Appendices

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C. ePortfolio Instructions
D. Capstone Topic Selection Form
E. Practice Mentor Contact Form
   Clinical Affiliation Contract Request
F. Practice Mentor Welcome Letter
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I. JBI Title Registration Form
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### Appendix B: DNP Faculty Scholarly Interests and Practice Expertise

<table>
<thead>
<tr>
<th>DNP Faculty</th>
<th>Scholarly Interests</th>
<th>Practice Expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td>August, Suzanne</td>
<td>Pre-operative medical care</td>
<td>Primary Care</td>
</tr>
<tr>
<td>Brennan, Patricia</td>
<td>Health policy and legislation, Transplant procurement, Genetics/genomics</td>
<td>Critical Care</td>
</tr>
<tr>
<td>Dauwalder, Terry</td>
<td>Underserved populations, Health disparities, Immigrant health care, Health care finance and economics in non-acute settings, Faculty practice collaboratives</td>
<td>Primary Care</td>
</tr>
<tr>
<td>Dzubur, Valerie</td>
<td>Health promotion, Oncology, Pain, Exercise and nutrition, Hypertension and diabetes, Mental health and substance use</td>
<td>Primary Care</td>
</tr>
<tr>
<td>Faxel, Michele</td>
<td>Intimate partner violence, Empathy in nursing, Child and adolescent health</td>
<td>Pediatrics, adolescent care</td>
</tr>
<tr>
<td>Fox, Sylvia</td>
<td>Therapeutic relationships, Women’s health, Simulation</td>
<td>Psychiatric-mental health</td>
</tr>
<tr>
<td>Gwin, Teri</td>
<td>RN transition to academia, Qualitative research</td>
<td>Gerontology, medical-surgical, home health, and hospice, primary care</td>
</tr>
<tr>
<td>Hampton, Michelle</td>
<td>Disparities in mental health care, HIV/HCV risk in adults with severe mental illness, Stigma of mental illness in health care providers</td>
<td>Psychiatric-mental health</td>
</tr>
<tr>
<td>MacIntyre, Richard</td>
<td>Quality improvement, Leadership</td>
<td>HIV care</td>
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<tr>
<td>Minarik, Pamela</td>
<td>Stress and coping, Sleep, APN policy, Depression, Women’s health</td>
<td>Psychiatric-mental health</td>
</tr>
<tr>
<td>Reeves, Cecily</td>
<td>Intimate partner violence, Sexual assault, HIV prevention and care, Infectious disease, Dermatology</td>
<td>Primary care, Dermatology, Emergency Medicine (acute care), Transgender Health</td>
</tr>
<tr>
<td>Shade, Kate</td>
<td>Adolescent care, Systems improvement, Patient outcomes</td>
<td>Community health</td>
</tr>
<tr>
<td>Van, Paulina</td>
<td>Pregnancy Loss, Infant loss, Perinatal Grief/Bereavement, Stress and Coping, Sleep, Leadership and Management (academic, acute care, public health, home health), Conflict Resolution, Healthy Work Environment, Stress Management, Theory Development, Professionalism, Health Assessment/Promotion, Mindfulness/Meditation/Reiki</td>
<td>Administration, Perinatal, Mindfulness/Meditation/Reiki</td>
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<tr>
<td>Van Onselen, Christina</td>
<td>Head, neck, and breast cancer, Quality of life, Decision making during treatment</td>
<td>Medical-surgical, Oncology</td>
</tr>
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</tr>
<tr>
<td>Palliative care</td>
<td>Microsurgery</td>
<td></td>
</tr>
</tbody>
</table>
Appendix C: ePortfolio Instructions

WHAT TO INCLUDE IN YOUR ePORTFOLIO
(Roman Numerals = Sections; Bullet Points = Pages)

I. Professional Achievements
   • Personal Goal Statement
   • Curriculum Vitae (update as needed)
   • Certification Documents

