



California State University, Dominguez Hills
School of Nursing

Culminating Activity Handbook

Purpose

Graduate degrees involve the pursuit of advanced theoretical and applied knowledge. Demonstration of that specialized knowledge is typically required at the end of the program in the form of a Culminating Activity (e.g. thesis, comprehensive examination, or directed project). The School of Nursing MSN Culminating Activity is an oral presentation to faculty, supported by PowerPoint slides, to demonstrate achievement of the expected program outcomes by the master's degree candidate.

The purpose of the Culminating Activity is for the degree candidate to:

- Integrate learning across the entire program to demonstrate mastery of the subject matter
- Apply this learning outside of individual assignments/courses
- Show critical and independent thinking
- Demonstrate knowledge, skills, values for new graduate-level roles

MSN Program Learning Outcomes

Upon the completion of the Master of Science in Nursing program, the student will be able to:

1. Integrate advanced nursing knowledge and theories/models with a focus on improving direct/indirect person-centered and population health outcomes.
2. Synthesize, translate, apply, and disseminate scientific evidence to improve health and health care delivery.
3. Appraise and utilize healthcare technology and information systems to enhance nursing decision making and quality of care, including risk reduction and patient safety.
4. Use leadership and systems thinking skills to collaborate with interprofessional team members and stakeholders to coordinate safe, quality, and equitable care to diverse individuals and populations.
5. Demonstrate role specific professional identity, ethical practice, and personal/professional development.

Professional Resume

Prepare a professional resume as though you are applying for a position aligned with the role you studied. Format the document as a resume (APA style does **not** apply to the resume). There are resume templates available in Word: click on File > New and then use the search box to find the resume templates to download. Limit your resume to 3 pages. You may submit your Resume as a Word document or PDF file. Use the following file naming convention for your file: LastName_FirstName.file extension
Example: Smith_Jane.docx

A few resources for nursing resume writing:

- [Expert Resumes for Health Care Careers](#), 2nd Ed., by Wendy S. Enelow and Louise M. Kursmark in the CSUDH library as an ebook
- Nurse.org [The Ultimate Guide to Nursing Resumes in 2022](#) - the video is worth watching for tips on job searching, resumes, interviews
- [TheResumeRx.com](#)
- You may receive resume guidance and feedback from the CSUDH Career Center <https://www.csudh.edu/career-center/>

For the Culminating Activity, the **required** resume elements are:

- Objective – a statement in 2-3 sentences that focuses on your capabilities for a targeted position aligned with your role option. Unlike a career summary, the resume objective is best for a career changer because of the emphasis on potential rather than past achievements in the role.
- Education – use “anticipated graduation” verbiage for this MSN program
- Professional experience for the targeted position
- License and certificates
- Active involvement in committees or leadership/evidence-based practice activities

Oral Presentation and PowerPoint

You will prepare an oral presentation, supported by Microsoft PowerPoint slides, that explains how you have achieved specific MSN Program Outcomes. The presentation file will be submitted by the published due date, in advance of the presentation, to Canvas and to Turnitin (within Canvas) to check for similarity.

The presentation will be delivered orally to a faculty panel of two individuals using Zoom conferencing technology. You will have the option to turn on the video camera for your presentation or to leave it off. Faculty will be on/off camera the same as the student’s camera. We encourage the use of a professional Zoom virtual background to maintain privacy.

Screen sharing in Zoom will be activated for students to share their PowerPoint and control the advancement of the slides during the presentation. For this reason, a computer must be used rather than a mobile device. Loaner laptop or video camera with microphone can be accessed via the CSUDH [Technology Checkout Program](#). Arrangements need to be made many weeks in advance, so please plan accordingly if you need to borrow equipment. Presentation participants can use their computer audio or a Zoom phone call-in number for the audio portion of the presentation. **Pre-recording the oral presentation is not permitted.** Take steps to ensure a stable internet connection for the presentation (e.g. use a long ethernet cable to hard wire to your router, minimize other internet use in the area).

