

# **CALIFORNIA STATE UNIVERSITY, CHICO SCHOOL OF NURSING**

## **GRADUATE STUDENT GUIDELINES**

### **INTRODUCTION**

The faculty of the School of Nursing would like to welcome you to the online Master of Science in Nursing program. We know you will find the program interesting and rewarding. The course of study is demanding and we are here to help you achieve your goal of a Master of Science Degree in Nursing.

The School of Nursing is an integral unit of the College of Natural Sciences at California State University, Chico, and, in accord with the primary goal of the University, provides a quality education. The School of Nursing further subscribes to the University's commitment to serve the population of northeastern California.

The guidelines in this booklet have evolved over the years and are the result of faculty and graduate student participation in the graduate nursing curriculum. They were developed to help you understand certain expectations of this nursing curriculum. Your suggestions to make these "Guidelines" continuously useful are welcomed.

### **PURPOSE OF PROGRAM**

The graduate of this Master of Science in Nursing degree program is prepared as an educator with a clinical focus in adult health. She/he can function in the advanced roles of educator, researcher and adult health clinician to enhance nursing education and health care delivery in rural as well as urban areas. This includes the ability to perceive the need for change and to effectively design and implement programs that will effect change at local, regional and national levels.

#### **Description of the Program**

The 30 unit, part-time online curriculum is designed to produce a Nurse Educator with a clinical focus in Adult Health. There are four components to the curriculum: the core courses, the curriculum and instructional process courses, the adult health courses and the thesis/project/professional paper.

The core courses provide a solid foundation in nursing research, the development and use of nursing theory and conceptual models, and the components of the advanced nursing and advanced educator role.

The instructional process and curriculum courses examine the literature and research on learning theory, teaching-learning strategies and student evaluation as well as curriculum development and program evaluation for use in education and practice settings. The teaching practicum provides the opportunity for students to apply these principles by team teaching with a Master Teacher in a School of Nursing or in a staff development setting.

The adult health courses explore advanced nursing concepts and pathophysiology in the context of adult health. The courses also examine the larger social context in which advanced nursing care must exist and the potential impact of that context on individual practice. The practicum provides the opportunity for students to apply their knowledge to a selected population of adults.

### **School of Nursing Mission Statement**

The mission of the Master of Science, Nursing program is to prepare nurse educators for diverse academic and healthcare settings. Our program values high quality, student-centered teaching and learning environments that utilize technological innovation. The program will prepare students to meet the changing educational needs within academic and health care settings. Students will have the academic background to pursue further graduate work or doctoral study. The program provides a commitment to continued scholarship and service to the broader rural community.

### **School of Nursing Goals and Corresponding Expected Student Learning Outcomes**

<b>GOAL 1</b>	<b>Synthesize theories, research findings, and broad-based perspectives for application in the nurse educator role and in practice.</b>
Student Learning Outcome 1	Incorporate advanced knowledge, theory, and research in the delivery of evidence-based education and practice.
Student Learning Outcome 2	Be proficient in the area of information literacy and the use of computer technology.
Student Learning Outcome 3	Demonstrate excellence in the nurse educator role.
<b>GOAL 2</b>	<b>Demonstrate accountability in nursing education and practice.</b>
Student Learning Outcome 4	Demonstrate application of legal and ethical standards within the educator and practice roles.
Student Learning Outcome 5	Apply ethical standards when conducting scholarly inquiry.
<b>GOAL 3</b>	<b>Communicate nursing scholarship to advance the profession.</b>
Student Learning Outcome 6	Demonstrate excellence in written communication skills through the completion of a culminating activity, such as a thesis, project or professional paper.
Student Learning Outcome 7	Disseminate evidence-based research and best practices to the discipline of nursing.

## University and College Strategic Priorities

The University and College of Natural Sciences have identified six goals known as strategic priorities, which are as follows:

**Strategic Priority #1:** Believing in the primacy of student learning, we will continue to develop high quality learning environments both in and outside of the classroom.

**Strategic Priority #2:** Believing in the importance of faculty and staff, and their role in student success, we will continue to invest in faculty and staff development.

**Strategic Priority #3:** Believing in the value of the wise use of new technologies in learning and teaching, we will continue to provide the technology, the related training, and the support needed to create high quality learning environments both in and outside of the classroom.

**Strategic Priority #4:** Believing in the value of service to others, we will continue to serve the educational, cultural, and economic needs of Northern California.

**Strategic Priority #5:** Believing that we are accountable to the people of the State of California, we will continue to diversify our sources of revenue and manage the resources entrusted to us.

**Strategic Priority #6:** Believing that each generation owes something to those which follow, we will create environmentally literate citizens who embrace sustainability as a way of living. We will be wise stewards of scarce resources and, in seeking to develop the whole person, be aware that our individual and collective actions have economic, social, and environmental consequences locally, regionally, and globally.

## Curriculum Organization

The curriculum is organized around the Essentials of Masters Education document published in 1996 by the American Association of Colleges of Nursing (AACN). In 1994, the AACN Board of Directors established a task force to identify the essential elements of master's education for advanced practice roles in nursing. The Board called for an inclusive process in which all parties interested in master's education in nursing would have the opportunity to participate in the initial stages of the definition. To that end, a series of regional meetings was convened to provide a national forum for the development of a consensus-based document defining the essential curricular elements of master's education in nursing for advanced practice. This 48-page publication is the result of a consensus-building process that included nursing educators, clinicians, executives, and researchers, as well as numerous nursing organizations. The master's curriculum is outlined in the Essentials document.

The School of Nursing adheres to the Graduate Nursing Core that has been identified as foundational curriculum content deemed essential for all students who pursue a master's degree in nursing regardless of specialty or functional focus.

