Student Handbook

Academic 2020-2021
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Weber State University

Dumke College of Health Professions

Annie Taylor Dee School of Nursing

Handbook Part A

Structure & Organization
Section II: WSU and Annie Taylor Dee SON Overview

I. Weber State University Mission Statement

Weber State University (WSU) provides associate, baccalaureate, and master degree programs in liberal arts, sciences, technical, and professional fields. Encouraging freedom of expression and valuing diversity, the university provides excellent educational experiences for students through extensive personal contact among faculty, staff, and students in and out of the classroom. Through academic programs, research, artistic expression, public service, and community-based learning, the university serves as an educational, cultural, and economic leader for the region.

II. Weber State University Core Themes

A. With the purpose of continuously improving the university in pursuit of the mission, the University Planning Council interpreted the mission as having three fundamental themes:
   1. The ACCESS theme directs the university to provide access to academic programs in liberal arts, sciences, and technical and professional fields.
   2. The LEARNING theme directs the university to provide an engaging teaching and learning environment that encourages learning and leads to students' success.
   3. The COMMUNITY theme directs the university to support and improve the local community through educational, economic, and public service partnerships; and cultural and athletic events.

B. For more detailed information regarding the University's Mission Statement and Core Themes, go to http://www.weber.edu/universityplanning/mission_and_core_themes.html

III. Annie Taylor Dee School of Nursing (SON) Vision and Mission Statements

A. Vision Statement
   The Annie Taylor Dee School of Nursing will be recognized for preparing nurses as leaders and life-long learners who are passionately engaged in caring for diverse populations and transforming healthcare in local and global communities.

B. Mission Statement
   The mission of the Annie Taylor Dee School of Nursing is to prepare nursing professionals with knowledge, skills, and attitudes to care and advocate for the evolving needs of diverse individuals, families, and society. We collaborate with our partners to provide an education that values equity, diversity, inclusivity, and community-centered health promotion.

C. Core Values
   The Annie Taylor Dee SON core values are:
   ● Social Justice
   ● Innovation
   ● Evidence-based Practice
   ● Community Engagement
   ● Interprofessional Education
   ● Professionalism

IV. Annie Taylor Dee Support of Weber State University Core Values

A. Learning through Personalized Experiences and Shared Inquiry
   ● Designing curricula and delivery methods to meet the needs of our changing health care system and growing student population
● Providing Graduate Programs to prepare students to enter doctoral education and/or advanced practice roles
● Providing multi-disciplinary learning environments that foster critical thinking and prepare students to determine and meet the needs of a diverse patient population
● Routinely updating curriculum to foster knowledge and promote clinical reasoning in the academic and patient-care environment
● Completing a state of the art simulation lab to enhance the advanced application of outcomes

B. Engagement in Community
● Fostering educational partnerships which provide unique learning opportunities for nursing students, especially in the areas of home health, geriatrics, and mental health
● Collaborating with technical colleges to enable educational opportunities for the advancement of nursing education
● Responding to the community need to increase the number of Bachelor of Science in Nursing (BSN) graduates to meet the standard put forth in the Future of Nursing Report (2010) of having 80% of the RN workforce be BSN prepared by the year 2020
● Actively seeks input and partnerships through the inclusion of a community Advisory Board to act as advisors to the Annie Taylor Dee SON
● Students participate in a variety of community service opportunities across programs

C. Access and Opportunity
● Meeting the demand for entry-level practice for baccalaureate-prepared nurses by expanding the BSN Program through evidence-based methods
● Conducting analytical reflection of face-to-face, hybrid, and online courses and programs that provide education to a variety of adult-learning styles
● Developing and providing scholarships, and proactive committees, that are earmarked to increase diversity within the student population and consequently the diversity within the nursing profession in our community
● Maintaining sequenced preparation for higher education by adhering to the WSU Stackable Credentials
● Distance Education: Annie Taylor Dee SON offers variable learning environments, which include: face-to-face, hybrid/technical enhanced, and online classrooms. These are defined by WSU and can be found at the following site: https://continue.weber.edu/flexiblelearning/

D. Respect for People and Ideas
● Promoting a collegial environment which encourages and recognizes scholarly work
● Implementing a multi-disciplinary learning environment which includes other health care disciplines within the Dumke College of Health Professions (DCHP)
● Creating awareness of diversity and how this awareness benefits the university, the college, the Annie Taylor Dee SON, and the community

E. Nurturing the Potential within Every Individual
● Promoting and retaining outstanding faculty
● Recruiting and nurturing high-achieving students from all backgrounds
● Developing interdisciplinary activities which broaden the nursing student’s nurturing abilities and perspective of safe patient care
● Conducting an ongoing evaluation of learning activities that promote and expand student success

V. Annie Taylor Dee Philosophy

A. Philosophy and Core Values
The philosophy of the WSU Annie Taylor Dee SON faculty is consistent with that of the University and the DCHP. The philosophy statements define the faculty’s core values as they relate to professional nursing education and practice. These core values include excellence in nursing education and practice; respect for self and the diversity found within others; the creation of an inclusive environment in which students can learn the practice of nursing; organizational and personal accountability; and the promotion of a learning and nursing practice environment that exhibits integrity in both choice and action.

VI. Annie Taylor Dee Son Stackable Credentials
A. Meeting the complex healthcare needs of a global society requires varying patterns and levels of nursing education and practice. The WSU Annie Taylor Dee SON’s approach to nursing education offers four separate but coordinated programs of study: Associate Degree Nursing, PN to RN (AS/AAS), Bachelor of Science Nursing (BSN), Master of Science Nursing (MSN), Post BSN to DNP- Family Nurse Practitioner (FNP), and Post Masters to DNP-Leadership. Each program level prepares the graduate to either practice nursing or provides leadership within increasingly complex roles and broader levels of autonomy. This progression model, or stackable credentials nursing education model, affords the nursing student, each with a unique set of life challenges, the opportunity to engage in life-long learning and expand within his or her professional, cultural, personal, and social roles.

B. The WSU Annie Taylor Dee SON offers multiple options for undergraduate preparation at the AD, PN-RN, and RN-BSN levels. In addition, the options at the graduate level include nursing executive, nursing education, Post Masters to DNP-Leadership, and Post BSN to DNP – Family Nurse Practitioner (FNP). The WSU Annie Taylor Dee SON’s primary goals and curricular framework combine coursework in the liberal arts and sciences with those required within the nursing curriculum.

C. Program-specific curricula and outcomes are designed to prepare the graduate to fulfill the roles and responsibilities established by the following national standards and guidelines:
- Accreditation Commission for Education in Nursing (ACEN)
- American Association of Colleges of Nursing (AACN)
- American Nurses Credentialing Center (ANCC)
- American Nurses Association (ANA)
- American Organization of Nurse Executives (AONE)
- National League for Nursing (NLN)
- Quality and Safety Education for Nurses (QSEN)
- National Organization of Nurse Practitioner Faculty (NONPF)
- American Association of Nurse Practitioners (AANP)
- National Patient Safety Goals (NPSG)
Section III: Outcomes and Graduate Competencies

I. Annie Taylor Dee SON Outcomes

A. The WSU Annie Taylor Dee SON Program Outcomes are developed to ensure the mission and goals set by the administration and faculty are met.

B. Documentation of outcomes shows the effectiveness of the educational program and serves to guide the maintenance and revision of WSU Annie Taylor Dee SON components.

C. Following graduation from WSU Annie Taylor Dee SON programs, the following outcomes will be achieved:

Program evaluation demonstrates that students have achieved each end-of-program student learning outcome and each program outcome. The Annie Taylor Dee SON Program Outcomes are:

- **Outcome #1**: 80% of WSU Annie Taylor Dee SON students will graduate from their programs within 150% of the stated length of the program.
- **Outcome #2**: 80% of WSU Annie Taylor Dee SON graduates seeking employment will be involved in role-related professional practice within 6-12 months of graduation as reported on the SON Alumni Survey.
- **Outcome #3**: 80% of those students who take certification/NCLEX licensure exams will pass on the first attempt.

WSU Annie Taylor Dee SON Program Outcomes will be measured annually through the following methods:

- Program completion rates
- Employment rates 6 months after graduation
- NCLEX scores
- Certification rates

II. Annie Taylor Dee SON End of Program Student Learning Outcomes (EPSLOs)

A. The WSU Annie Taylor Dee SON has adopted the following competencies for its undergraduate and graduate programs. These competencies are adopted from the Quality and Safety Education for Nurses Initiative (QSEN).

- **Patient-centered Care**: Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patients’ preferences, values, and needs.
- **Teamwork and Collaboration**: Function effectively within nursing and inter-professional teams, fostering communication, mutual respect, and shared decision-making to achieve quality patient care.
- **Evidence-based Practice**: Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.
- **Quality Improvement**: Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems, including participating in healthcare policy.
- **Patient Safety**: Minimize risk of harm to patients and providers through both system effectiveness and individual performance.
- **Informatics**: Use information and Technical to communicate, manage knowledge, mitigate error, and support decision-making.
B. The WSU Annie Taylor Dee SON EPSLO will be measured annually through the following methods (Refer to Course Maps [Standard 4] for alignment of course outcomes/units and assignments to Annie Taylor Dee SONEPSLOs):

- Student will report obtainment of Program Level Student Learning Outcomes at or above a 3.0/5.0 on the EOP Survey
- 80% of ADN students will achieve a 50% or higher score on Kaplan Exam
- 90% of students will receive a minimum on a B- or above for aggregate coursework (Course Grades)
- 90% of students will meet EPSLOs specific assignments criteria.

III. Annie Taylor Dee Differentiated End of Program Student Learning Outcomes

<table>
<thead>
<tr>
<th>SON EPSLOs</th>
<th>Associate Degree Nursing (ADN)</th>
<th>Bachelor of Science Nursing (BSN)</th>
<th>Master of Science Nursing (MSN)</th>
<th>Doctor of Nursing Practice (DNP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient-Centered Care</td>
<td>Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patients’ preferences, values, and needs.</td>
<td>Use nursing knowledge to include the patient in all care processes and decisions. Design and implement care which is adapted and centered on the unique wholeness of the individual patient and their family.</td>
<td>Integrate nursing expertise to include the patient in all care processes and decisions. Collaborate with patients, families, and communities to design unique and dynamic patient-centered care environments.</td>
<td>Create and direct collaborative patient-centered care environments that promote the development of nursing expertise.</td>
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<td></td>
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<td>Develop and implement care delivery models and/or strategies of health promotion and risk reduction, illness prevention for individuals, families, and diverse populations across health care settings.</td>
</tr>
<tr>
<td>Teamwork &amp; Collaboration</td>
<td>Function effectively within nursing and inter-professional teams, fostering communication, mutual respect, and shared decision-making to achieve quality patient care.</td>
<td>Promote collaborative clinical decision making with nursing and interdisciplinary colleagues through the implementation of effective communication and team-building skills.</td>
<td>Evaluate the ability to use effective communication and collaboration skills when working with patients, families, and colleagues. Adapt communication, leadership, and teambuilding skills, to promote quality, competent and successful decision-making by nursing and collaborative interdisciplinary teams.</td>
<td>Apply advanced communication strategies to support high-functioning interdisciplinary teams that support high quality, safe patient care.</td>
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<td></td>
<td>Collaborate with interprofessional teams associated with complex practice and organizational issues by mentoring and leading in order to provide high-quality and safe health outcomes.</td>
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<tr>
<td>Evidence-Based Practice (EBP)</td>
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<tr>
<td>Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.</td>
<td>Make judgments in practice substantiated with evidence that integrates nursing science and knowledge to provide competent care to individuals and families.</td>
<td>Make judgments in practice substantiated with evidence that synthesizes nursing science and knowledge and integrates with the provision of competent care to individuals, families, and communities.</td>
<td>Evaluate available evidence, expert opinion, and patient preferences to determine best practices. Evaluate the feasibility and appropriate evaluation methods for planned EBP interventions.</td>
<td>Practice at the highest quality/level of nursing, supported by/ based on/ integrating the most current scientific evidence, organizational and systems thinking, leadership principles, health policy, informatics, equity in health care, and ethics.</td>
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<tr>
<td>Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems, including participating in healthcare policy.</td>
<td>Minimize risk of harm to patients and providers through both system effectiveness and individual performance.</td>
<td>Use information and technology to communicate, manage knowledge, mitigate error, and support decision making</td>
<td>Use information and technology to communicate, manage knowledge, mitigate error, and support decision making when providing direct patient care.</td>
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</tr>
<tr>
<td>Monitor patient care outcomes to measure the effectiveness of patient care processes. Suggest and implement changes to improve the quality and safety of patient care.</td>
<td>Incorporate patient safety goals into the plan of care for all patients.</td>
<td>Use information and technology to communicate, manage knowledge, mitigate error, and support decision making in a variety of patient care and community settings.</td>
<td>Use information and technology to communicate, manage knowledge, mitigate error, and support decision making when providing direct patient care.</td>
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<tr>
<td>Monitor outcomes to apply evidence-based interventions to improve the quality of health care systems.</td>
<td>Generate patient safety plans based on patient safety goals.</td>
<td>Formulate policies, processes, and/or educational plans that leverage information technology to optimize information management, reduce errors, and support clinical decision-making.</td>
<td>Use information systems and technology resources to evaluate and implement quality improvement initiatives.</td>
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</tbody>
</table>
### Concept-based Curriculum

“All learners do not need to learn all course content; all learners do need to learn the core concepts.” K. Bain, Ph.D.