You will have a maximum of 30 minutes to present. Please use the first-person voice (I, we) in your presentation. The presentation procedure is as follows:

- Few minutes: Introductions and transition to screen share
- 30 minutes: Candidate presents to the faculty panel
- 15 minutes: Questions, collegial dialogue, and critique
- 15 minutes: Panel’s review (without candidate) and decision
- Next hour: Call back to the candidate with decision and feedback

The PowerPoint slides, as an element of the Culminating Activity for the degree, should represent your best work. Use the PowerPoint media appropriately for a formal professional presentation. A tutorial is included in the Canvas classroom. Avoid including photos of family, pets, hobbies, and religious notations. Carefully choose your slide template/background and graphics for a visually appealing product. Keep font styles and sizes consistent from slide to slide. Be sure to add APA style citations and reference slide(s) for APA compliant references. Self-citation of academic papers is not expected. Do cite original sources and copyrighted images.

As you develop your presentation, please revisit the intention in the purpose section of this document. Also carefully consider the information presented in the *MSN Program Outcomes Worksheet* below and the *MSN Culminating Activity Rubric* (a separate Excel file).

Introductory Statement – Plan to spend 2 minutes or less on the introductory statement. Begin your presentation with a self-introduction and state your role option. Do NOT discuss your resume because faculty will review this prior to the presentation. Provide some context for the clinical preceptorship experiences such as the name of the agency, type of unit, and the job title/role of the preceptor.

MSN Program Learning Outcomes

- Give examples of how you have achieved each program learning outcome (PLO) through coursework (assignments, learning activities and/or role performance clinical experiences).
- Refer to the supplemental worksheet below for examples for each PLO.
- Give examples of how you have achieved each of the outcomes through your coursework (assignments, learning activities, and/or role focused clinical preceptorship experiences). Do focus on the **application of knowledge** (what you did, how you used knowledge) for **your role** in the practice setting.

Procedures

1. File the [Culminating Activity Eligibility Form](#) by the deadline of **April 1** for Fall graduation and **October 1** for Spring graduation.
2. Students deemed eligible will be entered into a Canvas classroom titled *MSN Culminating Activity Semester Year*. All communication regarding the Culminating Activity will take place via that Canvas classroom once activated.
3. You will need to attend the **mandatory preparation session** to be permitted to sign up for a date/time to deliver the oral presentation. You are strongly urged to review the information within this handbook and the scoring rubric to understand the general expectations prior to the preparation session, which will focus on role specific perspectives.
4. At the beginning of the semester, you will be notified via Canvas Announcement when the sign-up for the oral presentations is available. You will be able to choose from a variety of dates/times. If you fail to sign-up by the deadline, a date/time will be assigned to you.

5. The PowerPoint presentation will be submitted to Turnitin for a similarity report. Use the following file naming convention: LastName_FirstName.pptx Example: Smith_Jane.pptx
6. When ready to submit your files for faculty review (by the deadline), be sure to attach the correct files. Both the Resume and PowerPoint files need to be attached to the one (1) submission. If a resubmission of a file is needed, upload both files in the same submission via the assignment link in Canvas by the required deadline.
7. The Zoom link and phone number will be posted in the Canvas classroom.
8. In the event of a “no-show” or tardiness of greater than 5 minutes, you will have to contact the Graduate Program Director to reschedule the oral presentation. If possible, the presentation will be rescheduled within the same semester; however, it may have to be deferred to the following semester.

Evaluation

Faculty will evaluate the Culminating Activity using a standardized grading rubric (available on the website and Canvas classroom). You must achieve a minimum score of 80% to complete the Culminating Activity. To pass, both members of the evaluation panel must recommend a pass.

The results of the presentation will be communicated to you verbally the same day as the presentation. Should you receive a score less than 80% on the initial attempt, the Culminating Activity is deemed incomplete. Preparation to revise for subsequent presentation is accomplished by meeting with the Role Advisor to discuss the faculty feedback, slides, and resume. Depending on the extent of revisions needed, a repeat presentation may be scheduled that same semester, or a recommendation made to defer to the next semester to provide more preparation time. There is a limit of three (3) presentations of the Culminating Activity. If you do not pass on the third and final attempt, no degree conferment will be recommended by the School of Nursing.

