

DNP Handbook

2024-2025

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 Policies, procedures, and requirements are subject to change and may be superseded by action of the Professional Graduate Nursing Program Committees of the College of Nursing.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 1

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 ²

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

¹ Approved: February 2009; Revised May 2016

² Approved: February 2009

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 OUTCOMES³

GOAL³

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 OUTCOMES⁴

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.
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

³ Approved by PGNP Curriculum Committee: October 2012

⁴ Approved by the University of Nebraska Board of Regents: January 28, 2011

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

WHO'S WHO IN THE DNP PROGRAM

Interim DNP Program Director	Amy Ford, DNP, APRN, WHNP-BC CNS 40105 Omaha Campus alford@unmc.edu 402-559-6544
DNP Project Statistical Advisor and PGNA DNP Project Liaison	Leeza Struwe, PhD, RN HCCN 313 lstruwe@unmc.edu 402-472-7374 To make an appointment: http://leezastruwe.youcanbook.me
DNP Office Associate	Anna Lowe Lincoln Campus anlowe@unmc.edu 402-472-3659
Library Liaison	Kim Harp, MLS McGoogan Library, UNMC Omaha kimberly.harp@unmc.edu 402-559-7076

Specialty Coordinators

Adult-Gerontology Acute Care Nurse Practitioner	Douglass Haas, DNP, APRN-NP, FNP-BC, AGACNP-BC Kearney Campus douglass.haas@unmc.edu 308-865-8147 Jennifer (Jen) Miller, Ph.D., APRN-NP, ACNPC-AG Lincoln Campus jennifern.miller@unmc.edu 402-472-0067
Adult-Gerontology Primary Care Nurse Practitioner	Lynne Buchanan, Ph.D., APRN-NP, BC Omaha Campus lbuchanan@unmc.edu 402-559-6629
Family Nurse Practitioner	Jill R. Reed, PhD, APRN-NP, FNP-BC Kearney Campus jrreed@unmc.edu 308-865-8150 *2024-2025 PGNA DNP Project Liaison

Nurse Leader/Executive

Liane Connelly PhD, RN, NEA-BC
Norfolk Campus
liane.connelly@unmc.edu
402-844-7895

Pediatric Primary & Acute Care
Nurse Practitioner

Rebecca Swanson DNP, APRN, CPNP- AC/PC.
Omaha Campus
reswanson@unmc.edu
402-559-4637

Psychiatric Mental Health Nurse
Practitioner

Terri Mathews, PhD, APRN-NP, CPNP, PMHNP, LP

Omaha Campus
tmathews@unmc.edu
402-559-6633

Women's Health Nurse
Practitioner

Jennifer L. Cera, DNP, APRN-NP, WHNP-BC
Omaha Campus
Jennifer.cera@unmc.edu
402-559-2717

Elizabeth (Libby) Mollard, PhD, WHNP, CNM
Lincoln Campus
elizabeth.mollard@unmc.edu
402-472-3665

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 701B	Implementing Evidence-Based Practice	Fall	NRSG 731	Biostatistics	3
NRSG 702B	Methods for Assessing Clinical Practice Outcomes	Fall	NRSG 731	NRSG 701 Biostatistics	3
NRSG 703B	Changing Complex Systems to Improve Health Care Delivery	Spring	NRSG 731 Biostatistics	NRSG 701	2
NRSG 704B	Clinical Inquiry: Minimum 12 credit hours (540 clinical practicum hours)	Spring/Summer/Fall	None	NRSG 731 or <i>permission of DNP Academic Advisor or DNP Program Director</i>	Minimum of 12
NRSG 709B	Health Care Policy	Spring	None	None	3
NRSG 731B	Transformational Leadership	Summer	None	None	3
NSRG 755B	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 B – 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 D)
 - b. Table of contents including **the items (in bold)** listed below:
 - i. **DNP Curriculum Vitae:** (refer to Appendix C: DNP Curriculum Vitae format)
 - ii. **Final DNP Project:** Title page and abstract only
 - iii. **Clinical Log:** Use the spreadsheet located in NRSG 704 Canvas site to track clinical hours. See the example in Appendix E.
There are two types of clinical hours: one associated with the DNP scholarly project and the other not associated with the project. Students will need 500 clinical hours total between the two types. These are differentiated on the spreadsheet by the two different tabs. Use the pull-down feature to access the approved activities. Refer to Appendix F for clarification of DNP project hours vs. non-DNP project hours.
 - iv. **Service to the Profession (suggested but not required):** includes committee member/committee work, volunteer work, etc. It is highly recommended that the DNP student have a membership in professional organizations,
 - v. **Attendance at Professional/Research Meetings/Conferences**
 - vi. **Podium or Poster Presentation at Professional/Scientific Conference:** if applicable, attach pdf of poster or power point
 - vii. **Dissemination of Project to Community Partner:** attach pdf of poster, power point or one-pager.
 - viii. Two exemplars representing **Scholarly Work from DNP Courses** (Scholarly work from any DNP course is acceptable. The DNP project does not count as scholarly work from a course for this purpose).

