

Doctor of Nursing Practice

2026-2027

Student Handbook

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 Policies, procedures, and requirements are subject to change and may be superseded by action of the Professional Graduate Nursing Program Committees of the College of Nursing.

*Disclaimer: The student handbook is updated annually and as needed for programmatic and policy changes. The electronic version of this handbook supersedes all print copies.



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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Section I: Program Overview

Introduction to DNP Project Handbook

This handbook is designed to support you throughout your journey in the University of Nebraska Medical Center College of Nursing's DNP Program. It serves as a valuable guide to both the program and the development and completion of your DNP project. We **strongly encourage** all DNP students to become familiar with its contents to ensure a smooth and successful academic experience. If you have any questions that are not addressed within the handbook, please reach out to your DNP project chair, who is here to support and guide you.

UNMC CON Mission and Vision Statements

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.



Figure 1

iTEACH values. University of Nebraska Medical Center. (n.d.). *Our values and vision*. <https://www.unmc.edu/aboutus/values-vision/index.html>

The vision of the College of Nursing is to be a vital contributor to:

- Collaborate with our academic-practice partners in using the iTEACH values
- Be a vital contributor to a world-renowned health sciences center

- Advance innovative nursing education incorporating evidence-based experiential and active learning approaches
- Lead health care and health systems solutions based on cutting edge nursing research and a commitment to addressing social determinants of health and education
- Promotion health, reduce the burden of illness, and actively work towards health equity in Nebraska and beyond
- Embrace inclusivity as essential to excellence.

Summary of UNMC CON's Philosophy Statement

The College of Nursing is committed to leadership, communication, education, research, practice, and service that advance health, foster innovation, and promote equity. We embrace resiliency, proactive thinking, and dynamic partnerships built on respect, reciprocity, and shared leadership. Open, honest, and respectful dialogue is central to our community, ensuring diverse perspectives shape decisions. Our student-centered education fosters experiential, evidence-based learning in inclusive, interprofessional environments. Through research, we generate and apply new knowledge to improve health outcomes and advance societal well-being. Nursing practice and service inform our teaching and scholarship, guiding collaborative solutions that enhance health care, professional development, and community impact.

DNP Program Goal and Outcomes

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”.

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

Outcome 1. Advanced-level nurses synthesize and apply knowledge from nursing sciences and other disciplines to integrate clinical judgement to plan, deliver, and evaluate care for individuals, family, and community across the life span.

Outcome 2. Advanced-Level nurses provide individualized and holistic person-centered care with intentional emphasis on equity and inclusion using evidence and clinical judgement in the planning and delivering of care across time, spheres of care (wellness, disease prevention, chronic disease management, regenerative/restorative care and hospice/palliative care) and developmental levels.

Outcome 3. Advanced-level nurses partner with a variety of stakeholders to advocate for and implement population healthcare encompassing public health prevention, disease management, and emergency preparedness with equitable opportunities based on social determinants of health.

Outcome 4. Advanced-level nurses ethically evaluate, translate, and implement nursing evidence into practice to improve health and disseminate results to transform healthcare.

Outcome 5. Advanced-level nurses employ principles of safety science and quality improvement to create and maintain secure, equitable, effective and person-centered healthcare environments for all.

Outcome 6. Advanced-level nurses lead and model the core competencies of interprofessional partnerships (effective communication, ethical decision making, roles and responsibilities, and collaboration) to provide evidence-based strategies and processes to improve team effectiveness and health outcomes of vulnerable populations.

Outcome 7. Advanced-level nurses participate in designing, analyzing, and evaluating innovative system-based practices to optimize value, cost, health equity, and quality outcomes across integrated healthcare organizations.

Outcome 8. Advanced-level nurses utilize innovative, technology-rich modalities for care delivery, monitoring and analysis of healthcare outcomes, and creation and maintenance of data points/databases/information stores to inform healthcare decisions and to provide expanded access to care.

Outcome 9. Advanced-level nurses demonstrate a professional nursing identity which encompasses emotional intelligence, courage, and assertiveness while mentoring and advocating for social justice, equitable healthcare, and ongoing promotion of integrity of the profession.

Outcome 10. Advanced-level nurses demonstrate a commitment to ongoing personal growth through self-reflection and self-care which contributes to well-being; and embrace life-long learning through knowledge expansion, contributing to the growth of individuals and the profession.

Who's Who in the DNP Program

Name	Contact Information
Interim DNP Program Director & DNP Project Liason	Amy Ford, DNP, APRN, WHNP-BC CNS 40105 Omaha Campus alford@unmc.edu 402-559-6544
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Adult-Gerontology Primary Care	Tami Braley, PhD, AGPCNP-BC Omaha Campus tamara.braley@unmc.edu 402-559-8320

Program Specialty	Specialty Coordinators Contact Information
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Family Nurse Practitioner	Jill R. Reed, PhD, APRN-NP, FNP-BC Kearney Campus jrreed@unmc.edu 308-865-8150
Nurse Leader/Executive	Shelly Amsberry, EdD, MSN, RN Kearney Campus shelly.amsberry@unmc.edu 308-865-1136 Jenna Hesse, EdD, RN Norfolk Campus jhesse@unmc.edu 402-370-2753
Interim Pediatric Primary & Acute Care Nurse Practitioner	Kristine Benda, MSN, RN, APRN-NP Scottsbluff Campus krebenda@unmc.edu 308-632-2027
Psychiatric Mental Health Nurse Practitioner	Terri Mathews, PhD, APRN-NP, CPNP, PMHNP, LP Omaha Campus tmathews@unmc.edu 402-559-6633
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Section II: Student Policies

We encourage you to review the UNMC College of Nursing student policies, which provide important guidance on academic and professional expectations. Using the link below, you can access general student policies as well as specific policies for graduate students, including those related to admissions, the professional grading system, leave of absence, degree changes, student progression, and more. These resources are here to support your academic journey and professional growth.

[Student Policies < University of Nebraska Medical Center](#)

Scholarship Opportunities for DNP Students

There are national scholarships available that may assist with the cost of your doctoral education. Students are encouraged to independently search for national funding opportunities that align with their academic and professional goals. Numerous external organizations and foundations offer competitive scholarships and grants for graduate nursing students pursuing a Doctor of Nursing Practice (DNP) degree.

Section III: Program Requirements

DNP Course requirements

UNMC DNP Program Required Courses

Course	Credits	Offered	Prerequisites	Corequisites
NRSG 600 Foundations of Scholarly Writing	1	Fall	None	None
NRSG 601 Advanced-Level Roles	2	Fall	None	None
NRSG 602/802 Foundations of Quality, Safety, Informatics and Finance	4	Fall	None	None
NRSG 603 Foundations of Theories and Evidence-Based Practice	3	Spring	None	None
EPI 808 Biostatistics and Epidemiology in Nursing Practice	4	Spring Summer	None	None
NRSG 604 Foundations of Population-Based Health Policy	3	Fall	None	None
NRSG 608/808 Transformational Leadership and Complex Systems	3	Spring	None	None
NRSG 700 Implementing Evidence-Based Practice	3	Summer	NRSG 603	None
NRSG 701 Leading Systems Change to Optimize Organizational Outcomes	2 didactic, 1 practicum	Fall	NRSG 700	None
NRSG 702 Methods for Assessing Clinical Practice Outcomes	3	Spring	NRSG 701	None
NRSG 703 DNP Scholarship Practicum I	1 didactic, 2 practicum	Summer	NRSG 702	None
NRSG 704 DNP Scholarship Practicum II	1 didactic, 2 practicum	Fall	NRSG 703	None
NRSG 705 DNP Scholarship Practicum III	1 didactic,	Spring	NRSG 704	None

Course	Credits	Offered	Prerequisites	Corequisites
	2 practicum			
NRSG 709/909 Health Care Policy and Global Issues (MSN to DNP students only)	3	Spring	None	None

DNP Clinical requirements

UNMC DNP PROGRAM CLINICAL PRACTICUM REQUIREMENTS

As an accredited DNP program, the UNMC College of Nursing requires a minimum of 1,000 post-baccalaureate supervised clinical practice hours to demonstrate advanced nursing competencies. Students entering with qualified post-masters training may apply some of their previous hours toward the 1,000-hour total.

