

This is a **READ ONLY** document in pdf format. Please use the plain MSN Capstone Template as your working document.

This is an instructional template only. Please use this to guide you as you work in the MSN Capstone Template. Complete this Title Page by adding your Running head, title of your project, and your name.

Title of Capstone Project

Author Name (First, Middle Initial, and Last)

Western Governors University

College of Health Professions

SKIP THIS SECTION**Abstract**

(Note to students: The Abstract will be completed during the Capstone Course, Task 1 - skip this if you are currently in the Field Experience). The required elements include the following:

1. Problem identification
2. Plan for addressing the problem under investigation
3. Implementation process

**** Note: Abstract length - single paragraph, double-spaced, do not indent, and maximum of 250 words.**

SKIP THIS SECTION

Acknowledgements

(Inclusion of acknowledgements is optional)

This area is to acknowledge family, preceptor, faculty, friends, or anyone you would like to acknowledge.

**** Note:** This area should be completed in the Capstone Course, Task 1 (Skip this if you are currently in the Field Experience, if you choose to include this section).

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**** Note: You MUST add any additional subtitle headings to this Table of Contents as well as the page numbers.**

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Chapter 1: Introduction

Background

Discuss factors, issues, or phenomenon that helped create or contribute to the problem. How did this problem begin and how long has it been a problem? Are there people (individual or groups) and/or conditions that contribute to the problem? Be sure to provide substantial detail to support the background information.

Problem Statement

This section involves the nursing problem you plan to address. The Problem Statement should be clear and concise. You should describe the scope of your problem, the population affected by the problem, location where the problem exists, and other key issues specific to your problem. This section involves a nursing problem statement, not a clinical PICO or research question. This statement should align with your plan to improve the problem.

Practice Change, Quality Improvement, or Innovation

This section will provide an accurate description of the Practice Change/Quality Improvement/Innovation that you plan to develop and implement (focusing on only the implementation activity that you will be doing for this course) to address the problem you identified.

Rationale

This section will provide an explanation of why the practice change, quality improvement, or innovation is being recommended. In short, provide a clear rationale for why your Capstone project is needed in your organization. This information is similar to the information you provided in Field Experience Task 1.

Chapter 2: Review of the Literature

Credible Sources

This section is a brief introductory paragraph where you will refer your reader to Appendix A (The Credible Sources Table).

You must complete all of the columns and rows in the Credible Sources Table (Appendix A). Your sources may include peer reviewed articles or credible websites (.org, .edu, or .gov) published within the last five years. The purpose of your review is to evaluate each source and make an appraisal of the source, based on the following criteria: 1) Database (where source was obtained or **url** if using a website) 2) Peer-reviewed (yes/no), 3) Applicability of recommended best practice to your project, 4) Evidence grade assigned (strength and hierarchy), 5) General appraisal (brief summary of findings and how the findings inform your project), 6) Inclusion (whether you intend to cite the source with an in-text citation) or Exclusion (source will not be cited). Each of the sources that meet criteria for inclusion must be utilized in the Evidence Summary Section (using in-text citations). All sources identified with in-text citations in the body of the paper must be included in your References section.

Best Practices

This section involves a narrative discussion. You will extract the few best practices identified in the Evidence Summary that *directly* support your project, so we recommend you complete it *after* writing the evidence summary. Identify specific behaviors here. In-text citations **MUST** be used to support your identified best practices.

Evidence Summary

This section is based on the sources that met your inclusion criteria/final column in Appendix A - Credible Sources Table. This section provides a summary (synthesis) of the

findings, conclusions, or recommendations identified in the sources that met inclusion. The Evidence Summary should **not** be an Annotated Bibliography (separate critique) of the “included” sources. Instead, it should identify the areas where **consensus** among the various authors of the included sources exists. The findings, positions, and recommendations included in your Evidence Summary should be consistent with the recommendations you are proposing for your Capstone project. Use of **subheadings** in this section greatly facilitates organization of your Evidence Summary. We recommend grouping the “yes” articles by common ideas, which will be represented in the subheadings. **Each** source from the table meeting inclusion criteria will be incorporated into the Evidence Summary. You **MUST** include an APA style in-text citation for every source that met your inclusion criteria in Appendix A, and each in-text citation must be included in your References section.

