

# DNP Handbook

# 2022-2023

The DNP Program Handbook has been compiled as a resource for students and advisors. It is intended to provide annually updated program information as comprehensively as possible in one place. Information herein is based on College of Nursing requirements for the DNP Program. Policies, procedures, and requirements are subject to change and may be superseded by action of the Professional Graduate Nursing Program Committees of the College of Nursing.



The mission and vision of the College of Nursing are accomplished through leadership by faculty, staff, and students. ***The leadership philosophy of the College embraces resiliency, shaping positive change, pro-active thinking, effective partnerships, and risk-taking toward creative possibilities.***

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## MISSION AND VISION STATEMENTS<sup>1</sup>

The mission of the College of Nursing is to transform lives through premier nursing education, innovative research, the highest quality health care, and promotion of health equity.

The vision of the College of Nursing is to be a vital contributor to a world-renowned health sciences center and to: advance innovative nursing education incorporating evidence-based experiential and active learning approaches; lead health care and health systems solutions based on world-class nursing research; promote health, reduce the burden of illness, and foster health equity in Nebraska and beyond; and, embrace diversity and inclusivity as essential to excellence.

## PHILOSOPHY STATEMENT<sup>2</sup>

The philosophy statement of the College of Nursing is consistent with the overall role and mission of the University of Nebraska Medical Center, which emphasizes education, research, patient care and outreach to underserved populations. This philosophy of nursing and nursing education is embedded in a milieu of commitment to quality of work and learning environments, respect for diversity, and an appreciation of scientific inquiry.

## HUMAN BEINGS

Clients, students, faculty, and co-workers are viewed as unique human beings who are intrinsically valued and worthy of respect. Human beings are embedded in a cultural milieu. They have inherent rights and reciprocal responsibilities. Humans are in the process of constantly evolving and have potential for growth.

## ENVIRONMENT

The environment consists of economic, social, cultural, legal, ethical, technological, ecological, and political forces which interact at local, state, regional, national, and global levels. The environment influences health and how health care is organized and implemented. Human beings interact with, influence, modify, and adapt to the environment. Nursing practice, education, and research are affected by and affect the environment. Environmental forces at all geopolitical levels influence the health care system.

## HEALTH

Health is a dynamic, multidimensional process of developing which is influenced by biological factors, individual perceptions, cultural norms, and environmental forces. It is an important part of human experience and quality of life. Health affects and is affected by human need, potential, behavior and choice. The aim of health care is achievement of a fuller measure of health for all members of society. Achievement of this goal requires an integrated approach and partnerships between clients, health care professionals and the community. This approach includes promoting wellness and positive lifestyle; facilitating coping; preventing disease, dysfunction,

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<sup>1</sup> Approved: February 2009; Revised May 2016

<sup>2</sup> Approved: February 2009

and/or injury; and caring for those who are experiencing health problems. All members of society have a right to access health care.

## **NURSING**

Nursing is a scholarly practice discipline which integrates both art and science in the care of human beings as individuals and aggregates. The goal of nursing is to promote client health using knowledge, clinical judgment, skills, experience, and leadership. Nursing involves an investment of self in the establishment of reciprocal trusting relationships with clients and health team members. Nurses have a responsibility for ethical awareness in the social, political, legal, ecological, and economic arenas to serve as advocates for client health. The body of nursing knowledge is both experientially and scientifically developed and validated through nursing research and practice.

## **NURSING EDUCATION**

Nursing is practiced in a health care environment characterized by cultural diversity and rapid advances in knowledge and technology that challenge learned rules, values, and beliefs. Nursing education facilitates development of the critical thinking and creative problem-solving skills and the personal and professional integrity essential for practicing nurses to continuously learn, question, and refine the knowledge, values, and beliefs that inform their practice. Nursing education fosters multiple ways of knowing in the development of nursing knowledge, including scientific or empirical knowing, ethical knowing, personal knowing, aesthetic knowing, and others. Thus, the educational process includes the interactions that occur between teachers, students, health team members and clients that promote the development in students of clinical reasoning; psychomotor, communication and technology skills; ethical reasoning; advocacy; and personal and professional integrity.

Both teachers and students are responsible for actively engaging as partners in learning and for acquiring the attitudes and skills of life-long expert learners. The different knowledge, skills, and experiences of individual students and faculty are acknowledged in developing learning activities. The practice of teaching in nursing is recognized as a scholarly endeavor.

Professional nursing education at the baccalaureate level prepares graduates for practice as beginning nurse generalists. Master's education in nursing prepares nurses for advanced practice roles (nurse practitioner, clinical nurse specialist, and health systems nurse specialists). Doctoral education in nursing prepares nurses to assume leadership in the development of nursing knowledge.

## GOAL AND OUTCOMES<sup>3</sup>

### GOAL<sup>3</sup>

The goal of the Doctor of Nursing Practice (DNP) program is to “prepare graduates for the highest level of nursing leadership and practice within organizations and systems, to improve health care delivery and patient outcomes at all levels and for diverse populations, to serve as faculty in nursing education programs, and to translate research findings for clinical practice”.

### PROGRAM OUTCOMES<sup>4</sup>

Upon completion of the program, graduates will be able to:

1. Develop and evaluate new practice approaches based on theories and empirical evidence from nursing and other disciplines.
2. Demonstrate organizational and systems leadership for quality improvement/patient safety for health care systems and populations.
3. Design, implement and evaluate processes to improve health practices and outcomes at the institutional, local, state, regional, national, and international health delivery levels.
4. Demonstrate leadership in the selection, use, evaluation, and design of information systems/technology for improvement and transformation of health care.
5. Lead the development, implementation, and evaluation of health policy and its impact on health outcomes at the institutional, local, state, regional, national, and international health care delivery levels.
6. Engage in interprofessional collaboration in complex health care delivery systems.
7. Design, implement, and evaluate care delivery models and strategies to improve population health.
8. Demonstrate advanced levels of accountability and systems thinking to advance and uphold professional nursing values.
9. Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating care in complex situations.

### DETERMINATION OF DNP CLINICAL PRACTICUM HOURS

1. Qualified APRN post-masters DNP students (nurse practitioner, clinical nurse specialist, certified nurse anesthetist, and midwife) with certification in their area of specialty are recognized as having a minimum of 500 clinical hours in their master’s program. These students will be required to complete a minimum of 500 DNP clinical practicum hours in their program of study.
  - a. DNP Post-masters students who do not have certification as APRN but have graduated from a master’s program that prepared them as an APRN and were qualified at graduation to certify as an APRN, will be recognized as equivalent to having 500 clinical hours in their master’s program. These students will be required to complete a minimum of 500 DNP practicum hours in their program of study.

