AGREE II item or if the concept is very poorly reported.

Score of 7 (*Strongly Agree*). A score of 7 should be given if the quality of reporting is exceptional and where the full criteria and considerations articulated in the User's Manual have been met.

Scores between 2 and 6. A score between 2 and 6 is assigned when the reporting of the AGREE II item does not meet the full criteria or considerations. A score is assigned depending on the completeness and quality of reporting. Scores increase as more criteria are met and considerations addressed. The "How to Rate" section for each item includes details about assessment criteria and considerations specific to the item.

#### ii) User's Manual Description

This section defines the concept underlying the item in broad terms and provides examples.

#### iii) Where to Look

This section directs the appraiser to where the information in the guideline can usually be found. Included in this section are common terms used to label guideline sections or chapters. *These are suggestions only*. It is the responsibility of the appraiser to review the entire guideline and accompanying material(s) to ensure a fair evaluation.

#### iv) How to Rate

This section includes details about assessment criteria and considerations specific to each item.

- The *criteria* identify explicit elements that reflect the operational definition of the item. The more criteria that are met, the higher the score the guideline should receive on that item.
- The *considerations* are aimed to help inform the assessment. As in any evaluation, judgments by the appraisers are required. The more the considerations have been taken into account in the guideline, the higher the score the guideline should receive on that item.

It is important to note that guideline ratings require a level of judgment. The criteria and considerations are there to guide, not to replace, these judgments. Thus, none of the AGREE II items provide explicit expectations for each of the 7 points on the scale.

#### v) Other Considerations when Applying the AGREE II

On occasion, some AGREE II items may not be applicable to the particular guideline under review. For example, guidelines narrow in scope may not provide the full range of options for the management of the condition (see item 16). AGREE II does not include a “*Not Applicable*” response item in its scale. There are different strategies to manage this situation including having appraisers skip that item in the assessment process or rating the item as 1 (absence of information) and providing context about the score. *Regardless of strategy chosen, decisions should be made in advance, described in an explicit manner, and if items are skipped, appropriate modifications to calculating the domain scores should be implemented. As a principle, excluding items in the appraisal process is discouraged.*

### IV. Scoring the AGREE II

A quality score is calculated for each of the six AGREE II domains. The six domain scores are independent and should not be aggregated into a single quality score.

#### i) Calculating Domain Scores

Domain scores are calculated by summing up all the scores of the individual items in a domain and by scaling the total as a percentage of the maximum possible score for that domain.

#### Example:

If 4 appraisers give the following scores for Domain 1 (Scope & Purpose):

	Item 1	Item 2	Item 3	Total
Appraiser 1	5	6	6	17
Appraiser 2	6	6	7	19
Appraiser 3	2	4	3	9
Appraiser 4	3	3	2	8
<b>Total</b>	<b>16</b>	<b>19</b>	<b>18</b>	<b>53</b>

Maximum possible score = 7 (strongly agree) x 3 (items) x 4 (appraisers) = 84  
Minimum possible score = 1 (strongly disagree) x 3 (items) x 4 (appraisers) = 12

The scaled domain score will be:

$$\frac{\text{Obtained score} - \text{Minimum possible score}}{\text{Maximum possible score} - \text{Minimum possible score}}$$
$$\frac{53 - 12}{84 - 12} \times 100 = \frac{41}{72} \times 100 = 0.5694 \times 100 = 57 \%$$

*If items are not included, appropriate modifications to the calculations of maximum and minimum possible scores are required.*

## ii) Interpreting Domain Scores

Although the domain scores are useful for comparing guidelines and will inform whether a guideline should be recommended for use, the Consortium has not set minimum domain scores or patterns of scores across domains to differentiate between high quality and poor quality guidelines. These decisions should be made by the user and guided by the context in which AGREE II is being used.

## V. Overall Assessment

Upon completing the 23 items, AGREE II users will provide 2 overall assessments of the guideline. The overall assessment requires the user to make a judgment as to the quality of the guideline, taking into account the criteria considered in the assessment process. The user is also asked whether he/she would recommend use of the guideline.

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The next pages include, by domain, guidance for rating each of the 23 items of the AGREE II when appraising a guideline. Each item includes a description, suggestions for where to find the item information, and guidance for how to rate.

## DOMAIN 1. SCOPE AND PURPOSE

1. The overall objective(s) of the guideline is (are) specifically described.
2. The health question(s) covered by the guideline is (are) specifically described.
3. The population (patients, public, etc.) to whom the guideline is meant to apply is specifically described.

## SCOPE AND PURPOSE

1. The overall objective(s) of the guideline is (are) specifically described.

1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
------------------------	---	---	---	---	---	---------------------

Comments

### User's Manual Description:

This deals with the potential health impact of a guideline on society and populations of patients or individuals. The overall objective(s) of the guideline should be described in detail and the expected health benefits from the guideline should be specific to the clinical problem or health topic. For example, specific statements would be:

- Preventing (long term) complications of patients with diabetes mellitus
- Lowering the risk of subsequent vascular events in patients with previous myocardial infarction
- Most effective population-based colorectal screening strategies
- Providing guidance on the most effective therapeutic treatment and management of patients with diabetes mellitus.

### Where to Look:

Examine the opening paragraphs/chapters for a description of the scope and purpose of the guideline. In some cases, the rationale or need for the guideline is described in a document separate from the guideline, for instance, in the guideline proposal. Examples of commonly labeled sections or chapters in a guideline where this information can be found include: introduction, scope, purpose, rationale, background, and objectives.

### How to Rate:

#### Item content includes the following *CRITERIA*:

- health intent(s) (i.e., prevention, screening, diagnosis, treatment, etc.)
- expected benefit or outcome
- target(s) (e.g., patient population, society)

#### Additional *CONSIDERATIONS*:

- Is the item well written? Are the descriptions clear and concise?
- Is the item content easy to find in the guideline?

## SCOPE AND PURPOSE

2. The health question(s) covered by the guideline is (are) specifically described.

1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
------------------------	---	---	---	---	---	---------------------

Comments

### User's Manual Description:

A detailed description of the health questions covered by the guideline should be provided, particularly for the key recommendations (see Item 17), although they need not be phrased as questions. Following the examples provided in question 1:

- How many times a year should the HbA1c be measured in patients with diabetes mellitus?
- What should the daily aspirin dosage for patients with proven acute myocardial infarction be?
- Does population-based colorectal screening using the fecal occult blood test reduce mortality of colorectal cancer?
- Is self-monitoring effective for blood glucose control in patients with Type 2 diabetes?

### Where to Look:

Examine the opening paragraphs/chapters for a description of the scope and purpose of the guideline. In some cases, the questions are described in a document separate from the guideline, for instance in a search specification. Examples of commonly labeled sections or chapters in a guideline where this information can be found include: questions, scope, purpose, rationale, and background.

### How to Rate:

#### Item content includes the following *CRITERIA*:

- target population
- intervention(s) or exposure(s)
- comparisons (if appropriate)
- outcome(s)
- health care setting or context

#### Additional *CONSIDERATIONS*:

- Is the item well written? Are the descriptions clear and concise?
- Is the item content easy to find in the guideline?
- Is there enough information provided in the question(s) for anyone to initiate the development of a guideline on this topic or to understand the patients/populations and contexts profiled in the guideline?

## SCOPE AND PURPOSE

3. The population (patients, public, etc.) to whom the guideline is meant to apply is specifically described.

1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
------------------------	---	---	---	---	---	---------------------

*Comments*

### User's Manual Description:

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A clear description of the population (i.e., patients, public, etc.) covered by a guideline should be provided. The age range, sex, clinical description, and comorbidity may be provided. For example:

- A guideline on the management of diabetes mellitus only includes patients with non-insulin dependent diabetes mellitus and excludes patients with cardiovascular comorbidity.
- A guideline on the management of depression only includes patients with major depression according to the DSM-IV criteria, and excludes patients with psychotic symptoms and children.
- A guideline on screening of breast cancer only includes women, aged between 50 and 70 years, with no history of cancer and with no family history of breast cancer.

### Where to Look:

---

Examine the opening paragraphs/chapters for a description of the target population of the guideline. The explicit exclusion of some populations (for instance children) is also covered by this item. Examples of commonly labeled sections or chapters in a guideline where this information can be found include: patient population, target population, relevant patients, scope, and purpose.

### How to Rate:

---

#### Item content includes the following **CRITERIA**:

- target population, gender and age
- clinical condition (if relevant)
- severity/stage of disease (if relevant)
- comorbidities (if relevant)
- excluded populations (if relevant)

#### Additional **CONSIDERATIONS**:

- Is the item well written? Are the descriptions clear and concise?
- Is the item content easy to find in the guideline?
- Is the population information specific enough so that the correct and eligible individuals would receive the action recommended in the guideline?



## DOMAIN 2. STAKEHOLDER INVOLVEMENT

4. The guideline development group includes individuals from all relevant professional groups.
5. The views and preferences of the target population (patients, public, etc.) have been sought.
6. The target users of the guideline are clearly defined.

## STAKEHOLDER INVOLVEMENT

### 4. The guideline development group includes individuals from all relevant professional groups.

1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
------------------------	---	---	---	---	---	---------------------

Comments

#### User's Manual Description:

This item refers to the professionals who were involved at some stage of the development process. This may include members of the steering group, the research team involved in selecting and reviewing/rating the evidence and individuals involved in formulating the final recommendations. *This item excludes individuals who have externally reviewed the guideline (see Item 13). This item excludes target population representation (see Item 5).* Information about the composition, discipline, and relevant expertise of the guideline development group should be provided.

#### Where to Look:

Examine the opening paragraphs/chapters, acknowledgement section or appendices for the composition of the guideline development group. Examples of commonly labeled sections or chapters in a guideline where this information can be found include: methods, guideline panel member list, acknowledgements, and appendices.

#### How to Rate:

##### Item content includes the following **CRITERIA**:

- For each member of the guideline development group, the following information is included:
  - name
  - discipline/content expertise (e.g., neurosurgeon, methodologist)
  - institution (e.g., St. Peter's hospital)
  - geographical location (e.g., Seattle, WA)
  - a description of the member's role in the guideline development group

##### Additional **CONSIDERATIONS**:

- Is the item well written? Are the descriptions clear and concise?
- Is the item content easy to find in the guideline?
- Are the members an appropriate match for the topic and scope? Potential candidates include relevant clinicians, content experts, researchers, policy makers, clinical administrators, and funders.
- Is there at least one methodology expert included in the development group (e.g., systematic review expert, epidemiologist, statistician, library scientist, etc.)?