FOR EXAMPLE:

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

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: Nurse Executive, Advanced (NEA), board certified (BC).

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 must include documentation from the IRB that your DNP project was exempt.

You should also discuss with your advisor regarding their specific advice and requirements for IRB for your project proposal. All DNP students must have Group 1: Biomedical Research CITI training completed prior to submission to the IRB for review or exemption.

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. The UNMC/NHS/UNO IRB does not approve research proposals unless all key personnel listed in Section 1 of the IRB application are certified

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

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

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

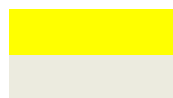
	<i>Course: Number and Name</i>	<i>Credits</i>
Fall Y1	NRSG 605 Pathophysiology for Advanced Practice Nurses	4
	NRSG 609B Health Promotion for Populations	3
	Graduate Statistics	3
Spring Y1	NRSG 709B Health Care Policy	3
	NRSG 606 Applied Pharmacology for Advanced Practice Nurses	3
	EPI 820 Epidemiology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

- Indicates course specific to 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
Legacy Curriculum
EXEMPLAR Plan of Study: 4 years**

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



Indicates course specific to 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
Legacy Curriculum
EXEMPLAR Plan of Study: 2 years**

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

**MSN to DNP Program
Legacy Curriculum
EXEMPLAR Plan of Study: 3 years**

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

APPENDIX B

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 4 to 5 semesters once their DNP project is approved.

1. DNP Student's Responsibilities:

- a. All DNP students have the primary responsibility for their projects.
- b. All DNP students must be CITI trained
- c. In coordination with their DNP project advisor:
 - Create a Teams Site for their project.
 - Establish routine meetings between DNP project advisor and community partners to communicate and develop the overall clinical question/purpose for the DNP project proposal.
 - Schedule and coordinate routine meetings with DNP project advisor.

- Develop DNP project proposal.
- Implement the project.
- Submit the final DNP project write-up & develop presentation and/or manuscript.
- Send agendas ahead of the meeting and post in Teams Site
- Keep meeting minutes and post in Teams Site

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

DNP ROADMAP: TIMELINE EXAMPLE

NRSG 704 Clinical Inquiry

Credits	Timeline	Projected Progress on DNP Project
NO credits	Summer Year 1 for MSN to DNP Summer Year 2 for BSN to DNP Coincides with Nrsg 731	<ul style="list-style-type: none"> • Meeting with DNP Director (virtual) • Assigned DNP academic advisor • Identification of potential community partner(s) • Attendance of DNP Immersion in August
1 credit	Fall Year 1 for MSN to DNP Fall Year 2 for BSN to DNP Coincides with NRSG 701 and NRSG 702	<ul style="list-style-type: none"> • Completion of CITI Training (Group 1: Biomedical research)-done in NRSG 701/702 • Further development of potential DNP project in collaboration with DNP project advisor <ul style="list-style-type: none"> ○ Developing evidence table(s) based on overall project topic and relevant aspects of the proposed project (Nrsg 701/702) ○ Finalize DNP project clinical question/purpose and specific aims (Nrsg 701/702) • Discussion with community partner(s) to finalize DNP project initiative to be implemented
2 credits	Spring Year 1 for MSN to DNP Spring Year 2 for BSN to DNP Coincides with NRSG 703	<ul style="list-style-type: none"> • Final draft of proposal prepared • Statistical consultation with statistician to review methodology, including data analysis prior to submission to PGNA committee • DNP Proposal to PGNA committee for review and final approval • IRB review and approval
3-6 credits	Summer Year 2 for MSN to DNP Summer Year 3 for BSN to DNP	<ul style="list-style-type: none"> • DNP project implementation and data collection • Manuscript draft and presentation draft • Manuscript Final Paper and Presentation completed for DNP requirements. • Collaboration with advisor on manuscript for submission—not requirement for graduation
1-3 credits	Fall Year 2 for MSN to DNP Fall Year 3 for BSN to DNP	<ul style="list-style-type: none"> • Finish data collection (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. • Archive manuscript with Digital Commons (if not published)
1-3 credits	Spring Year 2 for MSN to DNP Spring Year 3 for BSN to DNP	<ul style="list-style-type: none"> • 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 • Archive manuscript with Digital Commons (if not published)
1-2 credits	Summer (if needed)	<ul style="list-style-type: none"> • As above as needed
1-2 credits	Fall (if needed)	<ul style="list-style-type: none"> • As above as needed

DNP PROJECT CONTRACT

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

Student(s):

DNP Academic Advisor(s):

NRSB 704 Clinical Inquiry

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

1-3 credits	Spring: Year 2 for MSN to DNP (if needed) 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 • 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 the names and preferred contact information of group members and DNP project advisor
- Agree of communication schedule between students and DNP project advisor
- Attendance of preplanned meeting with DNP project advisor is mandatory unless excused
- Agreement of responsibilities of the project aims and execution of the project is clearly delineated
- The workload is fairly divided among the group members
- The group shares publication/presentation responsibilities and adheres to the agreed dissemination plan

Timelines are established and adhered to for DNP execution. In the instance timelines are not adhered to then documentation as to why will be provided to the DNP project advisor and DNP Program Director. They will determine if the new proposed DNP project timeline is feasible or not. If not, then all parties will need to communicate acknowledgement and determine an alternate date of completions.

