# Doctor Of Nursing Practice
## Project And Clinical Guidebook

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FNP/DNP Cohorts
Summer Start Oakland
Fall Start Sacramento

- 6/1 DNP Project Topic Selection Form Due
- Start Clinical Log
- 2/1 Submit Proposal to IRB/JBI as applicable
- 10/15 DNP Project Proposal Due
- 11/1 DNP Project Proposal Presentation Due
- 10/15 Final DNP Project Paper Due
- 11/1 Final DNP Project Presentation Slides Due
- Final Log Due
The DNP Project and Clinical Guidebook is a step-by-step guide to assist DNP students and DNP Project Chairs in understanding the purpose and process of completing the DNP Project. This reference includes information about the DNP Project’s development, implementation, and related requirements. Though ideally these steps take place chronologically, be aware that there may be overlap in some stages of the process. While some of this information can be found in the DNP Student Handbook, this guide further details the project expectations from both the student and faculty perspective. You may contact the DNP Program Director for any additional questions.

**DNP Project Description**

According to the American Association of Colleges of Nursing (AACN), the DNP project is a tangible deliverable to demonstrate the knowledge and skills acquired as a result of practice immersion and educational experiences (AACN, 2006). According to the AACN (2015), “all DNP Projects should:

a. Focus on a change that impacts healthcare outcomes either through direct or indirect care.
b. Have a systems (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.”

With this in mind, DNP Projects can take the form of:

- Quality Improvement interventions
- Implementation of evidence-based practice change initiatives
- Program evaluation
- Systematic literature review (with clinical practice component)
- Or substantive involvement in large practice change projects in clinical settings

The common element to these options is **clinical practice inquiry** and **scholarship**. One of the key distinctions between PhD and DNP scholarship is that PhD scholarship’s purpose is to produce new evidence, while the purpose of DNP scholarship is to implement previously discovered evidence into practice settings facilitating the translation of best practices into health care settings in a timely and efficient manner.

In the DNP program, the student collaborates with the following mentors to identify and problem solve solutions to unmet health needs in clinical settings and the community:

- **DNP Faculty** – Developing ideas regarding patient population, approaches to problem solving, and health care climate through formal course work
• **Practice Mentors** – Provide guidance and insight regarding the needs and challenges of initiating change in the selected practice setting
• **DNP Project Chairs** – Provide guidance and support regarding methods, troubleshooting problems throughout the program and completion of the DNP Project

In the process of the student developing and implementing the DNP Project, the DNP Essentials (AACN, 2006) (See Appendix A) are achieved and the student contributes a scholarly product with the potential to have a **significant** and **sustainable** impact on patient care. The DNP Project serves to:

- Document outcomes of the student’s educational experiences
- Provide a measurable medium for evaluating the practice immersion experience
- Summarize the student’s growth in knowledge and expertise
- Create a foundation for future scholarly practice

**DNP Project Chair**

Upon admission to the DNP program, each student will work with the DNP program director or designee as the student develops his/her area of interest while taking preliminary courses. The initial DNP academic advisor provides the student direction during the first several semesters of the program until the DNP Project Chair is assigned.

The DNP Project Chair, a SMU faculty member, guides the student through all aspects of development and completion of the DNP Project. S/he must be doctorally prepared and **may or may not** have specific expertise in the student's DNP Project topic or field. If the DNP Project Chair is not an expert in the student's area, additional content experts may be included on the DNP Project Committee. Contact the program director to discuss DNP program faculty available to serve as DNP Project Chairs.

The DNP Program Director makes the DNP Project Chair assignment in the Spring prior to N720 DNP Project Emphasis Seminar.

- DNP Project Chairs and students must meet thereafter to discuss and finalize the DNP Project topic idea prior to the submission deadline – June 1.

The DNP Project Chair with the Practice Mentor (See “Practice Mentor and Clinical Agency Contracts” below) comprise the **DNP Project Committee**. The student is free to add additional members to the DNP Project Committee. Additional members may include a faculty member from outside of the institution or other individual(s) with specialized knowledge and expertise relevant to the DNP Project.