<sup>3</sup> Approved by PGNP Curriculum Committee: October 2012

<sup>4</sup> Approved by the University of Nebraska Board of Regents: January 28, 2011

2. Qualified post-masters students with a Master of Science in nursing leadership/administration will be evaluated based upon the total number of clinical hours in their master's program.
  - a. Post-masters students who have certification as an Advanced Nurse Executive (NEA-BC), a Nurse Executive (NE-BC or CENP), or as a Certified Nurse Manager and Leader (CNML) are recognized as having a minimum of 500 hours clinical hours. These students will be required to complete a minimum of 500 DNP practicum hours in their program of study.
3. Post-masters students who do not have advanced certification (APRN-NP, APRN-CNS, APRN-CRNA, APRN-CNM, NEA-BC, NE-BC or CENP, CNML) will be required to submit a professional portfolio that documents clinical activities and scholarship to meet the criteria for clinical hours for the DNP program. The portfolio should include a resume or curriculum vitae, and a description of the individual's practice experience; academic and specialized programs of study in their specialty area (including the number of clinical hours and type of clinical experiences).
  - a. Students who do not meet the clinical hours through submission of a professional portfolio will be evaluated and required to take DNP clinical residency hours in addition to DNP clinical practicum hours in their plan of study to provide an individualized clinical plan based on their background, experience and learning needs to complete the required 1,000 clinical hours for the DNP degree. In such cases, 45 clinical hours are the equivalent of 1 semester credit hour.
  - b. DNP clinical residency hours will be in the student's area of specialization and supervised by DNP program academic advisor.
    - 1) NRS 689: Special Topics in Graduate Nursing Clinical Practice

## COURSE REQUIREMENTS FOR DNP PROGRAM

### DNP PROGRAM CURRICULUM REQUIRED COURSEWORK

| Course   | Title  | Semester Taught    | Pre-requisites            | Co-requisites   | Credit Hours  |
|----------|--|--------------------|---------------------------|---|---------------|
| BIOS 806 | Biostatistics  | Spring/Summer/Fall | None                      | None  | 3             |
| EPI 820  | Epidemiology   | Spring/Summer/Fall | None                      | None  | 3             |
| NRSG 701 | Implementing Evidence-Based Practice                                     | Fall               | NRSG 731                  | Biostatistics   | 3             |
| NRSG 702 | Methods for Assessing Clinical Practice Outcomes                         | Fall               | NRSG 731                  | NRSG 701<br>Biostatistics   | 3             |
| NRSG 703 | Changing Complex Systems to Improve Health Care Delivery                 | Spring             | NRSG 731<br>Biostatistics | NRSG 701  | 2             |
| NRSG 704 | Clinical Inquiry: Minimum 12 credit hours (540 clinical practicum hours) | Spring/Summer/Fall | None                      | NRSG 731<br>or<br><i>permission of DNP Academic Advisor or DNP Program Director</i> | Minimum of 12 |
| NRSG 709 | Health Care Policy   | Spring             | None                      | None  | 3             |
| NRSG 731 | Transformational Leadership  | Summer             | None                      | None  | 3             |
| NSRG 755 | Health Care Economics and Financial Management                           | Fall               | NRSG 731                  | None  | 3             |

Table demonstrates Required Course Work and Associated Pre-requisite and Co-requisite requirements.

### REQUIREMENTS FOR DNP PROGRAM COMPLETION

At the completion of the DNP program, students are recognized for:

1. Submission of a DNP Integrated Portfolio.
2. Completion of DNP Project---refer to Appendix C – DNP Roadmap: Timeline.

## DNP PROGRAM INTEGRATED PORTFOLIO

1. At the completion of the DNP program, students are recognized for their achievements in a selected area of expertise as documented in the DNP Integrated Portfolio. This expertise is evident in their ability to complete a DNP project, communicate information to a variety of audiences and provide service through their professional and community endeavors and to demonstrate competency in all domains of DNP practice.
2. The DNP Integrated Portfolio includes:
  - a. DNP Program Integrated Portfolio cover page (Appendix E)
  - b. DNP Curriculum Vitae (refer to Appendix D: DNP Curriculum Vitae format)
  - c. DNP Clinical Practicum Log (Appendix B)
  - d. Final DNP Project Requirements (Appendix C: Final manuscript and presentation requirements)
  - e. Service to the profession
  - f. Attendance at professional/research meetings/conferences
  - g. Evidence of podium or poster presentation at professional/scientific conference if applicable
  - h. Two exemplars representing scholarly work in DNP courses

FOR EXAMPLE:

| DNP Course                                     | Critical Course Assignment Completed   |
|--|--|
| NRSG 701: Implementing Evidence-Based Practice | <ul style="list-style-type: none"><li>• Evidence Tables pertaining to DNP project</li></ul>                    |
| NRSG 709: Health Care Policy                   | <ul style="list-style-type: none"><li>• Policy Analysis paper: Influencing Health Practices/Policies</li></ul> |

Scholarly work from any DNP course is acceptable

3. The DNP Integrated Portfolio, along with a copy of the DNP Project manuscript, should be submitted in PDF format to the DNP Director and the DNP Office Associate by graduation after approval by the DNP advisor.

## DNP OPTIONS FOR CERTIFICATION

DNP students and graduates are encouraged to complete certification in a relevant content area based on individual career goals and areas of study. DNP graduates who are certified as nurse practitioners, nurse anesthetists or clinical nurse specialists are strongly encouraged to maintain that certification as evidence of clinical knowledge and skill. There are additional options for certification that relate to those DNP students and graduates that have a nursing leadership/administration focus that includes: Advanced Nurse Executive (NEA-BC), Nurse Executive (NE-BC or CENP), or Certified Nurse Manager and Leader (CNML).

## INFORMATION ON CLINICAL INQUIRY

### UNMC INSTITUTIONAL REVIEW BOARD (IRB)

All clinical inquiry conducted as a student at UNMC must be reviewed by the UNMC IRB (even if the data will be collected in the community or another institution). Many DNP projects are not human subject research and therefore exempt from full IRB review. To help you determine if your project constitutes Human Subject Research and required IRB review, you may complete a questionnaire found on the UNMC IRB website: <https://www.unmc.edu/irb/procedures/human-subjects.html>

You should also discuss with your advisor regarding their specific advice and requirements for IRB for your project proposal.



Note: If a doctoral student has a NRSA or other research support where a portion of the monies are paid back to the NNRC for research support, the NNRC will provide full services, similar to what we provide for faculty, for submission of the student's IRB application.

On June 5, 2000, the NIH mandated investigator education in the protection of human subjects. This requirement represents a partial response on the part of the federal government to the serious compliance problems which have arisen at a number of institutions during the last two years. *"Beginning on October 1, 2000, the NIH will require education on the protection of human research participants for all investigators submitting NIH applications for grants or proposals for contracts or receiving new or non-competing awards for research involving human subjects."* (NIH Guide, June 9, 2000).

