

## Scholarly Project Paper Grading Rubric NURS 8030, 8040, 8050

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_

Rubric is for use by Students, Faculty Project Advisors and Course Faculty

**Instructions to the Student:** This rubric is to serve as the guiding template for the writing requirement of the DNP project. The rubric is based on IMRaD format for publication (Introduction, Method, Results and Discussion), and SQUIRE guidelines (<http://www.squire-statement.org/>) to develop your final paper. It is your responsibility to share this rubric with your faculty advisor.

Use this structure in four ways: 1) as a guide for successfully writing a summative paper of your project, 2) developing your Power Point final presentation, 3) converting your paper into a manuscript for publication, and 4) demonstrating your achievement of the DNP Essentials through your project.

In each course, you will build the paper by sections as defined by this rubric. Beginning in NURS 8030 the introduction section will be written, the Methods section of the paper will be written in NURS 8040, and finally, the Results/Outcome section of the paper will be written in NURS 8050. The student must successfully pass all sections of the paper to receive a passing grade for the courses (NURS 8030, 8040, 8050). B- or above is required to pass graduate level courses. Each paper section will be graded independently in each course.

**The final paper shall not exceed 17 typed, double spaced pages (excluding title page, references, tables, figures); section I should be no more than 5 pages, section II should be no more than 5 pages, and section III should be no more than 7 pages. Limit tables and figures to no more than 3 tables and 6 figures.**

**Instructions to Faculty Advisors and Clinical Mentors:** You should be an active reviewer of the paper and it is the students' responsibility to assure you are given time for review and your comments and suggestions are considered. You will review and grade the final DNP project paper according to this rubric as a *potential* publishable paper by the DNP student.

<b>PAPER FOR 8030 BEGINS HERE</b>		
<b>Title</b>		<b>Possible points</b>
<b>Title page</b>	Indicate that the manuscript concerns an <u>initiative</u> to improve healthcare (broadly defined to include the quality, safety, effectiveness, patient- centeredness, timeliness, cost, efficiency, and equity of healthcare)	5
<b>Introduction 1-5 Pages</b>	<i>Why did you start?</i>	
<b>Problem Description and significance</b>	Describe the health issue you will be exploring. You will be including epidemiologic evidence, clear descriptions of the health/public health concern, operational definitions.  Explain the significance of the issue globally, nationally and locally (in your agency or health system). Why is this project significant in the health system?	20
<b>Available knowledge</b>	Summary of what is currently known about the <u>problem</u> , including relevant previous studies or projects Evidence table integrated and summarized in summary	25
<b>Theoretical framework</b>	Informal or formal frameworks, models, concepts, and/or <u>theories</u> used to explain the <u>problem</u> , any reasons or <u>assumptions</u> that were used to guide and develop the <u>intervention(s)</u> , and reasons why the <u>intervention(s)</u> was expected to work	15
<b>Project aims</b>	Purpose of the project. AIM statement or evaluation question clearly stated (use approved proposal language)	15
<b>Description of people involved</b>	Describes interprofessional team /people involved in the project	5
<b>Clarity of writing and style</b>	Writing style is clear, easy to follow, succinct, and complete. Paper is consistent with APA writing style according to the University of Colorado College of Nursing Standards. Adheres to 5 page limit for this section of paper.	15
<b>FINAL GRADE NUDO 8030</b>	<i>Letter Grade A-F. A passing grade of a B- or higher is required. The student must pass the paper to pass the course.</i>	