II. DNP Course of Study – Exemplars
   • Epidemiology and Population Health
   • Biostatistics
   • Health Care Economics and Financial Analysis
   • Evidence-Based Research
   • Outcomes Management and Evaluation
   • Advanced Informatics
   • Capstone Seminar
   • Organizational and Systems Leadership in Complex Health Care Systems
   • Advanced Health Policy and Advocacy
   • Capstone Development
   • Educational Innovations in Health Care
   • Capstone Residency
   • Capstone Presentation
   • Course Waivers/Transfer Credit

III. Clinical Practice
   • Practice Mentor Agreement
   • Clinical Contract Request
   • Capstone Log Balance Sheet
   • Capstone Journal – Reflection on DNP Essentials

IV. Capstone Project
   • Capstone Committee Members
   • Capstone Proposal – Presentation
   • Progression Committee Approval
   • Capstone Proposal – Paper
   • Request to Change Proposal Post Approval
   • IRB Approval (if applicable)
   • Capstone Final – Presentation
   • Capstone Final – Paper

V. Dissemination
   • Presentations
   • Publications
   • Other Scholarly Endeavors
CANVAS GUIDES FOR ePORTFOLIO SET-UP

http://guides.instructure.com/s/2204/m/4212/l/59986-how-do-i-use-the-eportfolio-getting-started-wizard

http://guides.instructure.com/s/2204/m/4212/l/41370-how-do-i-create-a-new-eportfolio

http://guides.instructure.com/s/2204/m/4212/l/41371-how-do-i-create-a-new-eportfolio-section


http://guides.instructure.com/s/2204/m/4212/l/59982-how-do-i-upload-a-file-or-image-to-my-eportfolio-page

http://guides.instructure.com/s/2204/m/4212/l/59983-how-can-i-share-a-private-eportfolio
Appendix D: Capstone Topic Selection Form

Student Name:

Type of Capstone Project. Select One.

☐ Health Policy (format may vary)

☐ Pilot Study (testing feasibility, acceptability of evidence-based intervention in a health care setting)

☐ Program Evaluation (assessment of an intervention or program for efficacy, recommendations for practice change)

☐ Systematic Literature Review (Joanna Briggs Institute)

☐ Translational Research (Implementing Evidence Based Practice)

☐ Quality Improvement/JBI PACES (Implementation of practice/systems change to improve quality or safety outcomes)

☐ Other. Please describe:

Please provide details about your Capstone Project topic. Be as specific as possible.

Statement of the Problem:

________________________________________

Specific Population of Interest:

________________________________________

Proposed Intervention or Method of Addressing Problem:

________________________________________

Primary Outcomes of Interest:

________________________________________

*Due June 1 the summer prior to enrolling in N720 Capstone Emphasis Seminar
## CLINICAL CONTRACT REQUEST FORM (CCRF)

### SMU Information

<table>
<thead>
<tr>
<th>Date of REQUEST:</th>
<th>Clinical START DATE:</th>
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</table>

### DISCIPLINE:

- NSG – PL
- NSG – CRNA
- PT
- NSG – FNP
- PA
- PHARM-D
- NSG – CM
- OT
- CSPM

### Type of Agreement

- New Contract
- Addendum

### Facility Designation

- Medically Underserved Population Area (MUPA)
- Health Provider Shortage Area (HPSA)

### Agency/Site Information

**LEGAL NAME OF SITE:**

Please include all site locations (if applicable):

**AGENCY ADDRESS:**

<table>
<thead>
<tr>
<th>Address</th>
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**Contract Contact Person:**

- email:
- Telephone #:
- Fax:

**NOTES:**

|__________________________________________________________________________________________|
|__________________________________________________________________________________________|

Please verify the following and check one:

- Site prefers to use SMU contract
- Site prefers to use their contract

### Clinical Coordinator Checklist

- I have verified the agency coordinator is interested and has agreed to work with our students.
- I have verified the agency’s contract manager name, email, phone and fax numbers.
- I have verified to the site contract manager that the clinical site coordinator has agreed to place SMU student(s).
- I have verified that the contract manager has been notified that Ronda Garrett is the SMU Contract Specialist and will contact them directly.

By signing, I confirm I have verified the above information, and can confirm that it is complete and accurate.