The Association of American Universities (AAU) Task Force on Research Accountability, which was co-chaired by President L. Dennis Smith, issued a report on June 28, 2000 which stated that *"Universities must ensure that all personnel (faculty, researchers, management, and administrative staff) directly involved in human subjects research understand the applicable laws, regulations and ethical standards governing the protection of human subjects. All personnel engaged in the direct conduct of such research should be required to receive appropriate education designed for their level of involvement. Upon completion of training, an examination geared to each person's level of involvement should be administered, resulting in a designation (e.g., credentialing or certification) that the individual may engage in human subjects research."*

In response to the NIH mandate and the AAU Task Force recommendations UNMC/NHS/UNO will require all key personnel involved in the conduct of human subjects research to be certified by CITI training. Key personnel are considered to be the following: (1) Principal Investigators, (2) Secondary Investigators, (3) Participating Physicians/Health Care Personnel, and (4) Research Coordinators. **This applies to all faculty, staff and students who fall into any of these categories.** A required web-based training program is on-line at [www.unmc.edu/irb](http://www.unmc.edu/irb). The UNMC/NHS/UNO IRB does not approve research proposals unless all key personnel listed in Section 1 of the IRB application are certified.

## SOCIAL SECURITY AND MEDICARE TAX EXEMPTION POLICIES FOR STUDENT EMPLOYEES

See online UNMC CourseLeaf Catalog

<http://catalog.unmc.edu/nursing/>

## DOCTORAL STUDENT SCHOLARSHIPS

The American Assembly for Men in Nursing

<http://www.aamn.org/about-us/scholarships>

American Association of Colleges of Nursing

<https://www.aacnursing.org/Students/Financial-Aid>

American Association of Critical-Care Nurses

<https://www.aacn.org/education/scholarship>

American Association of University Women

<https://www.aauw.org/resources/programs/fellowships-grants/>

Oncology Nursing Foundation

<https://www.onfgivesback.org/funding-nurses>

American Holistic Nurses Association

<https://www.ahna.org/Home/Resources/Scholarships-and-Awards>

American Mensa Education and Research Foundation

<http://www.mensafoundation.org/what-we-do/scholarships>

Nurse.org list of nursing scholarships

<https://nurse.org/scholarships/>

Tylenol Future Cares Scholarship

<https://www.tylenol.com/news/scholarship>

National Health Service Corps Scholarship Program

<https://bhw.hrsa.gov/funding/apply-scholarship#nhsc-sp>

Indian Health Service Loan Repayment

<http://www.ihs.gov/loanrepayment/>

International Chapter P.E.O. Sisterhood

<http://www.peointernational.org/>

Local P.E.O. Chapters sponsor female students for a variety of scholarship and financial aid projects

La Unidad Latina Foundations Scholarships

<https://www.lulf.org/scholarships.html>

NAACP Scholarships

<http://www.poisefoundation.org/component/content/article/42-content-slider/181-national-naacp-scholarships.html>

National Association of Catholic Nurses

<https://nacn-usa.org/resources/scholarship-award/>

National Association of Hispanic Nurses

<http://www.nahnnet.org/NAHNScholarships.html>

National Student Nurses Association

<https://www.forevernursing.org/graduate-scholarships-promise-of-nursing-regional-faculty-fellowship.html>

Nurses Educational Funds, Inc.

<https://www.n-e-f.org/how-to-apply.html>

Sigma Theta Tau International

<https://www.sigmanursing.org/advance-elevate/scholarships>

Additional information is available at UNMC Graduate Program orientation site

<https://www.unmc.edu/nursing/admissions/tuition-and-financial-aid/index.html>





## **APPENDIX A**

**PLANS OF STUDY ARE EXEMPLARS ONLY – DISCUSS SPECIFIC PLAN OF STUDY WITH  
YOUR ACADEMIC AND DNP PROJECT ADVISOR**

**EXEMPLARS: 3 AND 4 YEAR BSN TO DNP PLANS OF STUDY  
2-YEAR AND 3-YEAR MSN TO DNP PLANS OF STUDY**

**BSN to DNP with FAMILY NP  
EXEMPLAR Plan of Study: 3 years**

|                  | <i>Course: Number and Name</i>   | <i>Credits</i> |
|------------------|--|----------------|
| <b>Fall Y1</b>   | NRSG 605 Pathophysiology for Advanced Practice Nurses                                      | 4              |
|                  | NRSG 609 Health Promotion for Populations  | 3              |
|                  | Graduate Statistics  | 3              |
| <b>Spring Y1</b> | NRSG 709 Health Care Policy  | 3              |
|                  | NRSG 606 Applied Pharmacology for Advanced Practice Nurses                                 | 3              |
|                  | EPI 820 Epidemiology   | 3              |
| <b>Summer Y2</b> | NRSG 731 Transformational Leadership   | 3              |
|                  | NRSG 607 Advanced Assessment Across the Lifespan   | 3              |
| <b>Fall Y2</b>   | NRSG 701 Implementing Evidence Based Practice  | 3              |
|                  | NRSG 704 Clinical Inquiry  | 1              |
|                  | NRSG 702 Methods for Assessing Clinical Practice Outcomes                                  | 3              |
|                  | NRSG 637 Health Promotion and Advanced Skills in Primary Care for Individuals and Families | 5              |
| <b>Spring Y2</b> | NRSG 703 Changing Complex Systems to Improve Health Care                                   | 2              |
|                  | NRSG 639 Primary Health Care of Older Families   | 6              |
|                  | NRSG 704 Clinical Inquiry  | variable       |
| <b>Summer Y3</b> | NRSG 704 Clinical Inquiry  | variable       |
| <b>Fall Y3</b>   | NRSG 755 Health Care Economics and Financial Management                                    | 3              |
|                  | NRSG 704 Clinical Inquiry  | variable       |
|                  | NRSG 638 Primary Health Care of Young Families   | 6              |
| <b>Spring Y3</b> | NRSG 640 Primary Health Care of Families   | 5              |
|                  | NRSG 608 Transition to Nurse Practitioner Practice   | 1              |
|                  | <b>Total for BSN to DNP with Family NP – 3 Year</b>  | <b>71</b>      |

-  Indicates course specific to MSN Specialty
-  Indicates courses specific to DNP Clinical Practicum hours

\*\*Please note that this exemplar is for FNP, see this page:  
<http://catalog.unmc.edu/nursing/program-information/nursing-program-msn/#curriculumtext>  
 for specific course requirements in each of the other specialty tracks.