### Concepts for the Individual, Nursing, and Healthcare Domains

<table>
<thead>
<tr>
<th>Category</th>
<th>Concept</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>Individual Domain</td>
<td></td>
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<tr>
<td>Biophysical</td>
<td>Acid-Base Balance</td>
<td>Regulation of acidity and alkalinity in body fluids and conditions that contribute to imbalances. (7)</td>
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<tr>
<td></td>
<td>Cellular Regulation</td>
<td>The functions cells perform to maintain homeostasis and conditions that contribute to alterations. (19)</td>
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<tr>
<td></td>
<td>Comfort</td>
<td>“A sense of emotional, physical, and spiritual well-being and relative freedom from stress.” (9)</td>
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<tr>
<td></td>
<td>Elimination</td>
<td>The secretion and excretion of body wastes from the kidneys and intestines and their alterations. (7)</td>
</tr>
<tr>
<td></td>
<td>Fluids and Electrolytes</td>
<td>Processes that regulate the balance of water and electrolytes and conditions that contribute to imbalances. (7)</td>
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<tr>
<td></td>
<td>Health</td>
<td>“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” (16)</td>
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<td></td>
<td>Immunity</td>
<td>The body’s natural or induced response to infection and the conditions associated with its response. (7)</td>
</tr>
<tr>
<td></td>
<td>Infection</td>
<td>The invasion of body tissue by microorganisms with the potential to cause illness or disease. (7)</td>
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<tr>
<td></td>
<td>Inflammation</td>
<td>An adaptive response to what the body sees as harmful, such as an allergen, illness, or injury. Inflammation is typically characterized by pain, heat, redness, and swelling. (7)</td>
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<td></td>
<td>Intracranial Regulation</td>
<td>Processes that impact intracranial compensation and adaptive neurological function. (7)</td>
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<td></td>
<td>Peripheral Nerve Regulation</td>
<td>Processes that impact the neural structures that lie outside the brain and spinal cord. (9)</td>
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<tr>
<td></td>
<td>Metabolism</td>
<td>All physical and chemical changes that take place to sustain life and conditions that contribute to imbalances. (19)</td>
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<tr>
<td></td>
<td>Mobility</td>
<td>The body’s function of movement. The musculoskeletal system is composed of the bones that serve as the body’s framework and attachment sites of muscles, tendons, and ligaments. Innervated by the nervous system, contraction and relaxation of muscles allow movement at the joints. (7)</td>
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<td></td>
<td>Nutrition</td>
<td>The process by which the body ingests, absorbs, transports, uses, and eliminates nutrients in food. (7)</td>
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<td>Oxygenation</td>
<td>Mechanisms that facilitate or impair the body's ability to supply oxygen to the blood. (18)</td>
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<td></td>
<td>Perfusion</td>
<td>Mechanisms that facilitate or impair circulation of blood through tissue. (7)</td>
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<td></td>
<td>Reproduction</td>
<td>The process of conception, gestation, and childbirth. (7)</td>
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<td></td>
<td>Sensory Perception</td>
<td>Receiving and interpreting stimuli from the environment and utilizing the sense organs and factors contributing to impaired response. (7)</td>
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<td></td>
<td>Sexuality</td>
<td>The sum of the physical, functional, and psychological attributes that are expressed by one's gender identity and sexual behavior, whether or not related to the sex organs or to procreation. (7)</td>
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<tr>
<td></td>
<td>Thermoregulation</td>
<td>The homeostatic process that balances heat production and heat loss to maintain the body’s temperature. (7)</td>
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<td>Tissue integrity</td>
<td>Mechanisms that facilitate or impair skin and mucous membrane intactness. (7)</td>
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<tr>
<td>Developmental</td>
<td>Growth</td>
<td>Growth is an increase in physical size, and development is an orderly sequence</td>
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<td>Development of functions and capabilities that progress from simple to complex. (7)</td>
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<tr>
<td><strong>Psychological</strong></td>
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<td>Accountability</td>
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<tr>
<td>An obligation or willingness to accept responsibility. This is an initial step needed to change behavior. (19)</td>
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<tr>
<td>Addiction Behaviors</td>
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<td>Compulsive, uncontrollable dependence on a chemical substance, habit, or practice to such a degree that cessation causes severe emotional, mental, or physiologic reactions. (19)</td>
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<td>Affect</td>
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<tr>
<td>The immediate and observable emotional expression of mood, mood that people communicate verbally and nonverbally, and the outward manifestation of what the individual is feeling. (19)</td>
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<tr>
<td>Anxiety</td>
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<tr>
<td>A state of varying degrees of discomfort and uneasiness that is accompanied by responses that serve to protect. (7)</td>
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<td>Cognition</td>
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<td>The brain’s ability to process, retain, and use information. These abilities include reasoning, judgment, perception, attention, comprehension, and memory. These abilities are necessary to solve problems, learn new information, and interpret the environment. (7)</td>
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<td>Coping</td>
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<tr>
<td>The process through which the person manages the demands and emotions generated by the appraised stress. (7)</td>
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<td>Crisis</td>
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<td>An event or situation in an individual’s life that cannot be managed through the usual coping skills. Types of events or situations include developmental, situational, and social. (18)</td>
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<td>Culture</td>
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<tr>
<td>The knowledge and values shared by a society. (7)</td>
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<tr>
<td>Diversity</td>
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<td>Recognizing differences among “persons, ideas, values, and ethnicities,” while affirming the uniqueness of individuals. (14)</td>
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<tr>
<td>Empowerment</td>
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<tr>
<td>Is a multi-dimensional social process that helps people gain control over their own lives. It is a process that fosters power in people for use in their own lives, their communities and in their society, by acting on issues they define as important. (27)</td>
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<td>Family</td>
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<td>Two or more individuals who depend on one another for emotional, physical, and/or financial support. (19)</td>
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<td>Grief and Loss</td>
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<tr>
<td>Loss is an actual or potential situation in which something that is valued becomes altered or no longer available. Grief is the subjective emotion and normal response to a loss. (19)</td>
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<tr>
<td>Self</td>
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<tr>
<td>The sum of mind and body that constitutes the identity of a person. (18)</td>
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<td>Social Functioning</td>
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<tr>
<td>The ability of the individual to interact in the normal or usual way in society; can be used as a measure of the quality of care. (19)</td>
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<td>Spirituality</td>
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<tr>
<td>An experience or feeling of being alive, purposeful, and fulfilled with the ability to make sense of life circumstances, beliefs about the universe, feelings of transcendence, joy, hopefulness, and love. (19)</td>
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<td>Stress</td>
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<td>A complex experience felt internally that makes a person feel a loss or threat of loss—bodily or mental tension. (7)</td>
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<tr>
<td>Mood</td>
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<tr>
<td>A sustained emotional state and how one feels subjectively. (19)</td>
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<tr>
<td>Mood disorders</td>
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<tr>
<td>A group of mental disorders involving a disturbance of mood, accompanied by either a full or partial manic or depressive syndrome that is not due to any other mental disorder. Mood refers to a prolonged emotion that colors the whole psychic life; it generally involves either depression or elation such as manic episode, major depressive episode, bipolar disorders, and depressive disorder</td>
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<tr>
<td><strong>Violence</strong></td>
<td>Communication or a behavior which threatens or demonstrates harm to self or others. (19)</td>
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<tr>
<td><strong>Nursing Domain</strong></td>
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<tr>
<td><strong>Assessment</strong></td>
<td>A holistic, systematic, and continuous collection, analysis, and synthesis of relevant data for the purpose of appraising the individual’s health status. (19)</td>
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<tr>
<td><strong>Caring Interventions</strong></td>
<td>Caring interventions are those nursing behaviors and actions that assist patients in meeting their needs. These interventions are based on a knowledge and understanding of the natural sciences, behavioral sciences, nursing theory, nursing research, and past nursing experiences. Caring is the “being with” and “doing for” that assist patients to achieve the desired results. Caring behaviors are nurturing, protective, compassionate, and person-centered. Caring creates an environment of hope and trust where patient choices related to cultural values, beliefs, and lifestyles are respected. (19)</td>
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<tr>
<td><strong>Clinical Decision-Making</strong></td>
<td>“Interpretation or conclusion about a patient’s needs, concerns, or health problems, and/or the decision to take action (or not), use or modify standard approaches, or improvise new ones as deemed appropriate by the patient’s response.” (19)</td>
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<tr>
<td><strong>Clinical Judgement</strong></td>
<td>“Clinical judgment is defined as the observed outcome of critical thinking and decision-making. It is an iterative process that uses nursing knowledge to observe and access presenting situations, identify a prioritized client concern, and generate the best possible evidence-based solutions in order to deliver safe client care.” (30)</td>
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<tr>
<td><strong>Collaboration</strong></td>
<td>“Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.” (7)</td>
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</tr>
<tr>
<td><strong>Communication</strong></td>
<td>The exchange of thoughts, messages, or information through verbal and nonverbal methods. (7)</td>
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</tr>
<tr>
<td><strong>Critical Thinking</strong></td>
<td>“A process that results in the interpretation, analysis, evaluation and explanation of evidence upon which a judgment is based.” (5)</td>
<td></td>
</tr>
<tr>
<td><strong>Learning</strong></td>
<td>Learning is an enduring change in behavior, or in the capacity to behave in a given fashion, which results from practice or other forms of experience. (21)</td>
<td></td>
</tr>
<tr>
<td><strong>Patient-Centered Care</strong></td>
<td>“Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs.” (17)</td>
<td></td>
</tr>
<tr>
<td><strong>Pedagogy</strong></td>
<td>Pedagogy is the art and science of teaching and includes multiple theories of behavior that are based on the learning process or the observation and scientific study of how people learn (p.72). (24)</td>
<td></td>
</tr>
<tr>
<td><strong>Professionalism</strong></td>
<td>“The conduct, aims, or qualities that characterize or mark a profession.” (7)</td>
<td></td>
</tr>
<tr>
<td><strong>Role Transition</strong></td>
<td>The process of developing a new role. (6)</td>
<td></td>
</tr>
<tr>
<td><strong>Safety</strong></td>
<td>Preventing inadvertent pain, injury, or loss. (7)</td>
<td></td>
</tr>
<tr>
<td><strong>Self-Management of Care</strong></td>
<td>The systematic provision of education and supportive interventions to increase patients’ skills and confidence in managing their own health problems, including regular assessment of progress and problems, goal-setting, and problem-solving approaches. (19)</td>
<td></td>
</tr>
<tr>
<td><strong>Teaching</strong></td>
<td>Is deliberate interventions that involve sharing information and experiences to meet intended learner outcomes in the cognitive, affective and psychomotor domains according to an educational plan. Whether formal or informal, planned well in advance or spontaneous, teaching is deliberate and conscious acts with the objective of producing learning. (22)</td>
<td></td>
</tr>
<tr>
<td><strong>Theory</strong></td>
<td>A set of interrelated concepts, definitions and propositions that present a</td>
<td></td>
</tr>
</tbody>
</table>
systematic view of events or situations by specifying relations among variables, in order to explain and predict the events or situations (p. 26). (23)

### Healthcare Domain

<table>
<thead>
<tr>
<th>Role</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy</td>
<td>To speak up or act in the cause of another in support of individuals, families, systems, communities, and issues. (19)</td>
</tr>
<tr>
<td>Care Management</td>
<td>A system of management that facilitates effective care delivery and outcomes for each patient. (2)</td>
</tr>
<tr>
<td>Educator</td>
<td>The role of facilitating learning, facilitating learner development and socialization, using assessment and evaluation strategies, participating in curriculum design and evaluation of program outcomes, functioning as a change agents and leaders, pursuing continuous quality improvement in the nurse-educator role, engaging in scholarship, and functioning within the educational environment. (1)</td>
</tr>
<tr>
<td>Emergency Preparedness</td>
<td>A continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective action in an effort to ensure effective coordination during incident response. (3)</td>
</tr>
<tr>
<td>Ethics</td>
<td>A code or guide about the rightness or wrongness of behaviors. Ethical behaviors guide the nurse in supporting the principles of autonomy, beneficence, justice, and truth. (19)</td>
</tr>
<tr>
<td>Evidence-Based Practice</td>
<td>A process to solve problems in practice using the best evidence, clinical experience, and patient preferences and values. (11)</td>
</tr>
<tr>
<td>Genetics</td>
<td>The study of heredity and the transference of traits from parents to offspring. (9)</td>
</tr>
<tr>
<td>Healthcare Systems</td>
<td>A group of interacting people and processes that deliver safe and effective patient care with quality, equal access, and cost-effectiveness. (10)</td>
</tr>
<tr>
<td>Health Policy</td>
<td>Guidelines and protocols created and enforced by governing bodies or professional organizations that influence the actions and decisions of organizations and individuals within the healthcare system. (7)</td>
</tr>
<tr>
<td>Health Promotion</td>
<td>The effort to stop the development of a disease, including treatment to prevent a disease from progressing further and causing complications. (7)</td>
</tr>
<tr>
<td>Holism</td>
<td>The culture of human caring in nursing and healthcare that affirms the human person as the synergy of unique and complex attributes, values, and behaviors influenced by that individual’s environment, social norms, cultural values, physical characteristics, experiences, religious beliefs and practices, and moral and ethical constructs, within the context of a wellness-illness continuum. (4)</td>
</tr>
<tr>
<td>Informatics</td>
<td>An integration of nursing science, computer science, and information science to manage and communicate data, information, knowledge, and wisdom in nursing practice. (7)</td>
</tr>
<tr>
<td>Innovation</td>
<td>Innovation is the spark of insight that leads a scientist or inventor to investigate an issue or phenomenon. That insight is usually shaped by an observation of what appears to be true or the creative jolt of a new idea. Innovation is driven by a commitment to excellence and continuous improvement. Innovation is based on curiosity, the willingness to take risks, and experimenting to test assumptions. Innovation is based on questioning and challenging the status quo. It is also based on recognizing opportunity and taking advantage of it. (25)</td>
</tr>
<tr>
<td>Leadership</td>
<td>An interactive process whereby an individual inspires a group of people to attain a common goal. (15)</td>
</tr>
<tr>
<td>Legal/Regulatory</td>
<td>Governing or directing according to a rule or bringing under the control of an authority. (12)</td>
</tr>
<tr>
<td>Management</td>
<td>The process of getting things done effectively with and through other people. (18)</td>
</tr>
</tbody>
</table>
### Philosophy
A statement encompassing ontological claims about the phenomena of central interest to a discipline, epistemic claims about how those phenomena come to be known, and ethical claims about what the members of a discipline value (pp. 11-12). (28)

### Population Health
"An approach that focuses on interrelated conditions and factors that influence the health of populations over the life course, identifies systematic variations in their patterns of occurrence, and applies the resulting knowledge to develop and implement policies and actions to improve the health and well-being of those populations." (8)

### Quality Improvement
An organized approach to identify errors and hazards in care, as well as improve care overall. (19)

### Research
Investigation or experimentation aimed at the discovery and interpretation of facts about a particular subject. (6)

### Social Determinants of Health
Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks (31)

### Socialization
The passing of a role from one person to the next, the process by which a person acquires and internalizes new knowledge and skills. The socialization period involves the learning of work systems, staff roles, and employer expectations for students employees and new employees alike. (26)

### Social Justice
Acting in accordance with fair treatment regardless of economic status, race, ethnicity, age, citizenship, disability, or sexual orientation. (29)

### References

25. US Department of Education. (2017) www2.ed.gov/about/offices/list/oi/about definition.html
Annie Taylor Dee School of Nursing

Handbook Part B

General Policies and Procedures
Section I: Annie Taylor Dee SON Requirements

I. General Guidelines for all Annie Taylor Dee SON Students

A. Weber State University Policies
   1. Discrimination and Harassment Policy (PPM 3-32): http://www.weber.edu/studentaffairs
   2. Disability Statement
      Any student requiring accommodations or services due to a disability must contact Services for Students with Disabilities (SSD) in Room 181 of the Student Services Center (or Room 256, Bldg. 2 at the Davis Campus). SSD can also arrange to provide course materials in alternative formats upon request. Contact SSD by phone at 801-626-6413 (Ogden Campus) or 801-395-3442 (Davis Campus); or by email at ssd@weber.edu
   3. We do not have the ability to ensure a Latex-free environment.
      ● Latex products are used in our laboratory, simulation, and clinical environments.

B. Students must pay required tuition and fees by the dates outlined in the WSU Catalog.
   NOTE: Failure to meet these established deadlines may result in the student losing his/her place in a specific nursing course/program.

C. Students MAY NOT register for courses scheduled to be taught on a campus different from the campus to which they were formally accepted. Students with extenuating circumstances may request a change in campus. Permission is granted by program director and depends on space availability, etc.

D. Students are covered by WSU liability/malpractice insurance once they are registered in a course.
   NOTE: Students may not attend/participate in any nursing courses prior to being admitted to WSU and registering for their nursing courses.

E. WSU Annie Taylor Dee SON dates and deadlines override Continuing Education, online, or other university guidelines.
   NOTE: Prerequisites and/or support courses must be completed and the grades posted two (2) weeks prior to the start of the semester.

F. Students will have access to the syllabi in the online learning-management system and Student Handbook prior to first day of class.

G. Both the WSU and the Annie Taylor Dee SON expect that students study two (2) – four (4) hours per week for each credit hour of enrolled courses

II. Essential Requirements for Student Success

The WSU Annie Taylor Dee SON Essential Requirements act as a guide for students and faculty to understand and communicate the functions required for the nursing student. Students are required to meet all of these essential requirements.

These requirements include functions necessary for starting, continuing and graduating from WSU Annie Taylor Dee SON programs. *These requirements are applicable to all courses, including Study Abroad electives.

If for any reason during the course of the specific program (AAS /AS, RN-BSN, MSN, FNP-DNP, DNP), the student is unable to perform any of these functions, they will be required to meet with the faculty and program director, which may delay program progression. (See Handbook Part B, Section V. B.)
After reading and reviewing the essential requirements, the student must sign and return an Essential Requirements form to the WSU Annie Taylor Dee SON before starting the program of study. The form is a permanent part of the WSU Annie Taylor Dee SON student file.

A. Essential Requirements of Intellect
   1. **Comparing:** Judging observable functional, structural, or compositional characteristics (whether similar to or divergent from obvious standards) of data, people, or things.
   2. **Copying:** Transcribing, entering, or posting data.
   3. **Computing:** Performing arithmetic operations and reporting on and/or carrying out a prescribed action.
   4. **Compiling:** Gathering, collating, or classifying information about data, people, or things; including reporting and/or carrying out a prescribed action relevant to the evaluation.
   5. **Analyzing:** Examining and evaluating data and presentation of alternative actions in relation to the evaluation.
   6. **Coordinating:** Determining time, place and sequence of operations or action to be taken on the basis or analysis of data. May include prioritizing multiple responsibilities and/or accomplishing the responsibilities simultaneously.
   7. **Judgment:** Recognizing potentially hazardous materials, equipment, and situations; and proceeding safely in order to minimize risk of injury to patients, self, and nearby individuals.
   8. **Synthesizing:** Combining or integrating data to discover facts and/or develop knowledge, creative concepts, and/or interpretations.
   9. **Negotiating:** Exchanging ideas, information, and opinions with others to formulate policies and programs; and/or jointly arrive at decided conclusions and/or solutions.
   10. **Adaptability:** Ability to be flexible, creative, and adapt to professional and technical changes; the use of time and systematizing actions in order to complete professional and technical tasks within realistic constraints; and providing professional and technical services while experiencing the stresses of task-related uncertainty (e.g., receiving ambiguous directions, being assigned to an ambivalent preceptor), emergent demands (e.g., receiving “stat” test orders), and a distracting environment (e.g., experiencing high noise levels, crowding, complex visual stimuli).

B. Essential Requirements of Observations
   1. **Near Acuity:** Clarity of vision at 20 inches or less with or without correction.
   2. **Far Acuity:** Clarity of vision at 20 feet or more with or without correction.
   3. **Depth Perception:** Ability to see depth and breadth: Three-dimensional vision.
   4. **Color Vision:** Ability to identify and distinguish colors.
   5. **Field of Vision:** Ability to see area from right-to-left or up-and-down while fixed on a singular point.
   6. **Fine motor skills:** Picking, pinching, or otherwise working primarily with the fingers rather than with the entire hand or arm (e.g., as in “handling”).
   7. **Feeling:** Perceiving attributes of objects (such as size, shape, temperature, or texture) by touching an object with the body’s skin, particularly using the skin of fingertips.
   8. **Hearing:** Perceiving the nature of sounds, particularly when making fine discriminations in sounds (e.g., such as when making fine adjustments on running engines).

C. Essential Requirements of Communication
   1. **Talking:** Expressing or exchanging ideas by means of the spoken word. Talking is important for those activities in which nursing students must impact oral information to patients or to the public; and in those activities in which students convey detailed or important spoken instructions accurately, loudly, or quickly to other workers.
   2. **Hearing:** Perceiving the nature of sounds, particularly used in activities the ability to receive detailed information through oral communications and making fine discriminations in sounds.
3. **Communicating:** Talking with and/or listening to and/or signaling people to convey or exchange information, including giving/receiving assignments and/or directions.

4. **Instructing:** Teaching subject matter to others or training others through explanation, demonstration, and supervised practice; or making recommendations on the basis of technical nursing-specific knowledge.

5. **Interpersonal:** Relating to skills/behaviors used when dealing with individuals who have a range of moods and behaviors; and relating in a tactful, congenial, and personal manner so as not to alienate or antagonize those individuals.

6. **Confidentiality:** Promoting, advocating for, and striving “to protect the health, safety, and rights of the patient” (ANA Code of Ethics, Provision 3, 2010) as a nursing student, including keeping information gathered in practice or clinical-learning environments (e.g., individual patient information, information from clinical facilities, fellow student information) as undisclosed in the nursing student’s personal and professional writings, social media, and general communications with others.

**D. Essential Requirements of Movement**

1. **Standing**
2. **Walking**
3. **Sitting**
4. **Climbing:** Body agility is emphasized. May be required to ascend or descend something such as a fire escape using feet and legs and/or hands and arms.
5. **Balancing:** Maintaining body equilibrium to prevent falling when performing feats of agility such as assisting with the transfer of patients.
6. **Squatting:** Bending body downward and forward, requiring the full use of the lower extremities and back muscles.
7. **Kneeling:** Bending legs at knees and coming to rest on the knee or knees.
8. **Crouching:** Bending downward and forward by bending legs and spine.
9. **Crawling:** Moving about on hands and knees or hands and feet.
10. **Reaching:** Extending hand(s) and arm(s) in any direction.
11. **Handling:** Seizing, holding, grasping, turning, or otherwise working with the hand or hands.
12. **Physical Restraint:** Seizing, holding, restraining, and/or otherwise subduing violent, assaultive, or physically-threatening persons to defend oneself or prevent injury.
13. **Able to lift/transfer/move up to 50 pounds independently.**
14. **Able to lift and move 51 to 100 pounds with assistance of another person or by using mechanical lifting and moving devices.**
15. **Mechanical Ability:** Able to safely and accurately operate mechanical or powered medical equipment and moving and transferring equipment.

**E. Essential Requirements Related to the Learning Environment**

1. **Exposure to Extreme Weather:** Students are expected to travel to the assigned clinical site, which may involve exposure to hot, cold, wet, humid, or windy conditions caused by the weather.
2. **Extreme Heat and/or Cold Non-Weather-related:** In the clinical setting the temperature of the care environment may be adjusted for patient treatment and students would be expected to follow facility policy for appropriate dress and behavior if assigned to these areas.
3. **Wet and/or Humid:** Contact with water or other liquids or exposure to non-weather-related humid conditions.
4. **Atmospheric Conditions:** Exposure to conditions such as noxious odors (e.g., patient-care products, body odors, some dust, powders, mists).
5. **Hazards:** Students may be exposed to situations with a definite risk of bodily injury, such as proximity to moving mechanical parts, electrical current, radiation, and chemicals.
6. **Confined/Restricted Working Environment:** Clinical work is often performed in small patient-care areas. Some patient-care units or nursing facilities are closed or locked providing safety and security for patients or fellow workers.