## STAKEHOLDER INVOLVEMENT

5. The views and preferences of the target population (patients, public, etc.) have been sought.

1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
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*Comments*

### User's Manual Description:

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Information about target population experiences and expectations of health care should inform the development of guidelines. There are various methods for ensuring that these perspectives inform the different stages of guideline development by stakeholders. For example, formal consultations with patients/public to determine priority topics, participation of these stakeholders on the guideline development group, or external review by these stakeholders on draft documents. Alternatively, information could be obtained from interviews of these stakeholders or from literature reviews of patient/public values, preferences or experiences. There should be evidence that some process has taken place and that stakeholders' views have been considered.

### Where to Look:

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Examine the paragraphs on the guideline development process. Examples of commonly labeled sections or chapters in a guideline where this information can be found include: scope, methods, guideline panel member list, external review, and target population perspectives.

### How to Rate:

---

#### Item content includes the following **CRITERIA**:

- statement of type of strategy used to capture patients'/public's' views and preferences (e.g., participation in the guideline development group, literature review of values and preferences)
- methods by which preferences and views were sought (e.g., evidence from literature, surveys, focus groups)
- outcomes/information gathered on patient/public information
- description of how the information gathered was used to inform the guideline development process and/or formation of the recommendations

#### **Additional CONSIDERATIONS:**

- Is the item well written? Are the descriptions clear and concise?
- Is the item content easy to find in the guideline?

## STAKEHOLDER INVOLVEMENT

### 6. The target users of the guideline are clearly defined.

1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
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*Comments*

#### User's Manual Description:

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The target users should be clearly defined in the guideline, so the reader can immediately determine if the guideline is relevant to them. For example, the target users for a guideline on low back pain may include general practitioners, neurologists, orthopaedic surgeons, rheumatologists, and physiotherapists.

#### Where to Look:

---

Examine the opening paragraphs/chapters for a description of the target users of the guideline. Examples of commonly labeled sections or chapters in a guideline where this information can be found include: target user and intended user.

#### How to Rate:

---

##### Item content includes the following **CRITERIA**:

- clear description of intended guideline audience (e.g. specialists, family physicians, patients, clinical or institutional leaders/administrators)
- description of how the guideline may be used by its target audience (e.g., to inform clinical decisions, to inform policy, to inform standards of care)

##### Additional **CONSIDERATIONS**:

- Is the item well written? Are the descriptions clear and concise?
- Is the item content easy to find in the guideline?
- Are the target users appropriate for the scope of the guideline?

## DOMAIN 3. RIGOUR OF DEVELOPMENT

7. Systematic methods were used to search for evidence.
8. The criteria for selecting the evidence are clearly described.
9. The strengths and limitations of the body of evidence are clearly described.
10. The methods for formulating the recommendations are clearly described.
11. The health benefits, side effects, and risks have been considered in formulating the recommendations.
12. There is an explicit link between the recommendations and the supporting evidence.
13. The guideline has been externally reviewed by experts prior to its publication.
14. A procedure for updating the guideline is provided.

## RIGOUR OF DEVELOPMENT

### 7. Systematic methods were used to search for evidence.

1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
------------------------	---	---	---	---	---	---------------------

Comments

#### User's Manual Description:

Details of the strategy used to search for evidence should be provided including search terms used, sources consulted, and dates of the literature covered. Sources may include electronic databases (e.g. MEDLINE, EMBASE, CINAHL), databases of systematic reviews (e.g. the Cochrane Library, DARE), handsearching journals, reviewing conference proceedings, and other guidelines (e.g. the US National Guideline Clearinghouse, the German Guidelines Clearinghouse). The search strategy should be as comprehensive as possible and executed in a manner free from potential biases and sufficiently detailed to be replicated.

#### Where to Look:

Examine the paragraphs/chapters describing the guideline development process. In some cases the search strategies are described in separate documents or in an appendix to the guideline. Examples of commonly labelled sections or chapters in a guideline where this information can be found include: methods, literature search strategy, and appendices.

#### How to Rate:

##### Item content includes the following **CRITERIA**:

- named electronic database(s) or evidence source(s) where the search was performed (e.g., MEDLINE, EMBASE, PsychINFO, CINAHL)
- time periods searched (e.g., January 1, 2004 to March 31, 2008)
- search terms used (e.g., text words, indexing terms, subheadings)
- full search strategy included (e.g., possibly located in appendix)

##### Additional **CONSIDERATIONS**:

- Is the item well written? Are the descriptions clear and concise?
- Is the item content easy to find in the guideline?
- Is the search relevant and appropriate to answer the health question? (e.g., all relevant databases and, appropriate search terms used)
- Is there enough information provided for anyone to replicate the search?

## RIGOUR OF DEVELOPMENT

### 8. The criteria for selecting the evidence are clearly described.

1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
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Comments

### User's Manual Description:

Criteria for including/excluding evidence identified by the search should be provided. These criteria should be explicitly described and reasons for including and excluding evidence should be clearly stated. For example, guideline authors may decide to only include evidence from randomized clinical trials and to exclude articles not written in English.

### Where to Look:

Examine the paragraphs/chapters describing the guideline development process. In some cases, the inclusion or exclusion criteria for selecting the evidence are described in separate documents or in an Appendix to the guideline. Examples of commonly labeled sections or chapters in a guideline where this information can be found include: methods, literature search, inclusion/exclusion criteria, and appendices.

### How to Rate:

#### Item content includes the following **CRITERIA**:

- description of the inclusion criteria, including
  - target population (patient, public, etc.) characteristics
  - study design
  - comparisons (if relevant)
  - outcomes
  - language (if relevant)
  - context (if relevant)
- description of the exclusion criteria (if relevant; e.g., *French only* listed in the inclusion criteria statement could logically preclude *non-French* listed in the exclusion criteria statement)

#### Additional **CONSIDERATIONS**:

- Is the item well written? Are the descriptions clear and concise?
- Is the item content easy to find in the guideline?
- Is there a rationale given for the chosen inclusion/exclusion criteria?
- Do inclusion/exclusion criteria align with the health question(s)?
- Are there reasons to believe that relevant literature may not have been considered?

## RIGOUR OF DEVELOPMENT

### 9. The strengths and limitations of the body of evidence are clearly described.

1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
------------------------	---	---	---	---	---	---------------------

Comments

#### User's Manual Description:

Statements highlighting the strengths and limitations of the evidence should be provided. This ought to include explicit descriptions - using informal or formal tools/methods - to assess and describe the risk of bias for individual studies and/or for specific outcomes and/or explicit commentary of the body of evidence aggregated across all studies. This may be presented in different ways, for example: using tables commenting on different quality domains; the application of a formal instrument or strategy (e.g., Jadad scale, GRADE method); or descriptions in the text.

#### Where to Look:

Examine the paragraphs/chapters describing the guideline development process for information on how the methodological quality of the studies (e.g., risk of bias) were described. Evidence tables are often used to summarize quality features. Some guidelines make a clear distinction between description and interpretation of evidence, for instance, in a results section and a discussion section, respectively.

#### How to Rate:

##### Item content includes the following **CRITERIA**:

- descriptions of how the body of evidence was evaluated for bias and how it was interpreted by members of the guideline development group
- aspects upon which to frame descriptions include:
  - study design(s) included in body of evidence
  - study methodology limitations (sampling, blinding, allocation concealment, analytical methods)
  - appropriateness/relevance of primary and secondary outcomes considered
  - consistency of results across studies
  - direction of results across studies
  - magnitude of benefit versus magnitude of harm
  - applicability to practice context

##### Additional **CONSIDERATIONS**:

- Is the item well written? Are the descriptions clear and concise?
- Is the item content easy to find in the guideline?
- Are the descriptions appropriate, neutral, and unbiased? Are the descriptions complete?



## RIGOUR OF DEVELOPMENT

### 10. The methods for formulating the recommendations are clearly described.

1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
------------------------	---	---	---	---	---	---------------------

Comments

#### User's Manual Description:

A description of the methods used to formulate the recommendations and how final decisions were arrived at should be provided. For example, methods may include a voting system, informal consensus, and formal consensus techniques (e.g., Delphi, Glaser techniques). Areas of disagreement and methods of resolving them should be specified.

#### Where to Look:

Examine the paragraphs/chapters describing the guideline development process. In some cases, the methods used to formulate the recommendations are described in separate documents or in an appendix to the guideline. Examples of commonly labeled sections or chapters in a guideline where this information can be found include methods and guideline development process.

#### How to Rate:

##### Item content includes the following *CRITERIA*:

- description of the recommendation development process (e.g., steps used in modified Delphi technique, voting procedures that were considered)
- outcomes of the recommendation development process (e.g., extent to which consensus was reached using modified Delphi technique, outcome of voting procedures)
- description of how the process influenced the recommendations (e.g., results of Delphi technique influence final recommendation, alignment with recommendations and the final vote)

##### Additional *CONSIDERATIONS*:

- Is the item well written? Are the descriptions clear and concise?
- Is the item content easy to find in the guideline?
- Was a formal process used to arrive at the recommendations?
- Were the methods appropriate?

## RIGOUR OF DEVELOPMENT

11. The health benefits, side effects, and risks have been considered in formulating the recommendations.

1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
------------------------	---	---	---	---	---	---------------------

Comments

### User's Manual Description:

The guideline should consider health benefits, side effects, and risks when formulating the recommendations. For example, a guideline on the management of breast cancer may include a discussion on the overall effects on various final outcomes. These may include: survival, quality of life, adverse effects, and symptom management or a discussion comparing one treatment option to another. There should be evidence that these issues have been addressed.

### Where to Look:

Examine the paragraphs/chapters describing the guideline development process for a description of the body of evidence, its interpretation, and the translation to practice recommendations. Examples of commonly labeled sections or chapters in a guideline where this information can be found include: methods, interpretation, discussion, and recommendations.

### How to Rate:

#### Item content includes the following *CRITERIA*:

- supporting data and report of benefits
- supporting data and report of harms/side effects/risks
- reporting of the balance/trade-off between benefits and harms/side effects/risks
- recommendations reflect considerations of both benefits and harms/side effects/risks

#### Additional *CONSIDERATIONS*:

- Is the item well written? Are the descriptions clear and concise?
- Is the item content easy to find in the guideline?
- Is the discussion an integral part of the guideline development process? (i.e., taking place during recommendation formulation rather than post-formulation as an afterthought)
- Has the guideline development group considered the benefits and harms equally?

## RIGOUR OF DEVELOPMENT

12. There is an explicit link between the recommendations and the supporting evidence.

1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
------------------------	---	---	---	---	---	---------------------

*Comments*

### User's Manual Description:

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An explicit link between the recommendations and the evidence on which they are based should be included in the guideline. The guideline user should be able to identify the components of the body of evidence relevant to each recommendation.

### Where to Look:

---

Define and examine the recommendations in the guideline and the text describing the body of evidence that underpins them. Examples of commonly labeled sections or chapters in a guideline where this information can be found include: recommendations and key evidence.