Seven essential graduate education core curriculum elements that have been identified by AACN are the following:

- I. Research
- II. Policy, Organization, and Financing of Health Care
- III. Ethics
- IV. Professional Role Development
- V. Theoretical Foundations of Nursing Practice

- VI. Human Diversity and Social Issues
- VII. Health Promotion and Disease Prevention

The entire Masters Essentials of Nursing Education document can be read at:  
<http://www.aacn.nche.edu/Education/pdf/MasEssentials96.pdf>

In 2005 the National League of Nursing Task Group on Nurse Educator Competencies published eight standards specific to the role of the nurse educator. The NLN standards are incorporated into the curriculum and are values held by the graduate faculty. The core competencies have been identified as the following:

- Competency 1:** Facilitate learning.
- Competency 2:** Facilitate learner development and socialization.
- Competency 3:** Use assessment and evaluation strategies.
- Competency 4:** Participate in curriculum design and evaluation of program outcomes.
- Competency 5:** Function as a change agent and leader.
- Competency 6:** Pursue continuous quality improvement in the nurse educator role.
- Competency 7:** Engage in scholarship.
- Competency 8:** Function within the educational environment.

Further description of each competency can be found at:  
<http://www.nln.org/profdev/pdf/corecompetencies.pdf>

### **Curriculum/Schedule of Courses for MSN Degree**

#### Semester One

N610	Teaching & Technology	2 credits
N620	Advanced Nursing Research & Theory	4 credits

#### Semester Two

N630	Dynamics of the Advanced Nursing Role	2 credits
N640	Advanced Concepts for Adult Nursing Care	4 credits

#### Semester Three

N645	Issues and Ethics in the Delivery of Health Care	3 credits
N647	Advanced Practicum in Nursing Care of Adults	2 credits
N660	Thesis/Project Proposal Seminar	1 credit

#### Semester Four

N650	Instructional Process in Nursing Education	4 credits
N651	Curriculum Process in Nursing Education	2 credits

### Semester Five

N657	Practicum for Instructional Process in Nursing Education	4 credits
N699	Thesis/Project	2 credits

## **PHILOSOPHY OF THE SCHOOL OF NURSING**

The philosophy for the CSU, Chico School of Nursing, identifies the underlying beliefs and values about the components of nursing's meta-paradigm: persons, health, nursing, environment, and nursing education.

### **Person**

Person includes the assumption that: persons are unique, dynamic, complex, and they are interconnected with others and the environment. As products of their culture, persons are at the center of their own experiences and create meaning for themselves.

### **Health**

Health consists of evolving life experiences of a person which implies continuous adjustment to stressors in the internal and external environments through optimum use of one's resources to move toward achievement of maximum potential for daily living.

### **Nursing**

Nursing is a caring, dynamic health care discipline strongly committed to nurse-client relationships. Nursing is a goal directed profession to support and empower clients to achieve desired health and wellness outcomes. Professional nurses assist individuals, families, and community groups to promote, restore and rehabilitate their health and well-being throughout the life span.

As an art and applied science, nursing promotes a holistic view of persons and requires a substantial knowledge base in the sciences and humanities. Nursing requires critical and creative thinking for independent and collaborative decision making, and clinical skills.

Nurses establish a caring presence that can deeply impact the well-being of the client. This caring presence is enacted through advocacy, nursing therapeutics, and leadership/management roles. Professional nurses are accountable for nursing practice as set forth by evolving legal, ethical, and professional standards. The profession expands and refines nursing knowledge through practice, research, and theory development.

### **Environment**

Florence Nightingale viewed environment as central to the practice of professional nursing. Viewed broadly, environment includes all contextual/cultural aspects in which persons and communities live. The faculty believes that environment is a complex integration of physical, political, social and cultural factors. Because health care is strongly influenced by environmental forces, nurses must be cognizant of the ever changing environments in which health care is delivered. Faculty believes health care should be accessible to all. Nurses

must actively participate as advocates for health care access and for the establishment and enforcement of quality environmental standards and conditions.

## **Nursing Education**

The faculty believes that baccalaureate and graduate nursing education is learning centered and is a collaborative exchange between teacher and student that results in a change in knowledge, values and attitudes. The teaching-learning process facilitates the development of critical thinking, communication skills, leadership qualities, and the commitment to lifelong personal and professional growth.

Learning is a continuous process that includes the affective, cognitive, and psychomotor domains. The learner has a personal responsibility requiring effort and accountability. Teaching is a complex process characterized by planning, implementing, and evaluating. Faculty endeavor to provide a supportive environment that considers individual student goals, uniqueness, culture/ethnicity, learning style and learning pace.

Because nursing is an applied discipline, teaching also takes place in a variety of settings that represent the diversity of professional nursing roles. Each of the clinical settings used in the teaching-learning process provides the faculty with the opportunity to incorporate the constant changes that are occurring within science, health care and technology into the current clinical experiences of students. Important also to the educational process is collaboration within the profession and the exchange between nursing education and nursing service which allows students to interact with practicing professionals.

## **AMERICAN NURSES ASSOCIATION CODE OF ETHICS FOR NURSES**

The graduate student will in no instance demonstrate any unsafe or potentially unsafe behavior that could endanger not only the physical well-being but also the emotional well-being of any client, family member, faculty or staff. Unsafe behavior includes, but is not limited to, being under the influence of drugs or alcohol, failure to use Standard Precautions at all times, failure to apply basic safety rules, or failing to report an abnormal finding. Unsafe behavior is the failure to perform in the manner that any nurse, at the same level of preparation, would perform in a particular clinical situation.

Graduate students are expected to follow the Code of Ethics for Nurses (2001). The professional issues in the first three statements are concerned with protection of clients' rights and safety; those in the next three pertain to qualifications for professional encounters with clients. The social issues of the last three statements of the code relate to the nurse's obligations to society and the profession.

1. The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
2. The nurse's primary commitment is to the patient, whether an individual, family, group or community.

3. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.
4. The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.
5. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.
6. The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.
7. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.
8. The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.
9. The nursing profession, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

## **FACILITIES AND SERVICES**

### **School of Nursing Office**

The School of Nursing at California State University, Chico, is located in Holt Hall, which is situated behind Bidwell Mansion next to Chico Creek. The Nursing Office is located in Holt Hall 369 and the media lab and skills labs are also on the third floor.

The School Office hours are Monday through Friday from 8:00 a.m. to 5:00 p.m., during the school year. Summer hours vary. The phone number is (530) 898-5891. The secretary in charge of the office and her assistant are available to assist students.