APRN's with certification in a specialty area (nurse practitioner, clinical nurse specialist, certified nurse anesthetist, and midwife) are recognized as having completed a minimum of 500 clinical hours in their master's program. Therefore, these students will be required to complete a total of 500 DNP clinical practicum hours in their program of study.

Master's program graduates who do not have certification as an APRN but have graduated from a program that prepared them as an APRN and were qualified at graduation to certify as an APRN, are recognized as equivalent to having 500 clinical hours in their master's program. Therefore, these students will be required to complete a total of 500 DNP clinical practicum hours in their program of study.

Master of Science in nursing leadership/administration graduates will be evaluated based upon the total number of clinical hours in their master's program.

Post-master's graduates 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. Therefore, these students will be required to complete a total of 500 DNP clinical practicum hours in their program of study.

Post-master's graduates 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 practice experiences (including the number of clinical hours and type of clinical experiences).

- Students who do not meet the required clinical hour threshold upon review of their submitted professional portfolio will be required to complete additional **Specialty Clinical hours** in conjunction with **DNP Clinical Practicum hours** as part of their individualized plan of study. This plan will be tailored to the student's prior education, professional experience, and identified learning needs in order to fulfill the **1,000 clinical hour requirement** for the DNP degree. In these cases, **60 clinical hours are equivalent to one semester credit hour.**

- These hours will be in the student's area of specialization and supervised by the Specialty Program Academic Advisor. To complete Specialty Clinical hours, students will register for those specialties clinical course.

DNP Program Format

The UNMC DNP Program is considered a Hybrid program by definition.

Hybrid Program: An educational program that includes both in-person and distance education courses. Hybrid programs may include online (synchronous or asynchronous), hybrid, and remote courses. Students in a hybrid course may be required to attend courses at a campus, branch campus, or clinical location. Additionally, students in hybrid programs may be required to complete testing and clinical education at specific physical locations.

When the UNMC DNP Program does have synchronous class sessions, they are conducted virtually via Zoom rather than held in-person on campus.

Section IV: DNP Program Guidelines and Resources

Introduction to the DNP

The Doctor of Nursing Practice (DNP) is a terminal degree that prepares nurse leaders to practice at the highest level, focusing on improving patient outcomes and translating research into practice (AACN, 2024). DNP curricula build upon traditional master's programs by integrating advanced coursework in evidence-based practice, quality improvement, and systems leadership (AACN, 2024). Unlike research-focused doctoral programs, the DNP offers a practice-oriented pathway for nurses, equipping them to implement scientific findings generated by nurse researchers with PhD, DNS, and other research-based doctorates (AACN, 2024).

Definitions of Nursing and Practice Scholarship

Nursing scholarship is the rigorous, systematic inquiry that advances the discipline of nursing through the development, refinement, and dissemination of knowledge. It encompasses a broad range of scholarly activities, including research, evidence-based practice, quality improvement, and theoretical development. Practice scholarship, a central focus of the **Doctor of Nursing Practice (DNP) degree**, refers specifically to the application and translation of nursing knowledge to improve health outcomes, healthcare systems, and clinical practice. The *AACN Essentials (2021)* emphasizes that practice scholarship is grounded in the integration of scientific evidence, clinical expertise, and patient preferences to address real-world problems through innovation, interprofessional collaboration, and systems-level thinking. DNP-prepared nurses are expected to lead and engage in scholarship that transforms practice environments and improves the health of individuals and populations across diverse settings and lifespans (*AACN, 2021, Domains 4 and 7*).

AACN DNP Essentials

Below are the 2021 AACN Essentials Domains that guide the development of all DNP Programs. The Commission on Collegiate Nursing Education (CCNE) who is UNMC CON's accrediting body, requires the

adoption of these 10 domains along with their competencies for DNP Program accreditation. These Essentials define the foundational competencies that are core to all APN roles including nurse leaders, nurse practitioners (NPs), clinical nurse specialists (CNS), nurse anesthetists (CRNAs), and nurse midwives (AACN, 2019b).



Figure 2

The 2021 AACN Essentials. This image was generated using an AI tool and visually represents the ten domains outlined in the 2021 AACN Essentials, which guide competency-based education for all DNP programs. *Source: Adapted from American Association of Colleges of Nursing (2021).*

Overview of DNP Project

The DNP project is a scholarly, clinically focused initiative that allows students to demonstrate mastery of the DNP curriculum by translating evidence into practice, improving patient outcomes, and advancing nursing practice. Students may choose one of three project types: **Quality Improvement (QI)**, **Evidence-Based Practice (EBP)**, or **Program Development and/or Evaluation (PD&E)**. See **Appendix H** for descriptions of each project type. Each project is informed by research evidence, best clinical practice, input from community partners, and guidance from academic faculty. The project will be student-led and implemented in a real-world setting. Its impact on patient outcomes, clinical practice, and/or health policy will be disseminated through professional or community-based platforms.

DNP Project Process

Students will be assigned a DNP Project Chair at the start of the clinical practicum coursework by the end of NRS 700. Each phase of the project will be addressed in the successive practicum courses 700, 701, 702, 703, 704, and 705. See course descriptions for detailed activities for each course.

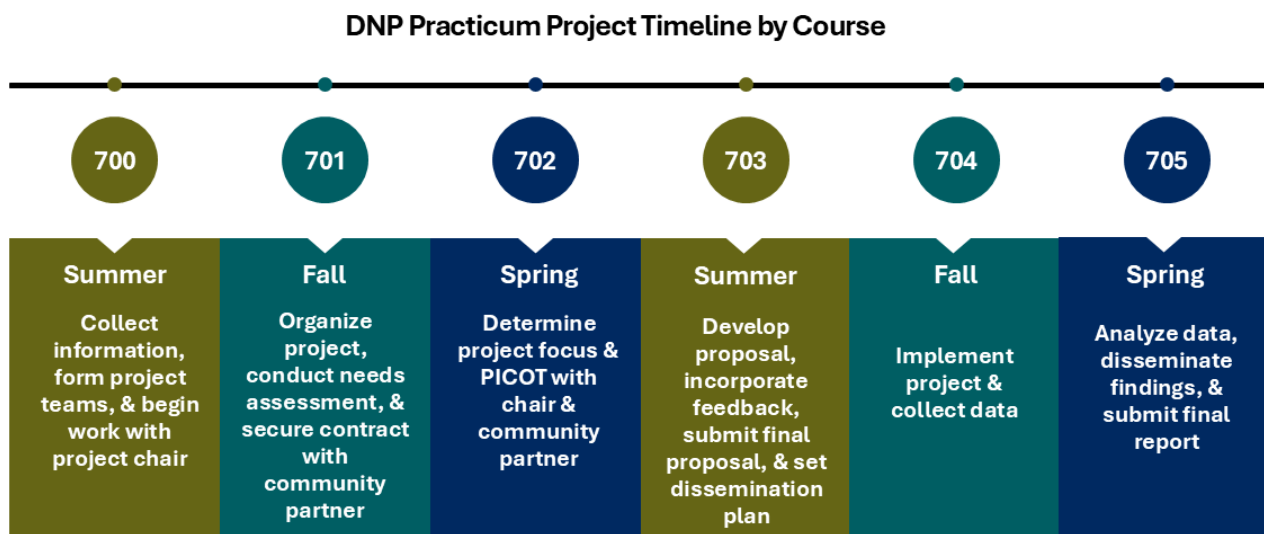


Figure 3

DNP Practicum Project Timeline by Course. A detailed plan outlining the progression of project steps.