7. **Noise:** Able to function safely and professionally in a noisy and distracting environment.

*Satisfactory completion of the Annie Taylor Dee SON Programs demands the nursing student’s ability to meet the above requirements. If a student is uncertain as to his/her ability to comply with any of these essential functions, please consult with the Annie Taylor Dee SON Admissions and Advancements Committee.*

**II. Program Technology Requirements**

A. Technology requirements are important for your success. You must have the following:
   - A computer, with either PC (Windows) or Macintosh systems. A consideration for the MSNP program is access to a laptop or tablet that you can bring to class.
   - Internet access (high-speed preferred)
   - Webcam (for video conferencing and presentations)
   - WSU multimedia is **optimized by Google Chrome browser**; thus other browsers may not/do not work as well.

B. Other considerations:
   - Intel i5 processor or faster
   - at least 4GB RAM
   - 500GB HD
   - Monitor that supports 1280x1024 resolution or higher

**III. Student Academic Advisement**

A. Each student is assigned a WSU Annie Taylor Dee SON academic advisor upon entering the nursing program. See individual program Part C of the Student Handbook for advisement process.

**IV. Student Documentation**

A. A confidential, cumulative record (file) is kept on each student.
   1. Records of individual student conferences, warnings, disciplinary actions, and other relevant documents will be maintained in the student’s confidential cumulative record.
      - These documents will be read and signed by the student and faculty prior to each record becoming a part of the student’s cumulative record.
      - Student signature does not establish agreement with information recorded on the form; but does indicate that the student has read and understands information, conditions of warning and/or discipline, and department response if conditions related to warning and/or disciplinary action is/are not fulfilled by student.
   2. Students seeking access to the confidential, cumulative file are referred to the student records section of the WSU Student Code and the Family Educational Rights and Privacy Act (FERPA) of 1974. Further information can be obtained from the office of the Registrar’s Office.

B. WSU Annie Taylor Dee SON partners with a secure documentation management system to provide students an easy process for maintenance and compliance of student documentation. Once the requirements have been fulfilled, the results will be submitted to the WSU Annie Taylor Dee SON.

   Students are responsible for the associated cost. The package includes:
   1. Drug Testing
   2. Criminal Background Check
      - Nationwide Healthcare Fraud and Abuse
● Nationwide Patriot Act
● Nationwide Record Indictor with Sex Offender Investigation
● Social Security Alert
● Residency History

3. Document Manager
4. Immunizations

● The WSU Annie Taylor Dee SON prepares students to proactively participate in evidence-based practice. In support of that endeavor the WSU Annie Taylor Dee SON follows the current Center for Disease Control and Prevention (CDC) guidelines for immunizations for healthcare providers. All students are required to comply with CDC requirements for healthcare personnel. The hepatitis B vaccination and titer requirements (along with all other vaccination and titer requirements) reflect current CDC guidelines and will not be altered regardless of employer or practitioner recommendations. All immunization documentation must be uploaded to CastleBranch.

● Besides mandatory immunizations, American Heart Association BLS for Healthcare Provider CPR.

● Students will be prompted to upload specific documents required by the WSU Annie Taylor Dee SON.

### Mandatory Clinical Immunization Requirements

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Documentation / Steps</th>
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</table>
| HEPATITIS B        | 1. Documentation of a CDC-approved HepB immunization series, followed by a positive titer. Following are CDC-approved HepB series  
|                    | Option #1: Engerix-B or Recombivax HB (3 doses)                                        |
|                    |   - HepB#1-series start date                                                         |
|                    |   - HepB#2-one (1) month later                                                      |
|                    |   - HepB#3-five (5) months later                                                    |
|                    |   - Titer- one (1) to two (2) months after 3\textsuperscript{rd} dose               |
|                    | Option #2: Heplisav-B (2 doses)                                                      |
|                    |   - HepB#1- series start date                                                       |
|                    |   - HepB#2- one (1) month later                                                     |
|                    |   - Titer – one (1)- two (2) months after 2\textsuperscript{nd} dose               |
|                    | PLEASE NOTE: Documentation of a positive titer without documentation of immunization series will require a full repeated immunization series followed by another positive titer.  |
|                    | 2. Documentation of a CDC-approved HepB series and a negative titer (must be uploaded together) |
|                    |   - HepB booster immediate                                                          |
|                    |   - Repeat titer six (6) weeks after booster                                         |
|                    |   - If titer is again negative, complete the rest of the HepB series:              |
|                    |     - HepB#2 immediate                                                              |
|                    |     - HepB#3 (five (5) months after HepB#2                                           |
|                    |     - Repeat titer six (6) weeks after HepB#3                                       |
|                    | 3. No titer, series in progress:                                                    |

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### Quantiferon

Students are required to obtain either a baseline 2-step TB (TST) test or the Quantiferon TB blood draw.

#### Baseline 2-step TB (TST)

1. PPD – TST cannot be completed earlier than 4 months prior to school start

**Step One:**
- The PPD - TST #1 is reviewed 48 to 72 hours after placement
- Document TST #1 result (negative or positive)

**Step Two - proceed if negative Step One**
- Administer second TST one (1) to three (3) weeks after TST #1 placement
- The PPD - TST #2 is reviewed 48 to 72 hours after placement
- Document TST #2 result (negative or positive)

If you have proof of a 2-step TB within the past year, then an annual TB test must be done
- TB skin testing is done annually

Upload all results to Castlebranch at the same time

#### Quantiferon TB serum test

- If you choose the Quantiferon TB blood draw it must be within the current academic year.
- If over 1 year, repeat Quantiferon or obtain annual TB skin test
- Upload the Quantiferon TB blood draw results to CastleBranch

#### Positive TB test

- If you have had a prior positive TB test, you must provide the results of your X-ray.
- Upload the chest x-ray results to CastleBranch

#### International travel or previous international residence

- If you've traveled or lived internationally and had to have a BCG (within the past 10 years), you must show proof of BCG.
- Obtain and/or provide the results of your X-ray

### Measles, Mumps, & Rubella (MMR)

MMR titer or two (2) MMR vaccinations required
- If two (2) documented doses of MMR and blood test results are negative or equivocal for measles, mumps, and/or rubella, they should be considered to have presumptive evidence of immunity to measles, mumps, and/or rubella and are not
in need of additional MMR doses unless instructed by the healthcare provider.

| TDAP/TD                  | Documented proof of TdaP within the last 10 years  
|                         | If over 10 years, either new TdaP or boost with TD |
| VARICELLA               | Varicella titer or two (2) varicella vaccinations.  
|                         | You CANNOT self-report or obtain a doctor’s note stating you had chicken pox. |
| FLU SHOT                | Flu shot is obtained during the current flu season when available (September through October). |
| IMMUNIZATION ALLERGIES/ISSUES I | Any allergies or issues with immunizations, require current written notification from your healthcare provider.  
|                         | Upload the written notification of immunization allergy or issues to CastleBranch |

V. Policies that Apply to Students in Programs Requiring Clinical Assignment

A. Federal Occupational Safety and Health Administration (OSHA)
   1. OSHA Regulations:
      a. Students may, in the fulfillment of program-required clinical practice, be exposed to bloodborne pathogens. Use of standard precautions (current with CDC guidelines) is a requirement for practice and expected of all students in the clinical setting.
      b. All students are required to comply with OSHA regulations and follow the WSU Blood borne Pathogen Exposure Control Plan (available online at http://www.weber.edu/EHS/postexposure.html).
      c. Students who are have allergies that may affect their experience in the selected program of study need to notify the WSU Disability Office.

B. Functional Limitation or Injury
   1. A student who is functionally limited must notify appropriate nursing faculty and administration as soon as possible. The student and appropriate faculty will meet with the program director to develop guidelines delineating the student’s plan to complete course requirements pre- and post-limitation. Student must provide a healthcare provider communication that clears them for both pre- and post-limitation. (i.e., non-elective surgery, pregnancy, etc.)
      ● Students choosing to have elective surgeries during the program of study do not meet these criteria.
      ● Facilities retain the right to determine essential requirements of students for clinical rotations. This may affect program progression. (i.e. refusal of student in clinical facility)

See SECTION I, Part II: Essential Requirements for Student Success.

C. Health
   1. WSU Annie Taylor Dee SON does not accept responsibility for injury or illness that occurs while the student is enrolled in a WSU nursing program. WSU does not offer health insurance.
      a. Students are advised to be enrolled in a personal health-insurance plan.
      b. Students are considered interns (guests) while in clinical settings. As such, students are "volunteer workers" of the sponsoring institution of higher education (WSU) and are eligible to receive Workers’ Compensation benefits for bloodborne pathogen exposures acquired during clinical time.
      c. Should a student be injured during a clinical experience or have his/her health endangered (such as an exposure to bloodborne pathogens), the student should report the situation immediately to the student’s instructor and to the appropriate cooperating clinical facility/agency personnel.
         ● The appropriate incident report(s) will need to be filed.
Students are responsible for any expenses not covered by Workers’ Compensation due to injury or illness in the college or clinical area.

d. A student missing a class/lab/clinical experience for any health-related issue may be required to submit a release from their healthcare provider prior to attending further class/lab/clinical experiences.

D. **Criminal Background Check**

1. **Purpose**
   a. The criminal background check screening process has been mandated by the WSU Annie Taylor Dee SON in an effort to more effectively protect the safety and well-being of patients, clients, and residents of those facilities; and is fully supported by the DCHP Executive Committee, the nursing faculty, and the WSU Annie Taylor Dee SON’s Advisory Committees.
   b. The WSU Annie Taylor Dee SON enters into Affiliation Agreements with multiple healthcare facilities throughout the state. These agreements provide WSU Annie Taylor Dee SON students and faculty authorized access to facility resources and patients. In response to stipulations contained within one or more of these Agreements, the WSU Annie Taylor Dee SON requires that students admitted to a nursing program submit to a national criminal background check.

2. **Policy**
   Admission and progression in a WSU Annie Taylor Dee SON Program is contingent upon submission of a satisfactory background check. If the background check reveals a history of criminal actions, the student may not be admitted to or allowed to progress within the nursing program. The student will not be entitled to any refunds of tuition dollars or other fees. In addition, each student is required to attest, each semester, that their original background check is valid.

   When a student interrupts their progression in any nursing program of study that requires clinical assignment or the student is not continuously registered, then the student must repeat and pass the national criminal background check prior to enrolling in any nursing courses.

3. **Procedures**
   All students who wish to apply for admission to a WSU Annie Taylor Dee SON program are informed in writing on the application that they are required to submit to a national criminal background check.
   a. The following written statements, as well as instructions for obtaining the criminal background check, are found in both the admission and acceptance packets:
      - “If the record reveals prior criminal convictions, it may affect eligibility to begin and/or remain in a nursing program. Actions which would preclude an individual from admission to or continuance in a nursing program include: aggravated assault, intimate-partner or child abuse, sexual predatory behavior, financially-related crimes such as identity theft, and issue of moral turpitude (reference Utah Department of Professional Licensing). This list is not inclusive of all criminal convictions that will prevent program admission and/or progression, and the WSU Annie Taylor Dee SON reserves the right to review each student’s record on an individual basis.”
   b. If background check documents criminal actions, it may be required of the student to obtain official verification that the charge(s) have been expunged.
   c. Disclaimer included in the admission packet states: “Students are encouraged to have their criminal record expunged prior to seeking criminal background check.”
   d. Persons convicted of felonies must refer to the Utah Nurse Practice Act (Utah Code-Title 58: Occupations and Professions, Chapter 31b: Nurse Practice Act, Section 302: Qualifications for licensure or certification, which can be found at http://le.utah.gov/) and may not be allowed to enter/progress in any of the Nursing programs.
   e. If a student’s criminal background check reveals evidence of prior convictions, the criminal
background check will be reviewed on a case-by-case basis by the Admission and Advancement Committee to determine if the student will be allowed to enter/progress in any of the nursing programs.

f. A student who has committed a felony and successfully petitioned to reduce the conviction to a misdemeanor charge will be reviewed on a case-by-case basis by the Admission and Advancement Committee to determine if the student will be allowed to enter/progress in a nursing program.

g. A student already progressing in a nursing program is required to report any pending criminal charge(s) at the time that any charge occurs (this reporting includes throughout the entirety of the student’s nursing educational program).

h. The WSU Annie Taylor Dee SON reserves the right to require a student with a pending criminal charge to withdraw from all nursing classes until the courts have made a decision regarding the criminal actions.

i. If criminal charge(s) are dismissed, a student may be considered for reentry.

j. If the courts determine that the charges are valid and a conviction is made, either misdemeanor or felony, a student’s criminal background check will be reviewed on a case-by-case basis.

k. Information obtained in the criminal background check will be disclosed on a need-to-know basis to instructors and administrators.

E. Drug Screen

1. Purpose

   a. The drug-screening process has been mandated by the WSU Annie Taylor Dee SON in an effort to more effectively protect the safety and well-being of the patients, clients, and residents of those facilities; and is fully supported by the DCHP Executive Committee, the nursing faculty, and the WSU Annie Taylor Dee SON’s Advisory Committees.

   b. The WSU Annie Taylor Dee SON enters into Affiliation Agreements with multiple healthcare facilities throughout the state. These agreements provide WSU Annie Taylor Dee SON students and faculty authorized access to facility resources and patients. In response to stipulations contained within one or more of these Agreements, the WSU Annie Taylor Dee SON requires students admitted to a nursing program to submit to a urine drug screen analysis for the presence of mind-altering substance(s).

2. Policy

   Admission and progression in a WSU Annie Taylor Dee SON program is contingent upon submission of a urine drug-screen analysis. If the urine drug screen reveals any substances (prescribed or non-prescribed), the student may not be admitted to or allowed to progress within the nursing program. The student will not be entitled to any refunds of tuition dollars or other fees. Each student is required to sign the BCI/Drug Test recertification form each semester.

   When a student interrupts their progression in any nursing program of study that requires clinical assignment or the student is not continuously registered, then the student must repeat and pass the drug screening prior to enrolling in any nursing courses.

3. Procedure

   All students who wish to apply for admission to WSU Annie Taylor Dee SON program are informed in writing that they are required to submit to, and pass, a urine drug screen (takes place after admissions).

   a. The following written information and instructions are found in the both the admission and acceptance packets:

      ● “If drug test reveals the presence of controlled substances (prescribed or non-prescribed), it may affect eligibility to enter as and/or remain a student in a WSU Annie Taylor Dee SON program.”

   b. Students are provided instructions for obtaining the urine drug screen at an approved testing
facility.
c. If a student’s results return indicating a “dilute” sample, testing must be repeated at the student’s expense.
d. A second “dilute” test result will be interpreted as a positive screen, and the student may not be allowed to enter and/or continue in the nursing program.
e. A student who refuses to submit to the urine drug screen or who does not have the screening performed by the date indicated on the admission form may forfeit his/her position in the nursing program.
f. Positive drug screen results are automatically sent to a Medical Review Officer (MRO) for further evaluation and clearance. Failure to proceed with the MRO process or not providing the information requested by the MRO may result in dismissal from the nursing program.
g. The WSU Annie Taylor Dee SON reserves the right to ask any student to submit to additional drug testing. This request will occur if a student appears to be impaired, intoxicated or under the influence of drugs, narcotics, or chemicals. Nursing faculty or instructor, in consultation with program administrators and/or additional healthcare professionals, are authorized to make this determination. If it is determined that a student is impaired, the student will be required to leave the classroom, lab, or clinical setting in order to avoid a potential threat or risk to public health, safety, or welfare. Students may not be readmitted to the classroom, lab, or clinical setting until results of the drug screen are reviewed. Arrangements will be made to ensure the safety of the impaired student. The cost of additional drug screens will be the responsibility of the student.
h. A student who wishes to file a grievance in response to the WSU Annie Taylor Dee SON’s decision based on the results of the drug screen is referred to WSU Policy Section 6-23 thru 33: Student Due Process Policy and Procedures.

Section II: Academic Standards and WSU Annie Taylor Dee SON Response to Violation of Academic Integrity Policy

I. General Guidelines of Academic Standards and Violations

A. The WSU Annie Taylor Dee SON has strict policies applying to any violation of the academic integrity policy in any form; any violation may be subject to an appropriate sanction or penalty. Academic-integrity violations at WSU Annie Taylor Dee SON are classified into two levels called nonseparable and separable. Nonseparable violations are less severe violations for which the possible sanctions do not include suspension or expulsion from the WSU Annie Taylor Dee SON; separable violations are more severe violations for which the possible sanctions include suspension or expulsion. Whether a given violation is classified as nonseparable or separable depends on a number of factors including: the nature and importance of the academic exercise; the degree of premeditation or planning; the extent of dishonest or malicious intent; the academic experience of the student; and whether the violation is a first-time or repeat offense.

B. WSU Student Code and the WSU Annie Taylor Dee SON have a no-tolerance policy for cheating.

C. Students are expected to conduct themselves in a manner free from any suspicion of dishonesty or cheating.

D. Plagiarism
1. The WSU Annie Taylor Dee SON has a no-tolerance plagiarism policy. All student work is expected to be referenced correctly.
2. When using the WSU SON internet-based plagiarism tool, a students’ paper resulting in 21% or greater amount of plagiarism will result in one of the following two actions:
   a. Based on course/assignment details, the student may take the opportunity to read the plagiarism report and rewrite the assignment in order to lower the plagiarism percentage; or
b. Based on results of the internet-based plagiarism tool, faculty or instructor may proceed with the Academic Integrity Policy on violations and sanctions.

E. Online Netiquette Guidelines

During online discussions or emails students are expected to observe the rules of "online netiquette" as follows:

- Whenever posting a message to discussion boards, chat rooms, or e-mail, use only professional language. Profanity or reference to inappropriate visual material is not considered professional or appropriate
- Verbal attacks and or threatening references to other students and or faculty via e-mail, discussion boards, chat rooms or social media is unacceptable
- Use humor with extreme caution. Without face-to-face communications, your joke(s) may be viewed as an attack or criticism
- Use of the course websites for solicitation, promotion of businesses or products, posting of offensive messages or jokes, and other activities unrelated to the course are prohibited

Violation of netiquette guidelines will be discussed with the student at the discretion of the instructor and may result in a verbal and or written warning. Continuation of problematic online etiquette by the student may result in probation and or subsequent dismissal from the program.