The names of faculty, the location of their offices, phone numbers, and office hours are listed in the School Office and included as part of the syllabus of each course. Each faculty member keeps approximately five hours of office hours per week.

### **Student Support Services**

Online students can seek assistance from Graduate Admissions, Advising and Financial Aid offices and Student Computing Services. Almost all of these services have an online presence and e-mail communications accessed through the University Home Page:

<http://www.csuchico.edu/>

### **Information Technology Support Services for Students**

Online course technical computer support is available through IT Support Services. IT Support Services is located in Meriam Library 142. You can email Information Technology Support Services (ITSS) at [itss@csuchico.edu](mailto:itss@csuchico.edu) and these services can also be accessed via telephone by calling the Student Computing HELP line 898-4357 to get verbal assistance.

Online access can be found at: <http://www.csuchico.edu/itss>

The HELP line operates 24 hours/day for Sunday through Thursday; it operates until midnight on Friday and from 9 am to midnight on Saturday. Students will also find

information about Blackboard Vista System, downloads and other plug-ins required for online courses, browser configuration, pop-up blockers, broadband connection and how to access online courses from home. The suggested mode for students to access the online nursing courses and materials would be to join a local or national Internet Service Provider (ISP) where students can receive high speed broadband access to the Internet. All Chico State students are able to purchase discounted computer software programs through the Associated Students Computer Works.

<http://www.asbookstore.com>

### **Library and Information Resources**

The online student, through the University Home Page: <http://www.csuchico.edu/> can access all the resources of Meriam Library. The library provides extensive resources for the distant student beginning with the Regional Extended Campus Service office. Our graduate nursing librarian is Richard Soares. His email is [rsoares@csuchico.edu](mailto:rsoares@csuchico.edu)

The student can access the online catalog, as well as the journal and periodical literature and relevant nursing databases. The library also has a system for accessing full text articles from a variety of nursing journals. The library offers full interlibrary loan services to remotely located students and delivers material to them directly by mail. The library collections of the other 22 California State University campuses as well as the University of California campuses are also available to the online students should they need resources not available at CSU, Chico. Every effort will be made to provide these interlibrary loan materials at no cost or at the lowest possible cost to the student.

## **GENERAL INFORMATION**

### **Academic Standing**

A graduate student must maintain a minimum 3.0 grade point average (GPA) in all course work taken at CSU, Chico in fulfillment of the Master of Science in Nursing program. This also includes courses taken at other accredited universities. Students failing to maintain a 3.0 average in nursing courses will be placed academic probation for one (1) semester. Failure to achieve a 3.0 GPA in that semester will result in disqualification from the master's program.

### **Academic Honesty**

In an instructional setting, plagiarism occurs when a writer deliberately uses someone else's language, ideas, or other original (not common-knowledge) material without acknowledging its source. This definition applies to texts published in print or on-line, to manuscripts, and to the work of other student writers. Most current discussions of plagiarism fail to distinguish between:

1. Submitting someone else's text as one's own or attempting to blur the line between one's own ideas or words and those borrowed from another source.

2. Misuse of sources, which means carelessly or inadequately citing ideas and words borrowed from another source.

Ethical writers make every effort to acknowledge sources fully and appropriately in accordance with the contexts and genres of their writing. A student who attempts (even if

clumsily) to identify and credit his or her source, but who misuses a specific citation format or incorrectly uses quotation marks or other forms of identifying material taken from other sources, has not plagiarized. Instead, such a student should be considered to have failed to cite and document sources appropriately from the Council of Writing Program Administrators' "Defining and Avoiding Plagiarism: The WPA Statement on Best Practices"

### **Avoiding Plagiarism**

CSU, Chico students must understand and abide by the University's policy on academic integrity as stated by the University President:

[http://www.csuchico.edu/prs/EMs/EM04/em04\\_36.htm](http://www.csuchico.edu/prs/EMs/EM04/em04_36.htm)

The School of Nursing requires that graduate papers be submitted to Turnitin.com. Turnitin is a web-based plagiarism prevention and detection service from the company iParadigms. Turnitin allows instructors or students to up-load papers to be screened for originality or suspected plagiarism. "Originality Reports" are issued to instructors who then use the reports to determine whether students are properly citing materials, or are using text that is not their own. Turnitin also offers plagiarism prevention strategies for both faculty and students. Students will be given an account within individual courses.

A tutorial has been created for students to better understand the concept of plagiarism. This tutorial can be found at : [http://www.csuchico.edu/rs/pdf/Plagiarism\\_Tutorial.pdf](http://www.csuchico.edu/rs/pdf/Plagiarism_Tutorial.pdf)

### **School of Nursing Graduate Coordinator**

The Graduate Coordinator is a nursing faculty member appointed by the Director of the School of Nursing to oversee the academic progress of the students. Academic advising is mandatory each semester for all students in the Master of Science in Nursing Program. The current graduate coordinator is Dr. Irene Morgan. Her email is [imorgan@csuchico.edu](mailto:imorgan@csuchico.edu). Office phone is 530-898-6207.

### **University Regulations**

Students are advised to be familiar with University regulations governing graduate students. Please refer to this section in the University Catalog for complete details. Nursing graduate students are responsible for meeting the University requirements and deadlines required for graduation from California State University, Chico.

### **Commencement**

Commencement exercises are held at the end of each spring semester on the weekend following final examination week. In accordance with the advanced academic preparation of the Master of Science in Nursing program, the graduates participate in the Graduate School Commencement Ceremony.

## **Graduate Guide**

The Graduate School frequently updates and publishes [A Guide to Graduate Studies: Policies, Procedures and Format](#) . The most current edition of this extremely useful resource can be viewed online at:

[http://www.csuchico.edu/giis/giis/pdf/fall\\_grad\\_guide.pdf](http://www.csuchico.edu/giis/giis/pdf/fall_grad_guide.pdf)

It is highly recommended that the guide be read. The graduate School also publishes a handout with critical deadlines related to application for and participation in graduation. It is essential that you be aware of these deadlines. This information is also available online at the Graduate School webpage found at:

<http://www.csuchico.edu/giis/>

## **CSU Graduate Literacy Requirement**

Students in the Master of Science in Nursing Program will be evaluated for writing competency in the course, N620 Advanced Nursing Research and Theory. This demonstration of literacy is to assure the CSUC System that the individual student has adequate skills for writing in the major.