### How to Rate:

---

#### Item content includes the following *CRITERIA*:

- the guideline describes how the guideline development group linked and used the evidence to inform recommendations
- each recommendation is linked to a key evidence description/paragraph and/or reference list
- recommendations linked to evidence summaries, evidence tables in the results section of the guideline

#### Additional *CONSIDERATIONS*:

- Is there congruency between the evidence and recommendations?
- Is the link between the recommendations and supporting evidence easy to find in the guideline?
- When evidence is lacking or a recommendation is informed primarily by consensus of opinion by the guideline group, rather than the evidence, is this clearly stated and described?

## RIGOUR OF DEVELOPMENT

### 13. The guideline has been externally reviewed by experts prior to its publication.

1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
------------------------	---	---	---	---	---	---------------------

Comments

#### User's Manual Description:

A guideline should be reviewed externally before it is published. Reviewers should not have been involved in the guideline development group. Reviewers should include experts in the clinical area as well as some methodological experts. Target population (patients, public) representatives may also be included. A description of the methodology used to conduct the external review should be presented, which may include a list of the reviewers and their affiliation.

#### Where to Look:

Examine the paragraphs/chapters describing the guideline development process and the acknowledgement section. Examples of commonly labeled sections or chapters in a guideline where this information can be found include: methods, results, interpretation, and acknowledgements.

#### How to Rate:

##### Item content includes the following *CRITERIA*:

- purpose and intent of the external review (e.g., to improve quality, gather feedback on draft recommendations, assess applicability and feasibility, disseminate evidence)
- methods taken to undertake the external review (e.g., rating scale, open-ended questions)
- description of the external reviewers (e.g., number, type of reviewers, affiliations)
- outcomes/information gathered from the external review (e.g., summary of key findings)
- description of how the information gathered was used to inform the guideline development process and/or formation of the recommendations (e.g., guideline panel considered results of review in forming final recommendations)

##### Additional *CONSIDERATIONS*:

- Is the item well written? Are the descriptions clear and concise?
- Is the item content easy to find in the guideline?
- Are the external reviewers relevant and appropriate to the scope of the guideline? Was there a rationale given for choosing the included reviewers?
- How was information from the external review used by the guideline development group?

## RIGOUR OF DEVELOPMENT

14. A procedure for updating the guideline is provided.

1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
------------------------	---	---	---	---	---	---------------------

Comments

### User's Manual Description:

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Guidelines need to reflect current research. A clear statement about the procedure for updating the guideline should be provided. For example, a timescale has been given or a standing panel is established who receives regularly updated literature searches and makes changes as required.

### Where to Look:

---

Examine the introduction paragraph, the paragraphs describing the guideline development process and the closing paragraphs. Examples of commonly labeled sections or chapters in a guideline where this information can be found include: methods, guideline update, and date of guideline.

### How to Rate:

---

#### Item content includes the following *CRITERIA*:

- a statement that the guideline will be updated
- explicit time interval or explicit criteria to guide decisions about when an update will occur
- methodology for the updating procedure is reported

#### Additional *CONSIDERATIONS*:

- Is the item well written? Are the descriptions clear and concise?
- Is the item content easy to find in the guideline?
- Is there enough information provided to know when an update will occur or what criteria would trigger an update?

## DOMAIN 4. CLARITY OF PRESENTATION

15. The recommendations are specific and unambiguous.
16. The different options for management of the condition or health issue are clearly presented.
17. Key recommendations are easily identifiable.

## CLARITY OF PRESENTATION

### 15. The recommendations are specific and unambiguous.

1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
------------------------	---	---	---	---	---	---------------------

Comments

### User's Manual Description:

A recommendation should provide a concrete and precise description of which option is appropriate in which situation and in what population group, as informed by the body of evidence.

- An example of a specific recommendation is: Antibiotics should be prescribed in children two years or older with a diagnosis of acute otitis media if the pain lasts longer than three days or if the pain increases after the consultation despite adequate treatment with painkillers; in these cases, amoxicillin should be given for 7 days (supplied with a dosage scheme).
- An example of a vague recommendation is: Antibiotics are indicated for cases with an abnormal or complicated course.

It is important to note that in some instances, evidence is not always clear cut and there may be uncertainty about the best care option(s). In this case, the uncertainty should be stated in the guideline.

### Where to Look:

Define and examine the recommendations in the guideline. Examples of commonly labeled sections or chapters in a guideline where this information can be found include: recommendations and executive summary.

### How to Rate:

#### Item content includes the following *CRITERIA*:

- statement of the recommended action
- identification of the intent or purpose of the recommended action (e.g., to improve quality of life, to decrease side effects)
- identification of the relevant population (e.g., patients, public)
- caveats or qualifying statements, if relevant (e.g., patients or conditions for whom the recommendations would not apply)

#### Additional *CONSIDERATIONS*:

- In the event of multiple recommendations (e.g., management guidelines), is there clarity regarding to whom each recommendation applies?
- If there is uncertainty in the interpretation and discussion of the evidence, is the uncertainty reflected in the recommendations and explicitly stated?

## CLARITY OF PRESENTATION

16. The different options for management of the condition or health issue are clearly presented.

1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
------------------------	---	---	---	---	---	---------------------

*Comments*

### User's Manual Description:

---

A guideline that targets the management of a disease should consider the different possible options for screening, prevention, diagnosis or treatment of the condition it covers. These possible options should be clearly presented in the guideline.

For example, a recommendation on the management of depression may contain the following treatment alternatives:

- a. Treatment with TCA
- b. Treatment with SSRI
- c. Psychotherapy
- d. Combination of pharmacological and psychological therapy

### Where to Look:

---

Examine the recommendations and their supporting evidence. Examples of commonly labeled sections or chapters in a guideline where this information can be found include: executive summary, recommendations, discussion, treatment options, and treatment alternatives.

### How to Rate:

---

#### Item content includes the following *CRITERIA*:

- description of options
- description of population or clinical situation most appropriate to each option

#### Additional *CONSIDERATIONS*:

- Is the item well written? Are the descriptions clear and concise?
- Is the item content easy to find in the guideline?
- Is this pertaining to a guideline broad or narrow in scope? This item may be more relevant to guidelines that are broad in scope (e.g., covering the management of a condition or issue rather than focusing on a particular set of interventions for a specific condition/issue).



## CLARITY OF PRESENTATION

### 17. Key recommendations are easily identifiable.

1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
------------------------	---	---	---	---	---	---------------------

Comments

#### User's Manual Description:

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Users should be able to find the most relevant recommendations easily. These recommendations answer the main question(s) that have been covered by the guideline and can be identified in different ways. For example, they can be summarized in a box, typed in bold, underlined or presented as flow charts or algorithms.

#### Where to Look:

---

Examples of commonly labeled sections or chapters in a guideline where this information can be found include: executive summary, conclusions, and recommendations. Some guidelines provide separate summaries with key recommendations (e.g., quick reference guide).

#### How to Rate:

---

##### Item content includes the following *CRITERIA*:

- description of recommendations in a summarized box, typed in bold, underlined, or presented as flow charts or algorithms
- specific recommendations are grouped together in one section

##### Additional *CONSIDERATIONS*:

- Is the item well written? Are the descriptions clear and concise?
- Is the item content easy to find in the guideline?
- Are the key recommendations appropriately selected and do they reflect the key messages of the guideline?
- Are specific recommendations grouped in a section placed near the summary of the key evidence?

## DOMAIN 5. APPLICABILITY

18. The guideline describes facilitators and barriers to its application.
19. The guideline provides advice and/or tools on how the recommendations can be put into practice.
20. The potential resource implications of applying the recommendations have been considered.
21. The guideline presents monitoring and/or auditing criteria.

## APPLICABILITY

### 18. The guideline describes facilitators and barriers to its application.

1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
------------------------	---	---	---	---	---	---------------------

Comments

#### User's Manual Description:

There may be existing facilitators and barriers that will impact the application of guideline recommendations. For example:

- i. A guideline on stroke may recommend that care should be coordinated through stroke units and stroke services. There may be a special funding mechanism in the region to enable the formation of stroke units.
- ii. A guideline on diabetes in primary care may require that patients are seen and followed up in diabetic clinics. There may be an insufficient number of clinicians available in a region to enable clinics to be established.

#### Where to Look:

Examine the paragraph/chapter on the dissemination/implementation of the guideline or, if available, additional documents with specific plans or strategies for implementation of the guideline. Examples of commonly labeled sections or chapters in a guideline where this information can be found include: barriers, guideline utilization, and quality indicators.

#### How to Rate:

##### Item content includes the following *CRITERIA*:

- identification of the types of facilitators and barriers that were considered
- methods by which information regarding the facilitators and barriers to implementing recommendations were sought (e.g., feedback from key stakeholders, pilot testing of guidelines before widespread implementation)
- information/description of the types of facilitators and barriers that emerged from the inquiry (e.g., practitioners have the skills to deliver the recommended care, sufficient equipment is not available to ensure all eligible members of the population receive mammography)
- description of how the information influenced the guideline development process and/or formation of the recommendations

##### Additional *CONSIDERATIONS*:

- Is the item well written? Are the descriptions clear and concise?
- Is the item content easy to find in the guideline?
- Does the guideline suggest specific strategies to overcoming the barriers?

## APPLICABILITY

19. The guideline provides advice and/or tools on how the recommendations can be put into practice.

1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
------------------------	---	---	---	---	---	---------------------

Comments

### User's Manual Description:

For a guideline to be effective it needs to be disseminated and implemented with additional materials. For example, these may include: a summary document, a quick reference guide, educational tools, results from a pilot test, patient leaflets, or computer support. Any additional materials should be provided with the guideline.

### Where to Look:

Examine the paragraph on the dissemination/implementation of the guideline and, if available, the specific accompanying materials that have been produced to support the dissemination and implementation of the guideline. Examples of commonly labeled sections or chapters in a guideline where this information can be found include: tools, resources, implementation, and appendices.

### How to Rate:

#### Item content includes the following *CRITERIA*:

- an implementation section in the guideline
- tools and resources to facilitate application:
  - guideline summary documents
  - links to check lists, algorithms
  - links to how-to manuals
  - solutions linked to barrier analysis (see Item 18)
  - tools to capitalize on guideline facilitators (see Item 18)
  - outcome of pilot test and lessons learned
- directions on how users can access tools and resources

#### Additional *CONSIDERATIONS*:

- Is the item well written? Are the descriptions clear and concise?
- Is the item content easy to find in the guideline?
- Is there information about the development of the implementation tools and validation procedures?

## APPLICABILITY

20. The potential resource implications of applying the recommendations have been considered.

1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
------------------------	---	---	---	---	---	---------------------

*Comments*

### User's Manual Description:

The recommendations may require additional resources in order to be applied. For example, there may be a need for more specialized staff, new equipment, and expensive drug treatment. These may have cost implications for health care budgets. There should be a discussion in the guideline of the potential impact of the recommendations on resources.