MSN Program Outcomes Worksheet

Key: NA = Nurse Administrator, NE = Nurse Educator, FNP = Family Nurse Practitioner, CNS = Clinical Nurse Specialist

MSN Program Outcome	Definitions ¹	Examples & Notes
<p>1. Integrate advanced nursing knowledge and theories/models with a focus on improving direct/indirect person-centered and population health outcomes.</p>	<p>Core Disciplinary Knowledge - The intellectual structures within which the discipline delineates its unique focus of vision and social mandate. American Association of Colleges of Nursing has identified core disciplinary knowledge as having three components: historic and philosophic foundations to the development of nursing knowledge; existing and evolving substantive nursing knowledge; and methods and processes of theory/knowledge development.</p> <p>Direct Care - Direct care refers to a professional encounter between a nurse and an actual individual or family, either face to face or virtual, that is intended to achieve specific health goals or achieve selected health outcomes. Direct care may be provided in a wide range of settings, including acute and critical care, long term care, home health, community-based settings, and telehealth.</p> <p>Indirect Care - Indirect care refers to nursing decisions, actions, or interventions that are provided through or on behalf of individuals, families, or groups. These decisions or interventions create the conditions under which nursing care or selfcare may occur. Nurses might use administrative decisions, population or aggregate health planning, or policy development to affect health outcomes in this way. Nurses who function in administrative capacities are responsible for direct care provided by other nurses. Their administrative decisions create the conditions under which direct care is provided. Public health nurses organize care for populations or aggregates to create the conditions under which improved health outcomes are more likely to occur.</p>	<p>Advanced Nursing Knowledge Examples</p> <p>FNP: Ability to integrate Pathophysiology, Pharmacology, Health Assessment, and diagnostic reasoning into patient care. Example: Case Presentation.</p> <p>CNS: Ability to integrate Pathophysiology, Pharmacology, and specialized population knowledge (Adult-Gero, Neonatal, or Pediatric). Examples: Clinical Case Report, Cultural Group Disparities & Plan of Care.</p> <p>NE: Curriculum development or revision/changes, teaching and learning strategies, or assessment and evaluation. Integrate nursing disciplinary knowledge into example.</p> <p>NA: Knowledge of regulatory standards, Nurse Sensitive Indicators, staffing methodologies, patient classification systems, budgeting, and finance. Choose one major concept (from above) as a focus for the example presented and integrate other related concepts into that example.</p> <p>Direct/Indirect Care Theory/Model Examples for Roles</p> <p>FNP: Nursing theories (grand, middle range, models). May also incorporate theories from other disciplines as it relates to the role such as the Transtheoretical Model, Organizational Change Theory, Health Belief Model, Bandura, PDSA Quality Improvement Model, or IHI Model of Improvement.</p> <p>CNS: Nursing theories (grand, middle range, models). May also incorporate theories from other disciplines as it relates to the role such as Complex Adaptive Systems Theory, Change Theory, health promotion or behavioral change theories, or Quality Improvement Models.</p>

	<p>Health policies create broad scale conditions for delivery of nursing and health care.</p> <p>Person Centered Care - “Empowering people to take charge of their own health rather than being passive recipients of services” (WHO, 2021). This care strategy is based on the belief that patient views, input, and experiences can help improve overall health outcomes.</p> <p>Population - A collection of individuals who have one or more personal or environmental characteristics in common.</p> <p>Care Outcomes - Outcomes are defined as the end points of care, substantial changes in the health condition of a patient, and changes in patient behavior caused by medical interventions. Given these definitions, outcomes related to clinical practice are any change that resulted from health care.</p>	<p>NE: Teaching/Learning Theories, Behavioral, Cognitive, Constructive, Humanistic, or Adult Learning Principles. NA: Quality Improvement Models, Change Theories, or Leadership Theories.</p> <p>Population Theory/Model Examples: Project in MSN 514 Health Promotion & Disease Prevention course (poster, abstract, PPT, and links to role) is the preferred example.</p> <p>Theories - Health Belief Theory, Theory of Planned Behavior, Social Cognitive Theory, Health Promotion Theory, or Pender’s Health Promotion Theory.</p> <p>Notes:</p> <ul style="list-style-type: none"> ➤ Discuss the relevance and applicability of the theory/model (why you chose this theory/model) ➤ Theory needs to match (good fit) the topic/patient population covered ➤ Include a diagram that addresses concepts, depicts relationships, achieve desired/planned outcomes. Use the diagram as a guide to discuss the application of theory. ➤ 2 theories/models and 2 diagrams need to be presented for this PLO (direct/indirect care person centered health outcomes and population health outcomes). ➤ Citations are expected for nursing knowledge and theories/models.
<p>2. Synthesize, translate, apply, and disseminate scientific evidence to improve health and health care delivery.</p>	<p>Evidence-based practice - A conscientious, problem-solving approach to clinical practice that incorporates the best evidence from well-designed studies, patient values and preferences, and a clinician’s expertise in making decisions regarding a patient’s care. Being knowledgeable about evidence-based practice and levels of evidence is important for clinicians to be confident about how much emphasis they should place on a study, report, practice</p>	<p>Notes:</p> <ul style="list-style-type: none"> ➤ Discuss the use of EBP (application) to target groups of patients, students, or staff to improve health/health care delivery. ➤ Can begin with the MSN 530 PICOT paper, which focuses on a topic relevant to the role option (e.g. NE effective teaching strategy, training methods for professional development, or mentorship; NA work