**Selection of Topic and Format**

Your topic selection should be informed by your work in N703 Epidemiology and Population Health and N700 Evidence-Based Research Methods at a minimum. In collaboration with your DNP Project Chair, you are expected to submit your description
in PICO format in the narrative section of the DNP Project Topic Selection form (see Appendix B) and to select your chosen format.

**DEADLINE #1:**

*June 1:* Please submit the completed DNP Project Topic Selection form to the DNP Program Director, Dr. Michelle DeCoux Hampton at mhampton@samuelmerritt.edu the Summer semester prior to starting N720 DNP Project Emphasis Seminar.

DNP Project Topic Selection forms will be reviewed by the Progression Committee in mid-June and feedback can be expected no later than **July 1**.

**Progression Committee**

The purpose of the progression committee is to ensure that each DNP student:

- Is evaluated based upon the same criteria
- Selects a DNP Project that fits the definition of clinical practice inquiry and/or scholarship
- Meets the same standards of quality and rigor in the development and completion of the DNP Project

The Progression Committee will consist of a minimum of three participants including: the DNP Program Director, an appointed DNP faculty member, and the student's DNP Project Chair.

Progression Committee approval is required for each of the following stages of DNP Project development, implementation, and presentation:

<table>
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<tr>
<th>DNP Project/Progression Committee Submissions To Do List</th>
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</tr>
<tr>
<td>Presentation Slides Final DNP Project</td>
<td><strong>November 1</strong> while enrolled in N723</td>
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The Progression Committee will review submissions and provide feedback to students.
• **Students who receive an approval** from the Progression Committee may proceed with the next steps of DNP Project development, implementation, or graduation.
• **Students who are asked to revise and resubmit** must address each of the committee’s concerns satisfactorily, resubmit to the Progression Committee, and receive approval prior to proceeding.

To avoid delays in progression, it is recommended that students familiarize themselves with this guide and begin to work on DNP Project ideas early in the program with feedback from course faculty, DNP Project Chairs, and the DNP Program Director.

Please note that if a student makes a change to the topic selected OR a substantive change in the DNP Project Proposal plan after receiving Progression Committee approval, the student is expected to resubmit the changes to the Progression Committee as soon as possible. **A substantive change includes**, but is not limited to a change of:
- Topic
- Setting
- Project focus
- Design
- Intervention
- Population

If you are uncertain if a change you would like to make to your project constitutes a substantive change, please contact the DNP Program Director.

### Proposal Development and Presentation

In N700 Evidence-Based Research, students are asked to write a mock research proposal to learn the basic structure and requirements for a proposal. However, the final DNP Project proposal is written after the student receives approval from the Progression Committee about the topic selected. This takes place in **N720 DNP Project Emphasis Seminar**. Sample formats are given in the Canvas course.

**DEADLINE #2**
- **OCTOBER 15**: Complete written draft of DNP Project proposal due in Canvas (see Canvas for submission details)
- **NOVEMBER 1**: Complete draft of slide presentation for December onsite meeting
- **SECOND WEEK OF DECEMBER**: Final proposal presentations

The Progression Committee will meet to review submissions and students will receive written feedback, approvals and/or requests for revision and resubmission. Revisions on slides are expected to be completed prior to the December onsite meeting and paper revisions should be completed prior to the end of the semester. Within the N720
course, you will also be asked to select a Practice Mentor and identify a clinical practice site for your DNP Project/Clinical Practice Hours (see below).

**Practice Mentor and Clinical Agency Contract**

Because the DNP Project is often completed in the student’s place of employment, the student often selects the Practice Mentor based on the individual’s expertise and ability to support the proposed work. Students who would like to request assistance in identifying a practice mentor or site should contact his/her DNP Project Chair or the DNP Program Director.

- Student identifies potential practice mentor(s) and discusses with DNP Project Chair.
- The student must submit the *Practice Mentor Contact Form* and agency contact information for the purposes of establishing a clinical practice contract in N720. (Detailed instructions and forms are provided in the Canvas course.)