Subheading (usually required). The use of subheadings will provide both you and the reader a roadmap of information. These are similar to chapter headings in a book. Remember to add them to your Table of Contents.

Subheading (usually required). Type here.

Subheading (usually required). Type here

Recommendation

This is a recap of the problem, evidence, and plan. In this section, you will provide a brief restatement of your problem, a recap of your evidence summary (with citations), and a summary statement about your plan, based on that evidence.

Chapter 3: Implementation

Chapters 3-5 are to be completed during Capstone Task 1; you may leave the headings with blank content for Field Experience Task 2

Description of Steps

The information discussed under this section should be a reflection on the steps that you took to complete your project for this course. As a reminder, this will include a detailed discussion of each of the action steps that you actually completed for your Capstone project. In short, you will need to describe what you actually did. This should be in the past tense.

Discussion of Changes

This section should include a detailed discussion of any changes you made from your original implementation plan

Discussion of Barriers

In this section, you will provide a detailed discussion of any barriers you encountered during the implementation of your Capstone Project. If no barriers were encountered, you should indicate this fact.

Overcoming barriers. This section will include a discussion of how each of the barriers were overcome. If no barriers were encountered, you should indicate this fact.

Identification of Interprofessional Relationships

This section should include a list of any healthcare or interdisciplinary professionals who facilitated the development and implementation of your project. Some examples of these team members may include your stakeholders, ancillary staff, and physicians.

Discussion of relationships. This section should contain a discussion of how each of the identified individuals (from the section above) facilitated the implementation of your Capstone Project.

Chapter 4: Post Capstone Project Considerations

Discussion of Successes

In this section, you will describe the strengths of the project/what went well. Some examples may include, but are not limited to, improvements in awareness or understanding around your topic within the organization, improved communication among stakeholders, or a readiness within the organization leadership and/or staff members to commit to the project.

How successes will inform future projects. This section will include a detailed discussion about **how** this project can be used to inform or facilitate future projects within the organization or in other organizations. Avoid simply explaining *what* happened. What would you definitely do again in future projects?

Aspects that Did Not Go Well

In this section, you will describe the weaknesses of the project/what did not go well. Some examples may include improvements, communication, readiness, and commitment from the organization/stakeholders to the project *that did not go as well or as anticipated*.

Understanding what did not go well. This section will include a detailed discussion of each of the aspects identified that did not go well and how this may impact future projects within your organization or in other organizations. What would you never do again? If there were no negative aspects, you should indicate this fact.

Explanation of How Gap was Bridged

In this section you will provide a detailed discussion of **how** the evidence you found for your project enhanced the development and implementation of your project. This will require a detailed discussion about **how** the current practice was changed, based on the evidence. What about your project helped use current evidence to change nursing practice? What did your

situation look like before, what did the literature search instruct you to do, what does your situation look like now, or how will it look when fully implemented?

Supporting the Plan

In this section you will provide a detailed discussion of both the *short and long term* maintenance plans your organization will use for your project's continued success. This might include, for example, creation of working groups or development of administrative support structures (policies, procedures, staffing adjustments, continuing education, or modifications in the organization structure). If you left the organization, how would this project continue without you?

Resources for Post-Implementation

This section will include a detailed explanation of the resources needed for sustaining the project. See Required Resources and Personnel from Field Experience Task 1 and select resources and personnel still required to sustain the project. Add additional resources and personnel, as needed, to sustain the project.

Chapter 5: Reflection

Integration of MSN Program Outcomes

This final chapter of your Capstone written project provides the opportunity to discuss how the Capstone project allowed for integration of the WGU MSN program outcomes. You should select **two** of the program outcomes that were most relevant to your project. Please refer to the MSN program outcomes (listed below). There are nine total WGU MSN program outcomes.

The following example of a Subheading utilizes keywords from the first WGU MSN program outcomes:

Patient-care technologies and information management strategies. You would then discuss how your project allowed for integration of this program outcome.

Subheading (usually required).

Subheading (usually required).

WGU Master of Science in Nursing program outcomes (This section is not included in the MSN Capstone Template and is intended to be utilized for your reference only.)

The WGU Master of Science in Nursing program graduate will select two of the following MSN Program outcomes:

1. Employ appropriate patient-care technologies and information management strategies to improve quality care outcomes.
2. Integrate clinical reasoning with organizational, patient-centered, culturally appropriate strategies to plan, deliver, and evaluate evidence-based practice.