**BSN to DNP with Family NP**  
**EXEMPLAR Plan of Study: 4 years**

|                  | <i>Course: Number and Name</i>   | <i>Credits</i> |
|------------------|--|----------------|
| <b>Fall Y1</b>   | NRSG 605 Pathophysiology for Advanced Practice Nurses                                      | 4              |
|                  | Graduate Statistics  | 3              |
| <b>Spring Y1</b> | NRSG 606 Applied Pharmacology for Advanced Practice Nurses                                 | 3              |
|                  | EPI 820 Epidemiology   | 3              |
| <b>Summer Y2</b> | NRSG 731 Transformational Leadership   | 3              |
| <b>Fall Y2</b>   | NRSG 609 Health Promotion for Populations  | 3              |
|                  | NRSG 701 Implementing Evidence Based Practice  | 3              |
|                  | NRSG 702 Methods for Assessing Clinical Practice Outcomes                                  | 3              |
|                  | NRSG 704 Clinical Inquiry  | 1              |
| <b>Spring Y2</b> | NRSG 709 Health Care Policy  | 3              |
|                  | NRSG 703 Changing Complex Systems to Improve Health Care                                   | 2              |
|                  | NRSG 704 Clinical Inquiry  | variable       |
| <b>Summer Y3</b> | NRSG 704 Clinical Inquiry  | variable       |
|                  | NRSG 607 Advanced Assessment Across the Lifespan   | 3              |
| <b>Fall Y3</b>   | NRSG 755 Health Care Economics and Financial Management                                    | 3              |
|                  | NRSG 637 Health Promotion and Advanced Skills in Primary Care for Individuals and Families | 5              |
|                  | NRSG 704 Clinical Inquiry  | variable       |
| <b>Spring Y3</b> | NRSG 639 Primary Health Care of Older Families   | 6              |
| <b>Fall Y4</b>   | NRSG 638 Primary Health Care of Young Families   | 6              |
| <b>Spring Y4</b> | NRSG 640 Primary Health Care of Families   | 5              |
|                  | NRSG 608 Transition to Nurse Practitioner Practice   | 1              |
|                  | <b>Total for BSN to DNP Family NP – 4 Year</b>   | <b>71</b>      |



Indicates course specific to MSN Specialty

Indicates courses specific to DNP Clinical Practicum hours

\*\*Please note that this exemplar is for FNP, see this page:

<http://catalog.unmc.edu/nursing/program-information/nursing-program-msn/#curriculumtext>  
for specific course requirements in each of the other specialty tracks.

**MSN-DNP Program  
EXEMPLAR Plan of Study: 2 years**

|  | <i>Course: Number and Name</i>  | <i>Credits</i> |
|--|---|----------------|
| <b>Summer Y1</b>                             | BIOS 806 Biostatistics/or alternate approved graduate statistics course | 3              |
|  | NRSG 731 Transformational Leadership                                    | 3              |
| <b>Fall Y1</b>                               | NRSG 701 Implementing Evidence-Based Practice                           | 3              |
|  | NRSG 702 Methods for Assessing Clinical Practice Outcomes               | 3              |
|  | NRSG 704 Clinical Inquiry   | 2              |
|  | *NRSG 755 Health Care Economics and Financial Management                | 3              |
| <b>Spring Y1</b>                             | EPI 820 Epidemiology  | 3              |
|  | NRSG 703 Changing Complex Systems to Improve Health Care Delivery       | 2              |
|  | NRSG 709 Health Care Policy   | 3              |
|  | NRSG 704 Clinical Inquiry   | variable       |
| <b>Summer Y2</b>                             | NRSG 704 Clinical Inquiry   | variable       |
| <b>Fall Y2</b>                               | NRSG 704 Clinical Inquiry   | variable       |
| <b>Total for MSN to DNP Program – 2 Year</b> |   | <b>35</b>      |

**MSN-DNP Program  
EXEMPLAR Plan of Study: 3 years**

|  | <i>Course: Number and Name</i>  | <i>Credits</i> |
|--|---|----------------|
| <b>Summer Y1</b>                             | NRSG 731 Transformational Leadership                                    | 3              |
| <b>Fall Y1</b>                               | BIOS 806 Biostatistics/or alternate approved graduate statistics course | 3              |
| <b>Spring Y1</b>                             | EPI 820 Epidemiology  | 3              |
|  | NRSG 709 Health Care Policy   | 3              |
| <b>Fall Y2</b>                               | NRSG 701 Implementing Evidence-Based Practice                           | 3              |
|  | NRSG 702 Methods for Assessing Clinical Practice Outcomes               | 3              |
|  | NRSG 704 Clinical Inquiry   | 1              |
| <b>Spring Y2</b>                             | NRSG 703 Changing Complex Systems to Improve Health Care Delivery       | 2              |
|  | NRSG 704 Clinical Inquiry   | variable       |
| <b>Summer Y3</b>                             | NRSG 704 Clinical Inquiry   | variable       |
| <b>Fall Y2</b>                               | NRSG 704 Clinical Inquiry   | variable       |
|  | *NRSG 755 Health Care Economics and Financial Management                | 3              |
| <b>Total for MSN to DNP Program – 3 Year</b> |   | <b>35</b>      |





# APPENDIX C

## DNP PROJECT

### DNP PROJECT OVERVIEW

Students will further explore and analyze a population and/or system in their DNP clinical practicum. The DNP project will be based upon the students' own evidence-based analysis and data from either clinical practice and/or epidemiological studies that will guide the design and implementation of interventions directed at practice change, system changes, or aggregate health improvements. Analysis of socio-economic, cultural, ethical, and political implications continues. Building on the student's DNP clinical practicum immersion, practice interventions are refined. Under guidance of their academic advisor, students implement their designated DNP project and evaluate the outcomes.

1. DNP projects should include:

- a. Focus on change that impacts healthcare outcomes either through direct or indirect care.
- b. Have a system focus (micro-, meso- or macro-level) or population/aggregate focus.
- c. Demonstrate implementation in the appropriate arena or area of practice.
- d. Include a plan for sustainability (e.g., financial, systems or political realities, not only theoretical abstractions).
- e. Include an evaluation of processes and/or outcomes (formative or summative). DNP projects should be designed so that processes and/or outcomes will be evaluated to guide practice and policy). Clinical significance is as important in guiding practice as statistical significance is in evaluating research.
- f. Provide a foundation for future practice scholarship.  
(Task Force Report on the implementation of the DNP, AACN, 2015)

2. Exemplars of Types of DNP Projects:

- a. Design, implement, and evaluate new practice approaches or health practices to meet the current and/or future needs of patient populations at the institutional, local, state, national, regional, and/or international health delivery levels.
- b. Actively engage in leadership to develop and evaluate health policy.
- c. Effectively communicate and collaborate with a variety of professionals to create and implement change in complex healthcare delivery systems.
- d. Design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient-centered care.
- e. Disseminate findings from evidenced-based practice and research to improve healthcare outcomes.

### DNP PROJECT PROCESSES

A DNP academic advisor is assigned when the student begins the DNP clinical practicum course work in NRS 704. The goal of the DNP program is to have students complete their DNP project within 1 to 3 semesters once their DNP project is approved.

1. DNP Student's Responsibilities:

- a. Student has the primary responsibility for their projects.
- b. In coordination with the DNP academic advisor and clinical stakeholders, the student must establish routine meeting times for communication regarding their DNP project in developing the overall clinical question/purpose for the DNP project proposal.
- c. Student must schedule and coordinate routine meetings with the DNP academic advisor to develop the DNP project proposal, implement the proposal, and submit the final DNP project.

## 2. DNP Academic Advisor Role and Responsibilities:

The DNP academic advisor guides the student(s) in the following areas:

- a. Assist student with design of the scope and focus of the project to establish realistic DNP project parameters.
- b. Provide ongoing feedback and advisement throughout the development and implementation of the project.
- c. Serve as the advisor for purposes of IRB application.
- d. Monitor the student's progress throughout the practicum and to the final submission of the written and presentation components of the DNP project.
- e. Facilitates student's presentations and publication(s) from the DNP project.
- f. Assist student in making professional connections for continued professional growth.