### Where to Look:

Examine the paragraph(s) on the dissemination/implementation of the guideline or, if available, additional documents with specific plans or strategies for implementation of the guideline. Some guidelines present cost implications in the paragraphs that discuss the evidence or decisions behind the recommendations. Examples of commonly labeled sections or chapters in a guideline where this information can be found include: methods, cost utility, cost effectiveness, acquisition costs, and implications for budgets.

### How to Rate:

#### Item content includes the following *CRITERIA*:

- identification of the types of cost information that were considered (e.g., economic evaluations, drug acquisition costs)
- methods by which the cost information was sought (e.g., a health economist was part of the guideline development panel, use of health technology assessments for specific drugs, etc.)
- information/description of the cost information that emerged from the inquiry (e.g., specific drug acquisition costs per treatment course)
- description of how the information gathered was used to inform the guideline development process and/or formation of the recommendations

#### Additional *CONSIDERATIONS*:

- Is the item well written? Are the descriptions clear and concise?
- Is the item content easy to find in the guideline?
- Were appropriate experts involved in finding and analyzing the cost information?

## APPLICABILITY

### 21. The guideline presents monitoring and/or auditing criteria.

1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
------------------------	---	---	---	---	---	---------------------

Comments

#### User's Manual Description:

Measuring the application of guideline recommendations can facilitate their ongoing use. This requires clearly defined criteria that are derived from the key recommendations in the guideline. The criteria may include process measures, behavioral measures, clinical or health outcome measures. Examples of monitoring and audit criteria are:

- The HbA1c should be < 8.0%.
- The level of diastolic blood pressure should be < 95 mmHg.
- 80% of the population aged 50 years should receive colorectal cancer screening rates using fecal occult blood tests.
- If complaints of acute otitis media last longer than three days, amoxicillin should be prescribed.

#### Where to Look:

Examine the paragraph/chapter on auditing or monitoring the use of the guideline or, if available, additional documents with specific plans or strategies for evaluation of the guideline. Examples of commonly labeled sections or chapters in a guideline where this information can be found include: recommendations, quality indicators, and audit criteria.

#### How to Rate:

##### Item content includes the following *CRITERIA*:

- identification of criteria to assess guideline implementation or adherence to recommendations
- criteria for assessing impact of implementing the recommendations
- advice on the frequency and interval of measurement
- descriptions or operational definitions of how the criteria should be measured

##### Additional *CONSIDERATIONS*:

- Is the item well written? Are the descriptions clear and concise?
- Is the item content easy to find in the guideline?
- Are a range of criteria provided including process measures, behavioural measures, and clinical or health outcomes?

## DOMAIN 6. EDITORIAL INDEPENDENCE

22. The views of the funding body have not influenced the content of the guideline.
23. Competing interests of guideline development group members have been recorded and addressed.

## EDITORIAL INDEPENDENCE

22. The views of the funding body have not influenced the content of the guideline.

1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
------------------------	---	---	---	---	---	---------------------

*Comments*

### User's Manual Description:

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Many guidelines are developed with external funding (e.g., government, professional associations, charity organizations, pharmaceutical companies). Support may be in the form of financial contribution for the complete development, or for parts of it (e.g., printing of the guidelines). There should be an explicit statement that the views or interests of the funding body have not influenced the final recommendations.

### Where to Look:

---

Examine the paragraphs/chapters on the guideline development process or acknowledgements section. Examples of commonly labeled sections or chapters in a guideline where this information can be found include: disclaimer and funding source.

### How to Rate:

---

#### Item content includes the following *CRITERIA*:

- the name of the funding body or source of funding (or explicit statement of no funding)
- a statement that the funding body did not influence the content of the guideline

#### Additional *CONSIDERATIONS*:

- Is the item well written? Are the descriptions clear and concise?
- Is the item content easy to find in the guideline?
- How did the guideline development group address potential influence from the funding body?



## EDITORIAL INDEPENDENCE

23. Competing interests of guideline development group members have been recorded and addressed.

1 Strongly Disagree	2	3	4	5	6	7 Strongly Agree
------------------------	---	---	---	---	---	---------------------

*Comments*

### User's Manual Description:

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There are circumstances when members of the development group may have competing interests. For example, this would apply to a member of the development group whose research on the topic covered by the guideline is also funded by a pharmaceutical company. There should be an explicit statement that all group members have declared whether they have any competing interests.

### Where to Look:

---

Examine the paragraphs/chapters describing the guideline development group or acknowledgements section. Examples of commonly labeled sections or chapters in a guideline where this information can be found include: methods, conflicts of interest, guideline panel, and appendix.

### How to Rate:

---

#### Item content includes the following *CRITERIA*:

- description of the types of competing interests considered
- methods by which potential competing interests were sought
- description of the competing interests
- description of how the competing interests influenced the guideline process and development of recommendations

#### Additional *CONSIDERATIONS*:

- Is the item well written? Are the descriptions clear and concise?
- Is the item content easy to find in the guideline?
- What measures were taken to minimize the influence of competing interests on guideline development or formulation of the recommendations?

## OVERALL GUIDELINE ASSESSMENT

# OVERALL GUIDELINE ASSESSMENT

---

For each question, please choose the response which best characterizes the guideline assessed:

**1. Rate the overall quality of this guideline.**

<b>1</b> Lowest possible quality	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b> Highest possible quality
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**2. I would recommend this guideline for use.**

Yes	
Yes, with modifications	
No	

**NOTES**

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**User's Manual Description:**

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The overall assessment requires the AGREE II user to make a judgment as to the quality of the guideline, taking into account the appraisal items considered in the assessment process.

# AGREE II INSTRUMENT

## DOMAIN 1. SCOPE AND PURPOSE

1. The overall objective(s) of the guideline is (are) specifically described.

<b>1</b> Strongly Disagree	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b> Strongly Agree
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*Comments*

2. The health question(s) covered by the guideline is (are) specifically described.

<b>1</b> Strongly Disagree	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b> Strongly Agree
-------------------------------	----------	----------	----------	----------	----------	----------------------------

*Comments*

3. The population (patients, public, etc.) to whom the guideline is meant to apply is specifically described.

<b>1</b> Strongly Disagree	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b> Strongly Agree
-------------------------------	----------	----------	----------	----------	----------	----------------------------

*Comments*

## DOMAIN 2. STAKEHOLDER INVOLVEMENT

4. The guideline development group includes individuals from all relevant professional groups.

<b>1</b> Strongly Disagree	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b> Strongly Agree
-------------------------------	----------	----------	----------	----------	----------	----------------------------

*Comments*

5. The views and preferences of the target population (patients, public, etc.) have been sought.

<b>1</b> Strongly Disagree	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b> Strongly Agree
-------------------------------	----------	----------	----------	----------	----------	----------------------------

*Comments*

6. The target users of the guideline are clearly defined.

<b>1</b> Strongly Disagree	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b> Strongly Agree
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*Comments*

## DOMAIN 3. RIGOUR OF DEVELOPMENT

7. Systematic methods were used to search for evidence.

<b>1</b> Strongly Disagree	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b> Strongly Agree
-------------------------------	----------	----------	----------	----------	----------	----------------------------

*Comments*

8. The criteria for selecting the evidence are clearly described.

<b>1</b> Strongly Disagree	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b> Strongly Agree
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*Comments*

9. The strengths and limitations of the body of evidence are clearly described.

<b>1</b> Strongly Disagree	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b> Strongly Agree
-------------------------------	----------	----------	----------	----------	----------	----------------------------

*Comments*

## DOMAIN 3. RIGOUR OF DEVELOPMENT continued

10. The methods for formulating the recommendations are clearly described.

<b>1</b> Strongly Disagree	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b> Strongly Agree
-------------------------------	----------	----------	----------	----------	----------	----------------------------

*Comments*

11. The health benefits, side effects, and risks have been considered in formulating the recommendations.

<b>1</b> Strongly Disagree	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b> Strongly Agree
-------------------------------	----------	----------	----------	----------	----------	----------------------------

*Comments*

12. There is an explicit link between the recommendations and the supporting evidence.

<b>1</b> Strongly Disagree	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b> Strongly Agree
-------------------------------	----------	----------	----------	----------	----------	----------------------------

*Comments*



## DOMAIN 3. RIGOUR OF DEVELOPMENT continued

13. The guideline has been externally reviewed by experts prior to its publication.

<b>1</b> Strongly Disagree	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b> Strongly Agree
-------------------------------	----------	----------	----------	----------	----------	----------------------------

*Comments*

14. A procedure for updating the guideline is provided.

<b>1</b> Strongly Disagree	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b> Strongly Agree
-------------------------------	----------	----------	----------	----------	----------	----------------------------

*Comments*

## DOMAIN 4. CLARITY OF PRESENTATION

15. The recommendations are specific and unambiguous.

<b>1</b> Strongly Disagree	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b> Strongly Agree
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*Comments*

16. The different options for management of the condition or health issue are clearly presented.

<b>1</b> Strongly Disagree	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b> Strongly Agree
-------------------------------	----------	----------	----------	----------	----------	----------------------------

*Comments*

17. Key recommendations are easily identifiable.

<b>1</b> Strongly Disagree	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b> Strongly Agree
-------------------------------	----------	----------	----------	----------	----------	----------------------------

*Comments*

## DOMAIN 5. APPLICABILITY

18. The guideline describes facilitators and barriers to its application.

<b>1</b> Strongly Disagree	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b> Strongly Agree
-------------------------------	----------	----------	----------	----------	----------	----------------------------

*Comments*

19. The guideline provides advice and/or tools on how the recommendations can be put into practice.

<b>1</b> Strongly Disagree	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b> Strongly Agree
-------------------------------	----------	----------	----------	----------	----------	----------------------------

*Comments*

20. The potential resource implications of applying the recommendations have been considered.

<b>1</b> Strongly Disagree	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b> Strongly Agree
-------------------------------	----------	----------	----------	----------	----------	----------------------------

*Comments*

**DOMAIN 5. APPLICABILITY continued**

21. The guideline presents monitoring and/or auditing criteria.

<b>1</b> Strongly Disagree	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b> Strongly Agree
-------------------------------	----------	----------	----------	----------	----------	----------------------------

*Comments*

## DOMAIN 6. EDITORIAL INDEPENDENCE

22. The views of the funding body have not influenced the content of the guideline.

<b>1</b> Strongly Disagree	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b> Strongly Agree
-------------------------------	----------	----------	----------	----------	----------	----------------------------

*Comments*

23. Competing interests of guideline development group members have been recorded and addressed.

<b>1</b> Strongly Disagree	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b> Strongly Agree
-------------------------------	----------	----------	----------	----------	----------	----------------------------

*Comments*

# OVERALL GUIDELINE ASSESSMENT

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For each question, please choose the response which best characterizes the guideline assessed:

**1. Rate the overall quality of this guideline.**

<b>1</b> Lowest possible quality	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b> Highest possible quality
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**2. I would recommend this guideline for use.**

Yes	
Yes, with modifications	
No	

NOTES

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## Appendix E

### NURS 6160 Evidence Based Practice 1

#### Faculty Grading Rubric for Critique of EBP Guidelines Using the AGREE II Instrument

DOMAIN	Possible Points	Awarded Points	Comments
1.Scope & Practice (Questions 1-3)	10		
2. Stakeholder Involvement (Questions 4-6)	10		
3. Rigour of Development (Questions 7-14)	20		
4. Clarity of Presentation (Questions 15-17)	10		
5. Applicability (Questions 18-21)	10		
6. Editorial Independence (Questions 22-23)	10		
Overall Guideline Assessment: Rate the overall quality of the guideline Discuss if you would recommend this guideline for use: Why or why not?	10		
Strategies for Implementation Discuss possible strategies for implementing or improving the use of this guideline in your clinical practicum site.	20		

## APPENDIX F

### NURS 6960 DNP PROJECT MANAGEMENT

#### FACULTY GRADING RUBRIC

##### EVALUATION METHODS:

(I) Evidence of significant progress on the capstone project in one or more areas of: (1) research aims, (2) sampling plan, (3) measurement strategy, and (4) statistical design.