Potential Project Focus Areas

- Population health
- Health disparities

- Quality improvement
- Patient safety
- Nursing practice innovation
- Health policy & advocacy
- Systems leadership
- Nursing informatics

DNP Project Exemplars

1. **Implementing a standardized fall risk assessment and intervention protocol in long-term care facilities.**
 - ✓ **Quality Improvement (QI)**
Focuses on improving a clinical process using established protocols in a specific setting.
2. **Establishing a remote monitoring program for patients with heart failure to reduce hospital readmissions.**
 - ✓ **Program Development and/or Evaluation (PD&E)**
Involves developing and implementing a new service or care delivery model, with anticipated evaluation of outcomes.
3. **Advocating for policy changes to improve prenatal care access for Black and Hispanic women.**
 - ✓ **Evidence-Based Practice (EBP)**
Incorporates evidence to guide advocacy efforts and influence health policy based on identified disparities.
4. **Evaluating the impact of an AI-driven early warning system on sepsis-related mortality rates.**
 - ✓ **Program Development and/or Evaluation (PD&E)**
Centers on evaluating the effectiveness of an existing or newly implemented technological intervention.
5. **Creating a leadership development program to increase minority representation in nurse executive roles.**
 - ✓ **Program Development and/or Evaluation (PD&E)**
Involves designing and evaluating a program aimed at workforce development and leadership equity.

DNP Project Proposal: Key considerations to get started

1. How would you 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 the community partners?

7. Has this proposed practicum been endorsed by the facility and/or other key community partner(s)?

Tentative Overview of Forming a DNP Team and Roles and Responsibilities

Tentative Formation of a DNP Project Team

A DNP Project Team will consist of two doctoral-prepared UNMC College of Nursing faculty and a third member from the community partner or practice site where the project will take place. The faculty members serve as the **DNP Project Chair** and the **Supporting DNP Project Team Member**. Both are assigned by the DNP Program Director and Assistant Deans at the end of the NRS 700 course. In a collaborative model, each faculty member will serve as the **Project Chair for one student** while also serving as the **Supporting DNP Project Team Member for the other student**. These reciprocal roles promote consistency, shared expertise, and robust support for the scholarly project process. The two students paired with the same faculty team will also serve as **accountability and peer support partners** throughout their DNP project experience. These student pairs will present their DNP project proposals together in a small-group format prior to submitting proposals to their committee for final approval.

The **DNP Project Chair** is a doctoral-prepared faculty member who serves as the lead advisor and primary guide for a student's scholarly project. The Chair mentors the student through all phases of the project—planning, implementation, evaluation, and dissemination—and ensures alignment with program outcomes, ethical standards, and the AACN DNP Essentials (2021). The Chair is responsible for reviewing and approving all major project deliverables, including the proposal and final report. Additionally, the Chair facilitates collaboration with practice partners and supports the student's growth as a scholar and leader.

The **Supporting DNP Project Advisor** is a doctoral-prepared faculty member who serves in a collaborative, consultative role on the DNP Project Team. While the DNP Project Chair is the designated lead and holds primary responsibility for project oversight, the Supporting Advisor may offer additional guidance based on their expertise when available. This role is intended to complement—not duplicate—the responsibilities of the Chair. Supporting Advisors do not receive assigned FTE for this role and are not expected to participate at the same level as the Chair. However, their subject matter expertise and feedback may be valuable in enhancing the scholarly rigor, feasibility, or methodological quality of the project. Faculty are intentionally paired so that each serves as Chair for one student and Supporting Advisor for another, promoting reciprocal collaboration and peer support across project teams.

The **Community Partner** serves as a practice-based consultant on the DNP Project Team, offering insight into the clinical or organizational context where the project is implemented. This individual helps ensure the project addresses a meaningful problem, aligns with site priorities, and is feasible within the practice environment.

DNP Project Team members may continue to serve on an existing DNP project team for a specific DNP student up to one year after leaving or retiring from the University. After the 1-year mark, a former or emeritus faculty may remain on as a project consultant but will not be considered the DNP project chair.

A new DNP Project chair will be identified and assigned to the team by the DNP program director and Assistant Deans.

Roles and Responsibilities

DNP Student

- Primary responsibility for DNP project at all stages
- Complete CITI training
- Create and maintain Teams site for project
- Set, lead, and manage agenda and minutes for routine meetings with advisor
- Set, lead, and manage agenda and minutes for meetings with community partners during development, implementation, and evaluation stages of the project
- Develop project proposal with support of advisor and peer feedback
- Implement project
- Develop project final report, presentation, and/or manuscript with support of advisor

DNP Project Chair

- Advise student on project focus, design, and scope
- Provide guidance and mentorship through all stages of the project
- Facilitate identification of community partner(s) in collaboration with DNP program director, academic advisor and clinical practice site.
- Review project for ethical considerations and human subject protection
- Approve project proposal
- Monitor project progress
- Provide review and feedback communication and materials created for community partners
- Provide review and feedback on proposal, presentations and final report and/or manuscript
- Support student to engage in professional development opportunities

Supporting DNP Project Advisor – Responsibilities

- Collaborate with the DNP Project Chair, as needed, to support the refinement of the student's project focus and scope.
- Provide content or methodological expertise when appropriate to enhance scholarly depth.
- Participate in team meetings and provide feedback on project materials when availability allows.
- Reinforce ethical standards, scholarly integrity, and alignment with AACN DNP Essentials.
- Support the student's professional development through occasional guidance, under the direction of the DNP Project Chair.

Community Partner Team Member

- Collaborate with the student and faculty to identify a relevant practice problem.
- Provide context, feedback, and access to site-specific resources.
- Support project planning, implementation, and evaluation within the setting.
- Review and provide input on deliverables intended for the site.
- Assist in identifying opportunities for project dissemination and sustainability.