**Clinical Coordinator Signature**

**Date**
Appendix I

School of Nursing
DNP Capstone Project Advisors
Capstone Chair and Practice Advisor/Facilitator INFORMATION
Doctor of Nursing Practice Program

<table>
<thead>
<tr>
<th>Student Information</th>
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<tbody>
<tr>
<td>Name:</td>
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<tr>
<td>Address:</td>
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<td>Home Phone:</td>
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<td>Work Phone:</td>
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<td>Email:</td>
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<tr>
<th>Capstone Committee Chair Information</th>
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<tbody>
<tr>
<td>Name:</td>
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<td>Phone:</td>
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<td>Email:</td>
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<table>
<thead>
<tr>
<th>Practice Advisor/Facilitator Information</th>
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<tbody>
<tr>
<td>Name:</td>
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<tr>
<td>Title:</td>
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<tr>
<td>Credentials/Degrees:</td>
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<td>Agency:</td>
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<td>Agency Address:</td>
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<td>Agency Phone:</td>
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<td>Agency Fax:</td>
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<tr>
<td>Facilitator Phone:</td>
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<tr>
<td>Facilitator E-mail:</td>
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</table>

**Practice Facilitator Responsibilities:** The DNP program requires completion of nine semester units of practice/capstone project work. During this time, the student will develop, implement and evaluate a project approved by both the Capstone Chair and Practice Advisor/Facilitator. The facilitator serves as the student’s practice site mentor and facilitates access to resources required to complete the project. Specific Practice Facilitator responsibilities include:

1. Assisting the student in selecting realistic and specific goals that fit within the framework of both the practice site and the objectives of the DNP program.
2. Guiding the student in the development, implementation and completion of the project.
3. Providing feedback to the student and the student’s Capstone Chair throughout the project.

I agree to serve as a DNP Capstone project Practice Advisor/Facilitator to the student named in this agreement.

Signature of Practice Advisor/Facilitator

Date
Dear Practice Mentor:

The faculty and administration at Samuel Merritt University are grateful for your willingness to support and guide one of our talented doctoral students through the clinical development and implementation of the Capstone Project, the culmination of the student’s doctoral studies.

Included with this letter is “The Doctor of Nursing Practice Capstone and Clinical Guidebook.” It details the role of the Practice Mentor as well as the student’s other mentors at the university. This guidebook will give you an idea of the timeline the student will follow for completion of the project and what to expect along the way.

As a key part of the team, we encourage you to meet with the student and Capstone Chair (faculty advisor in the DNP program) as you begin this process and as needed thereafter. We also invite you to attend our annual meetings in December (as time permits) where we gather to see our students present at both the proposal and final stages of the Capstone Project. This is a valuable opportunity to provide feedback to the student and to celebrate your student’s accomplishments with faculty and peers in the program.

As you will note in the guidebook, you will be asked to provide your contact information and to sign the student’s clinical log at the conclusion of the program to verify the minimum required hours have been met. Please review the guidebook and contact me if I can answer any questions for you. Thank you again for working with us and we look forward to the development of a mutually rewarding collaboration for your organization as well as the student.

Best Regards,

Michelle DeCoux Hampton, RN, PhD, MS
Associate Professor and DNP Program Director
3100 Summit Street, 3rd Floor
Oakland, CA 94609
510-869-6511 x 3873
mhampton@samuelmerritt.edu
Appendix G: Clinical Log Balance Sheet and Clinical Log Reflection

Samuel Merritt University
DNP Program
Capstone Hours

<table>
<thead>
<tr>
<th>Semester/Year</th>
<th>Hours Completed</th>
<th>Total Required</th>
<th>1000 Balance</th>
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MSN Credit (if applicable)

I attest that the above is an accurate reflection of practice hours completed in the SMU DNP Program.