##### Rubric:

Content	Satisfactory	Unsatisfactory
	Assignment exhibits evidence of significant progress on the methodological elements of the project that displays in--depth application of course resources (e.g., discussion board feedback).	Assignment exhibits little to no evidence of progress on the methodological elements of the project and/or displays minimal to no application of course resources.
Writing	Satisfactory	Unsatisfactory
	Writing is clear and connected with few errors in grammar, spelling, APA style, and/or punctuation.	Writing may be understandable overall, but lacks fluidity, or several errors in grammar, spelling, APA style, organization, and/or punctuation detract from the Assignment.



Appendix G

NURS 6160 Evidence-Based Practice 1

Discussion Questions:

1. Why (or why not) should patient preferences, values and concerns be incorporated into the evidence-based practice approach to decision making? In your experience, do health care providers incorporate these concepts when making decisions regarding care?
2. Discuss potential ethical issues associated with advanced practice nursing as it relates to one of the following: 1) professional issues; 2) professional relationship issues; 3) technology issues; 4) health policy issues
3. Discuss possible ethical concerns related to your proposed DNP Project.

**Grading Rubric for Weekly Class Participation**

<b>OBJECTIVE</b>	<b>DEVELOPING (C)</b>	<b>ACCOMPLISHED (B)</b>	<b>EXEMPLARY (A)</b>
Shared thoughts	Sometimes shared well-considered thoughts	Often shared well-considered thoughts	Consistently shared well-considered thoughts and introduced new ideas
Displayed critical thinking (application, analysis, synthesis & evaluation)	Satisfactory development of critical thinking skills	Very good display of critical thinking skills	Excellent, clear display of critical thinking skills
Discussion entered promptly	Sometimes entered discussion promptly; occasionally posted original insights; responses to classmates may be brief	Usually entered discussion promptly; posted original insights and responded appropriately to classmates; postings sometimes elicit classmate or instructor response	Always entered discussion promptly; posted original insights and responded appropriately to classmates; postings nearly always elicit classmate or instructor response
	Doesn't provide references	Cites textbook only	Cites references Other than textbook

## Appendix H

### NURS 6110: Health Care Delivery Systems

#### Faculty Grading Rubric for Health Care Disparities Assignment

Healthy People 2020 has made eliminating healthcare disparities a priority. Healthy People 2020 defines a *health disparity* as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”<sup>1</sup>

Healthcare disparities can arise from financial disadvantage, deficiencies in organization and/or healthcare delivery, and lack of cultural competence from healthcare providers. Healthcare policy and/or programs can promote elimination of disparities. Examples include Medicaid (aimed to eliminate income disparity) and the HeadStart Program (aimed at improving access to education for all races and socioeconomic groups).

Each student is asked to write a 3-5 page essay that identifies a health disparity that he/she has experienced, observed, or otherwise takes a particular interest in. The student will then describe an INNOVATIVE solution to promote equity. This practice change or health care delivery idea should be supported by peer-reviewed research and evidence-based care guidelines. For this assignment you are not being asked to *create* the idea for a solution. You will be researching and sharing an INNOVATIVE practice change or health care delivery model/program that has been put into place and demonstrates potential to reduce a disparity. The innovative idea may be locally based, or alternatively be on a regional, state, or national scale. Examples of where you might look for innovation include:

- The Office of Minority Health
- Kaiser Permanente
- The Hopkins Center for Health Disparities Solutions
- Agency for Healthcare Research and Quality (\*\*their website includes an “Innovation Exchange” page. You can narrow your search by the IOM domain of quality that focuses on equity.

<https://innovations.ahrq.gov/narrow-by-subjects/?term=348>

<sup>1</sup>US Department of Health and Human Services (2008). *Phase 1 report: Recommendations for the framework and format of Healthy People 2020*. Retrieved from <http://www.healthypeople.gov/2010/hp2020/advisory/Phase1/appendix10.htm>

### Health Care Disparities Essay- Rubric

<b>Component</b>	<b>Points</b>
<b>Formatting</b>	
<ul style="list-style-type: none"> <li>• Meets length requirement.</li> </ul>	5
<ul style="list-style-type: none"> <li>• Language is clear and free of grammatical errors.</li> </ul>	5
<ul style="list-style-type: none"> <li>• In-text citations are included (in proper APA format).</li> </ul>	5
<ul style="list-style-type: none"> <li>• An APA formatted reference list is included.</li> </ul>	5
<b>Content</b>	
<ul style="list-style-type: none"> <li>• Overview of the vulnerable population               <ul style="list-style-type: none"> <li>➢ Who is this population?</li> <li>Ø Where is this population?</li> <li>Ø What disparity exists?</li> <li>➢ Describe the scope of the problem.</li> <li>➢ Briefly describe examples of any established policies or programs currently in place to promote equity for this population.</li> </ul> </li> </ul>	25
<ul style="list-style-type: none"> <li>• Solutions               <ul style="list-style-type: none"> <li>➢ Describe an INNOVATIVE advanced nursing practice change or healthcare delivery model that can serve as a solution for the identified disparity.</li> </ul> </li> </ul>	30
<ul style="list-style-type: none"> <li>• Support               <ul style="list-style-type: none"> <li>➢ Include and discuss at least 3 pieces of evidence to support your solution (for example, you might include a research study from a peer reviewed journal or statistics related to a program that was evaluated).</li> </ul> </li> </ul>	30
<ul style="list-style-type: none"> <li>• Defense               <ul style="list-style-type: none"> <li>➢ Discuss 2-3 barriers to implementation</li> <li>➢ Address the barriers: how have they been/can they be overcome?</li> </ul> </li> </ul>	30
<b>Conclusion</b>	
<ul style="list-style-type: none"> <li>• Summarizes the paper and leaves the reader with a clear view of the disparity identified and writer's idea to address it</li> </ul>	15
<b>Total Points Possible</b>	<b>150</b>

**APPENDIX I**  
**NURS: 6160 Evidence Based Practice Clinical Practicum**  
**Preceptor Evaluation of Student**

Student \_\_\_\_\_

Preceptor \_\_\_\_\_

Clinical Site \_\_\_\_\_

Semester \_\_\_\_\_

Key: 4 Outstanding  
 3 Satisfactory  
 2 Needs Improvement  
 1 Unsatisfactory

<b>Habits</b>	<b>Rating</b>	<b>Comments</b>
Acts in a professional manner		
Seeks out learning situations		
Considers patient's need for privacy		
Keeps patient information confidential		
<b>Relationships</b>		
With patients		
With staff		
With preceptor		
<b>Role Performance</b>		
Analyzes the professional & environmental forces that shape the scope of practice & standards for advanced practice nursing.		
Demonstrates critical thinking and diagnostic reasoning skills		
Provides leadership in promoting advocacy, cultural sensitivity and professional ethics in the healthcare setting		

Applies principles of counseling, therapeutic communication, group process and teaching-learning interactions with patients and staff		
Integrates advanced knowledge, evidence based guidelines and research into practice to improve quality of care and competency of practice		
Evaluates the results of interventions using accepted outcome criteria and professional standards		
Demonstrates innovative and creative approaches to promoting changes in clinical practice		
Demonstrates advanced competence in the advanced practice nursing role and clinical specialty		
Demonstrates leadership in collaboration with other health care professionals in the coordination and delivery of care		

Preceptor Signature \_\_\_\_\_  
Date: \_\_\_\_\_

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

## APPENDIX J

### NURS: 6130 Interprofessional Collaboration Practicum

#### Preceptor Evaluation of Student

Student \_\_\_\_\_

Preceptor \_\_\_\_\_

Clinical Site \_\_\_\_\_

Semester \_\_\_\_\_

A	4.0	93 - 100%	Superior intellectual achievement and clinical initiative	Comments/Examples to Support Score
B+	3.3	90 – 92%	Clearly acceptable intellectual achievement and clinical initiative	
B	3.0	85 – 89%	Acceptable and expected intellectual achievement and clinical initiative	
C	2.0	77 – 84%	Less than acceptable clinical grade	
F	0	≤ 76 %	Failure	
AF	0		Failure due to excessive/unauthorized absences	

## Appendix K

### NURS 6150 Clinical Informatics

#### Faculty Grading Rubric for Technology Manuscript

Manuscript must be written in APA format and references should be within the **last five years**, with few exceptions.

Journal choices are: JNP or CIN (manuscript vs. paper)

- If submitting to CIN, write for CIN Plus. These are "short" how-to briefs, for example "how to evaluate the visibility/track the adequacy of ANA nursing standards in an EHR," or how to evaluate HIT and NI standards in an EHR.
- If submitting to JNP, then the focus should be written as an educational feature, stressing learning one specific aspect of clinical informatics, i.e., distinguishing between the structure of HIT and NI, steps in learning "how to" a patient app

#### Manuscript Rubric (Individual and Team)

Components	Points	Comments
Complied With " <b>How To</b> " Manuscript (40 points)		
Tool Content (20 points)		
Writing/Expression (Grammar, spelling, etc.) (15 points)		
Critical Review of Literature Quoted (10 points)		
Quality of References (10 points)		
APA Format (5 points)		
Bonus Points		
Final Grade for "How To" Manuscript (100%)		

## Appendix L

### NURS 6150 Clinical Informatics

#### Faculty Grading Rubric for Individual Video Presentations

#### **There are two parts to the required video presentation.**

**1. Individual Presentation (35%):** Please choose from the list posted in thread. It is a “how to” presentation. **Each student** will create and will present their presentation using a brief (15 minutes minimum and not more than 20 minutes) MP3, YouTube, PowerPoint or another instructor-approved format. It must be recorded (sound) and you are not allowed to ask viewers to open links as part of the presentation. If you have another suggestion regarding formats please let me know and get it approved. It is highly encouraged that PowerPoint Presentations be edited using Camtasia and converted to MP3 or later. It will make your presentation “superior” and will be rewarded accordingly. The class presentations are created to save students time by editing down PowerPoint presentations and creating a cohesive presentation. A PowerPoint of 15 minutes can often be edited down to 11 minutes after all pauses are removed, so watch your times. I suggest you give it a try. As of last year, Camtasia has embedded a watermark into the free trial. A watermark is not acceptable. I spoke with Camtasia and you can buy a subscription for about \$10 a month so purchase for a month or two. **No watermarks!** If you have another way to create an MP3 or later please feel free to use it. If you only use PowerPoint and it is not an edited video points will be deducted, so give yourself enough time to learn how to edit.