Potential DNP practicum sites and potential DNP project initiatives will be identified in collaboration with the DNP program director, DNP academic advisor, and clinical practice partners.

1. Potential DNP project initiatives will be identified for students based on specialty track clinical experience and designated CON campus location.
  - a. A potential DNP project initiative with a clinical site, may have preliminary data that serves as a basis for the next step of a DNP project. Based on the preliminary data the student(s) in collaboration with the DNP academic advisor and the clinical practice partners will delineate the distinct DNP project scope and focus.
2. DNP students are usually assigned to group or team projects when project aims and focus are robust enough to warrant two or more students to complete the project. Group or team projects provide invaluable experience by helping to prepare graduates for interprofessional teamwork in the future.
  - a. Each member of the group must meet all expectations of planning, implementing, and evaluating the project. Each student must provide leadership within the group or team.

## **Summary of Potential DNP Project and Clinical Practicum**

1. Describe the clinical problem to be addressed.
2. What is the setting and population of patients/clients for the clinical practicum?
3. What are the deliverables and/or outcomes to be achieved for the proposed clinical practicum?
4. What is the proposed timeframe (including start date) for the proposed clinical practicum?
5. What immersive clinical experiences would be available for the DNP student(s) to develop their expertise with systems change to implement evidence-based practice in the clinical/practice setting?
6. Who are clinical practice partner site contacts/stakeholders?
7. How many DNP students could participate in this clinical practicum for a DNP project?
8. Has this proposed practicum been endorsed by the facility and/or other key stakeholders? (If yes, please describe.)
9. Faculty member(s)/Clinical Practice Partner(s) proposing clinical practicum.

## DNP ROADMAP: TIMELINE EXAMPLE

### NRSG 704 Clinical Inquiry

| Credits            | Timeline   | Projected Progress on DNP Project   |
|--------------------|--|---|
| <b>NO credits</b>  | Summer Year 1 for MSN to DNP<br>Summer Year 2 for BSN to DNP<br>Coincides with Nrsg 731          | <ul style="list-style-type: none"> <li>• Meeting with DNP Director (virtual)</li> <li>• Assigned DNP academic advisor</li> <li>• Identification of potential DNP project based on available proposed initiatives and CON campus location</li> </ul>   |
| <b>1 credit</b>    | Fall Year 1 for MSN to DNP<br>Fall Year 2 for BSN to DNP<br>Coincides with NRSG 701 and NRSG 702 | <ul style="list-style-type: none"> <li>• Further development of potential DNP project in collaboration with DNP advisor               <ul style="list-style-type: none"> <li>○ Developing evidence table(s) based on overall project topic and relevant aspects of the proposed project (Nrsg 701/702)</li> <li>○ Finalize DNP project clinical question/purpose and specific aims (Nrsg 701/702)</li> </ul> </li> <li>• Discussion with clinical practice partner stakeholders to finalize DNP project initiative to be implemented</li> </ul> |
| <b>2 credits</b>   | Spring Year 1 for MSN to DNP<br>Spring Year 2 for BSN to DNP<br>Coincides with NRSG 703          | <ul style="list-style-type: none"> <li>• Final draft of proposal prepared</li> <li>• Statistical consultation with statistician to review methodology, including data analysis prior to submission to PGNA committee</li> <li>• DNP Proposal to PGNA committee for review and final approval</li> <li>• IRB review and approval</li> </ul>  |
| <b>3-6 credits</b> | Summer Year 2 for MSN to DNP<br>Summer Year 3 for BSN to DNP                                     | <ul style="list-style-type: none"> <li>• DNP project implementation and data collection</li> <li>• Manuscript draft and presentation draft</li> <li>• Manuscript Final Paper and Presentation completed for DNP requirements</li> <li>• Collaboration with advisor on manuscript for submission—not requirement for graduation</li> </ul>   |
| <b>1-3 credits</b> | Fall Year 2 for MSN to DNP<br>Fall Year 3 for BSN to DNP   | <ul style="list-style-type: none"> <li>• Finish data collection (if needed)</li> <li>• Manuscript draft and presentation draft (if needed)</li> <li>• Manuscript Final Paper (for publication whenever possible) and Presentation to Stakeholders and at professional meeting (if not publishing)</li> <li>• Submit manuscript and portfolio to DNP Director and DNP Office Administrator prior to graduation</li> <li>• Archive manuscript with Digital Commons</li> </ul>   |
| <b>1-3 credits</b> | Spring Year 2 for MSN to DNP<br>Spring Year 3 for BSN to DNP                                     | <ul style="list-style-type: none"> <li>• Manuscript draft and presentation draft (if needed)</li> <li>• Manuscript Final Paper (for publication whenever possible) and Presentation to Stakeholders and at professional meeting (if not publishing)</li> <li>• Submit manuscript and portfolio to DNP Director and DNP Office Administrator prior to graduation</li> <li>• Archive manuscript with Digital Commons</li> </ul>   |
| <b>1-2 credits</b> | Summer (if needed)   | <ul style="list-style-type: none"> <li>• As above as needed</li> </ul>  |
| <b>1-2 credits</b> | Fall (if needed)   | <ul style="list-style-type: none"> <li>• As above as needed</li> </ul>  |

## DNP PROJECT CONTRACT

University of Nebraska Medical Center  
College of Nursing  
NRSNG 704: Clinical Inquiry and DNP Project Contract

**Student(s):**

**DNP Academic Advisor(s):**

### NRSNG 704 Clinical Inquiry

| Credits     | Target Timeline   | Projected Progress on DNP Project   | Target Dates |
|-------------|---|---|--------------|
| 1 credit    | Fall:<br>Year 1 for MSN to DNP<br>Year 2 for BSN to DNP<br>Coincides with NRSNG 701 & NRSNG 702 | <ul style="list-style-type: none"> <li>Further development of potential DNP project (as started in Nrsng 731 in summer) in collaboration with DNP advisor &amp; group (if applicable)</li> </ul>  |              |
|             |   | <ul style="list-style-type: none"> <li>Develop evidence table(s) based on overall project topic and relevant aspects of the proposed project (<b>Nrsng 701/702</b>)</li> <li>Finalize DNP project clinical question/purpose &amp; specific aims (<b>Nrsng 701/702</b>)</li> </ul> |              |
|             |   | <ul style="list-style-type: none"> <li>Discussion with clinical practice partner stakeholders to finalize DNP project initiative to be implemented</li> </ul>   |              |
| 2 credits   | Spring:<br>Year 1 for MSN to DNP<br>Year 2 for BSN to DNP<br>Coincides with NRSNG 703           | <ul style="list-style-type: none"> <li>Final draft of proposal prepared</li> <li>Statistical consultation with statistician to review methodology, including data analysis prior to submission to PGNA committee</li> </ul>   |              |
|             |   | <ul style="list-style-type: none"> <li>DNP Proposal to PGNA committee for review &amp; final approval</li> </ul>  |              |
|             |   | <ul style="list-style-type: none"> <li>IRB review &amp; approval</li> </ul>   |              |
| 3-6 credits | Summer:<br>Year 2 for MSN to DNP<br>Year 3 for BSN to DNP                                       | <ul style="list-style-type: none"> <li>DNP project implementation and data collection completed</li> </ul>  |              |
|             |   | <ul style="list-style-type: none"> <li>Manuscript draft and presentation draft</li> </ul>   |              |
| 1-3 credits | Fall:<br>Year 2 for MSN to DNP<br>Year 3 for BSN to DNP   | <ul style="list-style-type: none"> <li>Finish data collection (if needed)</li> </ul>  |              |
|             |   | <ul style="list-style-type: none"> <li>Manuscript draft and presentation draft (if needed)</li> </ul>   |              |
|             |   | <ul style="list-style-type: none"> <li>Manuscript Final Paper (for publication whenever possible) and Presentation to Stakeholders and at professional meeting (if not publishing)</li> </ul>   |              |
|             |   | <ul style="list-style-type: none"> <li>Submit manuscript and portfolio to DNP Director and DNP Office Administrator prior to graduation</li> <li>Archive manuscript with Digital Commons</li> </ul>   |              |