## **Required Papers**

All papers written for your graduate nursing courses should demonstrate professional scholarship. The faculty requires that papers include appropriate documentation and that correct grammar, spelling, and composition be used. The Publication Manual of the American Psychological Association (APA) is the style manual of choice for writers, editors, students, educators, and professionals in psychology, sociology, business, economics, nursing, social work, and justice administration. Use of APA format is required on all papers and for the culminating activity (Professional Paper, Thesis or Project). Purchase of the [American Psychological Association Publications Manual](#) (latest edition) during the first semester can facilitate proper usage. Student resources for help with APA format can be found at the following sites: <http://www.apastyle.org/>

The Meriam Library provides a comprehensive list of "Citation Formats & Style Manuals," including APA. Included are guidelines for citing Internet sources and databases. Printable style guides are also available:

<http://www.csuchico.edu/lref/newciting.html>

EasyBib is an Internet service that formats your bibliography for you in APA style:

<http://www.easybib.com/>

## **Textbooks and Supplemental Materials**

Textbooks for all courses can be purchased through the Associated Students' Bookstore or can be purchased online. Supplemental books are also available in the Bookstore. You can order book by phone through the textbook department (530) 898-6844 or by going to the CSU, Chico bookstore webpage: <http://asbookstore.com>. Other supplemental reading materials may be required in a specific course and may be purchased through local copy business. The individual course syllabus will contain the information needed to purchase these reading materials.

## **PROTOCOLS**

Protocols have been developed to assist the graduate student meet the expectations of the faculty. Careful compliance with these protocols will facilitate a relatively smooth journey through all aspects of the Master of Science in Nursing Program. These are provided at the end of this graduate student guideline.

### **Graduate Committee Participation**

Students are represented on the School of Nursing Graduate Committee. One or more students are selected as an ongoing representative(s) and are expected to provide feedback to her/his classmates. However, meetings are open to all students and the meeting dates will be posted in online class announcement pages and in email to all enrolled MSN students.

### **Student Grievance Procedure**

Students who feel they have been treated unfairly or arbitrarily are entitled to use the University-wide Student Grievance Procedures. Formal grievances are initiated ONLY after the informal process was attempted and found unsatisfactory in reaching a solution. The informal process starts at the School level: the student should talk to the instructor involved. The second step is to talk with the Graduate Coordinator. If a solution satisfactory to the student is not reached, the student then discusses the matter with the Director of the School. The final step in the informal process would be to talk with the Dean of the College of Natural Sciences.

Most complaints (grievances) are resolved during the informal process. If not, the student should talk to the Coordinator for Student Judicial Affairs in Kendall Hall. NOTE: A revised Student Grievance Procedure was approved by the President and implemented in 2005. The link can be found at [http://www.csuchico.edu/prs/EMs/EM05/em05\\_10.htm](http://www.csuchico.edu/prs/EMs/EM05/em05_10.htm)

## **HEALTH POLICIES AND REGULATIONS**

To complete the graduate nursing program, students must be able to meet the emotional and physical requirements of the School.

### **Emotional Requirements**

The student must have sufficient emotional stability to perform under stress produced by both academic study and the necessity of performing advanced nursing care in a variety of patient care settings while being observed by the instructor and/or other health care personnel.

### **Physical Requirements**

The following physical requirements would be necessary to participate in the advanced clinical and teaching practicum courses:

**Strength:** Sufficient strength to lift, move, and transfer most patients; to restrain and carry children; to move and carry equipment; and to perform CPR which requires sufficient body weight and adequate lung expansion.

**Mobility:** Sufficient to bend, stoop, get down on the floor; combination of strength, dexterity, mobility and coordination to assist patients; ability to move around rapidly.

**Fine Motor Movements:** Necessary to manipulate syringes and IVs; to assist patients with feeding and hygiene; to write in charts; to perform sterile procedures and other skilled procedures.

**Speech:** Ability to speak clearly in order to communicate with staff, physicians and patients; need to be understood on the telephone.

**Vision:** Sufficient to make physical assessments of patients and equipment; to read.

**Hearing:** Sufficient to accurately hear on the telephone, to be able to hear through the stethoscope to discriminate sounds.

**Touch:** Ability to palpate both superficially and deeply and to discriminate tactile sensations.

**Health:** Pregnant students or students with impaired/deficient immune systems must have physician approval for participation in clinical and teaching practicum courses.

## **CLINICAL REQUIREMENTS AND POLICIES**

The following requirements must be completed and documented in the office of the School of Nursing two weeks prior to the beginning of the third semester and the beginning of the two semesters of practicum courses N647 and N657. No student may begin the clinical or teaching practicum until all requirements are met. All clinical requirements must be current for the academic semester, through the last day of finals.

### **Health Insurance**

Proof of health insurance must be provided to the School of Nursing office. The graduate student is responsible to determine that health insurance coverage includes provisions for emergency room visits in the event of a needle stick or other high risk exposure in the clinical setting, as well as the costs of anti-HIV drugs if the physician determines they are warranted. For example, Kaiser's coverage does not always extend to emergency room visits out of their area of service.

Since the School of Nursing policy for needle stick and other blood borne pathogen exposures may involve an emergency room visit and may require an initial course of anti-HIV drugs, started within one hour, complete health insurance coverage is especially important. These costs could easily reach \$300 or more for the initial incident. If you have to start on anti-HIV drugs for a prolonged period, it would be quite expensive. Supplemental health insurance may be purchased through CSU, Chico's student accident and sickness insurance plan at the time of registration. Descriptions of the policy are available in the School of Nursing.

## **Professional Liability**

All graduate students are recommended to carry their own liability insurance. Students are covered by the University policy while in the clinical setting directly associated with required coursework.