DNP Project Team Framework

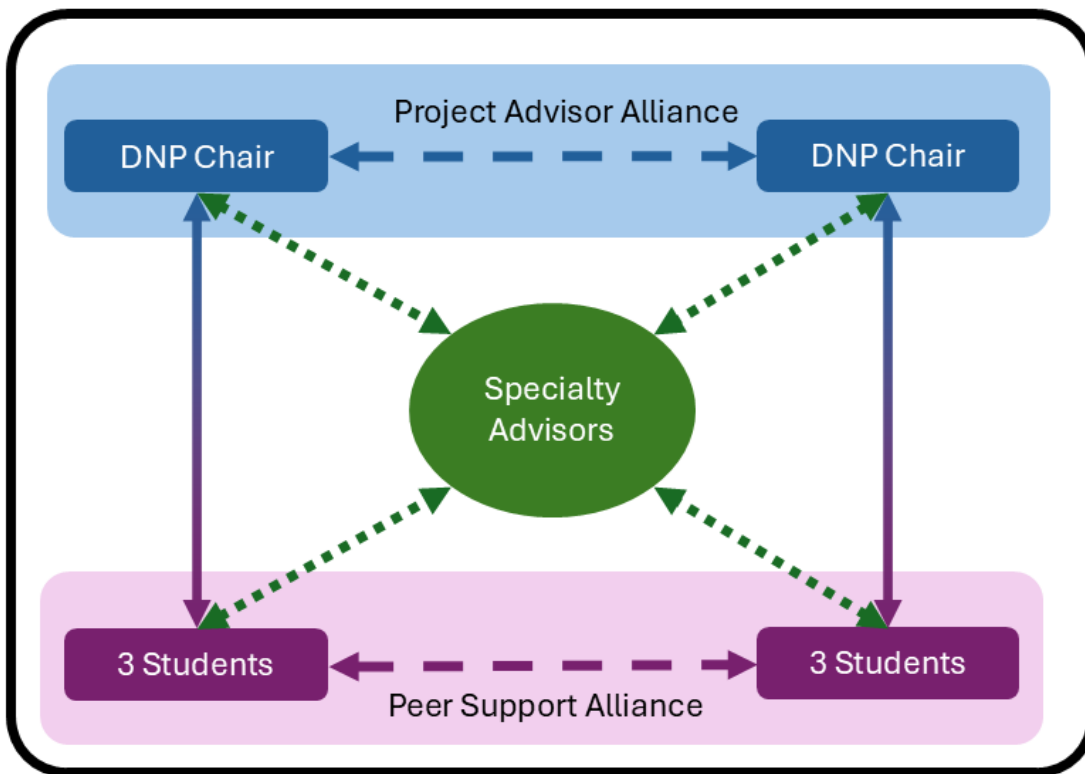


Figure 4

DNP Project Team Framework: Collaborative Roles and Alliances. This diagram illustrates the DNP (Doctor of Nursing Practice) Project Team Framework, highlighting key collaborative relationships among team members. The framework is divided into three primary components: DNP Chairs, Specialty Advisor, and Students.

- At the top, two **DNP Chairs** are connected by a **Project Advisor Alliance** (indicated by a blue dashed double-headed arrow), showing collaboration and support between project advisors.
- At the center, a **Specialty Advisor** serves as the core connection point, with green dashed arrows showing bidirectional communication with both DNP Chairs and Students.
- At the bottom, two **Students Groups** are connected by a **Peer Support Alliance** (shown as a purple dashed double-headed arrow), reflecting mutual academic and emotional support.
- Solid vertical arrows represent direct mentorship relationships between each DNP Chair and their respective Student.

The framework emphasizes a triadic collaboration where project advisors, students, and specialty advisors (community partners) work in synergy to support project development and implementation.

DNP Project Courses

NRS 703 DNP Scholarly Practicum I

- i. **Course Description:** Students will further explore and analyze their selected patient, population, and/or system. Students' own evidence-based analysis and data from either clinical practice and/or epidemiological studies will be used to guide the design and development 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 work, practice interventions are refined. Plans for carrying out the intervention occur. The clinical practicum hours provide students the opportunity to apply knowledge and newly acquired skills to the practice setting. Practice settings will vary depending on the student's interests and career goals. The primary aim of the practice work is to complete develop a proposal and obtain IRB approval or waiver for a project that will improve health outcomes for individuals, families, communities, and/or populations. Overall, the DNP practicum experience experiences culminate in the scholarly project
- ii. **Prerequisite:** NRS 700, 701, 702

NRS 704 DNP Scholarly Practicum II

- i. **Course Description:** Students will further explore and analyze their selected client, population, and/or system. Students' own evidence-based analysis and data from either clinical practice and/or epidemiological studies will be used to guide the design and development of interventions directed at practice change, system changes, or aggregate health improvements. Analysis of socioeconomic, cultural, ethical, and political implications continues. Building on the student's work, practice interventions are refined. Under the guidance of their DNP Project Chair, students implement their designated projects and evaluate them. Plans for dissemination occur. The clinical practicum hours provide students the opportunity to apply knowledge and newly acquired skills to the practice setting. Practice settings will vary depending on the student's interests and career goals. The primary aim of the practice work is data collection and data analysis of a practice change that will improve health outcomes for individuals, families, communities, and/or populations. Overall, the DNP practicum experience experiences culminate in the scholarly project.
- ii. **Prerequisite:** NRS 703

NRS 705 DNP Scholarly Practicum III

- i. **Course Description:** Students will further explore and analyze their selected patient, population, and/or system. Students' own evidence-based analysis and data from either clinical practice and/or epidemiological studies will be used to guide the design and development of interventions directed at practice change, system changes, or aggregate health improvements. Analysis of socioeconomic, cultural, ethical, and political implications continues. Building on the student's work, practice interventions are refined. Under the guidance of their academic advisor, students implement their designated projects and evaluate them. The clinical practicum hours provide students the opportunity to apply knowledge and newly acquired skills to the practice setting.

Practice settings will vary depending on the student's interests and career goals. The primary aim of the practice work is manuscript development and dissemination of a practice change that will improve health outcomes for individuals, families, communities, and/or populations. Overall, the DNP practicum experience experiences culminate in the scholarly project.

- ii. **Prerequisite:** NRS 704

NRS 706 DNP Scholarly Project Continuation

- i. Will have to register for more credits if do not finish project and dissemination in 705
- ii. **Course Description:** This course is designed for Doctor of Nursing Practice (DNP) students who require additional time beyond NRS 705 to complete, evaluate, and/or disseminate their scholarly project. Students enrolled in NRS 706 will continue working under the guidance of their DNP Project Chair to meet program expectations for project completion. Activities may include data collection or analysis, project refinement, final report preparation, manuscript development, or dissemination to community and professional audiences. This course provides the structure and support needed to fulfill all remaining scholarly project requirements and graduation milestones.
- iii. **Prerequisite:** NRS 703, 704, 705, or permission of instructor
Credits: Variable (based on the number of required clinical hours or academic work remaining)
 Repeatable: Yes, with approval.

DNP Curriculum: DNP Hours Document

In addition to your specialty clinical hours (typically 600–900 hours), DNP students are required to complete a minimum of 1,000 total practice hours to meet degree requirements. At UNMC, you will complete between 1,100 and 1,400 hours, depending on your specialty. Please note that 500 of these hours are designated as DNP hours and are required within our program. Below, you’ll find a breakdown clarifying the distinction between non-DNP project hours and DNP project hours.

Approved DNP non-Project Related Hour: (minimum of 50 DNP hours with a maximum of 125 hours)

DNP Non-Project Clinical Hours to AACN Essentials (2021)

2021 AACN Essential Domain	Exemplar Activities
1. Knowledge for Nursing Practice	Attend a scientific conference or workshop related to the DNP project focus. Evaluate a practice protocol related to the DNP project. Participate in skill-building for evidence-based interventions.
2. Person-Centered Care	Observation of an APRN in an underserved setting or outside your specialty. Attend events or workshops related to care coordination, health equity, or patient engagement.
3. Population Health	Attend a local health fair or community event. Collaborate with public health or nonprofit

2021 AACN Essential Domain	Exemplar Activities
	organizations (e.g., American Heart Association). Attend local public health hearings.
4. Scholarship for the Nursing Discipline	Participate in presentations, seminars, and scholarly conferences. Conduct literature reviews and skill-building in evidence synthesis. Attend a research or QI-focused webinar or tutorial.
5. Quality and Safety	Attend QI or patient safety meetings (e.g., safety huddles, audits). Participate in safety rounds or organizational quality initiatives.
6. Interprofessional Partnerships	Collaborate on workgroups related to the DNP project. Participate in a professional organization committee. Attend interprofessional meetings with project stakeholders.
7. Systems-Based Practice	Participate in leadership or strategic planning meetings at the clinical site. Serve on a committee addressing workflow or organizational change.
8. Informatics & Healthcare Technologies	Evaluate clinical systems or data dashboards. Participate in EHR or data tool training sessions. Explore social media or technology use related to clinical communication.
9. Professionalism	Attend Board of Nursing hearings or state-level advocacy events. Engage in mentoring or leadership development activities.
10. Personal, Professional, and Leadership Development	Serve in a leadership role on a committee. Attend a leadership-focused conference or professional development workshop. Engage in policy or health equity advocacy efforts.