	<p>alert or practice guideline when making decisions about a patient's care.</p> <p>Translation - The process of turning observations in the laboratory, clinic, and community into interventions that improve the health of individuals and the public - from diagnostics and therapeutics to medical procedures and behavioral changes.</p>	<p>environment, culture, interprofessional practice, nurse engagement, patient engagement, shared governance, leadership of EBP). Discuss synthesis of evidence (article matrix) and apply information to make a practice recommendation.</p> <ul style="list-style-type: none"> ➤ Translation and application are typically experienced in the role performance courses. OK to explain elements for this PLO in segments using different projects as examples. ➤ Overall, you will need to provide an exemplar of how you searched the literature, critiqued the literature, synthesized the findings, and put out the final product. Then explain how you applied EBP or the most current national guideline to an issue relevant for your role option. Next, how you collected and analyzed outcome data from your applied EBP/guideline. Last, how the knowledge or evidence was disseminated outside of the classroom. <p>Potential Assignment Examples from Role Courses:</p> <p>FNP: Literature review and matrix for an FNP topic for improvement in the clinic setting with global ramifications (FNP I); identify the expected outcomes, current process used, identify a toolkit, pick a patient behavioral change model Transtheoretical Change, PDSA model, Kotter's Change Model (Women's); literature findings that support the change in clinic settings, how the patient behavioral change model is applied, motivational interviewing, what is done at each step of the PDSA model, financial implications and ethical implications (FNP III).</p> <p>CNS: Integrative Review paper and EBP implementation project for a change in nursing practice.</p> <p>NE: Teaching portfolio but add synthesis of evidence for strategy(ies) selected to teach for the learning objectives. Strategies must be evidence-based. Address outcome</p>
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<p>3. Appraise and utilize healthcare technology and information systems to enhance nursing decision making and quality of care, including risk reduction and patient safety.</p>	<p>Healthcare Technology (per SON faculty) – technology tools or software designed to boost hospital/clinic and administrative productivity, give new insights into medicine and treatments, or improve the overall quality of healthcare provided. Examples: computer systems, communication technology, remote patient monitors (BP, O2sat, cardiac, falls monitoring), smart pumps, point of care testing (Hgb, A1c, glucose).</p> <p>Health Information Technology (HIT) - The electronic systems healthcare professionals and patients use to store, share, and analyze health information. HIT consists of many types of applications such as Electronic Health Records, personal health records, electronic prescribing, mobile applications, social networks, monitors, wearables, nanotechnology, genomics, and robotics.</p> <p>Information and Communications Technologies (ICT) - Technologies that provide access to information through telecommunications, including the internet, telephones, cell phones, wireless signals, networks, satellite systems, telehealth/telenursing, and video conferencing.</p>	<p>Role Option Examples</p> <p>NA: budget system management, patient outcomes, quality & safety data, percentage of patients exposed to events, patient privacy, patient satisfaction, staff satisfaction, physical impact of technology on health outcomes.</p> <p>FNP: Percentage of patients with undesired outcomes (uncontrolled chronic conditions such as continuing elevated BP, habits, medication reconciliation), physical impact of technology on health outcomes</p> <p>CNS: Patient/Staff, quality & safety data, budget outcomes, physical impact of technology on health outcomes</p> <p>Academic NE: Use of technology to enhance the teaching-learning outcomes, conducting item analysis of the exams, use exit survey to improve the quality of the program.</p> <p>Hospital NE: System/hospital data to support staff training and needs assessment, use of technology to enhance the development and training of new graduate/residency programs, assessment, and evaluation of the progress of the new graduate nurses, promotion, and retention of the staff.</p> <p>Notes:</p> <ul style="list-style-type: none"> ➤ Discuss the use of technology and/or information