## **Automobile**

Prior to beginning the clinical practicum, the graduate student must provide proof of auto insurance. A current driver's license and automobile registration are mandatory. The car **MUST** be insured with an agency that is registered in the State of California. Currently, the minimum acceptable coverage is for bodily injury of \$15,000/\$30,000 and for damage to the property of a third person of \$10,000. The public and mental health agencies require an Affidavit of Coverage.

## **Cardio-Pulmonary Resuscitation (CPR)**

At the beginning of each practicum semester you must show a class "C" or professional CPR card that includes certification in two-man CPR, infant and child. Your card must have been renewed within the last school year and not expire before the semester ends. This means that the School of Nursing requires annual re-certification even though your card may have been renewed for two years.

## **Immunizations**

The School of Nursing at CSU, Chico requires all graduate students to have the following immunizations and tests (listed below) before entry into the clinical or teaching practica. They are to be kept current throughout both practica. It is assumed that all graduate students have previously received the usual childhood immunizations (which are required during public school attendance) for: diphtheria, tetanus, whooping cough, measles, mumps and polio. If the graduate student has not had these immunizations, or is unsure, it is highly recommended that graduate students discuss their past immunization history with their personal physician and to have the appropriate immunizations as needed.

### A. Requirements

- **Tetanus booster** given within the past ten years.
- **Annual PPD** skin test for TB. Students must submit PPD skin test results to the School of Nursing prior to the beginning of each practicum semester. Students with negative skin test results need no further evaluation other than an annual PPD skin test. In accord with county and state health policy, if a student has a new positive skin result, a chest x-ray is required. If chest x-ray is positive, TB prophylaxis must be initiated. An annual symptom checklist is required. A student showing any of the following symptoms needs follow-up on an individual basis: (weight loss, productive cough, bloody sputum, chest pain, shortness of breath, fatigue, fever, night sweats).
- **Rubella (German measles) vaccine**, usually given as "MMR" (Measles, Mumps, Rubella). Positive Rubella titers will be accepted in lieu of vaccination records.

- **Rubeola (10-day measles)** is currently epidemic in California. Health care providers are at high risk for exposure and transmission of this disease. You are required to show proof of a second booster immunization against measles (Rubeola or 10-day measles, not to be confused with Rubella, German Measles) prior to entering clinical. This booster is in addition to your initial MMR vaccine. If born prior to 1957 and you know you have had Rubeola, you may verify with a note from your doctor or a Rubeola titer. Many health departments offer free vaccines. If you are pregnant or plan to be within the next three months, consult your physician. A positive titer for Rubeola can be accepted in lieu of a booster.
- Completion of **Hepatitis B immunization series is required** of all graduate students entering the nursing program. Students refusing the vaccination series must sign a form releasing the University, College, School, faculty and clinical agencies of any liability for their decision. If you fail to complete the series within the prescribed timeframe, you will be ineligible to participate in the clinical courses until immunity has been confirmed. An immune titer is recommended for all students after completion of the semester.

#### B. Procedure

1. An immunization form will be provided to you at the end of the second semester.
2. The School Director, or designee, will check that the form is complete. Students having incomplete forms will be kept out of the clinical or teaching practicum, including orientation, until the completed form is in the office.

### AGENCY CONTRACTS

Graduate students achieve the practicum course requirements through clinical experience in many different health care agencies. Student access to facilities is regulated by contracts or letters of agreement between the University and the agency, covering policies such as immunizations, malpractice and car insurance requirements. Students who do not meet an agency's requirements will be denied access to that facility. It should be noted that the student is not considered an employee of the agencies involved, and has no claim for any employee benefits such as sick leave, vacation pay, social security, retirement benefits, worker's compensation or unemployment benefits.

### PATIENT CONFIDENTIALITY

Patient names should never be used in nursing care plans or case studies. Use initials or pseudonyms only. Assignment sheets used in the clinical setting should be destroyed in such a way that patient data cannot be linked to name or room number. You may not photocopy any portion of a patient's medical record. All students will be required to review information on the Federal Health Insurance Portability and Accountability Act (HIPAA) each semester to comply with patient confidentiality requirements.

## DRESS CODE

The dress code will depend on the agency selected for clinical experience. However,

1. Attire is to be consistent with the dress of the agency. A CSUC picture name tag must be worn when in the clinical agency. Name pins are ordered through the Nursing Office. Use first and last name only, i.e., Jane Doe, RN, Masters student, and must be worn at all time in the clinical agency.
2. Contractual agreements specifically prohibit the wearing of casual attire such as shorts, jeans, thong slippers, etc. when in the agency in a professional student role.

## UNIVERSAL BODY SUBSTANCE PRECAUTIONS

In order to protect nursing students against a broad range of blood-borne diseases that are transmitted by direct or indirect contact with infective blood or other body fluids, the School of Nursing has adopted a policy of universal body substance precautions. Infectious diseases requiring such precautions are those that result in the production of infective blood or body fluids and include Hepatitis B, Hepatitis non-A, non-B, Human Immunodeficiency virus (AIDS), Syphilis, Malaria, Leptospirosis, Creutzfeldt-Jakob diseases, and the arthropod-borne viral fevers such as dengue, yellow fever, and Colorado tick fever or others which produce infective body fluids. Body substances include blood and all body fluids. Universal refers to the blood and body fluids of all patients, not just known infected patients. Treating all patients' blood and body fluids as hazardous provides the best protection of the graduate student nurse without compromising patient care and confidentiality.

This policy is consistent with the policies of the local hospitals in which students are assigned for clinical courses and the Center for Disease Control Recommendation to Health Care Workers on the Prevention of HIV Transmission in Health-Care Settings. Health Care Workers are defined by the CDC as persons, including students and trainees whose activities involve contact with patients or with blood or other body fluids from patients in a health-care setting. See the full report from the CDC at:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a2.htm>

- A. Graduate students will be taught the following guidelines and will practice these techniques in clinical settings in hospitals, clinics, offices, and homes.
  1. Standard precautions apply to blood and other body fluids containing visible blood. **BLOOD** is the single most important source of HIV, **HBV**, and **other bloodborne pathogens** in the occupational setting.
  2. All health care workers should routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids of any client is anticipated. Gloves should be worn for touching blood and body fluids, mucous membranes or non-intact skin of all clients for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures. Masks and protective eyewear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.