II. Academic Standards

A. Grading Scale

1. The following grading scale is used by the WSU Annie Taylor Dee SON:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
<th>Grade</th>
<th>Percentage</th>
<th>Grade</th>
<th>Percentage</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>100-95%</td>
<td>B+</td>
<td>89-87%</td>
<td>C+</td>
<td>79-77%</td>
<td>D+</td>
</tr>
<tr>
<td>A-</td>
<td>94-90%</td>
<td>B</td>
<td>86-83%</td>
<td>C</td>
<td>76-73%</td>
<td>D</td>
</tr>
<tr>
<td></td>
<td>82-80%</td>
<td>B-</td>
<td>72-70%</td>
<td>C-</td>
<td>62-60%</td>
<td>D-</td>
</tr>
</tbody>
</table>

2. Students must have an 80% (B-) or higher in order to pass any nursing course and continue in the nursing program.
3. **Students must pass all prerequisite and support courses with a letter grade of “C” or better.**
4. A student must achieve at least an 80% average score on the combined unit-exam and final-exam test scores. Failure to achieve an average examination score of 80% or higher in a course at the conclusion of the semester will result in a failing course grade. (program specific)

B. Rounding

1. Any grade below an 80% (e.g., 79.5%) will not be rounded.
2. All other grades will be rounded at 0.5 (e.g., 94.5% can be rounded to an A).

C. Evaluation Incentive

1. Each semester, course and faculty evaluations will be available online in Chi Tester. Any student who completes both the course and faculty evaluations for a given nursing course will receive a 1% completion incentive that will be added to the student’s final grade for that course. Any student who is at a failing grade at the end of the course will not be allowed the 1% evaluation incentive.

III. Levels of Violations and Sanctions

A. Nonseparable Violations

1. Nonseparable violations are less-serious violations of academic integrity. They may occur because of inexperience or lack of understanding of the principles of academic integrity and are often
characterized by a relatively low degree of premeditation or planning and the absence of malicious intent on the part of the student committing the violation. These violations are generally quite limited in extent, occur on a minor assignment or quiz, or constitute a small portion of a major assignment and/or represent a small percentage of the total course work.

2. Below are a few examples of violations that are most often considered to be nonseparable violations, at least when committed by an undergraduate student as a first-time offense. This list is not exhaustive, and classification of a given violation as separable or nonseparable is always heavily dependent on the specific facts and circumstances of the violation.
   - Persistent improper citation without dishonest intent
   - Plagiarism on a minor assignment or a very limited portion of a major assignment
   - Unpremeditated cheating on a quiz or minor examination
   - Unauthorized collaboration with another student on a homework assignment
   - Citing a source that does not exist or that the student has not read for a minor assignment
   - Making up a small number of data points on a laboratory exercise
   - Signing in for another student via attendance sheet or clicker in a course in which attendance counts toward the course grade

3. However, an alleged second nonseparable violation may be treated as an alleged separable violation. Moreover, some violations that would be considered nonseparable for an undergraduate student may be treated as separable for a graduate student.

4. Sanctions for nonseparable violations include, but are not limited to, one or more of the following, and do not include suspension or expulsion.
   - Required participation in a noncredit workshop or seminar on ethics or academic integrity
   - An assigned paper or research project related to ethics or academic integrity
   - A make-up assignment that meets the outcomes of the original assignment
   - Redoing the assignment with no credit earned for the assignment redo
   - A failing grade on the assignment
   - A failing grade for the course
   - Disciplinary warning or probation

B. Separable Violations

1. Separable violations are very serious violations of academic integrity that affect a more significant portion of the course work compared to nonseparable violations. Separable violations are often characterized by substantial premeditation or planning and clearly dishonest or malicious intent on the part of the student committing the violation.

2. Below are some examples of violations that are most often considered separable. Again, the list is certainly not exhaustive, and classification of a given violation as separable or nonseparable is always heavily dependent on the exact facts and circumstances of the violation.
   - Any violation of the Nurse Practice Act
   - Any violation of the ANA Code of Ethics
   - Copying another student’s work
   - Plagiarism
   - Copying or using unauthorized materials, devices, or collaboration
   - Having a substitute take an examination
   - Making up or falsifying evidence, data or other source materials for any assignment, including falsification by selectively omitting or altering data that does not support one’s claims or conclusions
   - Facilitating dishonesty by another student on any exam or assignment
   - Intentionally destroying or obstructing another student’s work
   - Knowingly violating research or professional ethics
   - Any violation involving potentially criminal activity
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3. Sanctions for separable violations may involve suspension or expulsion from the nursing program.

IV. Guidelines

A. The recommendations for sanctions at each level are not binding but are intended as guidelines for WSU Annie Taylor Dee SON. For both nonseparable and separable violations, the severity of the sanction imposed should be proportional to the severity of the violation committed.

B. Violations that may be considered nonseparable for an undergraduate student may be treated as a separable violation for a graduate student.

V. Documenting and Reporting Violations

A. All sanctions, whether nonseparable or separable, will be documented and reported.
   1. Nonseparable
      a. A meeting will be held between the involved faculty or instructor, the student with whom there is a problem, and (as needed) the nursing program director or campus facilitator.
      b. Faculty or instructor will document the violation through email for documentation purposes.
      c. All nonseparable violations will be reported to the nursing program director and campus facilitator if applicable.
      d. Follow-up with the student is completed by SON administration as needed.
   2. Separable
      a. When a faculty or instructor identifies an issue with separable violations, additional faculty will evaluate the issue.
      b. A meeting (setting to be determined by program director) will be held between the involved faculty or instructor, the student with whom there is an alleged violation and the nursing program director.
      c. Faculty or instructor will document the violation using the WSU Annie Taylor Dee SON Academic/Behavioral Documentation Form, which will be maintained in the WSU Annie Taylor Dee SON student file.
      d. Program Director will bring the separable violation to SON Chair to determine plan of action.
      e. Follow-up with the student is completed by SON administration.
Section III: Professional Conduct/Behavior

I. General Professionalism Expectations

A. In addition to content knowledge, it is important for nursing students to develop professional behaviors, attitudes, and values. Failure in any of these endeavors will result in poor nursing care being provided to vulnerable populations.

As such, development of these behaviors, attitudes, and values will be part of the earned grade in both nursing theory and clinical courses. Failure in this development will negatively impact course grades and may result in the student failing the course.

B. Patient Safety and Student Engagement

For patient safety, students should not work the night shift prior to any daytime laboratory or clinical experience, or work the previous day shift prior to an evening or nighttime clinical experience. This requirement must also be followed during the entire residency and preceptorship experience. In addition, students are expected to be unimpaired, attentive, and engaged in classroom, lab, and clinical settings.

C. Technology use in the classroom, laboratory, and clinical setting (cell phones, tablets, laptops, etc.)

Cell phones, tablets, and laptops are not acceptable unless approved by the facility or faculty.

II. Annie Taylor Dee SON Competencies and Expected Professional Conduct/Behaviors

A. Patient-Centered Care

1. Respect and encourage patient values.
2. Seek learning opportunities with patients who represent all aspects of human diversity.
3. Recognize personal attitudes about working with patients from different ethnic, cultural, and social backgrounds.
4. Support patient-centered care for individuals and groups whose values differ from own.
5. Recognize boundaries of therapeutic relationships.
6. Show proper courtesy.
7. Exhibit positive attitude including enthusiasm, motivation, dedication, commitment, showing initiative, and showing an appropriate sense of humor.
8. Empower patients and families appropriately.
9. Attend all clinicals, labs, and classes on time; complete assignments on time. Do not leave clinical without faculty authorization.
10. Maintain professional attire including appropriate uniform, shoes, etc. When appropriate, all students, while in university-sponsored clinical activities, will wear the required uniform designated by the WSU Annie Taylor Dee SON. All uniforms must be neat and clean. If a difference exists between WSU SON policies and facility policies, the WSU SON will conform to the facility policies. Students are expected to comply with facility expectations. Even when nurses in the facilities do not comply with facility expectations, students must comply with both WSU Annie Taylor Dee SON Program and facility expectations.
11. The officially-designated picture ID name tag is required as part of the uniform and must be purchased by students. Some facilities require facility IDs to be worn in addition to WSU Annie Taylor Dee SON IDs.
   - Name tag(s) must be visible and placed on the top half of the chest while in the clinical setting.
12. Students wishing to wear a shirt under their scrub top must comply with the following guidelines:
a. The shirt color must be solid white, purple (approved), grey, or black.
b. The shirt must not have any logos or printing on it.
c. Students are not permitted to wear sweatsuits or hoodies, over their nursing uniform.
d. OSHA requires that shoes must be leather or leather-like material that can be wiped clean in the event of an exposure, or the shoe must be covered with impermeable shoe covers. No open-toed, open-backed shoes or shoes with holes will be permitted.

13. Grooming and personal hygiene are an essential part of professional behavior. Physical appearance is to be neat and clean. A student may be asked to leave the facility at the discretion of the faculty or instructor for any issues concerning grooming or hygiene.
a. Clothing should not have any holes, rips, or tears.
b. Do not wear perfume or colognes.
c. Visible tattoos and body piercings must be covered while in clinical if required by the facility or as per hospital policy.
d. Hairstyles and hair color are to be conservative, natural-looking (for example, no blue, pink, purple, neon, etc.), clean, and neat; and should not inadvertently make contact with patients.
   ● Hair must be securely pulled back (above the shoulders) when attending clinical.
   ● Mustaches and beards should be short, clean, and neatly trimmed.

14. Students should maintain short, clean fingernails. No artificial nails, wraps, or any type of fingernail polish are allowed.

B. Teamwork and Collaboration
1. Demonstrate awareness of own strengths and limitations as a team member.
2. Value perspectives and expertise of all health-team members.
3. Value different styles of communication used by patients, families, and peers.
4. Contribute to resolution of conflict and disagreement.
5. Be open to ideas, feedback, and constructive criticism.
6. Demonstrate professional interpersonal skills.
7. Take responsibility for own academic performance.
8. While in the classroom, laboratory, and clinical settings, be respectful toward faculty and classmates.
10. When working online, refrain from using online as a forum to complain about other students, faculty, or the nursing program.
11. Do not use hostile, attacking, or demeaning comments when reviewing work of peers.
12. All online comments and postings should be done in a professional manner.

C. Evidence-based Practice
1. Value the need for continuous improvement in clinical practice based on new knowledge.
2. Acknowledge own limitations in knowledge and clinical expertise.
3. Seek appropriate help as needed.

D. Quality Improvement
1. Value own and others’ contributions to outcomes of care.
2. Identify gaps between local and best practice.
3. Seek supplemental learning opportunities.
4. Assume personal responsibility for actions and consequences.

E. Safety
1. Demonstrate effective use of technology to support safety and quality.
2. Consistently use strategies to reduce risk of harm to self and others.
3. Students are not permitted to transport patients via private vehicles per WSU legal counsel.
● If the student does not comply with this policy, the student will assume full liability if an incident occurs.
● Violation of this policy will result in dismissal from the nursing program.
4. Children are not allowed in classes, labs, or clinical facilities.
5. The nursing student is expected to acknowledge and comply with the administrative authority of the assigned clinical faculty while practicing in the clinical setting.

F. Informatics
2. Protect Confidentiality
   ● No pictures will be taken while in a school setting and are not legally allowed to be uploaded to any social media. This requirement includes no picture-taking in classes, clinical, or lab, or of other classmates. Any picture taken while at in a WSU student role or setting requires a signed photo release.
   ● Confidentiality includes protecting ALL patient information.
   ● Confidentiality extends to protecting the student-learning environment.

III. Annie Taylor Dee SON Response to Violation of Professional Conduct/Behavior
A. When behaviors, attitudes, and values are found to be inconsistent with the professional expectations of the WSU Annie Taylor Dee SON, the following actions will be taken:
   1. **First Offense**: Student and faculty member will meet. The faculty will identify problematic behavior, help the student identify ways to improve, and provide required documentation to Program Directors. The faculty will also review appropriate professional behaviors as outlined in the WSU Nursing Student Handbook and clarify any concerns the student may have.
   2. **Second Offense** (whether a repeat of the previous problematic behavior or as a result of new concerns): A meeting with student, faculty, and Program Director/Campus Facilitator will be scheduled. The faculty will identify problematic behavior, help the student identify ways to improve, and provide required documentation to Program Directors. Information will be maintained in a file on the student for the remainder of that student’s academic tenure in the WSU Annie Taylor Dee SON.
   3. **Third Offense** (whether a repeat of the previous problematic behavior or as a result of new concerns): A face-to-face meeting with student, faculty, and Program Director/Campus Facilitator will be scheduled. The faculty will identify problematic behavior, help the student identify ways to improve, and provide documentation to Program Directors and SON Chair. A file will be maintained in the Administrative Assistant office on the student for the remainder of that student’s academic tenure in the WSU Annie Taylor Dee SON.

B. Students are expected to adhere to all policies in the WSU Annie Taylor Dee SON Student Handbook and WSU Student Code found in the University Policies and Procedures Manual (PPM).

C. WSU Annie Taylor Dee SON Competency information is adapted from the following guidelines: Quality and Safety Education for Nurses. (2011). Retrieved from http://www.qsen.org/

IV. Unprofessional Conduct Related to Students Practice of Nursing
Students are also held responsible for professional behavior as set forth by the Utah Nurse Practice Act (Utah Code-Title 58: Occupations and Professions, Chapter 31b: Nurse Practice Act), which can be found at http://le.utah.gov/xcode/Title58/Chapter31B/58-31b.html

V. Readmission/Reapplication/Leave of Absence/Dismissal from Program
A. Readmission to a Nursing Program
1. Students are required to complete their designated program of study within 150% of initial semester start, regardless of the reason for withdrawal/leave of absence. Failure to do so may result in program dismissal and/or repetition of course work. Requests will be reviewed by the Admissions and Advancement Committee.

2. Students who have been terminated or who have officially withdrawn from a nursing program may be considered for readmission within the following program-completion guidelines. Consideration for readmission to a nursing program requires a student to submit a letter requesting readmission to the program prior to application deadline. The letter requesting consideration for readmission must be addressed to the WSU Annie Taylor Dee SON Admissions and Advancement Committee. Each case is considered individually, and a student is not guaranteed readmission.

3. Readmission to a specific nursing level of a nursing program is considered under the following conditions:
   ● A student in good academic standing who voluntarily withdraws from a program will be granted inactive status and considered for readmission by the Admissions and Advancement Committee. Readmission to a nursing program is not guaranteed and will be granted on a space-available basis which may include placement on a different campus.
   ● Students who have been placed on an involuntary Leave of Absence from a program may request to resume program progression at the earliest possible time. Each student's case will be reviewed by the Admissions & Advancement Committee only after receipt of all documentation requested of the student. There will be no guarantee of placement at the students’ previously admitted campus.
   ● A student experiencing a non-disciplinary Leave of Absence will be permitted, upon resolution of circumstances that prompted the non-disciplinary Leave of Absence, to resume program progression at the earliest opportunity (progression based on space availability).

4. Students enrolled in nursing programs that require clinical assignments who exit a nursing program will need to repeat the drug screen and background check prior to readmission.

B. Reapplication to a Nursing Program
   1. Students who fail two (2) or more courses must apply for admission through the standard application process.

C. Leave of Absence from the Nursing Program
   1. Leave of absence from the WSU Annie Taylor Dee SON may include but is not limited to the following with approval from the Admissions and Advancement Committee:
      a. Illness
      b. Family matters
      c. Active-duty commitment
      d. Religious commitment
      e. Financial difficulties

D. Dismissal from the Nursing Program
   1. Dismissal from the WSU Annie Taylor Dee SON may include but is not limited to the following:
      a. Failure of two (2) or more courses. An unofficial withdrawal (UW) grade constitutes failure of a course.
      b. Terminated for cause.
      c. Unethical or unsafe conduct.
VI. **WSU Student Due-Process Policy (PPM 6-22)**

A. The purpose of due process is to afford students all rights guaranteed to citizens by the Constitution and laws of the United States and the state of Utah. Students are obliged to obey these laws as well as rules and regulations of WSU and recognized standards of the program and profession for which they are being educated.

B. Problems between a student and the University generally are in the areas of academics or misconduct. Students should refer to the WSU Policy and Procedure Manual (6-22) [http://www.weber.edu/ppm/Policies/6-22_StudentCode.html](http://www.weber.edu/ppm/Policies/6-22_StudentCode.html) when confronted with concerns about their rights and appropriate due-process procedure.

C. Students are encouraged to consult with their faculty when they feel they are having problems meeting nursing-program goals, objectives, or academic requirements.

VII. **Process of Resolution**

A. The WSU Policy & Procedure Manual (6-22) [http://www.weber.edu/ppm/Policies/6-22_StudentCode.html](http://www.weber.edu/ppm/Policies/6-22_StudentCode.html) provides students the opportunity to appeal decisions concerning clinical/academic performance sanctions and/or misconduct warning.

1. Informal Resolution:
   a. Initial conference with faculty
   b. If no resolution can be reached, referral of problem to Program Level Director/Campus Facilitator
   c. If no resolution can be reached, referral of problem to WSU Annie Taylor Dee SON Chair
   d. If no resolution can be reached, referral of problem to DCHP Dean
   e. If an informal resolution cannot be reached, any party in the dispute may request a formal appeal

2. Formal Appeal:
   a. Contact the Due Process Officer and initiate the hearing process. See WSU Policy & Procedure Manual or check [http://www.weber.edu/ppm/Policies/6-22_StudentCode.html](http://www.weber.edu/ppm/Policies/6-22_StudentCode.html)
Section IV: Resources for Student Support

I. Available Resources

A. The following resources are available to all WSU Annie Taylor Dee SON students

   http://www.weber.edu/studentaffairs. Outreach student access is provided through cooperative
   agreements with local educational and/or community resources. Student communication and/or
   information exchange is available to all students via the Internet.

   1. WSU Wildcat Email Account
      a. All students are assigned a computer Wildcat e-mail account. It is the student’s
         responsibility to choose a confidential password for the account immediately.
         Communication from the nursing program and individual faculty to the student will
         occur through the Wildcat e-mail account only, unless associated with course work.
      b. Due to FERPA regulations, personal e-mail addresses will not be recognized. However,
         a student can forward e-mail from the student’s Wildcat mail to his/her personal e-mail
         account.

   2. Learning Management System
      a. Communication related to course work is conveyed through the online learning
         management system.
      b. Additional resources to enhance learning are embedded in courses.

