

DNP Translational Research and Clinical Project Final Approval Form

Project Title: Post-Partum Depression: An Educational Intervention for Nursing Staff in a Rural Hospital Obstetrics

Defense Attempt 1

Candidate Name Tonya Jewell **Chair** Gail Godwin **Date** 3/10/2023

| The candidate addresses each Translational Research and Clinical component: | Approved | Approved with the following recommendations | Not Approved | Comments |
|---|-----------------|--|---------------------|-----------------|
| Background information demonstrates the focused need or problem. | ✓ | | | |
| Literature review supports significance / relevance of problem / proposed project / intervention | ✓ | | | |
| Need, feasibility and significance are clearly presented | ✓ | | | |
| Problem/purpose clearly described | ✓ | | | |
| Scope of project realistic and appropriate | ✓ | | | |
| Framework (theoretical/conceptual/practice) is described/evident and applicable | ✓ | | | |
| Other: | | | | |
| Literature, benchmarks and supporting data provided and organized into integrated synthesized summary | ✓ | | | |
| Project objectives stated in feasible and measurable terms | ✓ | | | |

| | | | | |
|---|---|--|--|--|
| Congruence of organizations' strategic plan to project is described | ✓ | | | |
| Other: | | | | |
| Appropriate for objectives | ✓ | | | |
| Clear rationale for actions/method | ✓ | | | |
| Setting and group clearly described | ✓ | | | |
| Implementation methods/tools are feasible and clearly described | ✓ | | | |
| Resources/supports and risks/threats and benefits noted | ✓ | | | |
| Time line is clearly described and feasible | ✓ | | | |
| Evaluation plan is coherent / consistent with project plan | ✓ | | | |
| Evaluation measures linked to objectives | ✓ | | | |
| Outcomes / evidence-based measures appropriate for objectives | ✓ | | | |
| Tools / instruments described and linked to measures and objectives | ✓ | | | |
| Method of analysis clearly described for each measurement. | ✓ | | | |
| Results organized in appropriate format. | ✓ | | | |
| Results linked to problem statement. | ✓ | | | |
| Described the extent to which the objectives were achieved. | ✓ | | | |
| Addressed key facilitators and barriers that impacted the project's objectives. | ✓ | | | |

| | | | | |
|---|---|--|--|--|
| Described unintended consequences) both positive and negative. | ✓ | | | |
| Recommendations/Implications addressed for problem statement, supporting organization, key stakeholders, other settings, and student. | ✓ | | | |
| Included recommendations related to Identified facilitators/barriers and unintended consequences. | ✓ | | | |
| Addressed any ongoing activities or evaluations outside the scope of the DNP Translational Research and Clinical Project. | ✓ | | | |
| Recommendations are described within the framework of the organizations' strategic plan. | ✓ | | | |
| Contribution to Personal Goals in advance practice nursing. | ✓ | | | |
| APA format followed appropriately; writing is scholarly and clear; appropriate for doctoral level education. | ✓ | | | |
| Candidate articulates response to program/clinical questions arising from this project. | ✓ | | | |
| Extent to which candidate met goals/aims of project. If not, appropriate rationale and | ✓ | | | |

| | | | | |
|--|---|--|--|--|
| explanation provided. | | | | |
| Extent to which candidate integrated scientific curiosity and inquiry in project completion. | ✓ | | | |
| Extent to which candidate analyzed issues and provided critique of advanced nursing practice within the project. | ✓ | | | |
| Extend to which candidate demonstrated practice inquiry skills including appraising and translating evidence. | ✓ | | | |
| Evidence of candidate's ability to engage in collaborative partnership(s) in designing and implementing Translational Research and Clinical project. | ✓ | | | |
| Ability of candidate to articulate state of current knowledge as it relates to advanced practice nursing in the health care system. | ✓ | | | |

Overall Evaluation of the Translational Research and Clinical Project Presentation

✓ _____ **Approved**

Summary Comments:

_____ **Conditional Approved**

Required revisions:

_____ **Not Approved**

Summary Comments:



Signature of Evaluating Faculty (Chair) __

Date 3/10/2023

Signature of Evaluating Faculty (committee member) *Josie Dass*

Signature of outside committee member _____