_____________________________________        _____________________
Student Signature                      Date

_____________________________________        _____________________
Practice Mentor Signature               Date
### Clinical Residency Capstone Proposal

**Student Name**

**DNP Essentials:**
1. Scientific Understandings for Practice
2. Organizational and Systems Leadership for Quality Improvement and Systems Thinking
3. Clinical Scholarship and Analytical Methods of EBP
4. Information Technology and EBP for the Improvement and Transformation of Healthcare
5. Healthcare Policy for Advocacy in Healthcare
6. Interprofessional Collaboration for Improving Patient and Population Health Outcomes
7. Clinical Prevention and Population Health: for Improving the Nation’s Health
8. Advanced Practice Nursing

<table>
<thead>
<tr>
<th>Date</th>
<th>Hours</th>
<th>Situation/Description/Issues/Course Application</th>
<th>DNP Essentials</th>
<th>Reflection</th>
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<td></td>
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</tbody>
</table>
Doctor of Nursing Practice

IRB Pre-Approval Form

Prior to submitting a proposal for IRB approval, the student must obtain the signatures of the Capstone Chair, Practice Mentor, and DNP Program Director or proxy. This form must be submitted with the IRB application to be reviewed by the committee. Proposals submitted by students without this form will be returned.

Student Name:

Title of Capstone Project Proposal:

Your signature below indicates you have read and approve the proposed project and its methods:

<table>
<thead>
<tr>
<th>Capstone Chair</th>
<th>Date</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Practice Mentor</th>
<th>Date</th>
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</table>

<table>
<thead>
<tr>
<th>DNP Program Director or Proxy</th>
<th>Date</th>
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</table>
Appendix I: JBI Title Registration Form

JBI Systematic Review Title Registration Form

Title: The title of the proposed systematic review. Must not be in question form. A systematic review of quantitative evidence.

Centre: UCSF Centre for Evidence-Based Patient Care Quality Improvement

Primary Reviewer

Name: The full name of the Primary Reviewer

Email address: The email address of the Primary Reviewer

Question The question to be addressed by the proposed systematic review. There must be a clear indication of each of the PICO elements below.

PICO

Population: A clear and precise description of the population of interest. Age ranges, sex, applicable conditions / diagnostic criteria can be stipulated.

Intervention: A clear and precise description of the intervention, exposure or phenomena of interest.

Comparator: A clear and precise description of the comparator/s (for quantitative reviews of effectiveness). Qualitative reviews and quantitative reviews of association do not state a comparator. Input comparators for comprehensive reviews.

Outcome:
Appendix J: JBI Protocol Checklist

Checklist for New Protocols

Reviewers requirements □

Training and Certification.
Reviewers should have completed the JBI Systematic Review training program or equivalent systematic review training programs within the last 3 years, and been an active contributor to the development of systematic reviews for JBI including reviews co-registered with Cochrane. If this is not possible, at least the first or second reviewer should have completed the JBI training programs. Reviewers should be listed as core staff members of the JBI centre/ESG on the JBI website.

Prior to submitting a Protocol
□ Has the protocol been completed in CReMS?
□ Does the protocol state the primary and/or secondary reviewers’ affiliation with a JBI Collaborating Centre?
□ Have all fields in the protocol been completed?
□ Are the relevant appendices attached for appraisal and data extraction of the types of studies to be included?
□ Have you visually confirmed that the protocol is complete, with appropriate referencing and appendices before emailing to the CSU?
□ Are the contact details for the primary reviewer current and up to date, including a valid email address?
□ The background is at least equivalent to 1000 or more words
□ The background provides readers who may not be familiar with the topic with enough information to understand the key criteria, why the topic is important to health care and why the review is needed.
□ The headings in the protocol are the exact headings from CReMS
□ The referencing in the protocol is the style and format built in to CReMS
□ If the protocol is being done as a student review, is your supervisor satisfied with the content?

If the answer is “yes” to the above, a pdf copy of your protocol is ready to be submitted for peer review.
Please note that only the pdf file from CReMS will be accepted for peer review. All other file types will be returned with a request for the pdf to be exported from CReMS and submitted.

**Systematic Reviews**

- If you are updating an existing JBI Systematic Review, it is important to first submit a Protocol to JBI CSU and have it accepted before proceeding to update the SR.
- Submission of a copyright form for the JBI Library is required once a final report is officially approved by the JBI.
- The primary portal for reviews is the online library of reviews.
- Reviews submitted to journals that have not been submitted to the JBI online library via the CSU do not contribute to centre output.