   3. Financial Aid/Scholarships
      a. All WSU nursing students, no matter the campus location, obtain Financial Aid from the
         WSU Financial Aid Office. Instructions on how to apply for FAFSA and financial aid
         and scholarships, as well as applications, are found at
         www.weber.edu/financialaid/apply.html. WSU Financial Aid and Scholarship
         Application opens September 1. The priority deadline for completion of FAFSA is May
         1.
      b. In order to be eligible for any WSU or nursing scholarships, students must complete the
         FAFSA and WSU Financial Aid and Scholarship applications every academic year.
         Students can apply for financial aid anytime. However, to ensure that funding is
         available for the beginning of the semester, students should apply by the established
         deadlines. Students will not be considered for any scholarships if the FAFSA and WSU
         Scholarship applications have not been completed. Students will be notified through
         their WSU student email account if any additional information is required for a specific
         scholarship.
      c. If students are awarded a scholarship, notification will be made by the Financial
         Aid/Scholarship Office through the student Wildcat e-mail account.
      d. Any questions regarding WSU Annie Taylor Dee SON scholarships may be submitted to
         Marguerite Simmons via email at msimmons1@weber.edu.

   4. Nursing Organizations and Activities
      a. All students are required to participate in professional activities and join their respective
         professional organizations: The National Student Nurses Association (NSNA) and the
         Utah Student Nurses Association (USNA). A faculty member will serve as advisor for
         NSNA/USNA on each nursing-program campus. Students in the BSN and MSN
         programs are strongly encouraged to join and participate in appropriate professional
         organizations, such as Utah Nurses Association (UNA), American Nurses Association
         (ANA), and Sigma, when applicable.
      b. Requirements: Participation is encouraged
         ● ADN and RN-BSN: National Student Nurses Association membership
         ● MSN and MS to DNP – Professional Organization of choice
         ● FNP to DNP – American Association of Nurse Practitioners
### Section V: Student Academic/Behavioral Documentation Form

#### Academic/Behavioral Documentation Form

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Faculty:</th>
<th>Date:</th>
</tr>
</thead>
</table>

This document represents a binding, written agreement between the nursing program and the student that identifies the following:

1. Unsatisfactory student performance.
2. A written plan for correction of unsatisfactory student performance.
3. Documentation of student’s performance related to plan of correction.

Documentation of all student contracts will remain as a permanent record in the student’s WSU Annie Taylor Dee SON academic file.

<table>
<thead>
<tr>
<th>Type of Occurrence:</th>
<th>Violations</th>
<th>Conduct/Behavioral</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] Non-separable Violations</td>
<td>[ ] First Offense</td>
</tr>
<tr>
<td></td>
<td>[ ] Separable Violations</td>
<td>[ ] Second Offense</td>
</tr>
<tr>
<td></td>
<td>[ ] Other</td>
<td>[ ] Third Offense</td>
</tr>
</tbody>
</table>

Description of unsatisfactory student performance (attach a separate page if needed)

Written plan for correction of unsatisfactory student performance (attach a separate page if needed):

I understand the terms of this agreement and understand that failure to fulfill the identified plan for correction may result in either suspension and/or expulsion from the WSU Annie Taylor Dee SON. Furthermore, I have been informed of my WSU student right to due process and have been provided information regarding WSU student process procedures.

<table>
<thead>
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<th>Student Signature:</th>
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<tbody>
<tr>
<td>Faculty Signature:</td>
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<tr>
<td>PN/RN Facilitator Signature:</td>
<td>Date:</td>
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<td>Program Director Signature:</td>
<td>Date:</td>
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<td>SON Chair Signature:</td>
<td>Date:</td>
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**Final Outcome:**

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<thead>
<tr>
<th>Faculty Signature:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PN/RN Facilitator Signature:</td>
<td>Date:</td>
</tr>
<tr>
<td>Program Director Signature:</td>
<td>Date:</td>
</tr>
<tr>
<td>SON Chair Signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>
Annie Taylor Dee School of Nursing

Doctor of Nursing Practice (DNP)

Post BSN to DNP-FNP
&
Post Masters to DNP

Handbook Part C
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Section I: General Information

The Weber State University (WSU) Annie Taylor Dee School of Nursing (ATD SON) Doctor of Nursing Practice (DNP) program is designed to prepare nurses for an advanced level of nursing science and practice. The DNP is a translational practice-focused degree that emphasizes the development of the DNP student's capacity to impact the clinical setting as leaders through the utilization of clinical research to improve and transform health care.

The DNP program is based on the understanding that nursing professionals provide direct and indirect services, including care of individual clients, management of care for populations, administration of nursing systems, and development and implementation of health policy. Additionally, DNP graduates develop and evaluate new models of care delivery to create and sustain change at the organizational and systems levels. Ability to assess, develop, adapt care delivery, and evaluate outcomes is essential for DNP graduates as they influence practice and improve the health and well-being of populations.

The DNP graduate learns to address significant practice issues using a scholarly approach, adopts a systems perspective for health promotion and risk reduction, acts as a change agent to transform individual/community care, participates in the on-going evaluation of health care outcomes, and assists in the translation of research that leads to positive nursing practice changes.

WSU's DNP prepares clinically focused advanced practice nurses on translating knowledge and evidence into the health care setting, contributing to positive health and health outcomes of individuals, families, communities, and society. Also, DNP graduates are prepared as leaders of nursing, gaining the skill set to address policy issues and health disparities.

WSU's DNP program has two DNP degree emphases:
1. Post BSN to DNP Family Nurse Practitioner (FNP): this emphasis is for the student who possesses a BSN and desires to obtain a family nurse practitioner (FNP) specialty certification. Post BSN students will complete education in a clinical specialty as part of their DNP degree, which will qualify them to sit for clinical specialty certification. This is a full-time program of study.
2. Post Masters to DNP Leadership: this emphasis is for the expert nurse with a BSN RN who has obtained a master's of science degree in nursing (MSN), or a master's in public health (MPH), business administration (MBA), or health administration (MHA). This program is Part-time and not associated with clinical specialty certification.

Section II: End of Program Student Learning (EPSLOs) and DNP Role Specific Competencies (RSCs)

The DNP Program's EPSLOs is derived from the Annie Taylor Dee SON philosophy and the Quality and Safety Education for Nurses (QSEN). Role Specific Competencies align with EPSLOs for each emphasis and identify the knowledge, skills, abilities, and behavior critical to success in a role or position. Upon completing the program, students will be prepared with the knowledge and skills necessary to improve the quality of the healthcare environments within which they work.
<table>
<thead>
<tr>
<th>School of Nursing EPSLOs</th>
<th>DNP EPSLOs</th>
<th>Post BSN to DNP FNP Role Specific Competencies</th>
<th>Post Masters to DNP Leadership Role Specific Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient-Centered Care</strong></td>
<td>Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patients' preferences, values, and needs.</td>
<td>Develop and implement care delivery models and/or strategies of health promotion and risk reduction, illness prevention for individuals, families, and diverse populations across health care settings.</td>
<td>Implement indirect and direct care strategies for autonomous practice and/or care delivery models for individuals and diverse populations across health care settings.</td>
</tr>
<tr>
<td><strong>Teamwork &amp; Collaboration</strong></td>
<td>Function effectively within nursing and inter-professional teams, fostering communication, mutual respect, and shared decision-making to achieve quality patient care.</td>
<td>Collaborate with interprofessional teams associated with complex practice and organizational issues by mentoring and leading to providing high-quality and safe health outcomes.</td>
<td>Engage in shared decision making with interprofessional teams for complex patients, practice, and organizational collaboration.</td>
</tr>
<tr>
<td><strong>Evidence-Based Practice (EBP)</strong></td>
<td>Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.</td>
<td>Practice at the highest quality/level of nursing, supported by/based on/integrating the most current scientific evidence, organizational and systems thinking, leadership principles, health policy, informatics, equity in health care, and ethics.</td>
<td>Establish standards utilizing evidence-based practice as the foundation of nursing practice and patient care delivery.</td>
</tr>
<tr>
<td><strong>Quality Improvement</strong></td>
<td>Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of healthcare systems, including participating in healthcare policy.</td>
<td>Transform practice to impact the quality of health care and outcomes.</td>
<td>Develop efficient patient care models and policies that ensure high-quality care and compliance with regulatory requirements.</td>
</tr>
<tr>
<td><strong>Patient Safety</strong></td>
<td>Minimize risk of harm to patients and providers through both system effectiveness and individual performance.</td>
<td>Influence health care policy relating to finance, access, safety, and quality, as it applies to practice regulation, and consumer advocacy.</td>
<td>Develop a culture of safety inclusive of the interdisciplinary care team, the patient, and the family. Incorporate transparency and provide tools and resources for the creation of a safe culture.</td>
</tr>
<tr>
<td><strong>Informatics</strong></td>
<td>Use information and knowledge to transform healthcare.</td>
<td>Use information systems and technology to improve safety, effectiveness, quality, and efficiency of healthcare delivery.</td>
<td>Recommend and optimize the use of information systems and technologies to support healthcare delivery.</td>
</tr>
<tr>
<td>Competency Reference:</td>
<td>technology to communicate, manage knowledge, mitigate error, and support decision making.</td>
<td>technology resources to evaluate and implement quality improvement initiatives</td>
<td>information technologies to support the evidence-based nursing practice, clinical decision making, and administrative functions.</td>
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</table>

# Post Masters to DNP-Leadership Program of Study

<table>
<thead>
<tr>
<th>Classes &amp; Credits</th>
<th>Semester #1 Fall 2020</th>
<th>Semester #2 Spring 2021</th>
<th>Semester #3 Summer 2021</th>
<th>Semester #4 Fall 2021</th>
<th>Semester #5 Spring 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRSG 7000 - (1 cr.)</td>
<td>NRSG 7020 - (3 cr.)</td>
<td>NRSG 7030 - (3 cr.)</td>
<td>NRSG 7050 - (3 cr.)</td>
<td>NRSG 7080 - (2 cr.)</td>
<td></td>
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<tr>
<td>Introduction to DNP Degree</td>
<td>Biostats/Epidemiology</td>
<td>Information Technology &amp; EBP</td>
<td>Advanced Population Health</td>
<td>Healthcare Finance/Economics</td>
<td></td>
</tr>
<tr>
<td>NRSG 7010 - (3 cr.)</td>
<td>NRSG 7040 - (3 cr.)</td>
<td>NRSG 7060 - (3 cr.)</td>
<td>NRSG 7082 - (1 cr.)</td>
<td>NRSG 7803 - (1 cr.)</td>
<td></td>
</tr>
<tr>
<td>Scholarly/Ethical Foundations</td>
<td>Healthcare Policy</td>
<td>DNP Project I</td>
<td>DNP Project II (1)</td>
<td>DNP Project III</td>
<td></td>
</tr>
<tr>
<td>NRSG 7060 - (3 cr.)</td>
<td>NRSG 7070 - (2 cr.)</td>
<td>NRSG 7080 - (2 cr.)</td>
<td>NRSG 7090 - (2 cr.)</td>
<td>NRSG 7900 - (2 cr.)</td>
<td></td>
</tr>
<tr>
<td>DNP Leadership</td>
<td>Healthcare Policy</td>
<td>DNP Practicum I</td>
<td>DNP Practicum II</td>
<td>DNP Practicum III (2 credits = 120 practice hrs.)</td>
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</tr>
<tr>
<td>DNP AACN II, V, VI</td>
<td>DNP AACN V, VII</td>
<td>(1 credit=60 practice hrs.)</td>
<td>(2 credits=120 practice hrs.)</td>
<td>DNP AACN I, II, III, VI, VIII</td>
<td></td>
</tr>
</tbody>
</table>

### Project Map

- DNP Project Development
- DNP project advisor assigned
- Identify topic of interest
- DNP Project continue development
- DNP Project Proposal Development
- DNP Project Proposal Development
- DNP Practicum hours
- DNP Project Proposal Completion & IRB
- DNP Project Implementation
- DNP Project Implementation
- DNP Project Implementation
- DNP Project Evaluation and Final
- DNP Project Presentation and Dissemination

### Credit

- 7 credits
  - 6860 Fieldwork DNP AACN I, II, III, VI, VIII
  - 6860 Fieldwork DNP AACN II, III, VI, VIII
  - 6860 Fieldwork DNP AACN I, II, III, VI, VIII
  - 6860 Fieldwork DNP AACN I, II, III, VI, VIII
  - 6860 Fieldwork DNP AACN I, II, III, VI, VIII
  - 6860 Fieldwork DNP AACN I, II, III, VI, VIII
  - 6860 Fieldwork DNP AACN I, II, III, VI, VIII
  - 6860 Fieldwork DNP AACN I, II, III, VI, VIII
- 6 credits
  - 6860 Fieldwork DNP AACN I, II, III, VI, VIII
  - 6860 Fieldwork DNP AACN I, II, III, VI, VIII
  - 6860 Fieldwork DNP AACN I, II, III, VI, VIII
  - 6860 Fieldwork DNP AACN I, II, III, VI, VIII
  - 6860 Fieldwork DNP AACN I, II, III, VI, VIII
  - 6860 Fieldwork DNP AACN I, II, III, VI, VIII
  - 6860 Fieldwork DNP AACN I, II, III, VI, VIII
- 5 credits
  - 6860 Fieldwork
    - 6860 Fieldwork (1-2 credits if practice hours are needed)
    - 6860 Fieldwork (1-2 credits if practice hours are needed)
    - 6860 Fieldwork (1-2 credits if practice hours are needed)
    - 6860 Fieldwork (1-2 credits if practice hours are needed)
- 6 credits
  - 6860 Fieldwork (1-2 credits if practice hours are needed)
  - 6860 Fieldwork (1-2 credits if practice hours are needed)
  - 6860 Fieldwork (1-2 credits if practice hours are needed)
  - 6860 Fieldwork (1-2 credits if practice hours are needed)

### Total Program credits: 31 hours

An optional 6th semester is available for students to finish 1000 practice hours or project.

**NRSG 6860 Fieldwork:** Variable hours as needed to accrue 1000 practice hours
### Post BSN to DNP-FNP

<table>
<thead>
<tr>
<th>1st Semester</th>
<th>2nd Semester</th>
<th>3rd Semester</th>
<th>4th Semester</th>
<th>5th Semester</th>
<th>6th Semester</th>
<th>7th Semester</th>
<th>OPTION</th>
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<tr>
<td>Fall 2020</td>
<td>Spring 2021</td>
<td>Summer 2021</td>
<td>Fall 2021</td>
<td>Spring 2022</td>
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<td>NonPF 1, 3, 4, 5, 8</td>
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</tbody>
</table>

**Curriculum Courses:**

- **NRSG 6210 (3)**
  - APRN Pathophysiology I
  - 5-7 campus days
  - DNP AACN I, IV, VI, VIII
  - NonPF 1, 4, 5, 9

- **NRSG 6211 (2)**
  - APRN Patho II and Genetics
  - 5-7 campus days
  - DNP AACN I, IV, VI, VIII
  - NonPF 1, 4, 5, 9

- **NRSG 6220 (3)**
  - FNP Assessment
  - 10 lab days
  - 100 lab hrs.
  - DNP AACN I, IV, VI, VIII
  - NonPF 1, 4, 5, 9

- **NRSG 6225 (1)**
  - FNP Care Clinical Skills
  - 3 lab days
  - 30 lab hrs.
  - DNP AACN I, IV, VI, VIII
  - NonPF 1, 4, 5, 9

- **NRSG 6240 (2)**
  - FNP Care Clinical Skills
  - 5-7 campus days
  - DNP AACN I, IV, VI, VIII
  - NonPF 1, 4, 5, 9

- **NRSG 6250 (2)**
  - FNP Patient Care II
  - 5-7 campus days
  - Women's Health focus
  - DNP AACN I, IV, VI, VIII NonPF 1, 4, 5, 8, 9

- **NRSG 7904 (4)**
  - FNP Clinical Immersion
  - 240 Clinical hrs.
  - DNP AACN I, IV, VI, VIII
  - NonPF 1, 4, 5, 8, 9

**Total Lab Hours:** 190 lab hrs.

**Total FNP Clinical Hours:** 660
<table>
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<tr>
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<th>Semester</th>
<th>Credits</th>
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<td>Scholarly/Ethical Foundations</td>
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<tr>
<td>NRSG 7010</td>
<td>Biostats/Epidemiology</td>
<td>DNP I, II, III, IV, VI, VII</td>
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<tr>
<td>NRSG 7030</td>
<td>Informatiion Technology &amp; EBP</td>
<td>DNP</td>
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<td>NRSG 7050</td>
<td>Advanced Population Health</td>
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<td>3</td>
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<tr>
<td>NRSG 7902</td>
<td>FNP Clinical I</td>
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<td>FNP Clinical II</td>
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<td>Total DPNP Practicum Hours = 300</td>
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<td>Healthcare Policy</td>
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<td>NRSG 7020</td>
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<td>NRSG 7040</td>
<td>Systems Approach &amp; QI</td>
<td>DNP</td>
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<td>NRSG 6270</td>
<td>Mental Health for Primary Care</td>
<td>DNP</td>
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<td>NRSG 7080</td>
<td>Healthcare Economics</td>
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<td>NRSG 6230</td>
<td>FNP Patient Care Lab</td>
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<td>DNP Project</td>
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</tr>
<tr>
<td>NONPF 1</td>
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Annie Taylor Dee School of Nursing Handbook 2020-2021

<table>
<thead>
<tr>
<th>DNP Practicum</th>
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<tbody>
<tr>
<td>48</td>
<td>48</td>
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</tr>
</tbody>
</table>

1 credit = 60 DNP Practicum hrs.

DNP AACN I, II, III, VI, VIII NONPF 1, 2, 3, 4, 7

<table>
<thead>
<tr>
<th>10 credits</th>
<th>10 credits</th>
<th>11 credits</th>
<th>11 credits</th>
<th>12 credits</th>
<th>11 credits</th>
<th>10 credits</th>
<th>Total Credit Hours 75</th>
</tr>
</thead>
</table>

Section III: Resources

Nursing and DNP Bulletin Boards
The DNP Nursing Bulletin Board contains essential information and resources for students. Contact information for the Graduate Director, administrative assistant, and Enrollment director is located on the DNP Nursing Bulletin Board.

It is essential to access frequently for updates during your schooling at WSU. Go here for general information [https://www.weber.edu/Nursing/BulletinBoard.html](https://www.weber.edu/Nursing/BulletinBoard.html) and scroll down to DNP Bulletin Board for program-specific details.

Graduate Advising
The DNP program assigns each student a faculty advisor who is available for academic counseling. Advisor information is located on the DNP Bulletin Board. It is recommended that you reach out to your advisor and introduce yourself. If you have any concerns or issues, please contact your advisor immediately for any problems to be resolved (i.e., class schedule addition or deletions, transcript issues, etc.) promptly. The Enrollment Director is also available for additional support.