***All DNP non-project related hours are subject to approval by DNP project advisor(s)**

Approved DNP Project Related Hours (where majority of hours comes from)

<p>Meetings with DNP project faculty advisor, practice mentor or other experts Meetings with community partner for project Needs Assessment of community partner Synthesis of Evidence Development of project proposal IRB approval/CITI training</p>
--

DNP project implementation DNP project data collection DNP project data analysis DNP Project Final Write-up
--

What Does **NOT** Count

- It cannot be a normal work-related activity.
- Work on graded assignments
- Travel time for any meetings or attending conferences.

Utilization of CORE to document DNP hours

The CORE platform will be used to document all required DNP hours, including both project and non-project related activities. To log your hours, access the CORE system and navigate to the **Hours Tracking** tab. Select **Record New Hours**, then enter the appropriate date and number of hours completed. At the bottom of the page, you will find two dropdown menus—one for **DNP Project Hours** and one for **Non-DNP Project Hours**. Select the category that best reflects your activity. Provide a brief description of the activity and click **Save** to submit. If none of the listed options accurately describe your activity, choose **Other** under the relevant hour type and enter a concise explanation in the description field.

DNP Proposal Guidelines

DNP students must develop and complete a DNP Project Proposal and Presentation in NRS 703. The written proposal will be submitted to the DNP Advisors group for approval of the project prior to implementation.

a. DNP Proposal Presentation

- The DNP Proposal Presentation provides students with an opportunity to demonstrate the synthesis of knowledge acquired throughout their program of study. During the presentation, students will present their proposed DNP project, respond to questions, and engage in scholarly dialogue with peers and faculty. Constructive peer feedback will be provided and should be thoughtfully reviewed and, when appropriate, incorporated into the final proposal prior to submission to the DNP Project Advisor team for formal review and approval. More information regarding the presentation will be given in NRS 703.

b. DNP Project Proposal

- Students will collaborate closely with their DNP Project Team to develop and refine a comprehensive written DNP Project Proposal. The proposal should reflect scholarly rigor, alignment with program outcomes, and integration of evidence-based practice principles. Detailed evaluation criteria for each project type—Quality Improvement (QI), Evidence-Based Practice (EBP), and Program Development and/or Evaluation (PD&E)—are outlined in **Appendix C, D, & E: DNP Proposal Rubrics.**
- STATISTICAL CONSULTATION AVAILABLE FOR DNP STUDENTS**
 - 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 with the CON biostatistician **using the appointment website**

found on her email signature, 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 the student (s) and their advisor.

- c. 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:
 - i. Review the purpose, aims, and methods (including design, measurement tools, data collection, and planned data analysis) with the biostatistician.
 - ii. Discuss proposal as it relates to the plans for data entry.
 - iii. Discuss recommendations for data analysis and strategies to conduct the analysis (e.g., using SPSS).
 - iv. Discuss the learning needs for the student(s) to manage data collection, data entry, data analysis and interpretation of data analysis.
 - v. Discuss available resources to support the DNP student's/students' DNP project analysis (e.g., CON NNRC research website resources).
 - vi. Discuss any additional plan for accomplishing the learning needs of the student(s).
 - vii. Submission Process to the DNP Advisors Group (**see Appendix G: DNP Proposal Process Flowchart**)
 - i) Students will submit their final proposal electronically to the designated DNP Proposal Liaison in NRS 703.
 - ii) The DNP Proposal Liaison serves as the central point of contact for the proposal review process and manages all communications between students and the DNP Advisors Committee.
 - iii) The Liaison will compile the feedback and communicate the decision to the DNP Office Associate, who will communicate with the student and their Project Chair.
 - iv) If revisions are required, the student will work with their Project Chair to address the feedback and resubmit the revised proposal for final approval.

IRB Information

To ensure ethical conduct and the protection of human subjects in research, all UNMC DNP students must discuss human subject projection with their project advisor and do the following:

- Complete Collaborative Institutional Training (CITI). All DNP students must complete the Basic Course and the Group 1: Biomedical Research modules. Together, these trainings take approximately 4-6 hours to complete. Additional modules may be required depending on the nature of the DNP project. There is no charge to complete CITI training and the hours can be used toward your project hours. Go to [Investigator Resources | Office of the Vice Chancellor for Research | University of Nebraska Medical Center](#) for information on completing CITI training.
- Determine if your project is subject to oversight by the UNMC Institutional Review Board (IRB). Projects that require a full IRB application are those that 1) involve human subjects with aims to contribute to generalizable knowledge, 2) collect, analyze, or share protected health information, or 3) expose participants to risk including physical, emotional, financial, or social risk. Go to

[Investigator Resources | Office of the Vice Chancellor for Research | University of Nebraska Medical Center](#) to use the tool “Am I Doing Research” to determine if your project must be submitted to the IRB for review.

- o If the “Am I Doing Research” tool determines your project is exempt from IRB review, include a copy of the exempt notification as an appendix in your proposal
- o If the “Am I Doing Research” tool determines that you are in fact conducting human subject research, work with your project advisor on how to and when to submit the IRB application.

DNP Project Dissemination

The dissemination of scholarly work is necessary to advance evidence-based practice, improve patient outcomes, and impact policies affecting health. Sharing project results with community partners and through conferences, journals, or online platforms fosters professional development and networking. With your project advisor, select the methods to be used for disseminating the project results to 1) your community partner, 2) a professional organization, and 3) a publishing platform. All dissemination activities must be complete prior to graduation.

1. **Community Partner** – Prepare either an infographic or a 1-page brief to give to your community partner. Meet with the community partner to review the document, discuss the project, and answer any questions they may have. The project advisor must approve the final draft to be shared with your community partner(s). Select one to meet graduation requirement:
 - a. **Infographic** - Develop a visual representation to communicate your project findings using images, charts, icons and minimal text. Free infographic creators include Piktochart, Infogram, and Canvas.
 - b. **1-page brief** - Write a one-page summary report on the project results and recommendations important for your community partner.
2. **Presentation** – Select a local, regional, or national organization meeting to present your project using either a poster or oral presentation. The presentation must occur before graduation. Follow the presentation guidelines shared by the hosting organization and use UNMC templates. The project advisor must approval the final presentation. Select one to meet graduation requirement:
 - a. **Poster presentation** – Poster templates [UNMC Brand Wise | Templates](#)
 - b. **Oral presentation** – PowerPoint slide templates [UNMC Brand Wise | Templates](#)
3. **Final Report** – Use reporting guidelines such as the Standards for Quality Improvement Reporting Excellence (SQUIRE), write a detailed project report for publication. You can either submit the report to the UNMC digital repository called Digital Commons, or you can submit for to a peer-reviewed professional journal. There are pros and cons of submitting to Digital Commons versus submitting to a peer-reviewed journal; discuss the best option for you with your project advisor. Select one to meet graduation requirement:

- a. **Digital Commons Submission**- Formatted using APA 7th edition academic writing guidelines.
 - i. DNP PROJECT: FINAL WRITTEN FORMAT*
 - ii. The final written DNP project paper format is available in **Appendix B**.
 - iii. **See Appendix A for Title page format**

- b. **Manuscript Submission** -formatted according to author guidelines for target journal. Explore possible target journals [Where to Publish - Author Toolkit - Research Guides at University of Nebraska Medical Center](#). Acceptance by the journal is not required for graduation, only submission.