**2. Two questions and running your thread for the week:** Each student must formulate two questions or exercises to be posted in the thread, which I will create for you with your name on it. Since the class is counting on your presentation and your questions to be posted on time, points will be deducted if posted late. See the class schedule for a detailed listing of class topics for each week. Grades will be emailed to each student after their week is completed.

#### **Presentation Grading Rubric**

<b>Area</b>	<b>Student Points</b>	<b>Comments</b>
Accuracy and Coverage (40%)		
Innovation (20%)		
Skill (15%)		
Formatting (5%)		
Voice (5%)		
APA Format (5%)		
Moderating and ability to engage fellow students in Discussion (10%)		
Points deducted if late (depends)		
Points deducted if it is not a video (-5)		
Points deducted if watermark (-3)		
<b>Total</b>		



**Appendix M**  
**N6110 Health Care Policy**  
**Faculty Grading Rubric for Economic Decision Making Critique**

1. The critique should focus on a published article that used a systematic approach to evaluate the outcomes and costs of a policy or program related to health/health care such as: cost-effectiveness analysis, comparative effectiveness research, cost analysis or cost minimization. The selected article must be approved by the instructor in advance and the article should be used by only one student. A listing of possible articles is posted in the reading list. Or, you may do a literature search within Medline or CINAHL or PubMed on a topic and approach of interest.
2. The critique should be concise but clearly written with complete sentences and appropriate reference citations. The length should be approximately 6-7 pages. There should be a title page with student's name, Article Critique, and name of the article in APA format.
3. The critique should include:
  - a) A summary of the article that includes the purpose, key ideas, and conclusion (be sure to paraphrase)
  - b) A description of the economic decision making approach used in the article. Cite an outside source that describes the same or similar approach and analyze if the approach in the critique article was adequately described and used appropriately.
  - c) An assessment of the strengths and limitations of the article including clarity of expression/content and relevance to the topic/issue, decision makers and the public. Compare this article to another one that uses a similar or different approach.
  - d) A recommendation (positive or negative) of this article for others. What contribution does this article make related to health outcomes and/or costs associated with health care services?
  - e) Avoid direction quotations unless absolutely necessary – it's usually best to paraphrase.
  - f) Include a minimum of 3 references in addition to the article being critiqued
4. You should use references found within or external to the course readings. APA format should be used for the reference section at the end of the brief. (Every reference in the Reference section should be cited in the text and vice versa.)
5. Grading criteria:
  - A. Content = 80%
    - a. Summary (Purpose, Key Ideas, Conclusion) - 30
    - b. Economic approach & outside reference - 25
    - c. Strengths & Limitations, Relevance - 20
    - d. Recommendation re this article – 5
  - B. Writing – Clarity of expression - 10
  - C. References – 5
  - D. APA format- 5

***Appendix N***  
***NURS 6110: Health Care Delivery Systems***  
***Faculty Grading Rubric for Quality Improvement Assignment***

The Affordable Care Act was established with an intention to improve health care quality and health care access. To support this effort, the Department of Health and Human Services has established a National Strategy for Quality Improvement (Department of Health and Human Services, 2011). The strategy includes three broad aims:

- 1) Improving health care quality by making care more affordable, accessible, and safe.
- 2) Improving community health through addressing behavioral, social, and environmental determinants of health.
- 3) Reducing health care costs.

You will be assigned to work in a group of 3-4 students on a Quality Improvement Innovation that supports the National Strategy aims. As a group, you will choose one of the “Unnatural Causes” videos to view. Your task will be to then design an innovative solution aimed at improving care and/or reducing the health disparity that is illustrated in the video. The goal of this challenge is to generate NEW ideas that transform care and improve quality of life. You are encouraged to design a project that aligns with one of the following focus areas (California Department of Health Care Services, 2014):

- 1) Improving patient safety
- 2) Delivering effective, efficient, affordable care
- 3) Engaging persons and family in their health
- 4) Enhance communication and coordination of care
- 5) Advance prevention
- 6) Foster healthy communities
- 7) Eliminate health disparities

California Department of Health Care Services (2014). *DHCS strategies for quality improvement in health care*. Retrieved from [http://www.dhcs.ca.gov/services/Documents/DHCS\\_Quality\\_Strategy\\_2014.pdf](http://www.dhcs.ca.gov/services/Documents/DHCS_Quality_Strategy_2014.pdf)

Department of Health and Human Services (2011). *Report to Congress: Strategies for quality improvement in health care*. Retrieved from <https://www.amia.org/sites/amia.org/files/Report-Congress-National-Quality-Strategy.pdf>

**Quality Improvement Innovation Challenge- Rubric**

<b>Component</b>	<b>Points</b>
<b>Formatting</b>	
<ul style="list-style-type: none"> <li>• Presentation is in Powerpoint format</li> </ul>	5
<ul style="list-style-type: none"> <li>• Language is clear and free of grammatical errors</li> </ul>	5
<ul style="list-style-type: none"> <li>• In-text citations are included when appropriate</li> </ul>	5
<ul style="list-style-type: none"> <li>• An APA formatted reference list is included (minimum 3 references)</li> </ul>	5
<b>Content</b>	
<ul style="list-style-type: none"> <li>• Problem The authors clearly identify the area of quality improvement and/or topic of disparity that they are addressing. The authors provide detailed explanation of the scale of the problem and the rationale/benefit of addressing this issue. This may include detailed discussion of the population with appropriate statistics, review of current programs in place to address this problem, etc.</li> </ul>	30
<ul style="list-style-type: none"> <li>• Innovative solution The authors clearly describe their innovative solution to the problem. This includes addressing “what?” as well as “how?” The solution can be inspired by a program or initiative currently in place elsewhere, but appropriate references must be included, and modifications that would be necessary for this implementation should be discussed. The authors should discuss challenges (funding, personnel, etc.) as well as describe how those challenges can be overcome.</li> </ul>	30
<ul style="list-style-type: none"> <li>• Evaluation The authors clearly describe how the idea/program will be evaluated for success. Who are the key players? What are the outcomes that will be measured?</li> </ul>	20
<ul style="list-style-type: none"> <li>• Sustainability If this solution is successful, how will sustainability be assured? Funding? Staffing? Ability to grow and/or change as needed?</li> </ul>	20
<ul style="list-style-type: none"> <li>• Generalizability The authors should address the generalizability of the improvement initiative. If, for example, this is a local Q.I. idea, what potential exists for application on a greater scale (state? national?). Can this solution be applied to other problems and/or areas of disparity?</li> </ul>	20
<b>Response and Engagement</b>	
<ul style="list-style-type: none"> <li>• Addresses feedback provided by peers</li> </ul>	10
<b>Total Points Possible</b>	<b>150</b>

**Appendix O**  
**NURS 6110 Health Care Delivery Systems**  
**Faculty Grading Rubric for Delivery System Critique**

Each student will select a country (that was not discussed in class) and will analyze the country’s health care/ public health system utilizing the Eight Factor Model discussed in Lovett-Scott and Prather (2017). Grading, as described below, closely follows this framework as detailed in Chapter 3. The paper should be 8-10 pages in length and should follow APA format.

Lovett-Scott, M. & Prather, F. (2014). *Global health systems: comparing strategies for delivery health services*. Burlington, MA: Jones & Bartlett Learning

**Delivery System Critique- Rubric**

<b>Component</b>	<b>Points</b>
<b>Formatting</b>	
<ul style="list-style-type: none"> <li>• Meets length requirement.</li> </ul>	5
<ul style="list-style-type: none"> <li>• Language is clear and free of grammatical errors.</li> </ul>	10
<ul style="list-style-type: none"> <li>• In-text citations are included (in proper APA format).</li> </ul>	5
<ul style="list-style-type: none"> <li>• An APA formatted reference list is included.</li> </ul>	10
<b>Content</b>	
<ul style="list-style-type: none"> <li>• Introduction               <ul style="list-style-type: none"> <li>➢ Identifies a country not previously discussed in class. Describes population, size, structure.</li> </ul> </li> </ul>	20
<ul style="list-style-type: none"> <li>• Historical               <ul style="list-style-type: none"> <li>➢ Describes the health of the nation and explores the historical access to services</li> </ul> </li> </ul>	30
<ul style="list-style-type: none"> <li>• Structure               <ul style="list-style-type: none"> <li>➢ Examines the structure of the healthcare delivery system. This includes discussion on the infrastructure, policies, staffing patterns and roles.</li> <li>➢ Discusses barriers to care as well as identify facilitators of access.</li> </ul> </li> </ul>	30
<ul style="list-style-type: none"> <li>• Financing</li> </ul>	30

<ul style="list-style-type: none"> <li>➤ Describes how healthcare is funded. Describes the financial priorities (where does the budget go? In particular, address elder care, maternal child care, technology, research, and emphasis on cure vs. care). Addresses compensation of healthcare providers.</li> </ul>	
<ul style="list-style-type: none"> <li>• Interventional <ul style="list-style-type: none"> <li>➤ Describe the delivery focus (primary care, primary health care, acute care, or restorative care, in relation to outcomes)</li> </ul> </li> </ul>	30
<ul style="list-style-type: none"> <li>• Preventative <ul style="list-style-type: none"> <li>➤ Evaluate preventative measures. To what extent is the system maintaining health.</li> </ul> </li> </ul>	30
<ul style="list-style-type: none"> <li>• Resources <ul style="list-style-type: none"> <li>➤ Address human resources as well as social and spiritual resources.</li> </ul> </li> </ul>	30
<ul style="list-style-type: none"> <li>• Major Health Issues <ul style="list-style-type: none"> <li>➤ Describe social determinants of health (examples include culture, race, and gender).</li> <li>➤ Describe public health challenges and initiatives</li> <li>➤ Include prevalence and incidence rates of disease, chronic illnesses, vulnerable populations, familial and genetic illness tendencies, and how people are coping in regards to daily activity independence/dependence.</li> </ul> </li> </ul>	30
<ul style="list-style-type: none"> <li>• Disparities <ul style="list-style-type: none"> <li>➤ Report on the top diseases that disparately affect the population based on social determinants such as race, age, and income.</li> </ul> </li> </ul>	30
<b>Conclusion</b>	
<ul style="list-style-type: none"> <li>• Summary <ul style="list-style-type: none"> <li>➤ Provides a summary of findings</li> </ul> </li> </ul>	10
<b>Total Points Possible</b>	<b>300</b>