Writing Center
The mission of the WSU Writing Center is to promote students' academic success and life skills development by providing free drop-in and appointment tutoring during the day, evening, and weekend hours, for students writing in courses across the curriculum. The Writing Center is located at Elizabeth Hall, Room 210. [https://www.weber.edu/writingcenter](https://www.weber.edu/writingcenter)

Program Technology Requirements, Expectations, and Help Desks
See Student Handbook Part B above.

During the DNP program, students will be required to be competent with the use of:
Annie Taylor Dee School of Nursing Handbook 2020-2021

- Email and the Internet
- Word processing including the use of Microsoft Word, PowerPoint, EXCEL
- Conducting library searches
- CANVAS (see tutorial and student guide in course Resources)
- Uploading files through CANVAS
- Use audiovisual materials in a presentation
- SPSS to enter and manipulate data

Information Technology Help Desk [https://www.weber.edu/help/](https://www.weber.edu/help/)
WSU Online (Canvas) support and questions - [https://www.weber.edu/online/canvasTechSupport.html](https://www.weber.edu/online/canvasTechSupport.html)

Student Services Counseling and Psychological Center
The WSU Student Counseling Center is available to students who are having personal/social concerns. The Counseling Center is located at the Student Services Center, Suite 280A. [https://www.weber.edu/CounselingCenter/](https://www.weber.edu/CounselingCenter/)

Student Health Services
The WSU Student Health Center provides quality, cost-effective health services. All students who have a current student ID and are registered students may use the student health services. Please bring an ID card. Services are provided at low or no cost. Insurance is not required for students to use the Health Center. The Student Health Center is located at the Student Service Center, Room 190. [https://www.weber.edu/healthcenter](https://www.weber.edu/healthcenter)

Library
The WSU Stewart Library provides graduates with online access to numerous academic resources in addition to books, periodicals, and documents. A dedicated health-science librarian is also available to students. [https://library.weber.edu/](https://library.weber.edu/)

Financial Aid, Scholarships and Grants
Information regarding financial aid and grants is available through the Financial Aid Office in the Student Services Building, Suite 120. [https://www.weber.edu/financialaid](https://www.weber.edu/financialaid)

Nursing scholarships are available to graduates, and students are encouraged to apply. Information regarding scholarships can be found on the Nursing Bulletin Board [https://www.weber.edu/Nursing/BulletinBoard.html](https://www.weber.edu/Nursing/BulletinBoard.html).

Sigma Theta Tau International Nursing Honor Society Nu Nu Chapter
The purpose of Sigma is to participate in, recognize achievement, and leadership in nursing. Full-time DNP students are eligible candidates for this society ¼ of the way through the program; however, RNs are qualified as community leaders in the 1st Semester. Go here for criteria. Members pay an annual fee and receive official publications, chapter-sponsored education, and voting membership. Students have a significant discount. Graduate students who are interested in applying for membership can speak with their DNP faculty advisors. A $500.00 to $1,000.00 graduate scholarship is awarded annually by the Nu Nu Chapter. Applications are accepted in the fall after the time frame mentioned above.

Course Materials
Textbooks are available through the WSU Bookstore on campus or general book resellers.

Section IV: Communication

WSU Email Account
All students at the WSU SON will receive a WSU email account. It is the student's responsibility to maintain and monitor this account for program information and updates. Students will be held responsible for the information distributed through their student email.
DNP Bulletin Board
The DNP Bulletin Board is a password-protected website that provides students with timely program information and updates. Students will be held responsible for the information distributed through the Bulletin Board.

CatTracks
CatTracks is a web-based tool that helps the student and advisor monitor progress towards graduation. Please check your degree evaluation in CatTracks and make sure your major is updated to reflect Nursing. If your major is not listed as Nursing, contact the DNP Administrative Assistant. Contact the Enrollment Director if any discrepancies are noted.

Student Contact Information
Changes made to student contact information including telephone, email, and mailing address should be made in writing to the DNP program Administrative Assistant within six (6) weeks of the change.

Section V: Progression

Course Load
A. Post BSN to DNP FNP
The Post-BSN to DNP FNP is a rigorous full-time (7 semester) program of study with an 8th-semester option to finish the DNP Project if needed. A minimum credit range per Semester for theory courses, clinical courses, and DNP practicum is ten credits to 12 credits. Students complete approximately 700 FNP clinical/lab hours during semesters 5-7.

A minimum of 1000 practice hours is required per AACN for the DNP degree.
- FNP courses provide approximately 700 clinical/lab hours toward the minimum 1000 practice hours.
- There are 300 DNP practice hours from semesters 4-7 in the DNP practicum courses

B. Post Masters to DNP Leadership
The Post Masters to DNP Leadership program is a rigorous part-time (5 semester) program of study. An optional six semester is available to complete the minimum 1000 practice hours required by AACN. Transcribed practice/clinical hours are evaluated upon admission to the program. The student completes 300 DNP practice hours in the DNP practicum courses.

C. Program Length
DNP students are required to complete coursework and the DNP Project within 150% of program length.

Section VI: General Policies

Attendance
A. Post BSN to DNP FNP is a hybrid program for all nurse practitioner courses and an online program for all doctoral courses (7000 level courses). Course attendance is required at the designated campus class days, skills and assessment labs, and the pre-arranged clinical hours with preceptors at the clinical sites during semesters 4-7. Clinical hours are documented in the clinical management system (Typhon) and verified by preceptors and clinical instructors/faculty. Semester face-to-face campus schedules vary based on specific course activities, lab sessions, and interprofessional guest presenter availability. The semester schedule is published for students well in advance of the semester start. Clinical sites are fluid, and despite the best planning, clinical schedules can change with little notice based on organizational or preceptor circumstances.

B. Post Masters to DNP Leadership is 100% online with the possibility of some electronic synchronous class meetings. Attendance is documented by the completion of all assignments and participation in discussions by due dates.
Mandatory Student Orientation
A mandatory orientation for DNP students is provided prior to the start of the First Semester of the DNP program. To progress in the DNP program, students must complete the orientation.

Submitting Documentation
All students must submit the required documentation by the prescribed deadline. Much of the required documentation will be uploaded to CastleBranch, and another electronic platform for a DNP portfolio and/or a clinical documentation repository BSN to DNP-FNP clinical documentation is submitted regularly through a clinical management tracking system. Failure to submit documentation may result in probation or program dismissal. If this occurs, students must re-apply to the DNP program during the next application period. Required student documentation includes the following:
- Background Check
- Signed DNP Student Handbook Agreement Form
- Student ID Badge
- OSHA Quiz
- Immunizations
- See Nursing Handbook, Part B for specific student documented information
- Additional documentation may be required based on facility requirements
- CPR
- All students must have and maintain an active RN license on file in the CastleBranch documentation system for the duration of the DNP FNP program.

Online Netiquette Guidelines
During online discussions or emails, students are expected to observe the rules of "online netiquette" as follows:
- Whenever posting a message to discussion boards, chat rooms, or email, use only professional language. Profanity or reference to inappropriate visual material is not considered professional or appropriate
- Verbal attacks and or threatening references to other students and or faculty via email, discussion boards, chat rooms or social medical is unacceptable
- Use humor with extreme caution. Without face-to-face communications, your joke may be viewed as an attack or criticism
- Use of the course web sites for solicitation, promotion of businesses or products, posting of offensive messages or jokes, and other activities unrelated to the course are prohibited

Violation of netiquette guidelines will be discussed with the student at the discretion of the instructor and may result in a verbal and or written warning. Continuation of problematic online etiquette by the student may result in student probation and or subsequent dismissal from the program.

Graduation Requirements
It is the student's responsibility to ensure that all necessary WSU graduation requirements and are completed and submitted to the graduation office before the graduation deadline. Students must complete the WSU online application for graduation by the deadline and according to the online instructions.

In addition to the WSU graduation requirements, to receive the DNP degree, students must complete the following:
- Student Portfolio
- DNP Project
- 1000 practice hours
Section VII: DNP Project Requirements

The DNP Project is a graduation requirement for the completion of the WSU DNP program. Detailed information and guidelines for the completion of this program requirement are provided in the DNP Project Handbook.

A. Post BSN to DNP-FNP

The Post BSN to DNP-FNP emphasis is a seven (7) semester program. If a student requires more time to complete the DNP Project at the end of seven (7) semesters, this will require the student to register for another semester to complete the project (an extension). DNP Project extensions must be approved by the Graduate Program Director. A total of two (2) semesters after completion of the seventh Semester will be allowed for project extensions.

B. Post-masters to DNP

The Post Masters to DNP-Leadership emphasis is a five (5) semester program. Depending on the amount of transcript practice hours accepted upon admission to the program, a student may require six (6) semesters to complete the program. If a student requires more time to complete the DNP Project at the end of five (5) semesters, this will require the student to register for another semester to complete the project (an extension). DNP Project extensions must be approved by the Graduate Program Director. A total of two (2) semesters after completion of the sixth Semester will be allowed for project extensions.

Scholarly Writing

Writing skills are essential in nursing undergraduate and graduate programs. Writing is about critical thinking and communication concepts in the organizing framework for the WSU nursing graduate program. Writing is the primary basis upon which your work, your learning, and your intellect will be judged whether it be in school, in the workplace, collaborating with multiple disciplines, and in the community. It is important to use your APA manual.

Scholarly writing is critical for many reasons, including:

- Facilitates communication skills—the ability to express your ideas clearly and concisely and fosters your ability to explain a complex position
- Allows construction of solid arguments and ability to defend your position
- Intelligent critique
- Demonstrates critical reasoning and critical thinking skills
- Provides evidence of understanding and synthesizing learning activities
- Promotes knowledge and research
- An essential job skill—patient care documentation, writing reports/policies/procedures, analyzing trended data, creating job descriptions, developing patient-facing materials, etc.

(Based on information from Saginaw University [http://www.svsu.edu/nursing/programs/bsn/programrequirements/whywritingmatters/] and Graiver, M.)

Besides using a standardized format or style to organize a paper such as APA, other qualities of good writing include:

- The clarity in understanding and expressing ideas
- Evidence of descriptive and analytical skills
- Depth of coverage
- Effective organization
- Accuracy
- Grammatical correctness
- Correct spelling
- Completeness
- Creativity and explanation of ideas

(Based on information from the Manual of the American Psychological Association, 6th Edition)
Section VIII: DNP Practice Hours

Students are required to complete 1000 post-BSN practice hours (AACN, 2004, 2015) in an approved setting with preapproved activities by the DNP program director and/or DNP Program Committee. Of the 1000 practice hour requirement, 300 hours/5 credit hours (1 credit hour=60 practicum hours) are accomplished within the NRSG7900 DNP Practicum course. This practicum course is for DNP nursing students to build on concepts and skills derived from DNP courses and focuses on developing advanced skills in integration and synthesis of practice and knowledge. This course supports the achievement of the DNP Essentials and the School of Nursing Doctor of Nursing Practice end of program student learning outcomes (EPSLOs). In addition to the 300 DNP practicum hours, all DNP students will have completed an additional 700 post BSN practice hours.

Post BSN to DNP-FNP students will achieve at least 700 clinical hours within the FNP curriculum. Clinical hours will include lab and clinical hours.

Post Masters to DNP students will need approximately 700 documented transcripted clinical/practice hours prior to graduation. Total hours will come from either transferable practice hours or practicum hours completed during their DNP curriculum.

Transferable practicum hours: Admitted Post Masters students will provide an official letter, transcript of practice hours completed, or national certification prior to admission. Evaluation of the transferred practice hours will be reviewed and determined by the DNP Program Director and the DNP Program Committee. Transferable practicum hours may include:

1. Clinical hours completed from a regionally accredited advanced practice registered nurse program.
2. Residency, capstone, or practicum hours completed from an accredited master's or doctorate degree. This may include nurse educators or administrative programs.
3. Practice hours required to complete a national certification in an area of nursing that requires a graduate degree are eligible for 500 transfer practice hours.

Additional post BSN clinical/practicum hours may be earned through additional DNP practicum hours (NRSG7900) or health care related fieldwork under the direction of a University faculty member.

NRSG7900: DNP Practicum. This practicum is for DNP nursing students to build on concepts and skills derived from DNP courses and focuses on developing advanced skills in integration and synthesis of practice and knowledge. 1 credit equals 60 practicum hours/semester. May be repeated up to 8 credit hours.

NRSG6860 a fieldwork practicum course that provides post BSN students with graduate level health-related fieldwork experience in a self-selected setting, under the direction of a faculty member. Fieldwork hours are applicable to DNP clinical/practicum hour requirements. 1 credit equals 60 practicum hours/semester. May be repeated up to 9 credit hours.

Practice hours are self-reported and documented within the student's electronic portfolio as well as other evidence of progress in meeting program objectives.

Section IX: DNP FNP Information

Course Materials
Most assigned books are available through the WSU Bookstore on campus or general book resellers.
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There are additional clinical resources required for the DNP FNP program that may or may not be available at the WSU Bookstore.

Clinical or didactic course resources not available in the bookstore include:
- The clinical management system Typhon @ [https://www.typhongroup.net](https://www.typhongroup.net)
- AANP student membership @ [https://www.aanp.org/membership#student](https://www.aanp.org/membership#student)
  - It is required for the entire length of the program.
- Student assessment kits, including an otoscope and ophthalmoscope.
  - Student assessment kits are checked out to students at the beginning of semester four during the assessment and skills lab.
- All required materials are listed in each specific course and on the DNP Student Bulletin Board in the appropriate link.

NOTE: Students are eligible for the F.A. Davis 20% discount if books are purchased directly from the FA Davis website. Refer to the DNP Booklist on the DNP Bulletin Board for details.

Skills Lab, Clinical Days, and Practicum Dress Code Policy
- Students are responsible for compliance with dress and grooming policies for DNP FNP clinical rotations.
- Dress codes are determined by clinical agencies and facilities.
- Clothing in the clinical setting should be a business professional.
- DNP FNP students wear the lab coat over the professional clothing at all clinical sites, unless specifically asked not to wear the white coat (i.e., pediatric setting).
- Students are expected to wear the white lab coat in all skills labs unless otherwise directed.
- Some skill labs require students to wear comfortable sportswear for physical assessment as directed by faculty/instructors.

White Lab Coat (Required Uniform for NP students)
The short lab coat style, 30-32 inches in length, is the type of lab coat students in any healthcare graduate-level education wear to identify their student status.

- Nurse Practitioner students are required to wear short white lab coats during clinical rotations at all clinical sites during the program.
- Lab coats are available at the bookstore for students to try on and select a specific style and appropriate size fit.
- Please make sure the jacket is not too tight. It will always be worn over professional dress clothes.
- The lab coats will be embroidered with the WSU School of Nursing logo and student designation.

Weber State University Annie Taylor Dee School of Nursing Badge Instructions
Weber State identification badges should be worn in the clinical/clinical environments and must be visible on the upper torso area. ID badges may not have any stickers or pins attached. Please refer to the guidelines for the student ID badge photos below.

1. Every nursing student is required to have a photo ID nursing badge.
   - A $10.00 fee needs to be paid to the WSU Cashiers Office (Badge Payment Form on Bulletin Board).
   - You may pay online, by mail, or by calling the Cashier Office.
   - The information necessary for payment is found in the DNP Bulletin Board.
   - The cashier office provides a copy of your receipt to the School of Nursing once you have paid the fee.
2. Email a semi-professional photo of yourself in the FNP white lab coat to the Graduate Administrative
Assistant

3. State your campus, year in program, and first name preferred on your badge if other than a given name.

4. The badge will be processed and given to you prior to semester 4.

5. Your photo must meet the following criteria since it will be worn in a clinical setting. If the picture does not follow these guidelines, you will be asked to submit a new one.
   a) Head and shoulder (bust shot) professional photo in a lab coat.
   b) No sunglasses, badges, flowers, backpack straps, writing are to be visible.
   c) No other person in photo.
   d) Saved in a .jpg format.
   e) You can take your own photo, just make sure it complies with the guidelines and samples below.

SAMPLE of SEMI-PROFESSIONAL HEAD and SHOULDER PHOTOS

If you require any further assistance or information, please contact the Graduate Program Assistant.

Travel to Clinical and Practicum Sites

The Annie Taylor Dee School of Nursing utilizes a number of clinical sites that may require student travel via car or public transportation. Students are responsible for arranging transportation to and from clinical sites and for covering the cost of travel. Travel time is not considered part of the clinical hours. Students may have to travel to clinical sites outside of their local residency area. DNP FNP students should expect to travel to practice rotations throughout the clinical learning semesters (semesters 5-7) in order to participate in clinical learning experiences.

DNP FNP Skill labs, Clinical Practice Experience

Weber State University nurse practitioner graduates are prepared to function in the role of the FNP, care for patients with confidence, and meet the challenges of healthcare today and into the future, as they advocate for and partner with others to provide optimal patient care.

Assessment and skill labs during semester 4 enable NP students to learn and began to perfect a number of common clinical procedures and diagnostic tests that are vital to proper assessment and eventual plan of care for the individual patient. Information on specific skills will be available in the course syllabus and content pages. Students are required to attend the skills lab each week during semester four on campus for 4-6 hours. Students are expected to be on campus some days during semesters 4-7. For those semesters requiring weekly or periodic campus days, the activities are scheduled for the entire day. Please refer to the registration instructions and WSU course catalog for dates and times.

Students enrolled in the DNP FNP program are required to complete 660 supervised clinical hours in a variety of setting with a focus on adult, older adult, pediatric, and women's health during the lifespan.
Contact hours for the DNP FNP clinical rotations are defined as direct student contact hours in any designated and approved healthcare setting. Clinical hours focus on population and community health rather than acute care settings is recommended.

Students must meet all requirements of clinical course work. Absences that result in a student failing to complete the required hours of clinical will not be excused without documentation of illness of the student, family death, or critical illness. Excessive absences or failing to meet the required clinical hours, for any reason, may necessitate repetition of the entire course.

The DNP Clinical Coordinator will work together with students for clinical placements that are optimal for student outcomes, learning opportunities, and needs. Notification of clinical placements will be provided by the DNP Clinical Coordinator in order to facilitate the required clinical hours. Students will negotiate with the DNP Clinical Coordinator and the clinical preceptors on dates and times for the clinical experiences.

The clinical rotation days must be scheduled by the student so that students are able to attend required campus classes and/or lab skills days. Clinical rotation days and times vary dependent on the clinical preceptor schedule and organization. The Clinical Coordinator will provide direction and guidance with short-term clinical placement areas. The Graduate Clinical Coordinator arranges and/or assists in the arrangement of clinical placements for all students. It is recommended that students work closely with the coordinator and provide suggested clinical placement sites when possible.