3. Design innovative nursing practices to impact quality outcomes for individuals, populations, and systems congruent with ethical, professional, and legal standards.
4. Assemble scientific findings from nursing, biopsychosocial fields, genetics, public health, and organizational sciences for the continual improvement of nursing care across diverse settings.
5. Utilize applied research outcomes within the practice setting, navigating and integrating care services across healthcare systems.
6. Design organization and leadership systems that promote high quality patient-care delivery and advance life-long learning.
7. Construct interprofessional teams to communicate, coordinate, collaborate, and consult with other health professionals to advance a culture of excellence.
8. Integrate scientific knowledge including that from genetics and genethics in the continual improvement of nursing care across diverse settings and populations.
9. Provide oversight and guidance in the integration of technology to manage care, identify performance measures and standards that improve quality and safety outcomes.

References

(Please note that this document outline is only a guide. The written paper, including all in-text citations, must be written in proper APA style. All references (sources) that met your inclusion criteria should be identified using in-text citations in the body (narrative portion) of the paper. All of the included sources should be included in the References section.)

- Ball, J.E., Murrells, T., Rafferty, A.M., Morrow, E., & Griffiths, P. (2014) “Care left undone” during nursing shifts: Associations with workload and perceived quality of care. *British Medical Journal of Quality and Safety*, 23(2), 116-125. doi:10.1136/bmjqs-2012-001767
- Driscoll, A., Grant, M.J., Carroll, D., Dalton, Deaton, C., Jones, I.,...Astin, F. (2017) The effect of nurse-to patient ratios on nurse-sensitive patient outcomes in acute specialist units: A systematic review and meta-analysis. *European Journal of Cardiovascular Nursing*, 17(1),
<https://doi.org/10.1177/1474515117721561>
- Park, S. H., Boyle, D. K., Bergquist-Beringer, S., Staggs, V. S., & Dunton, N. E. (2014). Concurrent and lagged effects of registered nurse turnover and staffing on unit-acquired pressure ulcers. *Health Services Research*, 49(4), 1205-1225. doi:10.1111/1475-6773.12158
- Shin, S., Park, J., & Bae, S. (2018). Nurse staffing and nurse outcomes: A systematic review and meta-analysis. *Nursing Outlook*, 66(3), 273-282. doi: 10.1016/j.outlook.2017.12.002
- Sullivan-Havens, D., Jones, C. B., & Carlson, J. (2014). Chief nursing office retention & turnover, 2013: Is the crisis still brewing? Retrieved from
http://www.aone.org/conference2014/Handouts/2014_Concurrent_Handouts/Additional%20Handouts/S330H_BN2.pdf

Credible Sources

[illegible]

Strength of Evidence and Evidence Hierarchy:

Evidence/Strength	Evidence Hierarchy
Level 1	Meta-analysis, Systematic reviews, Integrative reviews, Evidence-Based Practice Guidelines (This level includes; research designs of Meta-Analyses, Systematic Reviews, Integrative Reviews, and EBP Guidelines which are developed from systematic reviews and housed in national repositories.)
Level 2	Randomized Controlled Trial (RCT) and Experimental designs (This level represents evidence from studies using a true experimental design.)
Level 3	Quasi-experimental designs (This level represents evidence obtained from experimental studies without randomization.)
Level 4	Non-experimental designs (This level represents evidence from well-designed non-experimental designs such as retrospective, case-control, cross-sectional, cohort-comparison, prospective, descriptive and correlational single studies.
Level 5	Meta-Synthesis (This level represents evidence from systematic reviews of studies using qualitative methods.)
Level 6	Single Qualitative Studies (This level represents single studies using a qualitative research approach.)
Level 7	Expert Opinion (This level represents materials from a variety of non-research based evidence and generally consists of reports of expert committees and/or opinions of authorities on the subject. The evidence from this level includes: specialists' opinions, case studies, non-evidence-based practice guidelines, narrative reviews, editorials, regulations, legislation, and program outcome data/QI projects)

Appendix B

Organization Approval Letter

Copy and paste your Organization Approval Letter here please.

Appendix C

Preceptor Agreement Form

Copy and paste your Preceptor Agreement Form here please.