The Practice Mentor works with the student at the practice site to provide expert clinical knowledge and facilitate access to resources required to complete the project. See *Appendices D & E* for the Practice Mentor Contact Information Form and Practice Mentor Welcome Letter. Specific responsibilities include:

- Assisting the student in selecting realistic and specific goals that meet the aims and objectives of both the practice site and the DNP program.
- Guiding the student in the development, implementation, and completion of the DNP Project.
- Providing feedback to the student and the student's DNP Project Chair throughout the project.
- Providing oversight (though not necessarily direct supervision) of clinical hours pertaining to the DNP Project specifically.

**Clinical Hour Requirements**

At the conclusion of the DNP program, a student must have obtained 1,000 clinical practice hours. These hours are intended to facilitate the achievement of the AACN Doctoral Essentials (see Appendix A). The clinical hours completed during a post-Master’s student’s graduate program is applicable to the total required for the DNP.

Implementation of the DNP Project will require a minimum of 250 hours. For Post-MSN students, the number of hours completed in the program may vary depending upon how many hours were completed in the student’s advanced practice nursing/Master’s program. For FNP/DNP students, all 1,000 hours will be completed within the program: 630 in FNP and 370 in DNP coursework.

“DNP program practice experiences are designed to provide:

- Systematic opportunities for feedback and reflection.
- In-depth work/mentorship with experts in nursing, as well as other disciplines.
• Opportunities for meaningful student engagement within practice environments.
• Opportunities for building and assimilating knowledge for advanced nursing practice at a high level of complexity.
• Opportunities for further application, synthesis, and expansion of learning.
• Experience in the context of advanced nursing practice within which the final DNP Project is completed.
• Opportunities for integrating and synthesizing all of the DNP Essentials and role requirements necessary to demonstrate achievement of defined outcomes in an area of advanced nursing practice.” (AACN, 2015)

More concretely, clinical hours include time spent:
• Developing or working on the DNP Project
• In advanced nursing practice clinical placements
• In quality or clinical practice improvement activities that inform the DNP Project
• If the project is to be completed within the student's place of employment, the precepted hours may not include those hours in which the student performs his or her usual work, unless the usual work includes the hours for which the student is engaged in activities that inform or directly relate to the project.

Clinical hours must be documented in order to meet the DNP requirement. Clinical logs should reflect the following:

• Activities involved in advanced practice, leadership, or the DNP Project planning, implementation, or evaluation
• Dates/hours spent in above activities
• Reflection on the achievement of the DNP Essentials
• The practice mentor’s signature to verify the completion of the hours

Each DNP student is required to keep a log of clinical hours throughout the program to be submitted in the final semester of the program in N730 DNP Project Residency. DNP Project Chairs should track student progress toward the completion of clinical hours each semester. (See Appendix F for the Clinical Reflection Log and Log Balance Sheet.)

Approvals

Progression Committee:
After completion of N720 DNP Project Emphasis Seminar, you will have developed a proposal for your project. The format may differ depending on the type of project you selected; but in this handbook, “proposal” will be used to refer to any type of project or the deliverable from N720.
By the completion of N720, students will receive feedback from the Progression Committee about proposals submitted to N720 (see Timelines on pp. 2-3 for location of this course in each cohort).

- If you received an approval, you can immediately move on to preparing your proposal for submission to either the Institutional Review Board (IRB) or Joanna Briggs Institute (JBI) (for systematic literature reviews), if applicable.
- If you are completing a quality improvement project and collecting aggregate data for evaluation OR are implementing a practice change in your setting with no plans for publication, no IRB approval is necessary. You may proceed upon Progression Committee Approval.
- If your proposal was not approved, immediately address the issues raised by the Progression Committee and resubmit within 2 weeks. **You may not progress to IRB or JBI submission without an approval.**
- Proposals to SMU’s IRB must be accompanied by a pre-approval form (see Appendix G) validating that the proposal has met the expectations of the SON and DNP program.

**DETERMINATION OF NEED FOR IRB APPROVAL:**
The progression committee will evaluate each proposal according to Lynn, et al. (2007), The ethics of using quality improvement in health care. Proposals will be considered individually, however, projects will generally be considered quality improvement and exempt from the purview of IRB if the proposal:

- Contains no random assignment
- Moves existing evidence to practice rather than testing new treatments
- Involves investigators free of conflicts of interest with regard to the outcomes
- Intervention is allowed to evolve as new information is obtained to improve delivery of care on an ongoing basis
- Does not delay feedback for the purposes of avoiding bias of data
- Is not funded nor sponsored by an outside organization

**IRB:**
*For students whose project meet the definition of research and require IRB approval:* In N700, you will become acquainted with the purpose and requirements for IRB submission. It will be necessary to review the guidelines for both your clinical agency (if applicable) and SMU prior to preparing your proposal for submission.