**Further Information**

- All systematic review protocols should be registered with the JBI.
- Only registered projects will be included in the centre outcome report.
- If the review has been commenced before the protocol is received, reviewed and approved, the project will not be considered a JBI project.
- If reviewers wish to submit an article based on a final systematic review report:
  - Papers of up to 5000 words may be submitted online at: [http://mc.manuscriptcentral.com/jieb](http://mc.manuscriptcentral.com/jieb)
  - Manuscripts should be submitted using Vancouer referencing and be unidentifiable to enable blind peer review.
  - We suggest that author information and acknowledgements be submitted in an additional file not for peer review.
  - Process for Co-registration of a project with Cochrane Collaboration is attached.

**Title of Systematic Review Protocol**

**Instructions:**

The title of the protocol should be as descriptive as is reasonable and reflect the systematic review type to be conducted. If the review is examining clinical effectiveness this should be stated in the title. If specific interventions and/or
patient outcomes are to be examined these should also be included in the
title. Where possible the setting and target population should be stated.

Example:

“The clinical effectiveness of smoking cessation strategies for adults in acute
care mental health facilities”

“A comparison of the cost effectiveness of hydrocolloids and calcium alginate
dressings in the management of individuals in extended care facilities with
stage 3 pressure ulcers”

Background

Instructions:

The background should describe the issue under review including the target
population, interventions and outcomes that are documented in the literature.
For the protocol the background should be a concise overview of the main
issues. The length will vary however, 1-2 pages is a norm. The background
should provide sufficient detail to justify the conduct of the review and the
choice of the various elements such as the interventions and outcomes. It is
as important to justify why elements are not to be included. In describing the
background literature value statements about effect of interventions should be
avoided.

Example:

“Use of acupuncture is effective in increasing smoking cessation rates in
hospitalised patients”. This is what the review will determine. If this type of
statement is made it should be clear that it is not the reviewer’s conclusion but
that of a third party, such as “Smith indicates that acupuncture is effective in
increasing smoking cessation rates in hospitalised patients”.

Question / Objectives

Instructions:

The review objectives must be stated in full. Conventionally a statement of the
overall objective is made and elements of the review are then listed as review
questions. This section should be as focused as possible and make explicit
what the review intends to find out.

Example:
To conduct a systematic review to determine the best available evidence related to the post harvest management of STSG donor sites. The specific review questions to be addressed are:

What interventions/dressings used in the management of the STSG donor site are most effective;

in reducing time to healing,

in reducing rates of infection, and

in reducing pain levels and promoting comfort?

What interventions/dressings are most effective in managing delayed healing/infection in the split skin graft donor site?

What interventions are most effective in managing the healed split skin donor site?

Criteria for considering studies for this review

Types of studies

Instructions:

This section should flow from the background. Many JBI reviews will have a hierarchy of studies that will be considered. There should be a statement about the target study type and the range of studies that will be used if the primary study type is not found.

Types of participants

Instructions:

There should be details about the type of individuals to be targeted including characteristics (e.g. Age range), condition/diagnosis or health care issue (e.g. administration of medication in rural areas and the setting(s) in which these individuals are managed. Again the decisions about the types of participants should have been justified in the background.

Types of interventions / phenomena of interest

Instructions:

There should be a list of all the interventions to be examined. In some cases it may be appropriate to list categories of interventions. For example "pharmaceutical and non-pharmaceutical interventions for smoking cessation". This section should be concise as the background section provides an opportunity to describe the main aspects of the interventions.
Types of outcome measures

Instructions:
There should be a list of the outcome measures to be considered. The clinical relevance of the outcomes must be considered. The background should provide enough information to justify the outcomes included.

Search strategy for identification of studies

Instructions:
An overview of the search strategy should be provided. It is usual to undertake a staged approach including initial search to obtain appropriate keywords and subject listings, full search and search of reference lists and hand searching. The databases to be searched should be listed with the time frames included and the initial keyword search terms appropriate for the review objectives. Reference lists, grey literature and where appropriate, selective hand searching should be used, if you choose not to use these, this must be stated and the reasons why.