Unapproved deviations may result in expulsion from the project

Reviewed & agreement on contract goals with target Dates (signed on-DATE): _____

Student(s) Names	Student(s) Signature
DNP Project Advisor Name:	DNP Project Advisor Signature:

**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 project 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.
 - See pages 6-7 of the DNP Handbook for the appropriate individuals to email your DNP Project Proposal to.
2. The PGNA DNP Liaison will assign a PGNA committee member to review the proposed DNP project using the evaluation rubric. The DNP student should hear the committee's decision no later than 2 weeks after submission. If the student has not heard anything from the DNP Office Associate, the student should reach out to the DNP Program Director for further investigation.
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 and then resubmit to PGNA for approval.
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 (or exemption), 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 need to talk to the community partner(s) IRB (if applicable) to see approval for their project. In some cases, community partners will waive further IRB approval if UNMC IRB has approved the proposal. The letters of approval from UNMC IRB and the community partner(s) IRB will be included in the final project report.
8. Changes made to project site, project aims, or methodology after proposal has been approved by PGNA must be resubmitted for approval prior to implementation.

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 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 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 statistician 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 CROSSWALK

Note: In NRSG 702, students have been asked to read Chapter 9: The Proposal from Moran, et. al. 2024. (pages 259-301). This chapter provides a generic framework that can be applied to any DNP Project Proposal. General requirements for each component are discussed in Chapter 9 and summarized here. A more detailed description of proposal criteria is then provided for each of the three types of DNP projects is provided in the succeeding columns. The intent is to provide students with a generic and common understanding of proposal requirements (Moran, et. al., 2024) with specific criteria based on the type of project the student has selected. The Moran headings serve as a unifying theme.

Component	Generic Notes from Moran, et al., 2024	Evidence Based Practice (EBP) Proposal Criteria	Quality Improvement with Evidence (QI-E) Proposal Criteria	Program Development and/or Evaluation (PD&E) Proposal Criteria
TITLE	<p>Brief, succinct. Provides the reader with a clear understanding of the overall purpose of the project. (page 265)</p> <p>See title page example in DNP Handbook</p>	<p>Brief, succinct. Provides the reader with a clear understanding of the overall purpose of the project. (page 265)</p> <p>Identifies the report/project as an evidence- based practice project.</p> <p>See title page example in DNP Handbook</p>	<p>Start with Moran, and also Indicate that the healthcare (broadly defined to include the quality, safety, effectiveness, patient-centeredness, timeliness, cost, efficiency, and equity of healthcare) manuscript concerns an initiative to improve</p>	<p>Identifies the project as program development and evaluation. (See guide to the CDC Program Evaluation Manual for details) (Introduction to (cdc.gov))</p>
ABSTRACT (or Executive Summary)	<p>Succinct (one-page) summary of the proposal. Should be sufficient to arouse the reader's interest. Suggested headers:</p> <ul style="list-style-type: none"> • Problem Statement • Purpose • Design • Sample & Setting • Proposed Methods • Proposed Analysis • Implications for Practice <p style="text-align: right;">(page 265 & 289)</p>	<p>Succinct (one-page) summary of the proposal. Should be sufficient to arouse the reader's interest. Suggested headers:</p> <ul style="list-style-type: none"> • Problem Statement • Purpose • Design • Sample & Setting • Proposed Methods • Proposed Analysis • Implications for Practice <p style="text-align: right;">(page 265 & 289)</p>	<p>Succinct (one-page) summary of the proposal. Should be sufficient to arouse the reader's interest. Suggested headers:</p> <ul style="list-style-type: none"> • Problem Statement • Purpose • Design • Sample & Setting • Proposed Methods • Proposed Analysis • Implications for Practice <p style="text-align: right;">(page 265 & 289)</p>	<p>Succinct (one-page) summary of the proposal. Should be sufficient to arouse the reader's interest. Suggested headers:</p> <ul style="list-style-type: none"> • Problem Statement • Purpose • Design • Sample & Setting • Proposed Methods • Proposed Analysis • Implications for Practice <p style="text-align: right;">(page 265 & 289)</p>