## Appendix P

### NURS 6140: Leadership in Health Care

#### Faculty Grading Rubric for Lean Canvas Assignment

Category	Possible Points
Problem <ul style="list-style-type: none"><li>Provides a clear explanation of the need for the program/business.</li></ul>	5
Alternatives <ul style="list-style-type: none"><li>Addresses competitors and their weaknesses.</li></ul>	5
Solution <ul style="list-style-type: none"><li>Clearly describes the solution being offered.</li></ul>	5
Key Metrics <ul style="list-style-type: none"><li>Details how success will be measured.</li></ul>	5
Unique Value Proposition <ul style="list-style-type: none"><li>Clearly differentiates how his/her business is different than what currently exists.</li></ul>	5
Unfair Advantage <ul style="list-style-type: none"><li>Clearly explains why business cannot easily be replicated.</li></ul>	5
Channels <ul style="list-style-type: none"><li>Describes the path to the customer (i.e. TV ads, paper ads, etc.).</li></ul>	5
Customer Segments <ul style="list-style-type: none"><li>Defines the target customer.</li></ul>	5
Cost Structure <ul style="list-style-type: none"><li>Briefly outlines costs including customer acquisition, staff, facilities, and materials.</li></ul>	5
Revenue Streams <ul style="list-style-type: none"><li>Defines where the income will be come from and how the business will be profitable.</li></ul>	5
	<b>Total: 50 points</b>

Appendix Q

NURS6140: Leadership in Health Care

Faculty Grading Rubric for Marketing Strategy Assignment

Component	Points
<b>Target Market</b>	
<ul style="list-style-type: none"> <li>Who will be buying your product or service? Describe those individuals: Demographics? Education? Income?</li> </ul>	5
<b>Current Situation</b>	
<ul style="list-style-type: none"> <li>Define your competition. What do they offer? How are you better?</li> </ul>	5
<b>Marketing Strategy (4Ps)</b>	
<ul style="list-style-type: none"> <li><b>Product:</b> Describe the details</li> </ul>	5
<ul style="list-style-type: none"> <li><b>Promotion:</b> How will you advertise? Why is the cost of promotion? Will you offer any promotions?</li> </ul>	10
<ul style="list-style-type: none"> <li><b>Pricing:</b> What will you charge for your services? How does this compare to competitors? If it is higher or lower, explain.</li> </ul>	10
<ul style="list-style-type: none"> <li><b>Place:</b> Where will you be offering your service? Why did you choose that place? What will your hours be? Will you have a schedule for services?</li> </ul>	10
<ul style="list-style-type: none"> <li><b>Timing of Market Entry:</b> Define when you will open your business. Provide justification.</li> </ul>	5
	<b>Total : 50 points</b>

**Appendix R**  
**Nurs6140: Leadership in Health Care**  
**Faculty Grading Rubric for Business Plan Written Assignment**

Item/Description	Possible Points
<b>Set-Up</b>	<b>10</b>
Title Page- APA format	
Table of Contents- lists each section and page number	
<b>Executive Summary</b>	<b>15</b>
This should provide the reader with a basic understanding of your company. It should make the reader want to learn more about your business.	
<b>Business Description &amp; Vision</b>	<b>15</b>
Include your mission statement (business purpose). Discuss your vision. Discuss goals and objectives of the business. Review your overall strategy to serve the market. Describe your sustainable advantage.	
<b>Definition of the Market</b>	<b>15</b>
Provide information regarding your business industry and its outlook. Define the perceived needs of your market. Define your target customer (include demographics). Describe the scope and share of your business market.	
<b>Description of Products &amp; Services</b>	<b>15</b>
Describe your product/service. Explain how your product/service is competitive. Describe your standards and measures for the quality of your product/service.	
<b>Operations</b>	<b>15</b>
Describe the location of the practice. Describe your facility. Describe your hours of operation. Who are the leaders in your business? What employees will you have, and what are their roles? Include 2-3 job descriptions. Describe the flow of operations. Discuss legal aspects, including state laws and rules governing license to practice.	
<b>Marketing &amp; Sales Strategy</b>	<b>15</b>
Who is your market, and how will you reach it? How will your business apply pricing, promotion, product diversity, and channel distribution to sell products/services? Describe timing of market entry.	
<b>Financial Management</b>	<b>15</b>
Describe your start-up costs in detail. How will you obtain the start-up financing? Project income and expenses <u>by month for the first year</u> (a spreadsheet is recommended). Discuss risk, risk mitigation, and exit strategy.	



<b>Appendices</b>	
SWOT analysis	<b>10</b>
Timelines for operational, organizational, and clinical goals.	<b>15</b>
Elevator pitch	<b>10</b>
<i>Company Brochure (OPTIONAL)</i>	<i>+ 10 extra credit points</i>
<b>TOTAL</b>	<b>150 points (+ 10 extra credit possible)</b>

**Appendix S**

**NURS 6140: Leadership in Health Care**

**Faculty Grading Rubric for Business Plan Presentation Assignment**

Grading Category	Excellent- 10 points	Good- 7 points	Fair- 3 points	Inadequate- 0 points	TOTAL POINTS EARNED
<b>Introduction &amp; Executive Summary</b>	The presenter clearly identified self and credentials. The summary was brief, provided an overview of the business, and outlined main points. The summary generated interest/excitement.	The presenter clearly identified self, but may not have identified credentials. An overview of the business was provided, but it may have failed to clearly outline main points. The summary may have not have generated interest.	The presenter may have failed to identify self and his/her credentials. A summary was provided, but it failed to highlight the main points. The summary did not generate excitement or interest.	The presenter may have failed to identify self and his/her credentials. A summary or outline of the main points was not provided.	
<b>Business Plan</b>	A description of the business and its unique features were detailed.	The presenter clearly described the business, but failed to highlight the unique details.	The presenter was not clear in providing an overview of the business and/or describing its unique features.	The presenter failed to provide an overview of the business and highlight the unique features.	
<b>SWOT analysis</b>	The presenter described the strengths, weaknesses, opportunities, and threats/ challenges. Personal as well as business strengths and weaknesses were addressed.	The presenter identified strengths, weaknesses, opportunities and threats/challenges, but he/she failed to clearly describe them. The presenter addressed business strengths and weaknesses, but failed to address personal strengths and weaknesses.	The presenter partially discussed his/her SWOT analysis, but one or more components were missing.	The presenter did not discuss his/her SWOT analysis.	
<b>Market Analysis</b>	The market analysis identified and described the target customer. The analysis discussed competition, and clearly explained the advantage that his/her business possesses (i.e. services not previously offered or reduced costs to consumer). The industry outlook was addressed.	The market analysis identified target customers and competition. However, the presenter may not have clearly connected the business to the needs of the customer, or may have failed to discuss unique advantage(s) over competition.	The presenter only briefly identified target customers and competition. He/she failed to demonstrate any critical thinking about the market.	The presenter did not discuss the market.	
<b>Operations</b>	The location of the business was discussed and a clear rationale was provided. Business hours were explained and justification was provided. A predicted start-up date was discussed, supported by a clear rationale.	The location was identified, but it may not have been clear why the location was chosen. The business hours may not have been addressed. A predicted start-date was given, but the rationale was unclear.	The location was identified, but little or no further information was given.	The presenter did not address operations.	
<b>Team</b>	Members of the team were identified, and their qualifications and/or expertise were described in a manner that gave credibility to the business.	Members of the team were identified, but their qualifications and/or expertise were not adequately explained.	Members of the team were briefly identified. The presentation lacked details regarding the qualifications of team members.	The presenter did not address the team.	

<b>Marketing Plan</b>	The desired business image was discussed. Advertisement methods were described, and appropriate fit was demonstrated for the business and/or customer.	The desired business image was discussed. Some advertisement methods were listed, but it was not clear why the business would utilize these methods and/or how it would be an appropriate fit for the business and/or customer.	Little effort or attention was given to discuss marketing. It was unclear to the audience how the business was going to be marketed.	The presenter did not address marketing.	
<b>Financial Plan</b>	Possible funding sources were identified in detail. Details regarding profitability and/or sustainability were discussed. Long term outlook was addressed.	Possible funding sources, profitability and/or sustainability, and financial outlook were addressed, but only on a superficial level. Details were lacking.	The presenter briefly mentioned finances, but in a manner that was not comprehensive.	The presenter did not address a financial plan.	
<b>Creativity</b>	The presenter demonstrated creativity in presenting the business plan. There was obviously great effort and thought behind the presentation. The presentation was engaging and enjoyable. The presentation was memorable.	The presenter demonstrated effort and thought behind his/her presentation, but the presentation failed to show creativity. The presentation may have failed to be engaging at times. The presentation did not leave a lasting impact on the audience.	There was minimal creativity behind the presentation. The presentation may have failed to engage the audience.	The presentation lacked any evidence of creativity.	
<b>Professionalism</b>	The presenter spoke clearly, and he/she was easy to understand. The speech was not rushed, and he/she seemed to be well rehearsed. There were no grammatical errors in the visuals used.	The presenter spoke clearly, and he/she was easy to understand. The speech may have felt rushed, or seemed to be inadequately rehearsed. There may have been some grammatical errors in the visuals used.	The presenter at times may have been difficult to understand. At times, the presenter seemed to have been inadequately prepared. There may have been grammatical errors in the visuals used.	The presenter was disorganized and/or unrehearsed. There may have been grammatical errors in visual aids.	

**TOTAL POINTS EARNED** \_\_\_\_\_

**COMMENTS FROM DR. FARWELL:**

## Appendix T

### NURS 6130 Interprofessional Collaboration

#### Faculty Grading Rubric for ICT Risk Reduction Test of Change Project Report

##### Format

- Font size: 11 or 12
- Font: Times New Roman, Arial or Verdana
- Use appropriate headings and subheadings to organize your presentation
- Double spacing
- When “listing” graphics, tools, or appendices, please hyperlink them. Please include the graphs in the “Action” section of the report.
- References are to be used throughout the report and these must correspond with the reference page
- Number pages.
- Use APA format within report to document references
- Submit electronically, but formatted so that the complete report can be printed as one single document.
- Include a cover page.
- **Additional points may be deducted for incorrect format and grammar**

### SPECIFIC REPORT INSTRUCTIONS

**TITLE:** (Name of the ICT Risk Reduction Test of Change topic. No more than 50 characters. Acronyms are acceptable in the title, if you decipher them in your report. You may use acronyms in the title, but please spell out the acronym in the short description below.)

**YOUR NAME AND CREDENTIALS, FOLLOWED BY** “Doctor of Nursing Practice Program, Saint Louis University School of Nursing).

