

# UNIVERSITY OF SOUTHERN INDIANA

## Doctor of Nursing Practice Final Written Report Evaluation

DNP Project Title \_\_\_\_\_

Student \_\_\_\_\_

DNP Faculty Mentor \_\_\_\_\_

	Satisfactory	Recommended Changes/Notes	Unsatisfactory
<b>Executive Summary</b> is concise, accurate, and provides project overview			
<b>Problem</b>			
Purpose Statement noted early in the paper			
PICO Question Clearly Identified			
Literature supports problem			
Problem/desired change clearly identified			
Scope of change realistic and appropriate			
<b>Theoretical Framework</b>			
Appropriate / guides project			
<b>Project Objectives</b>			
Short and long term objectives outlined			
Objectives are realistic and measurable			
Evaluation measures linked to objectives			
<b>Project Plan</b>			
Scope of Change			
Setting			
Group/Sample			
Tools/Measures			
Project Task (Process Objectives)			
Resources and support for project			
Marketing Plan (need, feasibility, and sustainability clearly presented)			
Budget			
Timeline			
Evaluation Plan			

<b>Human Subject Protection</b>			
Protection provided throughout project and IRB ruling obtained as appropriate			
<b>Results</b>			
All objectives addressed			
Unanticipated consequences identified			
<b>Recommendations</b>			
Site specific			
Placed within organization's strategic plan			
Application to other settings			
<b>Lessons Learned</b>			
Expenditures noted and compared to budget plan			
Describes funding sources not previously identified			
Identifies additional unexpected issues during project period			
<b>Maintaining/sustaining change</b>			
<b>Timeframe</b>			
Contrasted projected and actual			
Changes discussed			
<b>Dissemination</b>			
Incorporates dissemination plan into body of paper			
DNP project and results submitted to peer-reviewed journal			
<b>Writing and organization:</b> APA format utilized appropriately; writing is clear			

Evaluation of Final Report:     Approved as Written  
 Approved with Recommendations  
 Not Approved

Additional Comments:

I have reviewed the project report and agree that it represents the actual work completed.

Practice Partner \_\_\_\_\_ Date \_\_\_\_\_

Faculty Mentor \_\_\_\_\_ Date \_\_\_\_\_

Student \_\_\_\_\_ Date \_\_\_\_\_

DNP Program Director \_\_\_\_\_ Date \_\_\_\_\_