1. INTRODUCTION	Engage the reader. Set the stage. Why is this project important? (pages 266 & 291)	Engage the reader. Set the stage. Why is this project important? (pages 266 & 291) Suggested addition to the above Moran statement: “provides relevant rationale for the project” OR “justifies the need for the project” and include this for all 3 project types. KG	Not specified as a category	There is a clear succinct summary of the background, program, and need for program planning and/or evaluation. This section should include a problem statement and brief introductory context in terms of the setting, stakeholders, target areas and project team. There should be a brief statement of the potential significance or impact of the program planning and/or evaluation. The introduction should transition to the purpose of the program.
1.1 Background/ Significance	Expand on intro. What are the problems that have been identified? What are the implications? Why is it important for this project to be completed? Provide local context. (pages 266 & 291)	Expand on intro. What are the problems that have been identified? What are the implications? Why is it important for this project to be completed? Provide local context. (pages 266 & 291) Includes external data to provide background in support of the practice change.	Expand on intro. What are the problems that have been identified? What are the implications? Why is it important for this project to be completed? Provide local context.	
1.2 Problem Statement/ Clinical Question	Concise statement of the breadth and depth of the problem. PICOT question that addresses this problem. (pages 266-267 & 291)	Concise statement of the breadth and depth of the problem. PICOT question that addresses this problem. (pages 266-267 & 291)	Concise statement of the breadth and depth of the problem. PICOT question that addresses this problem. Include national significance of the problem based on literature reviews. Include Summary of what is currently known about the problem, including relevant previous studies.	
1.3 Review of Literature	Synthesize and briefly summarize what is “known” in the literature regarding the problem. Identify “gaps in knowledge”. Make a logical argument that the evidence you have identified would improve patient outcomes if implemented, therefore supporting the need for and value of your project. (pages 267-269 & 291)	Synthesize and briefly summarize what is “known” in the literature regarding the problem. Identify “gaps in knowledge”. Make a logical argument that the evidence you have identified would improve patient outcomes if implemented, therefore supporting the need for and value of your project. (pages 267-269 & 291)	Synthesize and briefly summarize what is “known” in the literature regarding the problem. Identify “gaps in knowledge”. Make a logical argument that the evidence you have identified would improve patient outcomes if implemented, therefore supporting the need for and value of your project.	There is a systematic review of the literature that includes and summarizes the state of the art and identifies gaps or reasons for the program. References should relate to the stakeholder priorities for developing or evaluating the program.

<p>1.4 Organizational Assessment</p>	<p>Internal evidence of the local problem (if not covered in problem statement). Can also describe the organizational culture, readiness for change, facilitators, barriers and feasibility.</p>	<p>Internal evidence of the local problem (if not covered in problem statement). Can also describe the organizational culture, readiness for change, facilitators, barriers and feasibility.</p> <p>Describes the team involved and prepares stakeholders/clinicians and any necessary materials. Considers resources, constraints, and approval.</p> <p>1) the team involved (which is more than just organizational culture) and 2) resources</p>	<ul style="list-style-type: none"> • Mission Vision Values • Organizational Structure • Top Health Concerns in Region • Relationships and Leadership • Rewards • Helpful Mechanisms • Barriers/Facilitators • Organizational Strengths, Challenges, Opportunities, Threats 	<p>Strengths: There is a discussion of the strengths of the organization, staff commitment, staff efficiency, organizational links and strong local presence, level of support, and availability of resources in the proposal pre-assessment stage.</p>
<p>1.5 Purpose of Project</p>	<p>A broad statement of the project's purpose. What will the project involve? What will it accomplish? (pages 269 & 291)</p>	<p>A broad statement of the project's purpose. What will the project involve? What will it accomplish? (pages 269 & 291)</p>	<p>A broad statement of the project's purpose. What will the project involve? What will it accomplish? (pages 269 & 291)</p>	<p>Purpose Statement: The purpose is clear, succinct, and realistic. It broadly describes what will be accomplished and what can realistically be achieved for a DNP project period.</p>
<p>1.6 Specific aims/objectives as appropriate to project.</p>	<p>Depending on the project, it may be helpful to break the broad purpose down into 2-3 specific aims or objectives. Specific aims are often used to guide methods, data analysis and presentation of results in the final report. See NRS 702 Course materials for guidance on writing specific aims.</p>	<p>Depending on the project, it may be helpful to break the broad purpose down into 2-3 specific aims or objectives. Specific aims are often used to guide methods, data analysis and presentation of results in the final report. See NRS 702 Course materials for guidance on writing specific aims.</p>	<p>Depending on the project, it may be helpful to break the broad purpose down into 2-3 specific aims or objectives. Specific aims are often used to guide methods, data analysis and presentation of results in the final report. See NRS 702 Course materials for guidance on writing specific aims.</p>	<p>The program objectives are clearly stated and identify the outcomes and impact of the program planning/evaluation. The objectives include evaluation of the relevance, effectiveness, efficiency, impacts, and sustainability of the project. If not an impact project but evaluation, there is a clear focus on the processes to be improved.</p>
<p>2. CONCEPTUAL and/or THEORETICAL FRAMEWORK</p>	<p>A conceptual framework serves as a map to connect all of the important aspects (concepts) of the project. A theoretical framework helps guide and inform the project. Briefly explain the framework and how it is being used to guide your project. (pages 270-271 & 292)</p>	<p>A conceptual framework serves as a map to connect all of the important aspects (concepts) of the project. A theoretical framework helps guide and inform the project. Briefly explain the framework and how it is being used to guide your project. (pages 270-271 & 292)</p> <p>The Iowa Model is Recommended</p>	<p>A conceptual framework serves as a map to connect all the project's important aspects (concepts). A theoretical framework helps guide and inform the project. Briefly explain the framework and how it is being used to guide your project. (pages 270-271 & 292)</p>	<p>There is a conceptual framework that is relevant and supports the program planning/evaluation project.</p> <p><i>(The CDC Framework for Program Planning/Evaluation is recommended. However, other frameworks may be used with justification. For example, the RE-AIM framework works well for PD&E projects.)</i></p>