3. Standard precautions are intended to supplement rather than replace recommendations for routine infection control, such as hand washing and using gloves to prevent gross microbial contamination of hands.
  4. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or body fluids. Hands should be washed immediately after gloves are removed.
  5. All health care workers should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures, when cleaning used instruments during disposal of used needles, and when handling sharp instruments after procedures.
  6. **DO NOT RECAP** used needles by hand; do not remove used needles from disposable syringes by hand; do not bend or break or otherwise manipulate used needles by hand. Place used disposable needles, syringes, scalpel blades, and other sharp items in puncture-resistant containers for disposal. Locate the puncture-resistant (sharps containers) as close to the use area as is practical.
  7. Use sterile gloves for procedures involving contact with normally sterile areas of the body. Use examination gloves for procedures involving contact with mucous membranes unless otherwise indicated and for other client care or diagnostic procedure that do not require the use of sterile gloves. Gloves should be changed after contact with each client. Do not wash or disinfect surgical or examination gloves for reuse. Use general purpose utility gloves (e.g. rubber household gloves) for housekeeping chores involving potential blood contact and for instrument cleaning and decontamination procedures.
  8. Health care workers who have exudative or herpes lesions or weeping dermatitis should refrain from all client care and from handling client care equipment until the condition resolves.
  9. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags and other ventilation devices should be available in areas where the need for emergency mouth-to-mouth resuscitation is predictable.
  10. Handle soiled linens as little as possible and minimize shaking or other agitation to diminish contamination of air and personnel. Wet linen soiled with bloody fluids must be placed in leak resistant bags in the room in which it was used.
  11. Put all specimens of blood and body fluids in well-constructed containers with secure lids to avoid leakage during transport. Avoid contaminating outside of container when collecting specimen.
  12. Follow agency policies for the disposal of infective waste, both when disposing of and when decontaminating materials. Excretions containing blood should be poured down drains that are connected to a sanitary sewer.
- B. Graduate students are responsible for learning and complying with the written policies of the hospital or agency to which they are assigned for clinical experience.

## **BLOODBORNE PATHOGEN EXPOSURE PROTOCOLS**

This document provides a guide to safeguarding your health following an exposure to blood borne pathogens in the clinical setting. **Keep this document handy when in clinical.** Keep information on your health insurance handy as well. All costs involved in your testing and treatment are your responsibility.

In the event that you experience a needlestick, cut, mucous membrane exposure or non-intact skin exposure (i.e. chapped or abraded skin) to:

- Blood
- Fluids containing blood
- Other potentially infectious fluids (semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids)

A. Follow the Procedure Below:

1. Clean the area exposed immediately:
  - a. Needlesticks or cuts: use soap and water to wash the area
  - b. Eye exposure: irrigate the area with clean water or saline
  - c. Splash exposures on nose, skin or mouth: flush the area with water
2. Immediately report, within 10 minutes, this exposure to your clinical instructor and preceptor or staff nurse, who should report to the nursing supervisor.
3. With the assistance of your instructor or staff nurse, determine the risk of transmission and the status of the source (patient). Use the attached Public Health Service Guidelines to determine the exposure code and the HIV status code of the exposure source.

B. Consider the following:

- The type of exposure (intact skin, mucous membranes, percutaneous)
- The type of fluid involved
- Depth of puncture
- Volume of fluid
- Duration of contact
- Age of specimen

**Assess the Source (Patient):**

- A. Assessment of any risk factors for blood borne pathogens (history of IV drug use, blood transfusion or organ transplants prior to 1992; chronic hemodialysis; high risk sexual behaviors; received clotting factors before 1987.
  - B. History of Hepatitis B, Hepatitis C or HIV?
  - C. If known HIV positive, is there information on viral load or treatment history?
  - D. Obtain HIV antibody, Hepatitis B surface antigen (HbsAG), Hepatitis B core and surface antibodies, and Hepatitis C antibody levels on the source patient if possible. If the patient is hospitalized, the patient's physician will be contacted and the patient will be asked for informed consent to have bloodwork drawn. Some hospitals can obtain stat results from an HIV test in 20 minutes.
1. If the patient is in a community setting, the patient's physician must be contacted for the lab work order, the patient must consent to the lab work and to the release of the results to your physician. Assistance may be needed to get the patient to the designated lab. The nursing instructor or preceptor may assist with this process. Cost of the lab work will usually not be covered by the patient's insurance coverage or by the agency where the injury occurred. The student will

usually be responsible for the lab costs for the patient blood draw. (The student's health insurance is usually not willing to pay for lab work for the source patient, though this may be negotiable.)

2. In community settings that don't have access to the STAT HIV test, you may not know the patient's source HIV status for several days. In this case, you may start the PEP regimen, and then discontinue it once you know the patient's HIV status is negative.
- E. If the combination of the exposure code and the HIV status code for the patient indicate that post-exposure prophylaxis (PEP) is needed (i.e., treatment with anti-HIV drugs), **treatment should be started within one hour of the exposure**. If the exposure code and the HIV status code for the patient are low, treatment may not be indicated, but the decision should be made within one to two hours, in consultation with a physician.
- F. **Seek treatment within one hour.** Time is of the essence!
1. Use hospital emergency rooms or prompt care centers, which are close to you. Urgent care or prompt care type facilities may be able to get you in more quickly than a full-service ER. In Chico, Enloe Prompt Care at Bruce Road is recommended.
  2. The Student Health Center cannot do the initial lab screen and does not carry the PEP drugs.
  3. You may also contact your own physician, but don't delay getting treatment if you can't see your own physician within one to two hours.
  4. Treatment includes drawing baseline lab values for the student (HbsAG, Hep C antibody and HIV).
  5. All costs of lab work and treatment are the responsibility of the student. The institution or the agency where the exposure occurred has no responsibility to provide any testing or treatment related to the exposure. Estimated cost of PEP drugs for four weeks is about \$330.
  6. A **24-hour hotline for health professionals** is available to help guide you through the process: **1-888-448-4911**.
- G. Besides the initial lab work and decision about the need for PEP, the following is recommended:

**Tetanus**

1. If your last tetanus booster was over five years ago, get another.

**Hepatitis B**

1. If your HbsAG results indicate you are a 'nonresponder' you will need a Hep B vaccine booster. You may be recommended to repeat the entire Hep B series.
2. If the source (patient) was Hep B positive or unknown, you will likely need Hep B Immune Globulin (HBIG) also.
3. If you have not yet completed the Hep B vaccine series, tell your physician where you are in the series to decide when the next booster should be given.
4. No routine follow-up after treatment for Hep B is recommended because post exposure treatment is highly effective.
5. Report symptoms of hepatitis (yellow eyes or skin, loss of appetite, nausea, vomiting, fever, stomach or joint pain, extreme tiredness).

## Hepatitis C

1. There is no vaccine against HCV, and no treatment after exposure that will prevent infection.
2. Obtain baseline HCV testing, and testing 4-6 months after exposure.
3. Be aware of signs and symptoms of hepatitis (see above) and report to your physician.

## HIV

1. After baseline testing, follow-up testing should be done at 6 weeks, 12 weeks, and 6 months. (Student Health Center can do the follow-up testing).
  2. If you start PEP, you should be checked for drug toxicity (CBC, kidney, and liver function tests) before starting treatment and two weeks after starting treatment.
  3. Report sudden or severe flu-like illness, especially if you have fever, rash, muscle aches, tiredness, malaise, or swollen glands.
  4. Follow recommendations for preventing transmission of HIV. (Don't donate blood, organs, semen; avoid sexual intercourse or take precautions; avoid breast feeding.)
- H. Complete an accident form at the School of Nursing.
- I. Obtain a copy of "Exposure to Blood: What Health-Care Workers Need to Know" from the School of Nursing Office.
- J. Other information is available at:

[www.cdc.gov/ncidod/diseases/hepatitis/index.htm](http://www.cdc.gov/ncidod/diseases/hepatitis/index.htm)

[www.cdcnpin.org](http://www.cdcnpin.org)

<http://www.cdc.gov/ncidod/dhqp/index.html>

[www.cdc.gov/niosh](http://www.cdc.gov/niosh)

[www.cdc.gov/hiv](http://www.cdc.gov/hiv)

- K. The following label should be carried on student name tags, so they have it handy for quick reference:

### For Needle Stick or Body Fluid Exposure:

- Wash area immediately.
- Report exposure **within 10 minutes** to RN and instructor.
- Have instructor, preceptor or other begin process of assessing degree of risk from the exposure source.
- Seek immediate treatment (within 30 minutes) at nearest hospital Emergency Room or Urgent Care Center. **Do not go to Student Health Center.**
- Start PEP, if needed, within 1-2 hours of exposure.
- **Call hotline: 1-888-448-4911 if questions.**
- Read "Exposure to Blood: What Healthcare Workers Need to Know".  
[www.cdc.gov/ncidod/dhqp/pdf/bbp/Exp\\_to\\_Blood.pdf](http://www.cdc.gov/ncidod/dhqp/pdf/bbp/Exp_to_Blood.pdf)

## CHEMICAL ABUSE POLICY

Registered nurses are not immune from the diseases of chemical dependency or mental illness. The California Board of Registered Nurses (BRN) estimates that at least 10% of the general population will have a problem with alcohol or drugs at some point in their lives. Health care professionals, including registered nurses, may be particularly susceptible to substance abuse problems due to the stresses of working in a health care environment and due to an increased opportunity to obtain controlled substances.

Unfortunately, most people suffering from chemical dependency or mental illness deny the problem. Many times they are the last to recognize and admit that they need help. If mental illness or chemical dependency problems are left untreated, they may eventually jeopardize patient health and safety. They can also threaten the life of the person afflicted.

In these cases, it becomes imperative that those individuals who detect a chemical dependency or mental health problem in a registered nurse take action. Without intervention, diseases have predictable courses and outcomes. The School of Nursing has adopted a policy for the detection and of chemical abuse that is in compliance with the guidelines of the California Board of Registered Nursing (BRN).

Because patient safety is of the utmost concern, a nursing instructor in any classroom or clinical setting is expected to take immediate corrective action if a student, from a professional discipline such as nursing, who provides patient care, is suspected based on inappropriate conduct, physical symptoms or other indicators of being under the influence of drugs or alcohol. If chemical abuse is proven (i.e., misdemeanor or felony conviction or through University disciplinary action), a student can be dismissed from the nursing program (Approved, School of Nursing, Fall, 1979). A 1990 flyer distributed by the Vice President for Student Affairs, states clearly that applicants for professional licensure must not be addicted to alcohol or other drugs at the time of application.

The California Board of Registered Nursing states that instructors have the responsibility and authority to take immediate corrective action with regard to the conduct and performance of students suspected of chemical abuse. If a nursing instructor suspects such impairment, he/she will immediately confront the student and remove the student from the classroom or clinical setting. A letter of concern documenting the incident will be sent to the Office of Student Judicial Affairs for formal disciplinary follow-up. Re-entry into the classroom or clinical setting is contingent upon acceptance by the student of all stipulations set forth by the Student Judicial Affairs Coordinator and the Director of the School of Nursing.

Selected options of the guidelines adopted at the November 15-16, 1985 meeting of the BRN are listed below: In the matter of nursing students impaired by alcoholism, drug abuse and emotional illness, the California Board of Registered Nursing recognizes:

- That these are diseases and should be treated as such.
- That personal and health problems involving these diseases can affect one's academic and clinical performance and that the impaired nursing student is a danger in client care.
- That nursing students who develop these diseases can be helped to recover.
- That it is the responsibility of the nursing student to voluntarily seek diagnosis and treatment for suspected illness.

- That confidential handling of the diagnosis and treatment of these diseases is essential.