The IRB pre-approval form with review by the DNP Project Chair, SON Faculty Development Director, and DNP Program Director must review and approve the following prior to submission. The submission requires:

- Proposal
- Protocol Approval Form
- Letters of Support (from agency)
- Informed Consent
- Subjects Bill of Rights
- NIH or CITI training certificate
- IRB approval from other institutions or concurrently submitted documents (if
1. **Clinical Agency.** Depending on your clinical agency, there may or may not be an IRB.
   - If there is an IRB, locate the guidelines and first prepare your proposal application to meet the agency requirements. SMU requires the approval of any outside agencies prior to submitting to the SMU IRB. Prepare any consent forms to address the requirements of both SMU and the clinical agency.
   - If the clinical agency **does not** have an IRB, determine if there is an ethics board from which you should seek approval.
   - If neither exists, obtain a letter from the agency stating that you have approval to conduct your DNP Project with the agency’s clientele.

2. **SMU.** After obtaining the necessary approval from the clinical agency, review the guidelines for SMU IRB submission ([http://www.samuelmerritt.edu/academic_affairs/irb](http://www.samuelmerritt.edu/academic_affairs/irb)). Edit or add any necessary elements to ensure that the proposal also meets the requirements for SMUs IRB.

   After taking these steps, submit your proposal again to your DNP Project Chair. Approval from your chair and the DNP Director or designee must be documented using the IRB Pre-Approval Form (See Appendix G). Once you’ve received approval, you may submit to your proposal with the Pre-Approval form to SMUs IRB. **Please note that several students (as well as faculty) submit proposals to the IRB. Delays might occur, so submit your proposal as soon as possible once you obtain approval.** Approval must be obtained for projects that involve human subjects in order to be able to publish your results.

   While you are in the midst of the approval process, stay in close contact with your DNP Project Chair.
   - Forward any communications you receive about your proposal to your DNP Project Chair.
   - cc your DNP Project Chair on any communications you send regarding your proposal.
   - Notify your DNP Project Chair if >6 weeks has passed without notification or if you are concerned about the timeframe for approval conflicting with projected start dates.

For students who would like the opportunity to publish, once SMU IRB approval is received, students may proceed with implementation.
For students completing a systematic literature review through the Joanna Briggs Institute, no IRB approval is required. Discuss your decision to pursue a systematic literature review with your DNP Project Chair and proceed with the following steps: Register for and take the JBI course – “JBI Comprehensive Systematic Review Training Program.”

- For the most recent list of courses available, contact Susan Criswell at: Susan.Criswell@ucsf.edu
- Select topic and develop the research question (PICO).
- Identify your second reviewer (usually your DNP Project Chair).
- Search JBI and Cochrane databases to confirm topic is unique.
- Register JBI topic title. Complete the Title Registration form (see Appendix H) and send requests to: jbisynthesis@adelaide.edu.au, cc: Daphne.Stannard@ucsfmedctr.org
- Create/write the protocol in CReMs (JBI software package) (See JBI Protocol Checklist in Appendix I). Once you’ve received the approval of your DNP Project Chair, submit electronically at: http://www.joannabriggslibrary.org/index.php/jbisrir/login Send a copy to: Daphne.Stannard@ucsfmedctr.org
- Once the protocol is approved by JBI, students may proceed with the remaining steps of the systematic literature review process.
- JBI will send communications only to the primary reviewer. Be sure to cc/share all communications to and from JBI after you submit the protocol with your secondary reviewer and/or DNP Project Chair.

**Implementation**

**IRB Approved DNP Projects:**
Forward IRB approval letters to DNP Project Chair and proceed with implementing the project as outlined in the proposal. There should be no significant changes to the proposal after approvals have been obtained. If there are issues that arise that prevent implementing the project as defined, contact your DNP Project Chair and/or the Program Director as soon as possible and wait for feedback before proceeding.