			<p><i>No specific Conceptual Framework Section instead use the term Rationale: Informal or formal frameworks, models, concepts and/or theories used to explain the problem, any reasons or assumptions that were used to develop the intervention(s) and reasons why the intervention(s) are expected to work.</i></p>	
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<p>3. METHODOLOGY (proposed)</p>	<p>How will the project be done? Who? What? Where? How? How often? It should be designed to fulfill the purpose.</p> <p>(pages 271-276 & 293)</p>	<p>How will the project be done? Who? What? Where? How? How often? It should be designed to fulfill the purpose.</p> <p>(pages 271-276 & 293)</p>	<ul style="list-style-type: none"> a. Contextual elements considered important at the outset of introducing the intervention(s) b. Description of the intervention(s) in sufficient detail it could be reproduced. c. Specifics of the team involved in the work d. Approach chosen for assessing the impact of the intervention(s) and whether the observed outcomes were due to the intervention(s) e. Measures chosen for studying processes and outcomes of the intervention(s), including rationale for choosing them, their operational definitions, and their validity and reliability f. Description of the approach to the ongoing assessment of contextual elements that contributed to the success, failure, efficiency, and cost. g. Methods employed for assessing completeness and accuracy of data. h. Qualitative and quantitative methods used to draw inferences from the data. i. Methods for understanding variation within the data, including the effects of time as a variable. j. IRB information, if needed 	<p>Methods: (CDC Framework):</p> <p>There is a discussion of inputs, outputs, outcomes and impact on target population and community to include participation rates and dropouts, who will manage the project and roles, and the implementation process/procedures. There is a CDC Logic Model (or other). -There is a timeline.</p>
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3.1 Design	<p>Project design plan. See Melnyk (2023) starting on page 744 for a discussion of designs. Designs commonly used in DNP projects include:</p> <ul style="list-style-type: none"> • Descriptive • Correlational • Case control (control can be concurrent or historic data) • Cohort • One group pretest/posttest design • Experimental -rare – requires randomization. • Quasi-experimental 	<p>Project design plan. See Melnyk (2023) starting on page 744 for a discussion of designs. Designs commonly used in DNP projects include:</p> <ul style="list-style-type: none"> • Descriptive • Correlational • Case control (control can be concurrent or historic data) • Cohort • One group pretest/posttest design • Experimental -rare – requires randomization. • Quasi-experimental 	<p>Not specifically addressed but Melnyk wording could work</p> <p>Project design plan. See Melnyk (2023) starting on page 744 for a discussion of designs. Designs commonly used in DNP projects include:</p> <ul style="list-style-type: none"> • Descriptive • Correlational • Case control (control can be concurrent or historic data) • Cohort • One group pretest/posttest design • Experimental -rare – requires randomization. • Quasi-experimental 	<p>Design: There is a description of underlying design used (quantitative / qualitative /mixed methods), references and guidelines used, and why they were chosen.</p>
3.2 Setting	<p>Describe the environment where the project will take place. (pages 272 & 293)</p>	<p>Describe the environment where the project will take place. (pages 272 & 293)</p>		<p>Participants & Setting: There is discussion of sampling and how the target population/community impact will be assessed.</p>
3.3 Participants	<p>Describe participants. How were they chosen? Inclusion/exclusion criteria. Total number anticipated – compare this to G- power estimates. As a pilot feasibility study, it does not need to be fully powered. (pages 272-273 & 293)</p>	<p>Describe participants. How were they chosen? Inclusion/exclusion criteria. Total number anticipated – compare this to G-power estimates. As a pilot feasibility study, it does not need to be fully powered. (pages 272-273 & 293)</p>	<p>Not specifically addressed</p>	
3.4 Intervention	<p>Not all studies have an intervention (e.g., descriptive studies). If you are implementing an intervention describe intervention and evidence-based rationale for selection (pages 273-274 & 293)</p>	<p>Develops an implementation plan for the proposed practice change.</p>	<p>See details in methods. b</p>	