**DATE** (This concludes the cover page)

**SEARCH TERMS** (Cite the terms most appropriate to retrieve this report, were it available on the SON website or the SLU website, e.g., the Center for Interprofessional Education and Research. Absolutely no report will be posted outside of blackboard without the author’s permission.)

TITLE:
DNP STUDENT NAME AND CREDENTIALS:
DATE:
SEARCH TERMS

The meta-structure for learning in this class is Ignatian experiential/reflexive reasoning. The Jesuits have employed this method for more than 400 years. It consists of five steps: Context, experience, reflection, action, and evaluation. Learning this method begins in Week 1 and continues throughout the course. It is also the method is being used to organize this ICT Risk Reduction Test of Change Report. Red-highlighted messages are inserted within the Report Instructions to indicate during which weeks the learning occurs.

**CONTEXT (10 POINTS)**

1. The full name of the project site (Organization, hospital, office, etc and city/state. No acronyms or abbreviations. If the site is a hospital, specify the unit. Also, provide the number of people served. Indicate whether it is a rural or urban community the socioeconomic status of those served, and the languages spoken.). The ICT Risk Reduction Test of Change Project is explained more thoroughly in Week 2.

2. The interprofessional team (The names, professional credentials, positions of each member of the team, the organization for which they worked. Use:

- Credentials, i.e., MD, RN, PT, LCSW, etc.
- Degrees i.e, PhD, MSN,
- Position title without acronyms or abbreviations.
- If an individual represents an organization other than the hosting the project, please include the individual's organization.

Patient/family names are not to be included. You may refer to Patient A, Family AB, etc.)

CONTEXT
Description of setting
Members of the interprofessional team, credentials, position within the organization:'

**EXPERIENCE, USING SBAR** SBAR learning begins with Week 1. (10 POINTS)

S = What was happening at the time you identified your aim.

B = What were the circumstances which led to the situation.

A = What did think the problem was?

R = Recommendation: What should we do to correct the problem? An example follows: "This situation required the formation of an interprofessional team to conduct a test of change."

EXPERIENCE
S:
B:
A:
R;

**REFLECTION (10 POINTS)**

*(In this section, report on the results of team reflection, since team agreement on each of the following is needed before proceeding to the actual test of change. Append your Pre-Meeting, Post-Meet, and Maintenance Activities as an Appendix).*

1. Project Aim (Use one sentence only. Be specific. Use this template, i.e., the aim was to [decrease/increase][What?, e.g., the number of interprofessional referrals] by [insert the "what", e.g., 50%] within [insert time frames, e.g., 2 months]. Acronyms and abbreviations are NOT permitted.) The ICT Risk Reduction Test of Change aim is explained in Week 2.

2. Measures (List of Measures tracked in the project). (10 POINTS)

3. Tools (List Tools used in this project and reference each (hyperlink), both here and in the reference page). Each tool used must have an accompanying illustration/graph/display. A list of tools is presented in Week 2 so that students may begin exploring which are most appropriate for their project. (20 POINTS)

4. Changes List the changes you expected to see. Should be consistent with the aim. The term “changes” as used in this course is explained in Week 2. (5 POINTS)

REFLECTION	
Project Aim:	
Measures:	
Tools:	
Expected change(s):	

**ACTION AND EVALUATION (10 POINTS)**

(The actions in this section are to report on the process outcomes and to analyze task outcomes of the ICT Risk Reduction Test of Change Project).

ACTION(s)	EVALUATION			
	Task Outcomes		Patient (Family/Community) Outcomes	
	Expected	Obtained	Expected	Obtained
Intervention(s)/Processes Changed				

Graphic Display of Patient Outcomes:

SUMMARY AND DISCUSSION (WHAT WAS LEARNED?)
PLANS FOR CAPSTONE (NEXT BEST STEPS):

**1. Tips: Report on process activities/strategies (actions) used (5 POINTS)**

**Story or bulleted format.**

A story format may be used or the answers may be bulleted. If story format is used, be succinct. Succinct does not mean shallow. It means that the concepts depicted in the story are highly organized and presented in a clear manner.

**Sequence.**

Sequence must be logical. It does not need to include content from each week. Be selective in the application of content. The following simply shows how the content of the course is integrated in such a way and it facilitates the development of your project and the writing of your report.

- What was the philosophic foundation of the team and the effective strategies used. Week 1
- What were the team assumptions/norms? Week 3

- What were the change information gathering, communication, and/or documentation strategies Week 3
- What team formation strategies did you use and why (one or two sentences)? Week 4
- What success strategies did you use? Week 5
- What spreading change strategies did you use? Week 5
- What team culture strategies did you use? Week 6, revisiting and building on content from Week 1
- What negotiation strategies were used? Week 7
- What conflict strategies did you use? Week 7
- What trust and tolerance for uncertainty strategies did you use? Week 8
- Is there a graphic (optional) that summarizes the collaborative team process that occurred?

## 2. WORTH 10 POINTS

- Present results in graphic form. Boxed instructions for labeling graphics are taken directly from IHI's instructions on the Improvement story submission form, except for minor changes to the Change Annotation and to Legend.)
- **Title:** Should reflect the data being measured and plotted on the run chart
- **Organization name, City, State/Province, Country:** Organization name should be listed on its own line, no comma after name. Spell out State/Province and Country (do not abbreviate).
- **X-axis title:** Corresponds to the units of what is being measured
- **X-axis interval (or scale)**
- **Y-axis title:** The unit of time over which the data is being tracked and measured
- **Y-axis interval (or scale)**
- **Goal line** (numeric, i.e., Goal: a 50% increase in the number of patient referrals to a mental health provider; Goal: movement from current HPV vaccination rate of 9% to 20% over an 8 week time period).
- **Sample size.** Remember tests of change may have very small sample sizes.
- **Change Annotation(s):** Please indicate that, for example, the symbol ▲ = Date new VAP bundle introduced, etc.) Symbol(s) on graph need need to correspond with annotation at the bottom of the graph.
- **Legend (explanatory tables or list of symbols):** Include a legend only if there is more than one series of data plotted on the graph. This assumes, however, that the axes are titled. What is a legend?

- Present qualitative analysis findings Week 10

**EVALUATION** Week 11, at which point the first draft of the Report is due. (5 POINTS)  
(Bullet responses)

- List changes that occurred.
- List what was learned.
- List the next steps. (Include whether or not your test of change may be developed into a capstone project.

**REFERENCES (5 POINTS)**



Appendix U  
NURS 6100 Health Care Policy and the Advanced Practice Nurse  
Faculty Grading Rubric for Policy Brief

**Policy Brief**

1. Select a policy topic of interest but it should be not be one that you have recently written a paper on for a previous course.
2. The topic should be relevant to health care, a health problem, and/or to nursing. The topic should be approved in advance by the instructor.
3. The policy brief is a concise document and should consist of:
  - a. Executive summary,
  - b. Background of the issue and significance; any relevant constraints, political or economic factors
  - c. Position statement with recommended actions or strategies,
  - d. References (recent and relevant). Include the full reference citation with the journal name, volume and page number rather than only the website address.
4. Format and References:
  - a. Conduct a literature search on the topic within Pub Med, OVID, etc. Contact the instructor if help is needed using the SLU online library.
  - b. Use APA format for the reference citations.
  - c. All references cited in the Brief should be on the reference list and all references on the reference list should be cited in the brief.
  - d. Be sure to use quality references that contain reference lists. For example, an article from Newsweek is not appropriate. Please go to the original source. (Policy brief means policy concise, not policy light).
  - e. Approximately 10-12 references may be required for an "A" grade.
  - f. The brief should consist of approximately 5 pages of content, plus references.
  - g. Avoid direction quotations unless absolutely necessary – it's usually best to paraphrase.
5. A good example of a policy brief is:  
DeMarco, R., & Tufts, K. A. (2014). The mechanics of writing a policy brief. *Nursing Outlook*, 62, 219-224. Available at: [http://www.nursingoutlook.org/article/S0029-6554\(14\)00057-8/pdf](http://www.nursingoutlook.org/article/S0029-6554(14)00057-8/pdf)
6. Here is a web site that provides additional information and a slightly different format.  
John Hopkins University. Women's and Children's Health Policy Center. (2015). Writing policy briefs: A guide to translating science and engaging stakeholders. Retrieved from: [http://www.jhsph.edu/research/centers-and-institutes/womens-and-childrens-health-policy-center/de/policy\\_brief/index.html](http://www.jhsph.edu/research/centers-and-institutes/womens-and-childrens-health-policy-center/de/policy_brief/index.html)
7. Grading Rubric:

Executive Summary	10%
Background content/ issue & data	25%
Position statement/actions/ strategies	30%
Logical organization, clarity, persuasive & appropriate language	15%
References: current&/or relevant, quality	10%
Reference Format	10%

**Updated: January 3, 2018**

## APPENDIX V

NURS 6100-20 Health Care Policy and the Advanced Practice Nurse

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Faculty Grading Rubric- Policy Brief

### **Letter to editor or Legislator – First draft Due 2/7/18 – to be posted in Discussion Forum. Revised final version is due by 2/15/18**

1. This written communication may be a letter to the editor of a newspaper or an email letter to a legislator/ representative or another approved person or organization. It should be composed and submitted to the organization or person.
2. The topic should be related to a health or nursing issue.
3. See the suggested components for the letter in the Patton text (pp. 334-336). (Word length, opening paragraph, position, opposing view or argument, concluding statement, rationale for selection of newspaper, or other source date submitted or planned submission date).
4. Grading criteria:

Content -	50%
Organization and Clarity	50%
5. The letters must be submitted – blind copy to me on the email or send me a copy.

### **Criteria for content and tips for the letter**

- Be organized, clear and concise
- Select a topic in which you have an interest
- State the problem and offer a strategy or solution (s)
- Provide data and/or rationale related to the problem and/or the strategy or position
- Adhere to the format used by the paper or web site
- Be polite – reframe rather than being rude. Avoid name calling. The focus here is persuasion
- Provide your name, address, and other information as specified for the organization.
- Use spell check.
- Have a friend or colleague proof read your letter for clarity of content, grammar, and tone.
- If you cite an article in your letter, be sure to include the full reference at the bottom or end of the letter.

In addition to newspapers, other possible areas to submit include publications, local or state hearings or professional organizations. Your letter must be approved by your instructor prior to your submission.

### **Resources:**

Berkley Library. (2017). Contacting elected officials: Tips for contacting elected officials. Available at: <http://guides.lib.berkeley.edu/ContactingOfficials/Tips>

National Council of State Boards of Nursing (nd). Template letter to legislator. Available at: [https://www.ncsbn.org/APRN\\_formletter\\_Legislator\\_web.pdf](https://www.ncsbn.org/APRN_formletter_Legislator_web.pdf)

Schwartz, N. (2018). How to write a letter to the editor that gets published and read:  
<http://gettingattention.org/articles/176/media-relations-press/writing-guidelines-letter-to-the-editor.html>