**JBI Approved Protocols:**
When the approval has been received from JBI, continue with the following steps:
- Create accounts and systems for storing your notes, citations, articles, and other information. Tables and bibliography software will be useful to manage your literature.
- Contact the UCSF librarian regarding conducting the searches in the databases you selected. (There is a fee now associated for this service that is eligible for reimbursement.) The UCSF librarian is Michelle Lieggi at: Michelle.Lieggi@ucsf.edu
Review the list to determine the citations appropriate for retrieval.
Retrieve the selected studies.
Read and take careful notes of the retrieved data sources.
Conduct critical appraisal of the selected studies with your secondary reviewer.
Extract data from the studies you and your secondary reviewer have decided to include in the systematic review.
Review and synthesize information and data.
Complete the meta-analysis/meta-synthesis.
Write the results and conclusions.
Submit to DNP Project Chair for approval.
After receiving DNP Project Chair approval, submit final report to JBI for review for publication. (See Appendix J for a JBI Flowchart.)

During project implementation, students will enroll in N721 DNP Project Development. In addition to carrying out the project, students will update the literature review from the proposal and create the structure for the remaining sections of the final paper.

### Final Paper and Presentation

As in the proposal phase, student students participate in a 2-day on-campus session in December. When enrolled in N723, the final DNP Project will be presented to faculty, peers, and invited guests. This is an opportunity for students across the program to meet and exchange ideas and to share their work.

A detailed rubric for completion of final papers is provided in N723. Again, the Progression Committee will review papers and presentations. The Progression Committee deadlines are repeated again below:

Progression Committee approval is required for each of the following stages of DNP Project development, implementation, and presentation.

<table>
<thead>
<tr>
<th>DNP Project/Progression Committee Submissions To Do List</th>
<th>Deadline</th>
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</thead>
<tbody>
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<td>Presentation Slides Final DNP Project</td>
<td>November 1 while enrolled in N723</td>
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</tbody>
</table>
The Progression Committee will review submissions and provide feedback to students.

- **Students who receive an approval** from the Progression Committee have successfully completed the requirements necessary for graduation with regard to the DNP Project, presentation, and final paper.
- **Students who are asked to revise and resubmit** must address each of the committee’s concerns satisfactorily and resubmit to the Progression Committee within two weeks until approval is received.

### Dissemination and Authorship

For projects that qualify, all students are encouraged to pursue publication once final approval is received for the DNP Project. This process begins with a discussion with the DNP Project Chair. Since DNP Projects are a collaborative endeavor, students, DNP Project Chairs, and Practice Mentors might all be included as co-authors.

The International Committee of Medical Journal Editors (ICMJE, 2014) discusses guidelines for authorship including order of authors and distinguishing authorship from contributor status. This discussion should take place prior to preparing the final paper for submission to a journal. (See ICMJE website: [http://wustl.edu/policies/authorship.html](http://wustl.edu/policies/authorship.html)).

When authorship has been determined (generally student as first author, DNP Project Chair as second author), the student must determine the journal and obtain the author guidelines. Author guidelines give explicit instructions about manuscript format:

- Acceptable topics
- Manuscript length
- Style (i.e. APA, AMA, etc.)

Prepare your manuscript according to the instructions given and forward to your DNP Project Chair (and any other co-authors) for approval. Once all authors are satisfied with the manuscript, submission to the journal is acceptable.

Please note, that the same process should be followed with regard to poster presentations. Abstracts and posters should be reviewed and approved by co-authors prior to submission and/or printing.

### Summary

The DNP Project is a substantial undertaking. It requires diligence, focus, and the support of your mentors. Though it is challenging work, it is also a richly rewarding experience for both students and faculty alike. Congratulations on your decision to embark upon the life changing process of doctoral education. We look forward to supporting your success through each step of this endeavor.

### References


Appendix B: DNP Project Topic Selection Form

Student Name:  
Type of DNP Project. Select One.