|             |   |   |  |
|-------------|---|---|--|
| 1-3 credits | Spring:<br>Year 2 for MSN to DNP (if needed)<br>Year 3 for BSN to DNP (if needed) | • Manuscript draft and presentation draft (if needed)   |  |
|             |   | • Manuscript Final Paper (for publication whenever possible) and Presentation to Stakeholders and at professional meeting (if not publishing)   |  |
|             |   | • Submit manuscript and portfolio to DNP Director and DNP Office Administrator prior to graduation<br>• Archive manuscript with Digital Commons |  |
| 1-3 credits | Summer: (if needed)   |   |  |
| 1-2 credits | Fall: (if needed)   |   |  |
| 1-2 credits | Spring (if needed)  |   |  |

**Additional Requirements**

- Provide group members and DNP advisor up to date contact information and respond promptly to communication
- Attendance at all group/DNP advisor meetings unless excused
- Agreement to fair division of workload and timeline among group members
- Shared publication/presentation authorship

Deviation from these requirements may result in expulsion from the group.

**Reviewed & agreement on contract goals with target Dates (signed on-DATE):** \_\_\_\_\_

| Student(s) Names                 | Student(s) Signature                  |
|----------------------------------|---------------------------------------|
|                                  |                                       |
|                                  |                                       |
|                                  |                                       |
|                                  |                                       |
|                                  |                                       |
| <b>DNP Project Advisor Name:</b> | <b>DNP Project Advisor Signature:</b> |

\*\*Each semester review progress to date on contract and update contract; attaching revised contract with revised signatures of student(s) and DNP project advisor.

## DNP PROJECT PROPOSAL APPROVAL

1. The student(s) will obtain approval from their DNP academic advisor to submit their DNP project proposal to the Professional Graduate Nursing Affairs (PGNA) committee DNP project liaison, cc'ing the DNP Director and the DNP Office Associate.
2. The PGNA committee will assign a PGNA committee member to review the proposed DNP project using the evaluation rubric.
3. In the event that the PGNA committee has recommendations for revision, the DNP student will confer with his/her DNP academic advisor and make recommended changes/edits as indicated.
4. The student will submit his/her DNP project proposal to the UNMC Institutional Review Board (IRB) after their proposal has been approved by the PGNA committee.
5. Refer to UNMC Research Support Site (<https://net.unmc.edu/rss/>).
6. Prior to IRB submission, DNP students will need to be CITI trained. Refer to CITI site (<https://www.unmc.edu/cctr/education/training/citi.html>).
7. The student(s) will also need to seek IRB approval from the clinical practicum agency. In some cases, clinical agencies will waive further IRB approval if UNMC IRB has approved the proposal. The letters of approval from UNMC IRB and the practicum agency IRB will be included in the final project report.

## STATISTICAL CONSULTATION AVAILABLE FOR DNP STUDENTS

1. The DNP student(s) and their DNP Academic Advisor should make an initial joint appointment meeting for a 30- to 60-minute statistical consultation with a CON biostatistician\*. Appointments should be made as students are preparing their DNP project proposal, after they have a complete draft from working with their advisor, and PRIOR to submission of the proposal for final approval. The biostatistician will also be available to answer questions before a draft is completed—to be sure communication is clear, all meetings need to be with student (s) and their advisor.
2. The DNP student(s) will submit the DNP proposal to the biostatistician prior to the meeting. The purpose of the meeting with the DNP student(s), DNP academic advisor and the biostatistician is to:
  - a. Review the purpose, aims, and methods (including design, measurement tools, data collection and planned data analysis) with the biostatistician.
  - b. Discuss proposal as it relates to the plans for data entry.
  - c. Discuss recommendations for data analysis and strategies to conduct the analysis (e.g., using SPSS).
  - d. Discuss the learning needs for the student(s) to manage data collection, data entry, data analysis and interpretation of data analysis.
  - e. Discuss available resources to support the DNP student's/students' DNP project analysis (e.g., CON NNRC research website resources).
  - f. Discuss any additional plan for accomplishing the learning needs of the student(s).

\*Further consultation with the biostatistician will be available if needed as the project is being carried out. Arrangements for any final analysis assistance need to be made well in advance of graduation: no later than October 15th for December graduation, March 15th for May graduation, and June 15th for August graduation. Students are permitted up to 5 hours of statistical consultation per semester. Please make an initial appointment with the stastician for either an in person or video conference consultation. Send all documents, data files, etc. **at least 3 days in advance** of the appointment.

## DNP PROJECT PROPOSAL FORMAT

### 1. Introduction

The paragraph or two that follows the title on the first page of your text is your introduction. Start your introduction with a powerful statement or two to stimulate interest. The introduction identifies the overall purpose of your proposal.

#### A. Problem Statement

Identify the problem to be addressed. Answer the question “why is this important?” Describe the significance of the problem to the patient/client (e.g., pain, suffering, quality of life, etc.), the family, healthcare system (e.g., impact on cost of delivery systems), and society (e.g., cost of care, need for healthcare policy). Discuss the impact of the problem on the populations (e.g., number of patients affected) and include the cost impact (e.g., hospital length of stay, readmission, mortality) as applicable. Substantiate the problem statement with citations from research and professional literature.

#### B. Purpose Statement

### 2. Review of the Literature

Include a summary of the state of the science relevant to the proposed DNP project. Synthesize relevant research studies that provide the background relevant to key constructs of the proposed study. The studies referenced need to relate to your overall purpose (clinical question) and aims.

### 3. Conceptual and/or Theoretical Framework

This section should include the theoretical (conceptual framework) supporting the proposed project. Describe a theory or model used as the foundation for your project.