Authorship

Any scholarly work developed by students as part of the DNP project are subject to authorship considerations. Journal articles, conference presentations, even some types of creative works, should have acknowledgement of all student and faculty authors who contributed. The UNMC College of Nursing DNP Program has the following authorship guidelines for scholarly works associated with the DNP project:

- The DNP student is the first author. If there is more than one student on the project, the student group will collaborate with the project advisor to determine author order. See the International Committee of Medical Journal (ICMJE) author guidelines [ICMJE | Recommendations | Defining the Role of Authors and Contributors](#) to learn more about author contributions and author order. In some cases, more than one scholarly work may evolve from the DNP project. This provides an opportunity for more students to have the lead authorship.

- The project advisor should be listed as an author on all scholarly works associated with the DNP project. In general, the project advisor is the most senior scholar on the project and provides substantial contribution to the project at all stages. Therefore, the project advisor goes in the last position in the author order.

- If a manuscript is accepted by a journal with or without revisions, the student(s) should consult with the project advisor on how to prepare a response to the editor.

- If a manuscript is rejected by a journal, the student(s) should consult with the project advisor to identify another target journal. The manuscript will then be revised according to the target journal author guidelines and reviewer feedback (if received) before submitting to another journal.

- If a manuscript 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 publish will transfer to the project advisor. The project advisor then becomes first author followed by the student(s) in the order agreed upon by all authors.

Digital Commons

Digital Commons is the institutional repository at UNMC. This online publishing platform provides open access to scholarly works produced by UNMC faculty, students, and staff. Students who select Digital Commons as the publishing platform for their DNP project final report must have their project advisor approve the final PDF to be submitted. For group projects, only one final report is submitted. All authors should have a Digital Commons account to access the dashboard and to get reports on your project's readership. Steps to submit to Digital Commons are:

1. Go to <https://digitalcommons.unmc.edu/>
2. Select "Submit Your Work" found in right lower corner of home page
3. Select "Doctor of Nursing Practice Projects: College of Nursing"
4. Create New Account using a non UNMC email to ensure your access to after graduation.
5. Complete Submission Agreement
6. Complete needed information
 - Title
 - Authors (students to use non UNMC email to ensure access after graduation)
 - Document type
 - Graduation Date
 - Degree
 - Advisor Name(s)
 - Select subject categories
 - Abstract
 - Embargo period*
 - Upload PDF file(s)

*An embargo is used when submitting scholarly work to a publishing platform and a delay in public access for a specified time frame is needed. Reasons for imposing an embargo include 1) time is needed to secure a patent for an invention, 2) time is needed to expand the work for follow-up studies, or 3) time is needed to publish in a journal that requires submitted work has not been made publicly available. Since most peer-reviewed journals require the manuscript not be publicly available elsewhere, a submission to Digital Commons is not recommended if intending to publish in a peer-reviewed journal.

UNMC DNP Program Completion Checklist

All Doctor of Nursing Practice (DNP) students must fulfill the following requirements to be eligible for graduation. Please work closely with your DNP Project Chair and the Professional Graduate Program Director to ensure timely completion of each item.

Requirement	Description	Completed
✓ Program Completion Documents	Submit your completed portfolio and your DNP Final Report along with confirmation of publication submission to the Professional Graduate Program Director and DNP Office Associate for final review.	<input type="checkbox"/>
✓ Present Project to Community Partner	Deliver a presentation of your DNP Project findings and outcomes to your community or practice site partner(s).	<input type="checkbox"/>
✓ Academic Dissemination (Podium or Poster Presentation)	Share your DNP Project outcomes in a formal academic setting through either a podium or poster presentation.	<input type="checkbox"/>
✓ Publication	Submit your final DNP Project report for publication to either UNMC Digital Commons or a peer-reviewed journal.	<input type="checkbox"/>

Appendix A

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

Appendix B

Final DNP Project Report Format for Digital Commons Submission Only

Section	Content	Comments
Title Page	Title, student name(s) & credentials, Institution Name, Advisor name(s) & credentials, & date (example appendix X)	
Abstract	Concise structured summary of no more than 300 words using the headings: background, purpose, method, results, & implications.	
Introduction	Background of the problem Problem statement Project purpose statement & clinical question Conceptual and/or theoretical framework	
Literature Review	Synthesis of current evidence with gaps in knowledge or practice identified.	
Methodology	Project design (i.e., quality improvement, Setting & population Sample & recruitment Intervention (if applicable) Data collection methods Data analysis plan Ethical considerations – includes IRB status	
Results	Narration of findings Tables, charts, or figures	
Discussion	Interpretation of the findings relevant to EBP guidelines & literature Significance and/or implications for practice Strengths & limitations of project	
Conclusion	Summary of major findings Recommendations for practice, policy and/or future research	
References & Appendices	Relevant references & appendices.	

Appendix C

DNP Project Proposal Grading Rubric – Evidence-Based Practice (EBP) Project

Proposal Component	Satisfactory Criteria	Unsatisfactory Criteria	Comments
Title	Clearly identifies the project as an evidence-based practice initiative using a PICOT structure.	Fails to clearly label the project as EBP or lacks clarity and specificity.	
Abstract / Executive Summary	Includes all required components and clearly outlines the EBP project's intent and significance.	Omissions in structure or fails to convey EBP focus clearly.	
Introduction	Effectively introduces the issue, provides a compelling rationale for practice change.	Introduction is vague or fails to link problem to practice needs.	
Background / Significance	Presents strong rationale with both national and local data supporting change.	Weak background with limited data or context.	
Problem Statement / Clinical Question	Includes a well-formulated PICOT question with clearly stated problem.	Missing or poorly constructed PICOT; unclear problem.	
Review of Literature	Synthesizes evidence, identifies gaps, and supports the proposed practice change.	Lacks synthesis or fails to connect evidence to proposed change.	
Organizational Assessment	Assesses readiness, culture, barriers/facilitators, and feasibility.	Minimal or missing assessment of internal environment.	
Purpose & Specific Aims	Purpose is clearly defined and aims are measurable and aligned with project goals.	Vague or unmeasurable aims; misaligned with project purpose.	
Conceptual/Theoretical Framework	Identifies and appropriately applies an EBP framework such as Iowa Model.	Framework not stated or inadequately described.	

Proposal Component	Satisfactory Criteria	Unsatisfactory Criteria	Comments
Methodology & Design	Describes setting, intervention, and QI/EBP strategies aligned with aims.	Design is not feasible or not aligned with PICOT/aims.	
Setting & Participants	Clearly defines setting, sample, and criteria for inclusion/exclusion.	Unclear setting or sample selection.	
Intervention	Intervention is well-defined and grounded in evidence.	Intervention lacks clarity or EBP foundation.	
Data Collection & Instruments	Includes clear procedures, valid tools, and rationale for measures.	Tools or process not defined or unsupported.	
Ethical Considerations	Addresses IRB and human subjects considerations appropriately.	Fails to address ethical issues or IRB review status.	
Analysis Plan	Describes how data will be analyzed with clear link to purpose/aims.	Lacks analysis plan or fails to support aims.	
Sustainability Plan	Proposes realistic strategies to sustain practice change.	No sustainability strategy or lacks feasibility.	
Implications for Practice	Links outcomes to nursing practice and future inquiry.	Implications are vague or disconnected from project.	
References / APA Style	Accurate APA formatting with current and relevant references.	Incorrect APA or use of outdated/irrelevant sources.	
Tables & Figures	Visually enhances understanding and is APA-compliant.	Missing or does not enhance clarity or comply with APA.	