<b>PAPER FOR 8040 BEGINS HERE</b>		
<b>Methods, 5 Pages</b>	<i>What did you do?</i>	
<b>Context</b>	Contextual elements considered important at the outset of introducing the <u>intervention(s)</u> . Describe the <u>setting and the population or system</u> . Include <u>inclusion/exclusion criteria</u> .	15
<b>Implementation of the Interventions</b>	<ul style="list-style-type: none"> <li>a. Description of the <u>intervention(s)</u> in sufficient detail that others could reproduce it</li> <li>b. Specifics of the people involved in the interventions</li> </ul>	10
<b>Assessment of the Intervention(s)</b>	<ul style="list-style-type: none"> <li>a. Approach chosen for assessing the impact of the <u>intervention(s)</u></li> <li>b. Approach used to establish whether the observed outcomes were due to the <u>intervention(s)</u></li> </ul>	10
<b>Measures</b>	<ul style="list-style-type: none"> <li>a. Process and outcome measures of the <u>intervention(s)</u> and, their operational definitions, including rationale for choosing them</li> <li>b. Description of contextual elements that contributed to the success, failure, efficiency, and cost</li> <li>c. Methods employed for assessing completeness and accuracy of data, including missing data</li> <li>d. If using an instrument, describe its validity and reliability</li> </ul>	20
<b>Analysis</b>	<ul style="list-style-type: none"> <li>a. Qualitative and quantitative methods used to draw <u>inferences</u> from the data</li> <li>b. Methods for understanding variation within the data, including the effects of time as a variable</li> <li>c. Specifies degree of variability expected in implementation, change expected in primary outcome (effect size), and ability of study design (including size) to detect such effects</li> <li>d. If inferential statistics are used, a power analysis is recommended.</li> <li>e. Describes analytic methods used to demonstrate effects of time as a variable (for example, statistical process control)</li> </ul>	25
<b>Ethical Considerations</b>	<u>Ethical aspects</u> of implementing and studying the <u>intervention(s)</u> and how they were addressed, including, but not limited to, formal ethics review and potential conflict(s) of interest	5

<b>Clarity of writing and style</b>	Writing style is clear, easy to follow, succinct, and complete. Paper is consistent with APA writing style according to the University of Colorado College of Nursing Standards. Adheres to 10 page limit for first 2 sections.	15
<b>Edits to intro section</b>	Complete requested edits to the previous section of the paper, including revision date as directed by project advisor.	Pass/ Fail
<b>FINAL GRADE NUDO 8040</b>	<i>Letter Grade A-F. A passing grade of a B- or higher is required. The student must pass the paper to pass the course.</i>	
<b>PAPER FOR NUDO 8050 BEGINS HERE</b>		
<b>Abstract</b> 1 page	<ul style="list-style-type: none"> <li>a. Provide adequate information to aid in searching and indexing</li> <li>b. Summarize all key information from various sections of the text using the abstract format of the intended publication or a structured summary such as: background, local <u>problem</u>, methods, interventions, results, conclusions</li> <li>c. Abstract written according to potential journal guidelines and should not exceed 200 words.</li> </ul>	
<b>Results, Discussion, and Conclusions</b> total 7 pages (excluding graphs/figures/tables)	<i>What did you find?</i>	
<b>Results</b>	<p>Note: This section is a reporting of results, not commentary on those results (which will be done in the ‘discussion’ sections.)</p> <ul style="list-style-type: none"> <li>a. Summarize the project’s main findings in order of Aim or evaluation question.</li> <li>b. Initial steps of the <u>intervention(s)</u> and their evolution over time (<i>e.g.</i>, time-line diagram, flow chart, or table), including modifications made to the intervention during the project</li> <li>c. Details of the <u>process</u> measures and outcome</li> <li>d. Details about missing data</li> </ul>	20
<b>Discussion</b>	<i>What does it mean?</i>	
<b>Summary</b>	<ul style="list-style-type: none"> <li>a. Key findings, including relevance to the <u>rationale</u> and specific aims</li> <li>b. Particular strengths of the project</li> </ul>	15

<b>Interpretation</b>	<ul style="list-style-type: none"> <li>a. Nature of the association between the <u>intervention(s)</u> and the outcomes</li> <li>b. Comparison of results with findings from other publications</li> <li>c. Impact of the project on people and <u>systems</u></li> <li>d. Contextual elements that interacted with the <u>intervention(s)</u></li> <li>e. <u>Unintended consequences such as unexpected benefits, problems, failures, or cost</u></li> <li>f. Reasons for any differences between observed and anticipated outcomes, including the influence of <u>context</u></li> </ul>	20
<b>Limitations</b>	<ul style="list-style-type: none"> <li>a. Limits to the <u>generalizability</u> of the work</li> <li>b. Factors that might have limited <u>internal validity</u> such as confounding, bias, or imprecision in the design, methods, measurement, or analysis</li> <li>c. Efforts made to minimize and adjust for limitations</li> </ul>	10
<b>Conclusions and Implications</b>	<ul style="list-style-type: none"> <li>a. Usefulness of the work</li> <li>b. Sustainability and suggested next steps</li> <li>c. Potential for spread to other <u>contexts</u></li> <li>d. Any lessons learned for adaptation would be useful for others who may wish to replicate.</li> <li>e. Clinical and/or policy implications of the project. Comment on outcome of program evaluations.</li> <li>f. Costs and strategic trade-offs, including <u>opportunity costs</u></li> </ul>	10
<b>Other information</b>		
<b>Funding</b>	Sources of funding that supported this work. Role, if any, of the funding organization in the design, implementation, interpretation, and reporting	
<b>Edits to previous section</b>	Complete requested edits to the previous sections of the paper, as directed by project advisor.	
<b>Clarity of writing and style</b>	Writing style is clear, easy to follow, succinct, and complete. Paper is consistent with APA writing style according to the University of Colorado College of Nursing Standards. Adheres to 17 page limit for paper, excluding title and reference pages, and appendices.	25
<b>FINAL GRADE FOR 8050</b>	<i>A passing grade of a B- or higher is required. The student must pass the paper to pass the course.</i>	