☐ Program Evaluation  (assessment of an intervention or program for efficacy, recommendations for practice change)  
☐ **Systematic Literature Review  (Joanna Briggs Institute synthesis of literature with practice recommendations)  
☐ Evidence Based Practice (Implementing Evidence Based Practice in a patient care setting)  
☐ Quality Improvement  (Implementation of practice/systems change to improve quality or safety outcomes)

Please provide details about your DNP 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 DNP Project Emphasis Seminar

**Selecting this DNP Project format, you must acknowledge that it involves completion of the JBI workshop training, systematic review, and substantive involvement in practice change initiatives at a clinical setting**
Appendix C:
Committee Member Confirmation and Contact Form

Student Information
Name
Address
Work Phone
Email

DNP Project Chair Information
Name
Phone
Email

Practice Mentor Information
Name
Title
Credentials/Degree
Agency Name
Agency Address
Agency Phone
Practice Mentor Phone
Email

Practice Mentor Responsibilities: The DNP Program requires completion of 1000 hours practice/DNP Project work. (The number of hours required by each student may vary by program.) During this time, the student will develop, implement, and evaluate a project approved by both the DNP Project Chair and Practice Mentor. The Practice Mentor serves as the student’s practice site mentor and facilitates access to resources required to complete the project. Specific Practice Mentor responsibilities include:

1. Assisting the student in selecting realistic and specific goals that fit within the framework of both the practice site and 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 DNP Project Chair throughout the project.

I agree to serve as a DNP Project Practice Mentor to the student named above in this agreement.

Signature of Practice Mentor ________________________________ Date ________
Appendix E: Practice Mentor Letter

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 DNP Project, the culmination of the student’s doctoral studies.

Included with this letter is “The Doctor of Nursing Practice DNP Project 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 DNP Project 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 DNP 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
Professor and DNP Program Director
3100 Summit Street, 3rd Floor
Oakland, CA 94609
510-869-6511 x 3873
mhampton@samuelmerritt.edu
Appendix F: Clinical Log Balance Sheet and Clinical Log Reflection

Samuel Merritt University
DNP Program
DNP Project Hours

Student ________________________________

*Enter the total hours completed each semester within the SMU Post-Master’s or FNP DNP Program

<table>
<thead>
<tr>
<th>Semester</th>
<th>Hours Completed</th>
<th>Total Required</th>
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<th>Balance</th>
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MSN Credited Hours (for post-MSN DNP students)

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**

<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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**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
5. Healthcare Policy for Advocacy in Healthcare
6. Interprofessional Collaboration for Improving Pt. and Population Health Outcomes
7. Clinical Prevention and Population Health for Improving the Nation's Health
8. Advanced Practice Nursing
Doctor of Nursing Practice

IRB Pre-Approval Form

Prior to submitting a proposal for IRB approval, the student must obtain the signatures of the DNP Project 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 DNP Project Proposal:

Type of Project:

☐ Evidence-based practice implementation
Purpose to implement a practice change in an existing care setting based on critical appraisal of the literature in the field, best practice recommendations, and facility needs and resources

☐ Program Evaluation
Purpose to evaluate patient outcomes resulting from care delivery in an existing setting and to generate recommendations based on findings and critical appraisal of the literature in the field

☐ Quality Improvement
Purpose to participate in QI processes to enhance patient safety and effectiveness of care delivery in a health setting involving planning, implementation, and/or evaluation of practice changes

The proposal and its methods as detailed have been reviewed and approved by the following (enter name):

☐ DNP Project Chair: ______________________________________________

☐ Practice Mentor (Site Advisor): ________________________________

☐ SON Faculty Development Coordinator: ___________________________

DNP Program Director: ___________________________ Date: ______
Appendix H: 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 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 I: 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 program. 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 CReMUS?
☐ 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 pdf of 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 CReMUS
☐ The referencing in the protocol is the style and format built in to CReMUS
☐ 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/jebh
  - Manuscripts should be submitted using Vancouver referencing and be unidentified 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 focussed 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 on line 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.
a. Consort Table - example (minus rectangle boxes)

Meta Analysis

b. S. Retrieval Table.

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

# references

# references scanned Ti/Ab

# studies retrieved

# studies for critical appraisal

# studies included in review

# studies included in meta analysis

# studies included in narrative

# duplicates

# do not meet inclusion criteria

# do not meet inclusion criteria

# excluded studies

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