Students should plan to be in the clinical setting 16-20 hours each week from semester 5-7 or the equivalent of 2-3 days of work. It is recommended that students consider part-time employment options once clinical rotations begin (weekend shifts or only part-time weekday shifts). Students should not work an overnight shift prior to any scheduled daytime clinical NP hours. Most clinical rotations will be held during business hours (8 am – 6 pm) Monday through Friday.

The DNP FNP program has no control over specific clinical hours or clinical placement changes based on preceptor or organizational factors.

All clinical placements require a legal document unless the student is directed otherwise. Students may not go to a clinical facility if a requested agreement has not been completed. Some clinical contracts require extended periods of time to negotiate, especially if legal representatives from WSU or the clinical facility are involved. Additional required student paperwork must be completed prior to each rotation. The type of student paperwork requirements will vary dependent on the facility or clinic and will be managed by the clinical coordinator.

Clinical Placements are determined by the clinical facility and the preceptors and vary from Semester to Semester. Sometimes, placements are not verified until close to the beginning of the potential rotation. Flexibility in work and family schedules is essential.
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DNP Project Handbook

And

DNP Practice Hours

Handbook Part D
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Doctor of Nursing (DNP) Project

The purpose of this handbook is to offer guidance to the DNP student as he/she develops the DNP project. The DNP student is responsible for the information in this handbook.

The completion of the evidence-based DNP Project is a graduation requirement of the Weber State University (WSU) Annie Taylor Dee School of Nursing (SON) DNP program for students in enrolled in either the BSN to DNP-FNP or Post Masters to DNP emphases.

The DNP degree is practice-focused scholarship and the DNP student carries out a practice application-oriented final DNP project (American Association of Colleges of Nursing [AACN], 2006). (See Appendix A for differences between research and quality improvement). A final scholarly project demonstrates clinical scholarship. The post-master’s and the post-baccalaureate DNP student begin their doctoral programs with different educational and practice backgrounds; however, they all graduate with the same comprehensive skill set as delineated in the AACN DNP Essentials (See Appendix B). Although the DNP skill set represents new learning for all students pursuing the practice doctorate, the scope, and impact of DNP projects vary greatly as some are undertaken by post-baccalaureate students and others by experienced nurses in post-master’s programs.

The final scholarly project is called DNP Project to avoid confusion with the term capstone, which is used at varying levels of education (National Organization of Nurse Practitioner Faculties [NONPF], 2013). Additionally, the DNP Project is not a research dissertation; this is contrary to the intent of the DNP. Therefore, this term should not be used (AACN, 2015).

Purpose of DNP Project

Research, research utilization, and evidence-based practice are the key to improving healthcare outcomes for health consumers. DNP-prepared nurses provide leadership and develop policy in the practice setting. DNP-prepared nurses are expected to disseminate and integrate new knowledge into the practice of nursing and healthcare.

The DNP Project is a scholarly experience to address practice and clinically relevant gaps or problems in nursing. The DNP project is a synthesis of the student’s growth in knowledge and expertise throughout the program that requires competence in critical thinking, translating evidence and new knowledge into practice, and evaluating clinical practice in healthcare environments geared towards improving healthcare outcomes. The DNP project is a tangible and deliverable academic product that is derived from the practice immersion experience and documents outcomes of the student’s educational experiences. Ultimately, the DNP project prepares the student for future scholarship activities and collaborative work with the PhD-prepared nurse to improve health outcomes, costs for patients, and health care systems.

The DNP project will:
- Focus on a change that impacts healthcare outcomes either through direct or indirect care.
- Have a systems (micro-, meso-, or macro-level) and/or population/aggregate focus
- Demonstrate implementation in the appropriate arena or area of practice.
- Include a plan of sustainability (e.g. financial, systems or political realities, not only theoretical abstractions).
- Include evaluation of processes and/or outcomes (formative and/or summative).
- Be designed so that processes/outcomes will be evaluated to guide practice and policy.
- Provide a foundation for future scholarly practice in advanced practice nursing.

To be awarded the DNP degree, the student must complete an original scholarly evidence-based DNP project.
What does the DNP Project Look Like?
The DNP degree primarily involves mastery of an indirect or direct advanced specialty care and application of advanced leadership skills, within nursing practice. Therefore, DNP projects may take several forms including the student’s area of advanced nursing practice. However, the elements of the DNP Project should be the same for all students and include planning, implementation, and evaluation components. As an outcome of the program, students must have the opportunity to integrate all DNP Essentials into practice; however, all eight DNP Essentials do not have to be demonstrated in the DNP Project (AACN, 2004, 2015).

All DNP projects should:
- Focus on a change that impacts healthcare outcomes either through direct or indirect care.
- Focus on a systems or population/aggregate.
- Implementation in the appropriate arena or area of practice.
- Develop a plan for sustainability (e.g. financial, systems or political realities, not only theoretical abstractions).
- 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.
- Provide a foundation for future practice scholarship (AACN, 2015, p. 4).

Examples of DNP projects include but are not limited to practice change initiatives which may be represented by a program evaluation, a quality improvement project, an evaluation of a new practice model, or a health policy initiative. Specifically, a student may collect and analyze data related to clinical practice problem and implement a practice change, or a student may design, implement, and evaluate evidence-based nursing interventions. The project may take the form of a scholarly paper, a manuscript suitable for publication, executive summary, a white paper, or a quality improvement toolkit or other similar high level scholarly product negotiated with the DNP Project Team.

The DNP project is not an integrative, systematic review, literature review, or a professional portfolio; nor is research. The DNP project is not research and should not be referred to as such (See Appendix A).

The DNP Project Team
The DNP Project involves a team approach and includes the Team Lead, Consultant, and importantly, the DNP student.

DNP Project Lead: The DNP Project Lead is a doctoral-prepared faculty member of the Annie Taylor Dee SON with requisite expertise and experience to provide substantive assistance and direction to the student. The DNP Project Lead will be assigned by director(s) and faculty. Every effort is made to select a Project Lead who matches the scholarly interest, clinical expertise, and/or method of inquiry identified by the student. This occurs in the first semester of study. The Project Lead will meet with the student initially to discuss DNP project ideas and help in selecting a consultant, organizational partner, and practicum sites.

DNP Project Consultant: The DNP Project Consultant is a preceptor from the organization in which the student is conducting their DNP project. It is recommended that the preceptor holds a minimum of a master’s degree. Selection of a DNP Project Consultant is made in deliberation with the DNP Project Lead. The consultant will participate in formulating the project and evaluating student progress. This person acts as the liaison between the student and the clinical organization.

DNP Student: The DNP Student is responsible for taking the lead for their learning and DNP project progress while communicating with DNP Project Lead and the DNP Project Consultant. The student is responsible for initiating, completing, and submitting specific forms to the DNP Project Lead and/or specified program director for signatures and approval.
Once the DNP team is finalized, the student must complete the *DNP Project Team* form (See Appendix B) and obtain appropriate signatures in NRSG7801. The original form is forwarded to the specified DNP program director, who will sign and place it in the student’s file.

A change with a Project Lead or Project Team Consultant must be documented on a new *DNP Project Team* form signed and placed in student file.

**Note:** Should a new Team Project Lead be requested, an explanation and appropriate justification is required for the requested change. An effort is made to consider faculty workload, so that faculty load is evenly distributed.

It is recommended that students meet with their Project Lead at least one to two times during each semester. Meetings with the Project Lead and the DNP Consultant will occur once per semester (or as indicated) the semester after project start. The student is responsible for scheduling these meetings and is advised to document the agenda, actions, and target dates.

### DNP Project Team Responsibilities
The role of the Project Lead and Consultant is to:
- Guide the student in the development of the project,
- Critique the readiness of the project proposal for presentation,
- Precept and mentor the student during the implementation and scholarly reporting phases of the project, and
- Evaluate the student’s performance on both the proposal and final project.

### Institutional Review Board (IRB) Process
The DNP student will complete the *Health Professions and Human Physiology Research CITI Training in NRSG 7010 Scholarly/Ethical Foundations* course. Even though the DNP student will not conduct research, many students will conduct quality improvement (QI) projects which require WSU IRB review and if needed approval to establish benefits and risks and the need for protection of human subjects.

Students must also complete any required institutional/organizational IRB documents in which they are implementing the DNP Project. Prior to submission of any IRB documents to the institution/organization, the documents must be reviewed and approved by the DNP Faculty Lead.

**No IRB related paperwork can be submitted until after the student has successfully completed the DNP project proposal approval process.**

### Site of Project Implementation
Supporting documentation is required from the institution/organization where the project is to be implemented. All students must turn in a completed *Graduate Program Preceptor/Project Consultant Agreement form* (See Appendix C). If a DNP student is not an employee of the organization there must also be a current affiliation agreement in place between WSU and the organization.

### Program Milestones
The DNP program milestones have been identified and used to guide the student in the planning, development, implementation, and evaluation of a DNP Project. The milestones begin in the first semester and are apparent in each session of each semester. They guide the student through to the completion of the DNP Project.

The Milestones within the program are:
- Population and Topic of Interest
- Problem Identification
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- Literature Review
- State of Health Care Delivery System Servicing Population
- Transforming Practice
- Identifying Indicators for Quality Outcomes
- Public Policy Transformation
- Synthesis and Implementation of DNP Project
- Data Analysis & Evaluation
- Dissemination

**DNP Project Activity and Associated Courses**
The DNP project is written as you progress through the program course work. Post-masters DNP students begin the process earlier than the BSN to DNP-FNP student. The student will identify a gap in practice, problem, or issue, a population, and an idea on how to turn the evidence into practice to solve the issue.

<table>
<thead>
<tr>
<th>DNP Project Activity</th>
<th>Courses BSN to DNP-FNP</th>
<th>Courses Post-masters to DNP</th>
<th>Responsible Parties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify a population and topic of interest</td>
<td>NRSG 7001 (Semester 1)</td>
<td>NRSG 7000 (Semester 1)</td>
<td>Student with NRSG7000, 7001, &amp; 7010 faculty support</td>
</tr>
<tr>
<td>Identify a problem or gap within the evidence</td>
<td>NRSG 7010 (Semester 2)</td>
<td>NRSG 7010 (Semester 1)</td>
<td>Student with director &amp; faculty support</td>
</tr>
<tr>
<td>Identify Project Lead &amp; Project Consultant</td>
<td>NRSG7801 (Semester 3)</td>
<td>NRSG7801 (Semester 2)</td>
<td>Student with NRSG 7010 &amp; 7801 faculty support</td>
</tr>
<tr>
<td>Develop Project Proposal (Initial Draft)</td>
<td>NRSG 7010 (Semester 1)</td>
<td>NRSG7010 (Semester 1)</td>
<td>Student with NRSG 7010 &amp; 7801 faculty support</td>
</tr>
<tr>
<td>Submit Final Project Proposal</td>
<td>NRSG 7801 (Semester 3)</td>
<td>NRSG 7801 (Semester 2)</td>
<td>Student with NRSG 7900 faculty project lead support</td>
</tr>
<tr>
<td>Oral Presentation</td>
<td>NRSG 7900 (Semester 4)</td>
<td>NRSG 7900 (Semester 3)</td>
<td>Student with NRSG 7900 faculty project lead support</td>
</tr>
<tr>
<td>Submit IRB review</td>
<td>NRSG 7900 (Semester 4)</td>
<td>NRSG 7900 (Semester 3)</td>
<td>Student with NRSG 7900 faculty project lead support</td>
</tr>
<tr>
<td>Begin Implementation</td>
<td>NRSG 7802 (Semester 5)</td>
<td>NRSG 7802 (Semester 4)</td>
<td>Student with NRSG 7900 &amp; 7802 &amp; 7900 faculty project lead support</td>
</tr>
<tr>
<td>Implementation</td>
<td>NRSG 7900 (Semester 5)</td>
<td>NRSG 7900 (Semester 4)</td>
<td>Student with NRSG 7900 &amp; 7802 &amp; 7900 faculty project lead support</td>
</tr>
<tr>
<td>Collect Data</td>
<td>NRSG 7900 (Semester 6)</td>
<td>NRSG 7900 (Semester 5)</td>
<td>Student with NRSG 7900 &amp; 7803 faculty project lead support</td>
</tr>
<tr>
<td>Data Analysis &amp; Evaluation</td>
<td>NRSG 7903 (Semester 7)</td>
<td>NRSG 7900 (Semester 5)</td>
<td>Student with NRSG 7900 &amp; 7803 faculty project lead support</td>
</tr>
<tr>
<td>Dissemination</td>
<td>NRSG 7900 (Semester 7)</td>
<td>NRSG 7900 (Semester 5)</td>
<td>Student with NRSG 7900 &amp; 7803 faculty project lead support</td>
</tr>
</tbody>
</table>

**DNP Project Completion Requirements**
The DNP Project completion includes:
1. Successful project proposal presentation
2. Submission of a final written project document (one of the following):
   a. Scholarly paper
   b. Manuscript for submission to a peer-reviewed journal
   c. Executive summary
   d. White paper
   e. Quality Improvement Tool Kit
3. Dissemination of the scholarly project
   a. Poster or podium abstract submission to regional, national, or international conference, or
b. Written or oral presentation to stakeholders or community of interest directly related to the project

c. Final written paper submitted to the Virginia Henderson Global Nursing e-repository

4. Final oral presentation of the project at WSU campus or a written summary available on the SON website.

The DNP project must be completed within three years following admission to the program. Program coursework/credits older than six academic years will not apply toward graduation. If the student has completed all DNP coursework but has not yet completed the DNP Project graduation requirement, the student must register and pay for a minimum of one credit for extension for each consecutive academic semester until the student fulfills all requirements associated with the DNP project requirements within three year timeframe to remain in the DNP program.

**DNP Project Written and Oral Work**

I. **DNP Project Topic Identification**

The DNP student is encouraged to identify a topic early in the program. Working with the DNP faculty the student will be guided to select a DNP Project Lead, Project Consultant, and topic. Some ways to identify or even consider a topic include discussing clinical issues with peers, or dialoging/asking work place leaders about systems issues.

After identifying a clinical practice gap or problem, reviewing and summarizing the literature (evidence) related to the identified gap/problem. A clinical practice problem statement is developed (and refined) and the problem is further investigated.

II. **Method of DNP Project Overview**

The methodology used to plan, implement, and evaluate the DNP project is determined by the type of project and its expected outcomes.

III. **DNP Project Written Proposal**

The DNP student will develop a written project proposal following the prescribed scholarly paper outline in an APA format. The Project Lead, Consultant, and other designated team members will provide guidance to the student as needed. Students will provide drafts of the written proposal to the Project Lead and Consultant at least two weeks before the presentation date and then make revisions based on the feedback obtained. Writing is an iterative process. Once the proposal is finalized and reviewed by the Project Lead, the student is ready to present the proposal. (See Appendix D).

IV. **DNP Project Oral Proposal Presentation**

The purpose of the oral presentation is to allow the student to articulate their project prior to project implementation and IRB review.

- The oral presentation is an online synchronous 15 minute PowerPoint or other electronic format presentation describing the key components of the project proposal. See Appendix E for *DNP Project Oral Presentation Outline*.
- There will be a minimum of three SON faculty members/DNP director along with the DNP Project Lead.
- Students will email the presentation to their DNP Project Team at least two weeks before the presentation date.
- Students must pass the proposal presentation before they can progress to the implementation phase of their project.
- If the student does *not* adequately present the proposal, they will work with their Project Lead and DNP director as indicated to revise the proposal, and present within three weeks or the next scheduled proposal presentation date.
Upon successful project presentation oral project presentation, the Project Approval Form will be completed and placed in student file. (See Appendix F).

V. DNP Scholarly Project Final Deliverable

The format for the final written document will be based on the type of project completed whether it is a:

- Scholarly Paper
- Manuscript for submission to a peer-reviewed journal
- Executive Summary
- White Paper
- Quality Improvement Tool Kit

The final written DNP Project product should reflect the scholarly nature of the project. The format should be consistent with APA format and/or specific guidelines depending on type of project completed. Final written products that do not meet the correct formatting will be returned to the student for remediation. The DNP degree will not be granted until the format meets the DNP Committee guidelines for scholarly written work. The student is responsible to upload document to the electronic portfolio (See Appendix H).

Scholarly Paper

Follows the Scholarly Paper Outline and APA format. (See Appendix G).

Manuscript

Follows the author guidelines for a specific journal in content and format or the general format for a scholarly paper.

Executive Summary

Written to recommend a specific course of action and is a condensed version of a longer report, approximately 10 pages long. The report summarizes the evidence, the intervention or findings, makes a specific recommendation for action, justification for proposed action, and may include budget or policy information.

Every executive summary is different based on the nature of the project. Components may include (but are not limited to):

- Background and significance of project/intervention
- EBP/theoretical framework, or conceptual model
- Project description including literature review and synthesis and congruence to organizations strategic plan to project (if applicable),
- Project objectives, project design (include evidence based project/intervention plan, timeline, resources, etc.), evaluation plan, results, and significance for practice.
- Your committee chair will guide you in the development of the outline for the executive summary.

White Paper

An authoritative report or guide to understanding an issue or problem, or make a decision. This type of report is used to argue a specific position or propose a solution to a problem.

Specific components include:

- An introduction
- Background (history of the issue or problem, expertise and scholarship available to address issue or problem)
- Need (definition of the problem or need, significance)
- Solutions (outline of solutions, how/when/ and with what resources the solutions will take place detailed methodology to be implemented, time-line of project)
• Benefits (how solution will bring new and revolutionary thought to the issue
• How solution will benefit stakeholder)
• Evaluation (how solution will be evaluated
• Validating the success/failure of the project)
• Costs (what costs would be involved in the solution

Quality Improvement Toolkit
QI toolkits are the essential to launching and managing a successful improvement project. This is a scholarly paper utilizing tools includes tools/templates such as cause and effect diagram. Driver diagram, failure modes and effects analysis, flowchart, histogram, Pareto chart, PDSA worksheet, project planning form, run chart, and control chart and scatter diagram.

VI. Dissemination of the DNP Project
All students are expected to present their final project for public dissemination to the WSU Campus and the SON faculty and students either in person or in an online synchronous format. Dissemination should include a product that describes the purpose, planning, implementation, and evaluation components of the project, and is required for each project. Dissemination of the project outcomes is essential and may include a variety of forms depending upon the focus and area of advanced nursing practice and should be targeted to appropriate audiences to ensure impact.

Two weeks prior to the due date of the DNP Project presentation, a final meeting is scheduled with the Project Lead and the other Project Team members as indicated to ensure that all members agree that the DNP Project is ready for presentation.

Evaluation of the Final DNP Project
Evaluation is the responsibility of the DNP Project Team and Graduate Director. Evaluation includes a review process, which may include academic review, faculty peer review, and/or stakeholder review. In addition, review and input from stakeholders outside of academia are important to ensure rigor, applicability, and impact of the work as well as to disseminate outcomes.