3.5 Data Collection	Step-by step process for what will be done. Develop a timeline. Describe personnel and resources required. (page 293)	Reviews the data to be collected and methods of data collection	See details in methods, c, h	There is a discussion of the sources of data collection, sampling techniques, and methods of data collection (e.g. surveys, focus groups, interviews, staff debriefing).
3.6 Measures/ Instruments/ Tools	Describe the measurement strategies and tools/instruments you plan to use. Rationale for selection. When available, include tool validity and reliability data. (pages 274-275)	Describe the measurement strategies and tools/instruments you plan to use. Rationale for selection. When available, include tool validity and reliability data. (pages 274-275)	See details in methods, d, e, f,	Tools/Measures: There is a discussion of the tools and measures and the reliability, validity, and generalizability.
3.7 Ethical Considerations	Discuss results of your interactions with IRB: (1) IRB determined the proposed project was not human research and IRB review was waived. (2) Submitted for IRB review as a study involving human subjects; provide IRB approval number. (pages 281-284)	Discuss results of your interactions with IRB: (1) IRB determined the proposed project was not human research and IRB review was waived. (2) Submitted for IRB review as a study involving human subjects; provide IRB approval number. (pages 281-284)	IRB noted in methods.	
4. ANALYSIS PLANS (proposed)	Identify the criteria you will use to evaluate results. What will you consider a “clinically significant” outcome? What will you consider a “statistically significant” outcome? Describe both the descriptive and inferential statistics you plan to use to answer your purpose and aims. (pages 275-276 & 294)	Identify the criteria you will use to evaluate results. What will you consider a “clinically significant” outcome? What will you consider a “statistically significant” outcome? Describe both the descriptive and inferential statistics you plan to use to answer your purpose and aims. (pages 275-276 & 294)	Not fully addressed. See methods d, i Identify the criteria you will use to evaluate results. What will you consider a “clinically significant” outcome? What will you consider a “statistically significant” outcome? Describe both the descriptive and inferential statistics you plan to use to answer your purpose and aims. (pages 275-276 & 294)	The data analysis and/or evaluation plan is consistent with the project's purpose and objectives. The proposed analysis plan specifically addresses the short-, medium-, and long-term outcomes and impacts in the CDC Logic Model. Key processes are evaluated to provide recommendations for ongoing improvements.
5. SUSTAINABILITY PLAN (proposed)	If the project yields positive outcomes, how do you plan to sustain it? What is needed for the project to endure over time? (pages 276-277 &295)	If the project yields positive outcomes, how do you plan to sustain it? What is needed for the project to endure over time? (pages 276-277 &295)	If the project yields positive outcomes, how do you plan to sustain it? What is needed for the project to endure over time? (pages 276-277 &295)	There is a detailed plan proposed about sustainability after the project is completed including a proposal about what the next step might be in the CQI cycle and if it is sustainable.

6. IMPLICATIONS FOR PRACTICE (anticipated)	What implications for practice do you anticipate resulting from completion of your project? Were results clinically significant or statistically significant or both? Tie this back to your purpose and aims. What gaps in knowledge does this fill? How will results of this Any plans for future clinical inquiry? (pages 277 & 296)	What implications for practice do you anticipate resulting from completion of your project? Were results clinically significant or statistically significant or both? Tie this back to your purpose and aims. What gaps in knowledge does this fill? How will results of this plan inform future clinical inquiry? (pages 277 & 296)	What implications for practice do you anticipate resulting from completion of your project? Were results clinically significant or statistically significant or both? Tie this back to your purpose and aims. What gaps in knowledge does this fill? How will results of this plan inform future clinical inquiry? (pages 277 & 296)	There is discussion of the anticipated impact of clinical significance (i.e., clinical expert's summary and review statements or reference to evidence-based practice guidelines that demonstrate statistical significance including RCTs and systematic reviews).
REFERENCES	Use APA style	Uses APA	Not specifically addressed. Liane suggests that we follow APA format, with appropriate labels, and that tables enhance the reader's understanding of the material	References cited are relevant to the project and the most current evidence is included. APA format or another appropriate format should be followed.
TABLES & FIGURES	Use APA style. Examples: Framework/Model, Timeline, Summary of preassessment data from setting.	Uses APA.	Use APA	
Not integrated into Moran framework		The following sections may be more appropriate for the final report. PRACTICE CHANGE OUTCOMES (RESULTS) a. Provides the outcomes of the practice change evaluation b. Describes the extent to which the practice change was implemented as proposed. Describes any issues with practice change adoption and if the implementation plan, practice change, or evaluation plan was modified,	Note: The draft rubric follows the SQUIRE guidelines for reporting QI projects in publications. These sections are more appropriate to final report and not proposal. RESULTS a. Initial steps of the intervention(s) and their evolution over time (e.g., time-line diagram, flow chart, or table), including modifications made to the intervention during the project b. Details of the process measures and outcome c. Contextual elements that interacted with the intervention(s) d. Observed associations between outcomes, interventions, and relevant contextual elements	RESULTS There is a discussion of probabilities of the results including: <ul style="list-style-type: none"> • Outcomes and impact of what might be achieved. • Probability for sustainability and lasting change • Cultural relevance • Potential barriers, challenges, and shortcomings • Potential areas for improvement • Potential that the population/community will engage and take ownership. • Potential for impact on society, culture, environment,

c. Provides data on contextual elements that interacted with the practice change, if applicable

d. Unintended consequences such as unexpected benefits, problems, failures, or costs associated with the practice change

e. Details about missing data

DISCUSSION

a. Discusses key findings from the outcomes

b. Discusses the nature of the association between the implemented practice change and the outcomes. Reasons for any differences between observed and anticipated outcomes, including the influence of context

c. Compares/contrasts key findings back to the literature

d. Particular strengths and limitations of the project are discussed

e. Discusses integration and sustainability of the practice change. This may include costs and strategic trade-offs including opportunity costs, the utility and relevance of the practice change, if additional key personnel need to be identified and engaged, hardwiring the change into the system, monitoring key indicators through quality improvement, and continuously reinfusing the practice change as needed.