		<p>systems to enhance nursing decision making abilities.</p> <ul style="list-style-type: none"> ➤ Address quality improvement and minimizing risk using different sources of data. How do you use data to measure the effectiveness of your outcomes?
<p>4. Use leadership and systems thinking skills to collaborate with interprofessional team members and stakeholders to coordinate safe, quality, and equitable care to diverse individuals and populations.</p>	<p>Interprofessional team - The cooperation, coordination, and collaboration expected among members of different professions in delivering patient-centered care collectively.</p> <p>Systems thinking - Apply knowledge of the complex systems of health care. How the components of a system interact with one another, and the outcomes of that system can be improved. For example, how a small project at the unit level (microsystem) impacts the larger system.</p>	<p>Role Option Examples</p> <p>NA: Project focus or QI to address health outcomes that involve IPC. TeamSTEPPS is an IPC model. Improving nurse sensitive indicators with IPC. Systems thinking needs to link to the larger perspective such as Triple/Quadruple Aim. The Just Culture approach to safety. Diversity may include staff or patients.</p> <p>NE: How standards/regulation change practice and affect health/nursing outcomes. Interprofessional education and collaboration, simulation, or inservice training. Diversity may include learners or patients.</p> <p>CNS: Active participation in Interprofessional Rounds or Discharge Planning Rounds with discussion of system nature of the issues and solutions with CNS contribution. Project focus or QI to address health outcomes that involve IPC. TeamSTEPPS is an IPC model. Improving nurse sensitive indicators with IPC. Systems thinking as presented in MSN 550. Relate the diversity focus to your specialty population (Adult-Gero, Neonatal, or Pediatric).</p> <p>FNP: Describe a plan to implement an interprofessional collaborative approach (not one-way directives). Project proposed addresses team-based approach, system level issues/barriers and incorporates evidence-based interventions that are interprofessional. May involve patient-focused planning, referrals, and follow-up but must articulate IPC.</p>

		<p>Notes:</p> <ul style="list-style-type: none"> ➤ Do not use SGL as a leadership example ➤ Explore literature from non-nursing disciplines and/or interprofessional research ➤ Even without specific experience, you should be able to describe the plan for IPC and what that could achieve per the evidence. ➤ The care team may include Administration ➤ Leadership and systems thinking example must be from the preceptorship experience.
<p>5. Demonstrate role specific professional identity, ethical practice, and personal/professional development</p>	<p>Ethical Competence – The ability to recognize an ethical situation/issue (awareness/sensitivity), the ability to determine a justifiable action (reflection/decision-making), and have the motivation, knowledge, and skills to implement a decision (comportment and action)</p> <p>Professional Identity - The representation of self, achieved in stages over time during which the characteristics, values, and norms of a profession are internalized, resulting in an individual thinking, acting, and feeling like a member of the profession.</p> <p>Professional Development - Taking purposeful action to engage in structured activities to advance career development, education, leadership, program management, and/or compliance initiatives.</p> <p>Lifelong Learning - the continuing development of knowledge and skills people experience after formal education and throughout their lives.</p>	<p>Notes:</p> <ul style="list-style-type: none"> ➤ In this section faculty want you to focus on the big picture and tying things together. Provide a specific instance, but then offer a discussion of the higher-level issues that are connected. Some examples of overarching perspectives are Healthy People 2030, Affordable Care Act, state level policy, organizational level policy. ➤ Reflect on and explain your change in your identity in the role between the 1st course and end of the program. Provide an example from clinical to represent your current role identity. <p>Ethical competence is demonstrated through examples from coursework and/or clinical precepted experience (not work). Specifically explain your analysis of current policies and practices for the specialty role in the context of an ethical framework. Discuss the ethical connections and interrelationships to organizational policy, state level policy, such as Healthy People, Social Determinants of Health, or other guidelines. Provide an example of an ethical situation or issue in the MSN specialty/APRN practice and a justifiable course of action (consider</p>

		<p>reflection/ethical decision-making/ethical principles). Propose solutions when unethical behaviors are observed.</p> <p>Assignments that may contribute to your description of development during the program and plan with timeline for next steps (short-term) toward lifelong learning include the Professional Development Plan from MSN 502 and your Professional Portfolio from the NE or CNS role courses.</p>
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¹Source: American Association of Colleges of Nursing. (2021). The Essentials: Core Competencies for Professional Nursing Education.