Appendix D

DNP Project Proposal Grading Rubric – Program Development and/or Evaluation (PD&E) Project

Proposal Component	Satisfactory Criteria	Unsatisfactory Criteria	Comments
Title	Clearly identifies the project as program development and/or evaluation.	Unclear or fails to indicate PD&E focus.	
Abstract / Executive Summary	Includes all required sections and conveys the project's significance and framework.	Misses sections or lacks cohesion.	
Introduction	Provides context, need for the program, and sets up rationale.	Fails to establish the significance of the program.	
Background / Significance	Provides strong justification with relevant data and stakeholder input.	Limited support or disconnected from stakeholder priorities.	
Problem Statement / Clinical Question	Clearly defines the program focus, objectives, and intended impact.	Ambiguous problem or no clear question/focus.	
Review of Literature	Systematic and relates to program priorities and design.	Review lacks organization or justification.	
Organizational Assessment	Includes SWOT analysis, resources, stakeholders, readiness, barriers/facilitators.	Missing or superficial organizational insights.	
Purpose & Specific Aims	Well-defined purpose; aims address relevance, impact, and feasibility.	Aims are vague or not tied to outcomes.	
Conceptual/Theoretical Framework	Uses logic model or other relevant framework with justification.	Framework not used or inadequately applied.	
Methodology & Design	Clearly describes program design,	Inadequate methodology or logic model missing.	

Proposal Component	Satisfactory Criteria	Unsatisfactory Criteria	Comments
	inputs, outputs, and implementation.		
Setting & Participants	Specifies program site and participant details with rationale.	Unclear or incomplete description.	
Intervention	Defines the program with implementation steps and expected outcomes.	Program intervention is unclear or lacks structure.	
Data Collection & Instruments	Details sources, tools, and processes for evaluation.	Insufficient detail on tools or evaluation methods.	
Ethical Considerations	Addresses ethical considerations including IRB status if applicable.	Ethical review is absent or unclear.	
Analysis Plan	Describes outcome measures and evaluation aligned with logic model.	Analysis plan is poorly described or not connected to program outcomes.	
Sustainability Plan	Includes realistic sustainability and next steps in the program cycle.	Plan is vague or not addressed.	
Implications for Practice	Clearly describes how findings will impact practice and future programs.	Impact or implications are not well-articulated.	
References / APA Style	Proper APA use and current references that support the program.	APA errors or weak/inappropriate citations.	
Tables & Figures	Effectively illustrates the program (e.g., logic model) and follows APA.	Lacks visuals or unclear/non-APA compliant.	

Appendix E

DNP Project Proposal Grading Rubric – Quality Improvement (QI) Project

Proposal Component	Satisfactory Criteria	Unsatisfactory Criteria	Comments
Title	Title is clear, succinct, and identifies the initiative as a quality improvement project with a defined healthcare focus.	Title is vague, overly broad, or does not identify the initiative as a QI project.	
Abstract / Executive Summary	Includes all required components: Problem Statement, Purpose, Design, Sample & Setting, Methods, Analysis, and Implications for Practice.	Missing key components or lacks clarity and logical flow.	
Introduction	Engages the reader and clearly justifies the need for the project with relevant rationale.	Fails to provide context or a compelling rationale for the project.	
Background / Significance	Provides local and external context with supporting data; articulates the importance and implications of the problem.	Lacks supporting data or fails to connect the issue to broader significance.	
Problem Statement / Clinical Question	Clearly articulates a well-structured PICOT question with a concise problem statement.	Problem statement is vague or the PICOT question is missing or poorly structured.	
Review of Literature	Synthesizes current evidence, identifies gaps, and justifies the practice change.	Summarizes rather than synthesizes literature; lacks justification for change.	
Organizational Assessment	Describes internal evidence, organizational culture, readiness for change,	Minimal or missing assessment of organizational context and support.	

Proposal Component	Satisfactory Criteria	Unsatisfactory Criteria	Comments
	and stakeholder engagement.		
Purpose & Specific Aims	Purpose is realistic and clearly stated; specific aims logically align with project goals.	Purpose is vague or aims are missing, unrealistic, or not aligned.	
Conceptual/Theoretical Framework	Clearly describes a relevant model or framework (e.g., Iowa Model) and its application to the project.	No framework identified or unclear explanation of its relevance or use.	
Methodology & Design	Detailed, feasible methods aligned with purpose; includes design rationale, contextual elements, and assessment approach.	Methods are poorly described, not feasible, or misaligned with project purpose.	
Setting & Participants	Describes the setting and participant selection, including inclusion/exclusion criteria and expected sample size.	Setting or participant description is incomplete or lacks justification.	
Intervention	Intervention is clearly defined with an evidence-based rationale; replicable description included.	Intervention is vague, missing rationale, or lacks sufficient detail.	
Data Collection & Instruments	Describes data sources, collection methods, tools with reliability/validity, and timeline.	Data collection methods/tools are inadequately described or unsupported.	
Ethical Considerations	Includes IRB status, CITI training, and addresses ethical protections for participants.	Missing IRB information or unclear ethical considerations.	
Analysis Plan	Appropriate statistical methods described to evaluate both clinical	Analysis plan lacks clarity or is not	

Proposal Component	Satisfactory Criteria	Unsatisfactory Criteria	Comments
	and statistical significance.	appropriate for project purpose.	
Sustainability Plan	Clear plan for sustaining improvements beyond project completion.	No sustainability plan or unrealistic strategies.	
Implications for Practice	Identifies meaningful implications, potential impact, and relevance to nursing practice.	Fails to articulate practice implications or relevance.	
References / APA Style	Uses current, relevant references in correct APA format.	References are outdated, irrelevant, or improperly formatted.	
Tables & Figures	Enhance understanding; follow APA format.	Tables/figures are missing, confusing, or not APA-compliant.	

Appendix F

UNMC College of Nursing DNP Project Team Agreement Contract

Academic Year: Insert year(s)

Project Title:

DNP Student Name(s):

Faculty Advisors Assigned:

- **DNP Project Chair:**
- **Supporting DNP Project Advisor:**

Community Partner Site & Representative:

- **Organization:**
- **Community Partner Name/Role:**

Purpose

This contract formalizes the commitment of the DNP Project Team, comprised of two UNMC College of Nursing doctoral-prepared faculty and a community-based practice partner, to support and collaborate on the development, implementation, and dissemination of the DNP scholarly project.

Team Composition and Role Descriptions

DNP Student

The DNP Student holds **primary responsibility** for the scholarly project across all stages.

Responsibilities include:

- Completing CITI training and maintaining ethical standards.
- Establishing and managing a Teams site for project collaboration.
- Leading and documenting all team meetings (with Chair and Community Partner).
- Developing and submitting project deliverables on time, including proposal, implementation, evaluation materials, and final manuscript or presentation.
- Demonstrating initiative, accountability, and professionalism.

DNP Project Chair

Serves as the **lead advisor and mentor**, responsible for:

- Guiding project focus, design, and development.
- Reviewing and approving proposal and final report.
- Facilitating access to appropriate practice partners and ensuring ethical integrity.
- Monitoring progress and providing timely, constructive feedback.

- Supporting student growth as a scholar, leader, and DNP professional.

Supporting DNP Project Advisor

Serves in a **consultative and collaborative capacity**, with responsibilities including:

- Providing specialized expertise (content/methodology) when available.
- Participating in team meetings and reviewing materials upon request.
- Reinforcing scholarly integrity and AACN DNP Essentials.
- Offering occasional mentorship in alignment with the Chair’s leadership.

Community Partner

Represents the **practice site or organizational context**, contributing by:

- Identifying meaningful problems or areas for improvement.
- Ensuring project alignment with site goals, resources, and constraints.
- Facilitating planning, data access, and implementation logistics.
- Reviewing materials created for use at the site and contributing to sustainability and dissemination plans.