e. Unintended consequences such as unexpected benefits, problems, failures, or costs associated with the intervention(s).
f. Details about missing data

DISCUSSION

a. Key findings, including relevance to the rationale and specific aims

b. Particular strengths of the project

c. Nature of the association between the intervention(s) and the outcomes

d. Comparison of results with findings from other publications

e. Impact of the project on people and systems

f. Reasons for any differences between observed and anticipated outcomes, including the influence of context

g. Costs and strategic trade-offs, including opportunity costs

h. Limits to the generalizability of the work

i. Factors that might have limited internal validity such as confounding, bias, or imprecision in the design, methods, measurement, or analysis

j. Efforts made to minimize and adjust for limitations

k. Usefulness of the work

l. Sustainability

m. Potential for spread to other contexts

n. Implications for practice and for further study in the field

o. Suggested next steps

AREAS FOR IMPROVEMENT

The evaluation plan identifies specific areas for program improvement including resources and equipment, office spaces, staff capacity building, staff turnover, increased community involvement, improvement in checks and balances systems, planning and implementation, sustainability strategy (exit strategy), security issues, linkages between outputs, outcomes, and impact.

g. Discusses the potential for spread of practice change to other contexts

j. Reviews the significance and implications. This includes the impact of the practice change on people and systems, and for further study in the field

k. Suggested next steps.

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

DNP Project Title _____
DNP Student(s) _____
DNP Academic Advisor _____
Date of Review _____

Component	Satisfactory	Unsatisfactory	Reviewer Comments
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 Aims and Clinical 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 Theoretical Framework	Framework is relevant to the proposed project.	Framework not consistent with and/or relevant to project.	
Proposed Methodology (study design, subjects, setting, tools/measures, proposed intervention 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 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 and Appendices	Provided relevant references and appendices.	Incomplete or limited references and/or appendices.	

Recommendation per PGNA reviewer:

- Approved as submitted.
 Approved with recommendations to be considered by DNP student(s) and DNP project advisor.
 Not approved. Revise proposal based on recommendations and resubmit to PGNA DNP liaison.

Date of decision by PGNA committee _____

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 it 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 and/or according to consult with their advisor, SQUIRE, CDC & other guidelines.

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.	

* 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/ (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.

APPENDIX C

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 community partner 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.

SAMPLE CV

First Name Last Name
Street Address City, State Zip Code | Phone Number | Email Address

LICENSE AND CERTIFICATIONS

Registered Nurse, State of Nebraska
Advanced Cardiac Life Support (ACLS)
Pediatric Advanced Life Support (PALS)
Basic Life Support (BLS)

EDUCATION

University of Nebraska Medical Center, College of Nursing
Doctor of Nursing Practice May 2024
Bachelor of Science, Nursing December 2019

University of Nebraska - Lincoln
Bachelor of Science, Nutrition Science August 2018

WORK EXPERIENCE

University of Nebraska Medical Center Lincoln, NE
Graduate Assistant, College of Nursing January 2022 - Present

- Facilitate learning and provide support to undergraduate nursing students, enhancing their academic competencies.
- Conduct tutorial sessions and study groups to reinforce course content and assist students in understanding complex nursing concepts.

Bryan Health Lincoln, NE
Registered Nurse, Medical/Surgical Intensive Care January 2022 - Present

- Provide comprehensive care to critically ill patients and monitor patient conditions continuously, collaborating with physicians, respiratory therapists, and other healthcare professionals to adjust care plans and interventions as necessary.
- Educate patients and families on disease processes, medical procedures, and discharge planning.
- Mentor new nurses, fostering a supportive and educational environment.
- In the role of charge nurse, respond to hospital-wide rapid response calls and act as a resource to all nurses on the unit.
- Participated in the best practice committee for the ICU, developing and implementing improvement ideas to benefit staff and patients.
- Served as a member of the mortality committee, reviewing patient charts and participating in mortality review meetings.

University of Nebraska - Lincoln Lincoln, NE
Teaching Assistant, Anatomy Department May 2018 - Dec. 2018

- Prepared and delivered lectures for undergraduate students in the Anatomy laboratory and conducted weekly lab sessions, demonstrating anatomical structures on models and cadavers.
- Developed and graded quizzes, providing constructive feedback to enhance student learning.
- Actively participated in weekly departmental meetings and cadaver dissection, and provided input on curriculum development and course improvements.

Scholarship

Professional Publications: N/A

Research and Grants: N/A

Quality Improvement/Performance Improvement Initiatives: N/A

DNP Scholarly Project: Spirometry Competency and Education in the Primary Care Setting

Professional Presentations:

- Spirometry Competency and Education in the Primary Care Setting poster presentation
 - Nebraska Nurse Practitioners Conference - February 15, 2024
 - Bryan Health Connect - April 18, 2024 (presented by Dr. Miranda Kliment)

Honors and Awards

Straub Graduate Nursing Scholarship, academic year 2022-2023

Service Activities

Involvement in the best practice committee for the medical/surgical intensive care unit at Bryan East.