Portfolio
DNP final projects along with tracking of practice hours and signature assignments and activities that meet program, course, and role specific-competencies is used to for tracking, archiving, and sharing students work and outcomes. Students are responsible to upload documents to the electronic portfolio.

Repository
All DNP Scholarly project papers, once approved by the Project Team are uploaded to the Virginia Henderson Global Nursing e-Repository (http://www.nursinglibrary.org/vhl/). This open access repository does not require membership to Sigma Theta Tau International. Students submit their final approved project document to the Project Lead at least two weeks prior to graduation. Specific instructions for uploading the project are sent upon approval. Once submitted and approved through peer review, the students name will be sent forward to the specified DNP Director indicating the final requirement for the degree has been fulfilled.

Authorship
If authorship on any subsequent publications from the DNP Project is to be negotiated, the authorship agreement (Appendix J) must be signed and included in the student file.
Editorial Style
Appendix A: Differentiating the Research Process from the QI Process

The DNP project is intended to be a quality improvement project where evidence is used to develop a project that will have a positive impact on a clinical practice. The project is not intended to be a research project. The table below indicates the major differences between a research project and the DNP project.

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Research</th>
<th>Quality Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>To discover new knowledge</td>
<td>To bring new knowledge into daily practice</td>
</tr>
<tr>
<td>Test</td>
<td>One large “blind” test</td>
<td>Many sequential, observable tests</td>
</tr>
<tr>
<td>Biases</td>
<td>Control for as many biases as possible</td>
<td>Stabilize the biases from test to test</td>
</tr>
<tr>
<td>Data</td>
<td>Gather as much data as possible, &quot;just in case&quot;</td>
<td>Gather &quot;just enough&quot; data to learn and complete another cycle</td>
</tr>
<tr>
<td>Duration</td>
<td>Can take long periods of time to obtain results</td>
<td>&quot;Small tests of significant changes&quot; accelerates the rate of improvement</td>
</tr>
</tbody>
</table>
Appendix B: DNP Project Approval Team Form

Student name: ____________________________ Date: ______

Topic of interest.

Describe the problem to be addressed and specify the question to be answered.

Explain the importance of the question or problem to stakeholders.

Describe the DNP Project method proposed to answer the problem.

The signature of the DNP Project Team indicates approval of the DNP Final Project idea/concept and agreement to serve on the team.

Student (print):
Name: (print) ____________________________ Signature: ____________________________ Date ______

DNP Project Team Lead:
Name: (print) ____________________________ Signature: ____________________________ Date ______

DNP Project Team Consultant/Preceptor:
Name: (print) ____________________________ Signature: ____________________________ Date ______

Project Team Member (optional):
Name: (print) ____________________________ Signature: ____________________________ Date ______

DNP Program Director:
Name: (print) ____________________________ Signature: ____________________________ Date: ______
Appendix C: Graduate Program Preceptor/Project Consultant Agreement Form

Weber State University/Annie Taylor Dee School of Nursing
Graduate Program Preceptor/Project Consultant Agreement

**Preceptors and Consultants:** Complete the following form. Scan or attach the completed form and email to one of the following individuals:

Jamie Wankier Randles (Graduate Program Clinical Coordinator): Email: jamiewankier@weber.edu
Melissa Neville Norton (Graduate Program Director) Email: mneville@weber.edu

<table>
<thead>
<tr>
<th>Preceptor/Consultant Name, Title &amp; Credentials:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Site Name:</td>
<td></td>
</tr>
<tr>
<td>Clinical Site Address:</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Preceptor/Consultant Email:</td>
<td></td>
</tr>
</tbody>
</table>

**Preceptor/Consultant Education: Indicate all earned degrees**

- [ ] MD or DO
- [ ] Ph.D. Nursing
- [ ] DNP
- [ ] Nurse Practitioner (NP)
- [ ] MSN
- [ ] PhD – Other
- [ ] EdD
- [ ] Other:______________

**Type of Setting, Experience, Practice or Organization:**

The Graduate Program Preceptor/Project Consultant is a mentor from the organization in which the student is conducting an MSN Residency, DNP project, or DNP Clinical experience. The Graduate Program Preceptor/Project Consultant will participate in formulating the residency, project, or clinical experience and evaluating the students’ progress. This person acts as the liaison between the student and the clinical organization.

If there are any questions or concerns, please contact the Graduate Program Clinical Coordinator at the email above.

I agree to serve as a Preceptor/Project Consultant for the Weber State University Graduate Program.

<table>
<thead>
<tr>
<th>Preceptor/Consultant Signature:</th>
<th>Preceptor/Consultant Printed Name:</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name:</td>
<td>Dates for experience:</td>
<td></td>
</tr>
</tbody>
</table>
Appendix D: Written Proposal Outline

Title and Abstract
- Title Page—consult APA Manual
  - Title of project
  - Student name and academic credentials
  - Annie Taylor Dee School of Nursing
  - Date
- Abstract—consult APA manual
  - Concise statement that summarizes all key information from various sections of the paper
  - Use key words
  - Must not exceed 250 words

Section 1: Introduction to and Background of the Problem (1-2 pages)
- Provide introductory information to justify the topic/problem. Identify the clinical problem in your targeted population and describe the background information of topic clinical problem/gap/need.
- Problem Statement:
  - Clearly state the clinical gap, need, or problem within the context of a setting and population.
  - Describe an intended practice change that might address this clinical need.
- Purpose of project
  - Clearly and concisely state specific goals and outcomes of the project

Section 2: Review of the Literature (6-10 pages)
- Define the search
- Review of literature, from the literature:
  - Describe the pertinent and related concepts/topics to the clinical problem
  - Relate this evidence to the specific identified problem, setting, and population
  - Review the gaps or needs
  - Review possible solutions and expected outcomes
  - Develop a narrative review that reflects a synthesis of all key concepts and findings that support the clinical problem and project implementation and analysis.
- Describe the Evidence-based Practice (EBP) Model/Theoretical Framework/Conceptual Model
  - Describe the model/framework that guides or explains the project and its implementation
- Summarize—link the literature review to the project implementation plan

Section 3: Project Implementation Plan (2-4 pages)
- Expected outcomes/goals
- Population and setting/organization
  - Describe the population (individual or group)
  - Describe the organization and setting
- Project considerations and issue/s
  - Resources & barriers/ethical issues/IRB
  - Role of the DNP leader/Project sustainability
- Project Implementation Plan
  - Present the Evidence based practice change/protocol in detail
  - What are you going to do? Why are you going to do it?
  - How are you going to make the change? What activities are included?
  - Who or where will be part of the change?
  - What is the timeline?
Section 4: Evaluation and Data Analysis Plan (1-2 pages)
  o What method and tools are you going to be using to evaluate your project?
  o Describe data analysis techniques
  o Describe your expected results/outcome

Section 5: Discussion, Conclusions, and Recommendations (1-2 pages)
  o How you hope to use this information
  o Significance/importance

Section 6: Reference List—APA format

Section 7: Appendices (as needed)
  • Evaluation tables
  • Evidence tables
  • Theoretical or practice model (schematics)
  • Data collection tools
Appendix E: DNP Project Oral Presentation Guideline

- Title slide
- Description of the Problem and Clinical Question
- Literature review (list major concepts and briefly discuss)
- EBP Model, Theoretical Framework, or Conceptual Model
- Expected outcomes
- Population/Setting
- Considerations/Issues
- Project Implementation Plan
  - Describe what you are going to do, how you are going to do it, what activities you are planning, what is the timeline
- Project Evaluation and Analysis Plan and Evaluation
  - How will the project be evaluated
- References
Appendix F: Project Proposal Approval

This is to certify that __________________________________________________________, a Doctor of Nursing Practice (DNP) student in the Weber State University Annie Taylor Dee School of Nursing, has successfully completed and presented his/her project proposal entitled

____________________________________________________________________________

and it has been approved for implementation (pending IRB approval as needed).

____________________________________________________________________________
Project Leader: 

____________________________________________________________________________
Date: ___________________________ Project Consultant:

____________________________________________________________________________
Date: ___________________________

Project Team Member (as applicable) ___________________ Date: ___________________________

DNP Graduate Program Director: _____________________ Date: ___________________________

*This document is placed in student file.
Appendix G: Scholarly Paper Format

**Title and Abstract**
- **Title Page**—Consult the APA Manual for Professional Papers and Appendix H for technical requirements
  - Title of project
  - Student name and academic credentials
  - Annie Taylor Dee School of Nursing
  - Date

**Acknowledgement page (optional)**

**Dedication page (optional)**

**Abstract**—consult APA Manual
- Concise statement that summaries all key information from various sections of the paper. The abstract must not exceed 250 words.

**Section 1: Introduction to and Background of the Problem** (1-2 pages)
- Provide introductory information to justify the topic/problem. Identify the clinical problem in your targeted population and describe the background information of topic clinical problem/gap/need.
- **Problem Statement:**
  - Clearly state the clinical gap, need, or problem within the context of a setting and population.
  - Describe the implemented practice change used to address this clinical need.
- **Purpose of project**
  - Clearly and concisely state purpose of this project.

**Section 2: Review of the Literature** (6-10 pages)
- Define the search
- Review of literature, from the literature:
  - Describe the pertinent and related concepts/topics to the clinical problem
  - Relate this evidence to the specific identified problem, setting, and population
  - Review the gaps or needs
  - Review possible solutions and expected outcomes
  - Develop a narrative review that reflects a synthesis of all key concepts and findings that support the clinical problem and project implementation and analysis.
- **Describe the Evidence-based Practice (EBP) Model/Theoretical Framework/Conceptual Model**
  - Describe the model/framework that guides or explains the project and its implementation
- **Summarize**—link the literature review to the project implementation plan

**Section 3: Project Implementation Plan** (2-4 pages)
- **Goals and Outcomes**
- **Population and setting/organization**
  - Describe the population (individual or group)
  - Describe the organization and setting
- **Project considerations and issue/s**
  - Resources & barriers/ethical issues/IRB
  - Role of the DNP leader/Project sustainability
- **Project Implementation Plan**
  - Present the Evidence based practice change/protocol in detail
  - Describe what you did.
  - Describe how you made the change.
What is the timeline?

**Section 4: Evaluation and Data Analysis Plan (1-2 pages)**
- Describe the methods and tools did you use to evaluate your outcomes.
- Describe data analysis techniques
- Describe project results

**Section 5: Discussion, Conclusions, and Recommendations**
- Discuss the project results
- Implications of results to healthcare, nursing and/or advance practice nursing
- Recommendations
- Key lessons learned
- Conclusions

**Section 6: Reference List**—consult APA Manual for requirements

**Section 7: Appendices (as indicated)**
- IRB letter
- Letters of support
- Evaluation tables
- Evidence tables
- EBP practice model/Theoretical Framework/Conceptual Model (schematics)
- Data collection tools
- QI tools
Appendix H: Final DNP Project Paper Technical Requirements

The student is responsible to write the final DNP document following required outline and format. The final copy of the DNP Project papers are to be formatted using APA format.

Font

1. Times New Roman 12

Margins

2. All pages, including figures, tables, and appendix material must conform to the margin requirements. If wide tables or figures require the page to be in the landscape position, the tops of the figures/tables must be at the binding edge (the side with the 1.50" margin). The page number will remain in the portrait position.

3. 1.50" left margin (binding margin)

4. 1.25" top and right

5. 1.0" from the bottom edge of the page for the page number. In Word, try setting the bottom margin to 1.5" if your page number is sitting at .75" instead of 1.0". If you do not set a footer, your bottom margin may not be 1.0". Setting the bottom margin as described here should automatically result in the distance between the last line of text and the page number being 0.25". See "standard typing rules" for exception to the .25" margin (this distance may be larger in some instances, but never smaller).

Justification

- Use a ragged right margin (not a justified right margin).

Line Spacing

- Use double spacing, either set the paragraph settings as double spaced or press enter once with the spacing set on double.

- Double space the text except as noted below:
  - Single space: (consult APA manual) Table/figure captions; table/figure notes but double space between notes; entries in the reference list but double space between entries; headings that are typed on more than one line; all listings in the contents, list of tables, and list of figures that require more than one line, but double space between subheadings and each table/figure caption; itemized lists may be single spaced but double space between items.

- Single or double space appendix material and tables. Let readability of these items be your guide in whether to single space or double space. You may choose to single space some appendix material or a table and double space others.

Indentation

- Paragraphs. Indent the first line of all paragraphs .50" or use the first default tab in Word. Begin second and subsequent lines of the paragraph at the left margin (1.50"").

Pagination

- Assign a number to every page of the paper the preliminary pages.

Preliminary Pages: (Title page, TOC, Acknowledgments, Signature page Abstract)

- Use lower case roman numerals (ii, iii, iv, and so on).

- Center all page numbers 1.0" from the bottom edge of the page.

- The approval signature page is the first page to receive a number (ii).

- Do not embellish any page number with hyphens or any other character.

Text and Back Matter

- Print the page number on all pages except facing pages and half title pages. These pages are counted in the numbering sequence but never have the number printed on them.

- Center all page numbers 1.0" from the bottom edge of the page. Do not embellish these page numbers.

- Begin with page 1 immediately after the last preliminary page and continue in numerical order to the end of the document. Use Arabic numerals for all text page numbers, meaning use arabic numerals for everything after the last page of the contents.

Text Pages: Tables and Lines

- Consult the APA manual.
Horizontal lines are required above and below the column headings, below column spanners, and below the last line of data on the last page of the table to denote completion of the table.

Horizontal lines must be solid lines (not a row of hyphens or dots, for example) that extend from the left margin to the right margin of the table.

Be sure that there is a blank line separating the horizontal line from the text above and below. Otherwise, the horizontal line becomes an underline.

Horizontal lines must be the same weight throughout the table. Do not use thick lines and thin lines—just one thickness for all. Use a solid line with no shading, dashes, dots or other embellishment. Use the word processor's option for horizontal lines. These lines will automatically size themselves to be within the margins.

**Table Titles (Captions)**

- All tables must have a table heading (consult APA Manual).

**Landscape Tables**

- A table may be prepared in the landscape (broadside) position if it will not fit in the portrait (normal) position. Rotate the table so that the table heading and caption are parallel to the binding margin (1.50").
- Remember that the page numbers still must be in the portrait position (1" from the bottom edge of the 8.5" side of the page; this will be the left margin of the table when holding it in the reading position for a landscape page).

**Notes to Tables**

- Notes to tables are independent of notes to the text or to other tables. All explanatory material such as explanations for abbreviations used in the table must be repeated on each table; each table’s notes must begin with 1 or “a” depending on the type of note.
- A general note applies to the entire table. It may be a source note or it may provide information that relates to the entire table. These are indicated by the word “Note.” underlined and followed by a period.
- Statistical symbols must be italicized in all tables just as they are in the text.
- Consult your APA style manual for more detailed information regarding notes and treatment of statistical symbols. The APA Manual has an excellent section on notes to tables and statistical symbols.
- Tables may be continued vertically for as many pages as necessary. On every page of the continued table add Table 0 (continued) and the column headings. Do not repeat the caption on every page. Do not write “table continues” at the bottom of continued tables.
- Tables may not be continued horizontally. All of the columns must fit across one page. They may not wrap or continue horizontally onto another page.
- Do not delete the blank lines or white space in a table to try to get it on one page. This makes the table hard to read.

**Data Alignment in Columns**

- Leave a minimum of three spaces between columns.
- Align columns of words on the left.
- Align columns of numbers on their decimal point. Set decimal tabs for the columns. If a column has numerals with decimals and numerals without, assume that all numerals have a decimal and align accordingly (a decimal tab will automatically do this).
- Columns which have numerals and text must have decimals aligned. The following example shows proper alignment of various types of numbers.

**Placement of Tables**

- All tables must be cited in the text in numerical order.
- Tables must appear in the manuscript in numerical order.
- Tables in the appendix must be cited in the paper and they must also be cited in order.
- Tables may be placed on pages by themselves. If more than one table is placed on the page the spacing requirements described below apply.
Tables may be placed on pages with text if they can be spaced properly. There must be three blank lines above and below the table to separate it from the text or from another table on the page. If a table cannot be completed on the page with text, then fill that page with text and place the table on the following page(s). Do not leave partially filled text pages when the table won't fit on the remaining space.

**Table Numbering**
- Tables must be numbered in numerical order throughout the text of the paper per APA Manual.

**Text Pages--Figures**
- The overall format requirements for figures are the same as that for tables--placement on the page, spacing, pagination, font style and size, numbering, landscape orientation, captioning, and so on. (consult APA Manual).
- Figures are graphical representations of the data reported in the paper as opposed to numerical presentations typically found in tables. Figures include graphs, charts, blueprints, flow charts, sample items from surveys, sample answer sheets, and so on.
- Whatever form the illustration takes, in the manuscript it will be referred to as “Figure.”

**Landscape Figures**
- Figures must be rotated 90 degrees so that the top of the figure is parallel to the binding edge (1.50”, left margin). Captions must also be rotated to remain under the figures.
- On a facing page or any other figure, the caption must be landscape if the figure is landscape and portrait if the figure is portrait.
- Page numbers are never rotated. They are in the same place on landscape pages as they are on the portrait pages. In order to get the page number on a landscape table or figure you must make two passes through the printer--once for the table or figure and a second time for the page number. Word help also has a fix if you are a proficient Word user. Ask: How do I print a portrait page number on a landscape page?
Appendix I: Final Presentation Completion Form

This is to certify that _____________________________________________________________, a Doctor of Nursing Practice (DNP) student in the Weber State University Annie Taylor Dee School of Nursing, has successfully presented his/her project entitled

__________________________________________________________________________

and it has been approved as meeting the requirement for the Degree of Doctor of Nursing Practice.

____________________________________________________________________________

Project Leader:

_____________________________ Date: ___________________________ Project Consultant:

_____________________________ Date: ___________________________

Project Team Member (as applicable) _________________ Date: __________________________

DNP Graduate Program Director: __________________________ Date: __________________________

School of Nursing Chair: ___________________________ Date: ___________________________

*This document is placed in student file.
Appendix J: Authorship Agreement

The student and the DNP Project Team agree to the following in regards to authorship of any published material, posters, and or presentations based on this project. (Check one only).

___ The team does not wish to be included in the authorship of any published material, posters or presentations.

___ The team must be included in the authorship of the first published article only.

___ The team must be included in the authorship of ALL published materials, posters, and presentations based on this project.

Student signature ___________________________________________ Date_________

DNP Project Lead __________________________________________Date_________

DNP Team Consultant ________________________________________ Date__________