A statement about assessment should be included.

Example:

“All studies identified during the database search will be assessed for relevance to the review based on the information provided in the title, abstract, and descriptor/MeSH terms. A full report will be retrieved for all studies that meet the inclusion criteria (see appendix I). Studies identified from reference list searches will be assessed for relevance based on the study title.”

Reference should be made to the inclusion criteria that should be within a checklist in the appendices.

Methods of the review

Assessment of methodological quality

Instructions:
A description of how methodological assessment will be managed should include reference to the appropriate JBI critical appraisal checklist, which should also be attached to the protocol in the appendices.
Data collection / extraction

Instructions:
A description of how data extraction will be managed should include reference to the appropriate JBI data extraction tool; which should also be included in the appendices. In some cases revision of the data extraction tool will occur after the full search has been conducted. A statement should be made to that effect.

Data synthesis

A description of how data synthesis will be managed should be included. Where meta-analysis may be used the statistical methods and the software used (MAStARI) should be stated. For instance if standard mean differences will be used instead of weighted means.

Potential conflict(s) of interest

There is a clear statement describing any actual conflict of interest

Acknowledgements

If given, acknowledgements are relevant to the review and appropriately worded

References

Instructions:
The references should be appropriate in content and volume and include background references and studies from the initial search used to prepare the protocol.

Appendices

Instructions:
As a minimum the appendices should include the appropriate JBI critical appraisal and data extraction sheets. These checklists should reflect the types of studies, settings, participants, interventions, and outcomes for the review question posed. Appendices numbers should be indicated in Roman numerals (e.g. I, II, III or IV).
Other information

The protocol is submitted to the online JBI library of protocols

The systematic review is submitted to the online JBI library of systematic reviews

Additionally, a paper based on the systematic review may be submitted to the International Journal of Evidence Based Health Care

All systematic review protocols should be registered with the JBI. Only registered projects will be included in the centre outcome report.

If you are updating an existing JBI Systematic Review, it is important to first submit a Protocol to JBI CSU and have it accepted before proceeding to update the SR.

Submission of a copyright form for the JBI Library is required once a final report is officially approved by JBI.

Submitting a publication to the International Journal of Evidence-based Health Care:

If reviewers wish to submit an article based on a final systematic review report:

Papers of up to 5000 words may be submitted online at:
http://mc.manuscriptcentral.com/jiebh

Manuscripts should be submitted using Vancouver referencing and be unidentifiable to enable blind peer review.

We suggest that author information and acknowledgements be submitted in an additional file not for peer review.

See below for the process for Co-registration of a project with the Cochrane Collaboration.

Co-publication with Wiley-Blackwell in the Cochrane Library

Reviews conducted through a Cochrane Review Group (http://www.cochrane.org/contact/entities.htm), are uploaded to the Cochrane Library in the template for Cochrane Reviews. This is managed through the Review Manager software developed and maintained by Cochrane and available for free download from: http://www.cc-ims.net/download/revman/.
Reviews of effects conducted through Cochrane entities must follow Cochrane processes and procedures. These are documented in the Cochrane Handbook for Systematic Reviews of Interventions, which can be accessed from the following web link: http://www.cochrane.org/resources/handbook/.

There is an in-principal agreement between JBI and Wiley-Blackwell that reviews of interventions focusing on RCTs may be conducted by entities of JBI through the Cochrane Collaboration. These reviews will not need to be subject to JBI’s peer review process, although the final protocol is submitted to the CSU. Once the review is completed it is published in the online Cochrane Library, the JBI library, and the International Journal of Evidence-Based Healthcare.

Not all reviews of effects or interventions are limited to RCTs. In these reviews the protocol is submitted to the CSU for peer review before it is finalised, uploaded to the JBI web site, and the review commenced.
Appendix K: JBI Flowchart
a. Consort Table – example (minus rectangle boxes)

Meta Analysis

b. S. Retrieval Table

Last updated November 7, 2013 by Sandra Ng, MSN, RN-BC