### 4. Proposed Methodology

- Design (e.g., describe the project design, including details of the intervention)
- Subjects (e.g., inclusion and exclusion criteria, sample recruitment process)
- Setting
- Tools/Measures (e.g., reliability, validity of data collection tools)
- Data collection [e.g., include processes for data collection, steps for subject confidentiality and consent (including the risks and benefits)]
- Timeline for proposal implementation

### 5. Proposed Analysis

This section includes the data analysis and/or evaluation plan for the purpose and aims of the DNP project. Describe and include any tool(s) that will be used. Discuss planned data analysis.

### 6. Summarize the potential significance and/or implications of proposed project. Include opportunities for sustainability of the project.

### 7. References

\*Adapted from: Moran, K., Burson, R., & Conrad, D. (2020). *The Doctor of Nursing Practice Project*. Jones & Bartlett Learning: Burlington, MA 3<sup>rd</sup> Ed.



**DNP PROJECT PROPOSAL REVIEW BY  
PROFESSIONAL GRADUATE NURSING AFFAIRS (PGNA) COMMITTEE  
REVIEWER RUBRIC**

**DNP Project Title:** \_\_\_\_\_

**DNP Student:** \_\_\_\_\_

**DNP Academic Advisor:** \_\_\_\_\_ **Date of Review:** \_\_\_\_\_

| <b>Component</b>  | <b>Satisfactory</b>  | <b>Unsatisfactory</b>  | <b>Comments</b> |
|---|--|--|-----------------|
| Introduction  | The introduction provides overview to support proposal.  | Introduction poorly stated.  |                 |
| Problem Statement   | The problem statement is clearly stated and supported by relevant references.  | The problem statement is not clearly stated and/or supported by relevant references.   |                 |
| Purpose Statement<br>Aims and Clinical<br>Question  | The purpose, aims and clinical question provide a compelling need for the project.   | Does not clearly and concisely express the purpose, aims and/or clinical question to be addressed.   |                 |
| Review of the Literature  | Literature reviewed is an organized, integrated summary providing relevant background. Evidence synthesized reflects a summary of the state of the science relevant to proposed topic. | Literature lacks organization, flow and/or integration of relevant studies to provide proposal background. Lack of synthesized evidence to support the proposed project. |                 |
| Conceptual and/or<br>Theoretical Framework  | Framework is relevant to the proposed project.   | Framework not consistent with and/or relevant to project.  |                 |
| Proposed Methodology<br>(study design, subjects,<br>setting, tools/measures,<br>proposed intervention<br>and data collection) | Elements of the proposed methodology are well delineated. Including a realistic timeline for project implementation.   | Implementation and/or evaluation plan lack specificity, clarity and/or realistic timeline.   |                 |
| Proposed Analysis   | Analysis plan is well delineated, with appropriate analyses proposed.  | Analysis plan lacks clear delineation and/or analyses is not well delineated and/or not appropriate.   |                 |
| Significance and/or<br>Implications   | Significance and/or implications of the proposed project are relevant.   | Significance and/or implications of the proposed project are not well delineated or not relevant to proposed project.  |                 |
| References &<br>Appendices  | Provided relevant references and appendices.   | Incomplete or limited references and/or appendices.  |                 |

**Recommendation per PGNA Committee Reviewer:**

Approved

Approved with recommendations to be considered by DNP student(s) and DNP academic advisor

Approved pending edits as specified on the evaluation form and/or on the DNP project proposal.

- Revised proposal to be resubmitted to PGNA Committee

Not approved

Decision on Proposal by PGNA committee: \_\_\_\_\_ (Date) \_\_\_\_\_

- Review of edited proposal and Final approval by PGNA Committee: \_\_\_\_\_ (Date) / or N/A \_\_\_\_\_

## DNP PROJECT DISSEMINATION

The DNP student will disseminate their work by submitting a final written work which may take the format of a manuscript OR a submission for a publication. Additionally, the DNP student must deliver a presentation to their stakeholders (oral or poster format) AND if the work has not been submitted for publication then must also be presented in oral or poster format at a professional meeting. These final DNP project outcome requirements may take different forms, based on the nature of the opportunities available to students. The final written DNP project needs to be submitted to the DNP program director and administrative assistant prior to graduation and should be archived in Digital Commons at McGoogan Library.

### 1. The **final written manuscript**

- a. The final manuscript should be prepared according to the manuscript rubric on the following page.

OR

- b. The final manuscript document should be prepared for publication in a peer-reviewed journal. The manuscript should be written in the style based on author guidelines of the target journal.
    - i. It is not a requirement to have a manuscript submitted to a journal or accepted prior to graduation.
2. All students will present their DNP project outcomes and findings to the stakeholders of their project upon approval of these findings by their DNP project advisors.
  3. In addition, **unless the project has been submitted for publication**, a presentation to disseminate the DNP project could be in either of the two formats:
    - a. An oral presentation can be presented at a professional meeting. The presentation needs to be scheduled prior to graduation, although it may take place following graduation. The presentation slides need to be completed and approved by the DNP academic advisor prior to graduation.
    - b. A poster presentation at a professional meeting. The abstract and poster need to be approved by the DNP academic advisor prior to graduation. The abstract for the poster must be completed prior to graduation. If the poster presentation is at a date after graduation, the poster presentation materials will be submitted prior to graduation.

## DNP PROJECT: FINAL WRITTEN FORMAT\*

The final written DNP project paper should contain the following:

| Component                                    | Expectation  | Comments |
|--|--|----------|
| Title Page                                   | Title, collaborating agency, date, student names, advisor and DNP status at UNMC CON.  |          |
| Abstract                                     | Stand alone, concise description of project accentuating key findings and or products produced and implications.   |          |
| Introduction                                 | The introduction provides overview to support proposal.  |          |
| Problem Statement                            | The problem statement is clearly stated and supported by relevant references.  |          |
| Purpose Statement Aims and Clinical Question | The purpose, aims and clinical question provide a compelling need for the project.   |          |
| Review of the Literature                     | Literature reviewed is an organized, integrated summary providing relevant background. Evidence synthesized reflects a summary of the state of the science relevant to proposed topic. |          |
| Conceptual and/or Theoretical Framework      | Framework is relevant to the proposed project.   |          |
| Methodology                                  | Methodology (study design, subjects, setting, tools/measures, proposed intervention and data collection) is well delineated.   |          |
| Analysis                                     | Analysis is clearly explained, with appropriate analyses.  |          |
| Findings                                     | Text presentation of all findings including charts and tables as appropriate   |          |
| Discussion                                   | Interpretation of the findings relevant to EBP guidelines and scholarly lit  |          |
| Conclusions                                  | Summarize the conclusions emerging from the findings and discussion  |          |
| Significance and/or Implications             | Significance and/or implications of the project are relevant.  |          |
| Recommendations                              | If relevant to specific project issue or problem addressed   |          |
| References and Appendices                    | Provided relevant references and appendices.   |          |

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\* Rubric if not submitting for publication, follow publication guidelines of journal if submitting project for publication.