**SQUIRE Guidelines**  
**(Standards for Quality Improvement Reporting Excellence)**

These guidelines provide a framework for reporting formal, planned studies designed to assess the nature and effectiveness of interventions to improve the quality and safety of care.

**Table 2. Glossary of key terms used in SQUIRE 2.0. This Glossary provides the intended meaning of selected words and phrases as they are used in the SQUIRE 2.0 Guidelines. They may, and often do, have different meanings in other disciplines, situations, and settings.**

**Assumptions**

Reasons for choosing the activities and tools used to bring about changes in healthcare services at the system level.

**Context**

Physical and sociocultural makeup of the local environment (for example, external environmental factors, organizational dynamics, collaboration, resources, leadership, and the like), and the interpretation of these factors (“sense-making”) by the healthcare delivery professionals, patients, and caregivers that can affect the effectiveness and generalizability of intervention(s).

**Ethical aspects**

The value of system-level initiatives relative to their potential for harm, burden, and cost to the stakeholders. Potential harms particularly associated with efforts to improve the quality, safety, and value of healthcare services include opportunity costs, invasion of privacy, and staff distress resulting from disclosure of poor performance.

**Generalizability**

The likelihood that the intervention(s) in a particular report would produce similar results in other settings, situations, or environments (also referred to as external validity).

**Healthcare improvement**

Any systematic effort intended to raise the quality, safety, and value of healthcare services, usually done at the system level. We encourage the use of this phrase rather than “quality improvement,” which often refers to more narrowly defined approaches.

**Inferences**

The meaning of findings or data, as interpreted by the stakeholders in healthcare services – improvers, healthcare delivery professionals, and/or patients and families

**Initiative**

A broad term that can refer to organization-wide programs, narrowly focused projects, or the details of specific interventions (for example, planning, execution, and assessment)

**Internal validity**

Demonstrable, credible evidence for efficacy (meaningful impact or change) resulting from introduction of a specific intervention into a particular healthcare system.

### **Intervention(s)**

The specific activities and tools introduced into a healthcare system with the aim of changing its performance for the better. Complete description of an intervention includes its inputs, internal activities, and outputs (in the form of a logic model, for example), and the mechanism(s) by which these components are expected to produce changes in a system's performance.

### **Opportunity costs**

Loss of the ability to perform other tasks or meet other responsibilities resulting from the diversion of resources needed to introduce, test, or sustain a particular improvement initiative

### **Problem**

Meaningful disruption, failure, inadequacy, distress, confusion or other dysfunction in a healthcare service delivery system that adversely affects patients, staff, or the system as a whole, or that prevents care from reaching its full potential

### **Process**

The routines and other activities through which healthcare services are delivered

### **Rationale**

Explanation of why particular intervention(s) were chosen and why it was expected to work, be sustainable, and be replicable elsewhere.

### **Systems**

The interrelated structures, people, processes, and activities that together create healthcare services for and with individual patients and populations. For example, systems exist from the personal self-care system of a patient, to the individual provider-patient dyad system, to the microsystem, to the macrosystem, and all the way to the market/social/insurance system. These levels are nested within each other.

### **Theory or theories**

Any “reason-giving” account that asserts causal relationships between variables (causal theory) or that makes sense of an otherwise obscure process or situation (explanatory theory). Theories come in many forms, and serve different purposes in the phases of improvement work. It is important to be explicit and well-founded about any informal and formal theory (or theories) that are used.

### **References**

SQUIRE (Standards for Quality Improvement Reporting Excellence) Guidelines. (2015). Retrieved 4/9/2019 at [www.squire-statement.org](http://www.squire-statement.org).