Project Timeline & Milestones

Course	Term	Milestones
NRSG 701	Fall	Form project team; initiate collaboration with DNP Chair; gather background information. Conduct needs assessment; define preliminary goals; formalize collaboration with Community Partner.
NRSG 702	Spring	Finalize project focus and develop finalized PICOT question(s); engage full team for scope refinement.
NRSG 703	Summer	Draft and revise proposal; submit final version; establish dissemination plan.
NRSG 704	Fall	Implement project; monitor progress and collect data.
NRSG 705	Spring	Analyze findings; prepare final report, presentation, and manuscript; disseminate outcomes.

Expectations and Conditions

- Project Team members agree to maintain open communication and uphold standards of professionalism.
- Faculty members are assigned by the DNP Program Director and Assistant Deans and may continue in their role up to one-year post-retirement/resignation. After that, a new Chair will be appointed.
- Students agree to follow institutional policies, ethical guidelines, and meet all course-specific deliverables.
- Changes in team composition or site participation must be communicated and approved by the DNP Program Director.

Signatures

By signing below, each member of the DNP Project Team agrees to fulfill the roles and responsibilities described herein and support the collaborative completion of the DNP scholarly project.

DNP Student(s):

Signature: _____ Date: _____

Name: _____

DNP Project Chair:

Signature: _____ Date: _____

Name: _____

Supporting DNP Project Advisor:

Signature: _____ Date: _____

Name: _____

Community Partner Representative:

Signature: _____ Date: _____

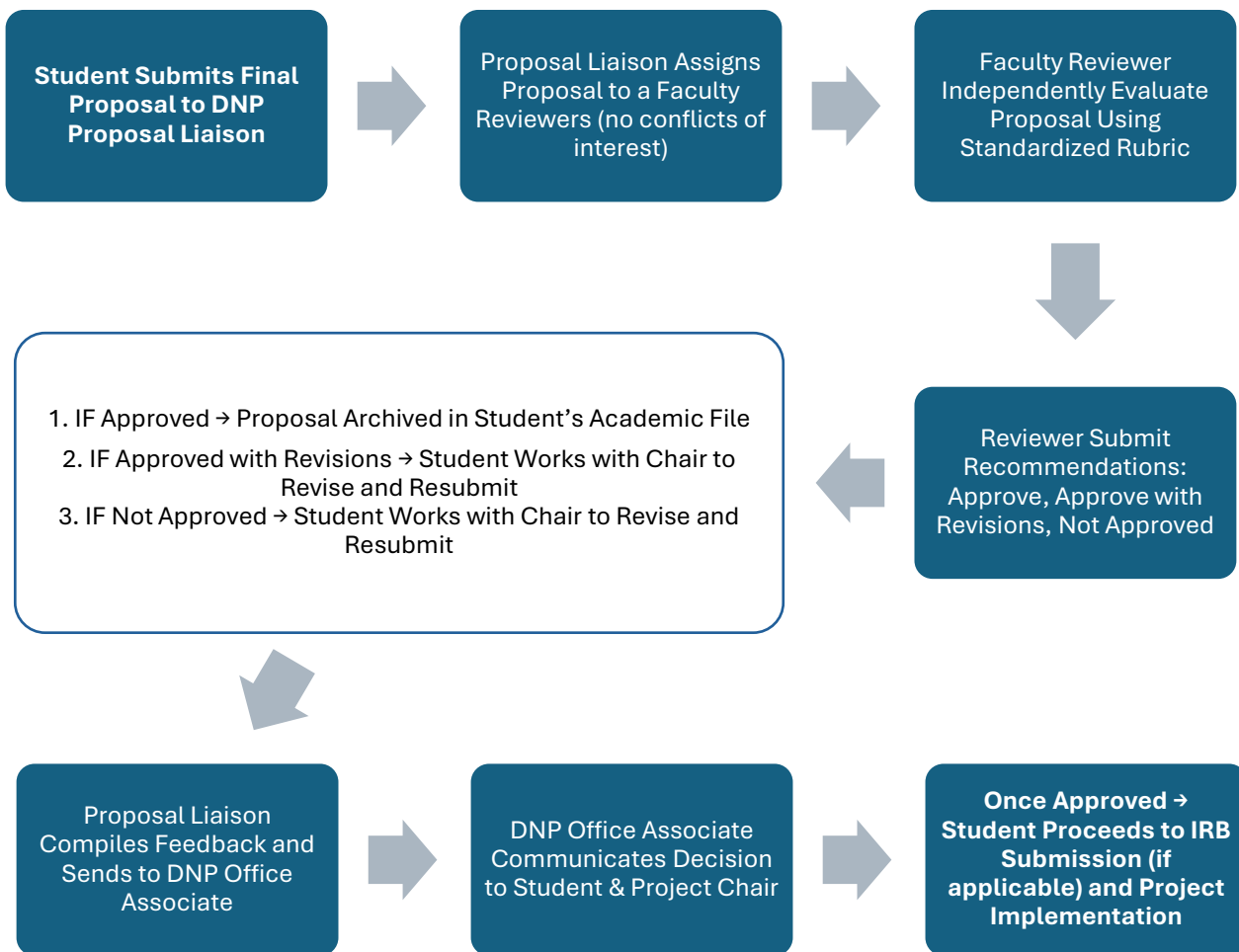
Name: _____

Organization/Title: _____

Appendix G

DNP Scholarly Project Proposal Process

The following flowchart outlines the step-by-step proposal review and approval process for the DNP Scholarly Project.



Appendix H

Descriptions of DNP Project Types

Quality Improvement (QI) Project

A Quality Improvement (QI) project is designed to improve a specific clinical or operational process within a local healthcare setting using systematic, data-driven methods. These projects focus on a) identifying a practice gap, b) planning and implementing a targeted intervention, and c) evaluating outcomes to determine whether meaningful improvement has occurred. Grounded in evidence and guided by the Iowa Model framework, QI projects incorporate a clearly defined PICOT question with an appropriate population (targeting providers, not patients), organizational assessment, and measurable outcomes. Emphasis is placed on clinical and statistical significance, as well as the sustainability of improvements beyond the project period. QI projects are most appropriate when the goal is to enhance existing processes or outcomes within a defined practice environment.

Evidence-Based Practice (EBP) Project

An Evidence-Based Practice (EBP) project focuses on translating the best available evidence into clinical practice to improve patient, provider, or system outcomes. These projects begin with a well-constructed PICOT question and involve a comprehensive synthesis of current literature to identify evidence-based interventions that can be implemented by providers/educators/leaders. Using the structured Iowa Model framework, students assess organizational readiness, implement a practice change grounded in evidence, and evaluate its impact. EBP projects emphasize reducing practice variation, improving quality of care, and promoting consistent, evidence-informed decision-making. Sustainability planning is essential to ensure that practice changes are maintained over time. This project type is most appropriate when the goal is to implement or standardize care based on strong existing evidence.

Program Development and/or Evaluation (PD&E) Project

A Program Development and/or Evaluation (PD&E) project focuses on the design, implementation, and/or evaluation of a healthcare program to address a specific population or system-level need. These projects begin with a clearly defined problem and are supported by community partner input, organizational assessment, and relevant data. Recommendations include the use of the CDC framework however; other frameworks may be used with justification. Students develop or evaluate a program by outlining inputs, activities, outputs, and outcomes. A strong emphasis is placed on feasibility, impact, and sustainability, as well as the ability to assess program effectiveness through appropriate evaluation methods. PD&E projects are most appropriate when the goal extends beyond a single practice change to the development or evaluation of a broader program or initiative.