**TITLE PAGE FOR DNP PROJECT**

**University of Nebraska Medical Center**

**College of Nursing**

**DOCTOR OF NURSING PRACTICE (DNP)**

**FINAL DNP PROJECT**

**TITLE**

**by**

**Student Name**

**The final DNP project presented to the**

**Faculty of the University of Nebraska Medical Center College of Nursing**

**In Partial Fulfillment of the Requirements for the Degree**

**DOCTOR OF NURSING PRACTICE**

**Month/Year**

**DNP Program Faculty Academic Advisor**

## DNP PROJECT: PUBLICATION

Faculty believe that the dissemination of the DNP project is an integral part of scholarly work. We encourage all students to work with their DNP academic advisor to publish your findings. DNP students are strongly encouraged to submit their DNP manuscript or a revised version of the final paper to a professional journal for publication.

1. Authorship guidelines for publication of the manuscript (s) include:
  - a. The DNP student is the first author on a manuscript(s) or professional presentation(s) evolving from the DNP project. In the event there is more than one student on the DNP project, the DNP student group in collaboration with the DNP academic advisor will determine authorship listing according to the International Committee of Medical Journal (ICMJE) Author guidelines.
    - i. In some cases, more than one manuscript and professional presentation may evolve from the DNP project. This provides an opportunity for more students to have the lead authorship.
    - ii. The DNP academic advisor should be included as an author on any manuscripts or professional presentations associated with the DNP project.
  - b. The ICMJE recommends authorship be based on the following 4 criteria:
    - i. Substantial contributions to the concept of design of the work; or acquisition, analysis, or interpretation of data for the work; AND
    - ii. Drafting the work or revising it critically of important intellectual content; AND
    - iii. Final approval of the version to be published.

[International Committee of Medical Journal Editors (ICMJE) authorship guidelines available at <http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-ofauthors-and-contributors.html>].

2. If the manuscript is accepted by the journal with or without revisions, the DNP student(s)/graduate(s) should consult with the DNP academic advisor to discuss the editor's response.
3. If the manuscript is rejected by the journal, the student(s)/graduate(s) should consult with the DNP academic advisor to identify other journals for article submission. The article will then be revised as needed and submitted to the next journal as agreed upon.
4. If the article submitted to the first journal or subsequent journals is not accepted, and the student(s) declines to re-submit to another journal within 3 months, the right to manuscript will transfer to the DNP academic advisor, who will be the first author if it is resubmitted and accepted for publication. The DNP student(s)/graduate(s) will become the second author or as agreed upon by the student(s)/graduate(s) and DNP academic advisor.

## **DNP FINAL PROJECT: ARCHIVING MANUSCRIPT IN DIGITAL COMMONS**

### **Preparation**

The submission process consists of the following steps:

1. Read and accept the Submission Agreement
2. Provide information about the manuscript
3. Upload the digital file and any associated files  
Before beginning, prepare the following information and items:
  - The manuscript title
  - The abstract
  - A list of keywords
  - A PDF file of the manuscript

### **Submission Instructions**

**NOTE:** If you are part of a group project, please only upload one copy of the project to Digital Commons. As long as the author who uploads the project includes each author's email (remember to use a non-UNMC email for post-graduation access), all authors will be able to access the author dashboard.

1. Once the manuscript has been finalized, go to the Digital Commons DNP Project site [https://digitalcommons.unmc.edu/con\\_dnp/](https://digitalcommons.unmc.edu/con_dnp/) (links to an external site), and click on the Submit Your Work link, located on the lower right-hand menu bar.
  - a. Though logging in with a UNMC Net ID is possible, it is recommended that graduates create a new account and enter their personal email address in order to receive monthly usage reports and access to the author dashboard for additional analytics. Confirmation of the new account is made from an email sent to the registered email address.
2. Once confirmed, read and accept the Submission Agreement.
3. Next, enter the required information into the form. (graduation date, title, keywords, advisor(s), abstract, etc.)
  - a. Upload the PDF at the bottom of the form. Additional files can be uploaded by checking the corresponding box. After submitting the form, these files can be uploaded. These files could include any copyright permissions obtained, images, audio, video, animations, simulations, etc.
4. The library will be notified of the submission via email and will post to Digital Commons after reviewing.

### **Embargoes & Restrictions**

An embargo is a delayed release of information. Students should discuss embargoes with their advisors. If embargoed, a manuscript cannot be downloaded until the embargo is lifted, though the record information and abstract will be accessible. The embargo begins the date of submission. Questions can be directed to [digitalcommons@unmc.edu](mailto:digitalcommons@unmc.edu).

## APPENDIX D

### DNP PROGRAM CURRICULUM VITAE FORMAT

#### Your contact Information

Name, credentials, contact information (address, phone, email). Personal information (e.g., age, marital status, children, hobbies, etc.) should be omitted.

#### Licenses and Certifications

Indicate the type of license held and the state(s) in which you are licensed currently and the date of initial licensure in that state. Indicate whether you hold prescriptive privileges. Do NOT list the license number. Include any national certifications; name the specialty and the duration (including expiration date).

#### Education

Include the university, degree completed, dates attended and major area of concentration of studies in columns beginning with highest degree and expected date of graduation.

#### Employment and Type of Positions Held

Include a list of positions held at each institution, dates of employment, title and brief role description. Include in reverse order with most recent first. Include whether position was administrative, education, consultation, practice oriented and whether you were an RN or in an advanced practice role.

#### Scholarship

- **Professional Publications:** List the authorship, title and full citation of source for accurate retrieval.
- **Research and Grants:** Indicate your involvement in submitting research grants and conducting research as investigator, co-investigator or participant. Indicate title of project, duration, date of completion and funding source. If you know the grant number, include that. Some persons include the amount of funding received as well.
- **Quality Improvement/ Performance Improvement Initiatives:** List any projects you led in a clinical agency to improve care, title, duration, and date completed.
- **DNP Scholarly Project:** Include title of the project and completion date. Your portfolio will include an executive summary of findings.
- **Professional Presentations:** Indicate only invited papers, podium presentations and competitive abstracts here. Include the authorship, title and organization sponsoring the conference, location and dates. This is not staff development presentations for in-service.

#### Honors and Awards

Professional recognition and awards are listed here. Include scholarships as well as service awards.

#### Service Activities

List any leadership roles and participation in committees on best practices, quality improvement, practice improvement, evaluation of outcomes and patient or provider satisfaction, interdisciplinary committees or patient education initiatives.

#### Professional Organizations

List professional organizations of which you are a member and duration of membership as well as any leadership roles held in the organization.

#### Continuing Education Attended

List title, sponsor date and CE units for each CE attended.

**APPENDIX E**

**TITLE PAGE FOR DNP INTEGRATED PORTFOLIO**

**University of Nebraska Medical Center**

**College of Nursing**

**DOCTOR OF NURSING INTEGRATED PORTFOLIO**

**by**

**Student Name**

**An integrated portfolio presented to the**

**Faculty of the University of Nebraska Medical Center College of Nursing**

**In Partial Fulfillment of the Requirements for the Degree**

**DOCTOR OF NURSING PRACTICE**

**Month/Year**

**DNP Program Faculty Academic Advisor**