Professional Organizations

N/A

Continuing Education Attended

- ACLS Recertification, American Heart Association (April 2024, 5 CEUs)
- BLS Recertification, American Heart Association (April 2024, 1 CEU)
- PALS Recertification, American Heart Association (June 2023, 5 CEUs)

**APPENDIX D
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

**APPENDIX E.1
CLINICAL LOG – SCHOLARLY PROJECT HOURS**

Scholarly Project Clinical Hours		
Week	Scholarly Project Related Activities	Number of Hours
4/28/2024 - 5/4/2024	Appraisal of literature/evidence (NOT reading or searching the literature)	5
5/5/2024 - 5/11/2024	Data Collection	7
5/12/2024 - 5/18/2024	Data Analysis	8
5/19/2024 - 5/25/2024	Meetings with project stakeholders	3
5/26/2024 - 6/1/2024	Dissemination - present poster, podium presentation, write for publication	4
Total hours		27

APPENDIX E.2
CLINICAL LOG – NON PROJECT RELATED HOURS

Non-Project Related Activities		
Week	Scholarly Project Related Activities	Number of Hours
4/28/2024 - 5/4/2024	Participation in a city, county, or state health department health initiative	4
5/19/2024 - 5/25/2024	Conference/CME related to the direct care/medical mangement of patients	15
6/2/2024 - 6/8/2024	Journal Club attendance	2
6/23/2024 - 6/29/2024	Chair a work-related committee (e.g., UBC, hospital-wide)	3
7/14/2024 - 7/20/2024	Shadow a provider in a specialty outside of your expertise (hospice, OB, cardiology, derm, etc. - not to duplicate clinical hours)	5
Total		29

APPENDIX F

DNP Hours Document

Legacy DNP Curriculum: DNP Hours Document

500 DNP hours are required to meet degree requirements.
Below clarifies 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)

AACN DNP Essential	DNP Clinical Hours Exemplar Activities
DNP Essential I: Scientific Underpinnings for Practice	<ul style="list-style-type: none"> • Attend a scientific conference or professional workshop directly related to the DNP project focus. • Become a member of a committee that is trying to solve a practice problem in a health care setting. • Evaluate a practice protocol that is related to DNP project focus
DNP Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking	<ul style="list-style-type: none"> • Meet with community partner(s), agency contacts and others regarding the DNP project (e.g. meeting with a content expert, community partners to discuss needs of the community) • Attend and participate in meetings of leadership team in community partner (QI committee, patient safety etc.) • Attend a lecture or seminar on QI or patient safety. • Participation in patient safety audits
DNP Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice	<ul style="list-style-type: none"> • Participate in presentations, rounds, seminars, conferences related to the DNP project focus or leadership competency building. • Formal skill building to develop, implement, or evaluate project (tutorials, meetings, consultation with experts, professional, or community conference).
DNP Essential IV: Information Systems Technology and Patient Care Technology for the Improvement and Transformation of care	<ul style="list-style-type: none"> • Evaluate systems to enhance safety and quality of healthcare. • Participate in skill building in Information and patient care technology to support DNP project focus. • Explore social media use within your organization or your DNP Project site organization. How is it managed and safeguards for patient confidentiality
DNP Essential V: Health Care Policy for Advocacy in Health Care	<ul style="list-style-type: none"> • Engage in advocacy activities related to social justice, equity, and ethical matters (local, regional, and nationally) • Attend health department meetings • Attend local hearings related to public health. • Collaboration with organizational community partner(s) in relation to development of policies, guidelines, procedures related to DNP project focus. • Attend BON hearings

DNP Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes	<ul style="list-style-type: none"> • Present to or facilitate workgroups related to DNP project focus (e.g. planning, project development and implementation) • Participate in a professional organization initiative or committee. • Collaborate with interprofessional or multidisciplinary organizational community partner in clinical or systematic initiatives (not related to project)
DNP Essential VII: Clinical Prevention and Population for Improving the Nation's Health	<ul style="list-style-type: none"> • Attend a local hearing on a public health concern • Participate in a local health fair or booth • Collaborate with organizations such as Heart Association etc. to examine prevention and population health related to DNP Project focus
DNP Essential VIII: Advanced Nursing Practice	<ul style="list-style-type: none"> • Participation in a webinar/conference/workshop related to clinical care/management of patients. • Observation of an APN in an underserved clinic, an area outside of your specialty, or related to your DNP Project focus (cannot be used for other clinical courses).
Other opportunities:	<ul style="list-style-type: none"> • Shadow a provider at the community partner facility where your project will take place if that is not a place that you will be at as a student. • Work related projects above day-to-day nursing responsibilities. • State policy meetings. • Leadership meetings • Leadership roles on committees

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

Approved DNP Project Related Hours

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

Does NOT Count

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