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Document Details

Submission ID**trn:oid:::30744:105260773****Submission Date****Jul 21, 2025, 4:19 PM GMT+5:30****Download Date****Jul 21, 2025, 4:19 PM GMT+5:30****File Name****NR 705 Wk 3 Discussion.docx****File Size****17.7 KB****3 Pages****502 Words****2,975 Characters**

0% detected as AI

The percentage indicates the combined amount of likely AI-generated text as well as likely AI-generated text that was also likely AI-paraphrased.

Caution: Review required.

It is essential to understand the limitations of AI detection before making decisions about a student's work. We encourage you to learn more about Turnitin's AI detection capabilities before using the tool.

Detection Groups



0 AI-generated only 0%

Likely AI-generated text from a large-language model.



0 AI-generated text that was AI-paraphrased 0%

Likely AI-generated text that was likely revised using an AI-paraphrase tool or word spinner.

Disclaimer

Our AI writing assessment is designed to help educators identify text that might be prepared by a generative AI tool. Our AI writing assessment may not always be accurate (it may misidentify writing that is likely AI generated as AI generated and AI paraphrased or likely AI generated and AI paraphrased writing as only AI generated) so it should not be used as the sole basis for adverse actions against a student. It takes further scrutiny and human judgment in conjunction with an organization's application of its specific academic policies to determine whether any academic misconduct has occurred.

Frequently Asked Questions

How should I interpret Turnitin's AI writing percentage and false positives?

The percentage shown in the AI writing report is the amount of qualifying text within the submission that Turnitin's AI writing detection model determines was either likely AI-generated text from a large-language model or likely AI-generated text that was likely revised using an AI-paraphrase tool or word spinner.

False positives (incorrectly flagging human-written text as AI-generated) are a possibility in AI models.

AI detection scores under 20%, which we do not surface in new reports, have a higher likelihood of false positives. To reduce the likelihood of misinterpretation, no score or highlights are attributed and are indicated with an asterisk in the report (*%).

The AI writing percentage should not be the sole basis to determine whether misconduct has occurred. The reviewer/instructor should use the percentage as a means to start a formative conversation with their student and/or use it to examine the submitted assignment in accordance with their school's policies.

What does 'qualifying text' mean?

Our model only processes qualifying text in the form of long-form writing. Long-form writing means individual sentences contained in paragraphs that make up a longer piece of written work, such as an essay, a dissertation, or an article, etc. Qualifying text that has been determined to be likely AI-generated will be highlighted in cyan in the submission, and likely AI-generated and then likely AI-paraphrased will be highlighted purple.

Non-qualifying text, such as bullet points, annotated bibliographies, etc., will not be processed and can create disparity between the submission highlights and the percentage shown.



The DNP Practice Change Project: The Data Collection and Analysis Plan

1. State your practice question in PICOT format.

P- Among staff members providing care to patients with bipolar disorder

I – How does the implementation of the teach back method

C – Compared to standard educational practices

O – Improve confidence and conviction in managing patients with bipolar disorder

T – Over an intervention period of 8-11 weeks

In staff members caring for patients with bipolar disorder (P), how does the implementation of the teach back method (I), compared to standard educational practices (C), affect their confidence and conviction in patient management (O), over an intervention period of 8 to 11 weeks?

2. Describe the plan you will have in place to maintain confidentiality of participants data, both regarding the data you will collect as well as how you will protect their identity.

All collected data will be de-identified and assigned unique codes to remove any personal identifiers. This means that no names or identifiable information will appear in the final report or data set. Data will be stored in an encrypted and password-protected flash drive, which will only be accessible to the DNP project manager and the practicum preceptor. If physical documents are used, they will be stored in a locked cabinet and shredded after electronic entry. Finally, the

results will be reported in aggregate form to ensure that individual responses cannot be traced back to any participant (American Nurses Association, 2025).

3. Explain the safeguards you will have in place to protect the data over time.

As previously mentioned, all information will be stored on an encrypted flash drive kept in a secure cabinet or locked drawer at the practicum site. This will ensure that data is safeguarded over time and only authorized personnel will have access. The practice is also consistent with ethical research guidelines which advocate for protecting data from loss or unauthorized access over time (U.S Department of Health and Human Services, 2025). These safeguards ensure that data remains protected from unauthorized access or breaches, as LoBiondo-Wood & Haber (2021) suggest, during the 7-year period of retention.

4. How long will you maintain the data and what will be done with the data after this period?

The collected data will be securely maintained for a period of seven years following standard institutional and ethical guidelines. The encrypted flash drive will remain in a secure and locked location during the period. Further, at the end of the 7-year retention, the data will be permanently deleted from the flash drive and the flash drive will be physically destroyed to prevent potential recovery. This will ensure responsible disposal of participant data and long-term confidentiality.

References

American Nurses Association. (2025). Code of ethics for nurses with interpretive statements.

American Nurses Association. Retrieved from <https://codeofethics.ana.org/provisions>

LoBiondo-Wood, G., & Haber, J. (2021). *Nursing research E-book: methods and critical*

appraisal for evidence-based practice. Elsevier Health Sciences.

<https://oysconnelibrary01.wordpress.com/wp-content/uploads/2016/09/study-guide-for-nursing-research-methods-and-critical-apprai.pdf>

U.S Department of Health and Human Services. (February 11, 2025). 45 CFR 46: Protection of

Human Subjects. Retrieved from <https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html>