It is outside the Board's scope of function to endorse or recommend a particular course of therapy; however, it does wish to inform nursing students of the importance of seeking voluntary aid for conditions that could, if left unattended, lead to disciplinary action and may prevent them from being licensed to practice nursing in the State of California.

### **Identifying and Dealing with Chemical Dependency**

An estimated 114,000-152,000 nurses are chemically dependent. Surveys of these nurses indicate that at least 22% of them may have been chemically impaired during their nursing education. Several factors were identified by these nurses that may have contributed to the dependence:

**Family history** -- children of alcoholics, or of dysfunctional families, which often lead to lack of positive self-concept and positive coping skills.

**Economic status** -- too little money was a source of stress; too much money was a factor in opportunity, permitting purchase of drugs or alcohol.

**Social environment** -- lack of strong support systems, or peer pressure to use chemical substances.

**Negative self-perceptions** which were disguised by chemical use.

**Pleasant sensations** accompanying chemical use.

**Nursing focus** -- allowed students to focus on caring for others, while ignoring their own problems; a lack of curriculum content on chemical dependence in the professional caregiver.

It is important to be aware of the magnitude of the problem. It is also important to identify the problem early, and to seek appropriate help, before your licensure and entire career are affected. There are many support programs on campus and in the community for assisting with the problem. The greatest difficulty is breaking through the denial of the person experiencing the problem. In nursing, it is sometimes difficult to accept that oneself or one's colleagues may actually be chemically impaired.

The following are signs/symptoms of student alcohol/substance use: unexplained drop in grades (although many impaired students are high achievers); irregular school attendance; odor of alcohol on breath in class; change in health or grooming; desire to be isolated or secretive; decreased interest in school organizations; performance shrinkage; frequent "flu" episodes, chronic cough, chest pains or "allergy" symptoms; unexplained mood changes -- irritability, hostility; sudden verbal mistreatment of peers or clients; impaired short term memory; frequent accidents; being hospitalized or arrested because of drinking or drug-related behavior.

## **Policy for Students Suspected of Drug or Alcohol Abuse/Dependency**

Alcoholism and drug dependencies are prevalent in American society, and are of major concern when they occur in nurses and nursing students. Drug and alcohol abuse and dependency are recognized as illnesses and major health problems. They are also a threat to patient safety.

Recognition of these problems is a key to protecting patients, as well as for obtaining proper treatment for the nursing student. Nursing faculty, nursing staff and nursing student peers have an obligation to act on concerns regarding alcohol or drug abuse or dependency when encountered in the nursing student. The School of Nursing follows the California Board of Registered Nursing guidelines for dealing with nurses impaired by drugs or alcohol.

The School of Nursing adheres to the following clear prohibitions regarding drugs and alcohol:

- A. Students may not possess, or be under the influence of alcohol while in clinical or nursing classroom settings.
- B. Students may not be under the influence of drugs, i.e. controlled substances, or prescription drugs, when there is the possibility that such use may impair the student's ability to safely perform nursing care, or impair the learning in a classroom setting.
- C. Students may not be involved in the illegal possession, distribution, sale, diversion or purchase of a controlled substance.

Nursing faculty are obligated to take immediate action if a student involved in School of Nursing courses is suspected, based on inappropriate conduct, physical symptoms or other indicators, of being under the influence of drugs or alcohol. The following policy describes actions that may be taken when students are suspected of violating drug or alcohol policies. The School of Nursing Student Guidelines describes risk factors, signs and symptoms and resources for dealing with alcohol and drug abuse and dependency.

### **Procedures:**

- A. Faculty or peers who suspect a student of alcohol or drug use/dependency (based on a pattern of behavior consistent with impairment) will document specific behaviors or confirmed evidence of such impairment. This will be submitted in writing to the Director who will determine the action to be taken. If the Director and involved faculty feel the evidence is compelling and indicates violation of drug and alcohol policies, the student will be confronted with the concerns and evidence. The Director and involved faculty will decide what type of follow-up is indicated, based on the outcome of this conference. Options include, but are not limited to:
  - 1. A warning, with continued observation; confidential consultation with all other nursing faculty who have contact with the student will occur, to involve them in continued observation.
  - 2. Immediate request for a body fluid screen for alcohol or drugs. All costs of testing will be borne by the student. Refusal to comply with testing will result in dismissal from the nursing program. Subsequent re-entry into the program will be contingent on approval of the School of Nursing Executive Committee and space available.
  - 3. Referral to a drug or alcohol counselor for assessment of drug or alcohol problems. Resources will be suggested to the student; choice of counselor will

be made by the student. All costs will be the responsibility of the student. The student will be asked to release the results of this assessment to the School of Nursing.

4. Immediate administrative probation, resulting in removal of the student from all clinical courses. The student will be subject to a contract which must be signed and adhered to for continued participation in any portion of the nursing program.
5. The student's transcript will be marked to indicate School of Nursing Administrative Probation.

B. If reasonable suspicion of alcohol or drug use occurs in the classroom or clinical setting, the student will be immediately removed from that setting. The faculty member will discuss the concerns with the student. If reasonable suspicion still exists, the Director of the School of Nursing (or assistant director or Nursing Executive Committee member in her absence) will be informed and will determine what actions need to be taken. Screening for drugs or alcohol will be required. The student will have to give consent for such testing, and authorization for results to be made available to the School of Nursing.

1. If use of alcohol is suspected, the student will be transported to campus and will be required to submit to a breath test administered by campus police. If the student is in a clinical setting distant from campus, a blood alcohol may be drawn at an available health care agency.
2. If drugs are suspected, the student will be required to provide a witnessed urine sample or a blood sample. Such testing may occur at the Student Health Center during regular hours, or at a healthcare agency such as a hospital emergency department or a prompt care center.
3. All testing costs will be borne by the student.

### C. Contract Procedure

1. Any student with admitted or proven drug/alcohol abuse/dependency, or who has a strong pattern of impaired behaviors witnessed by two or more faculty, staff, or students, will be subject to the terms of a contract in order to continue in the Nursing program. The contract will include, but is not limited to:
  - a. A requirement for psychological counseling and rehabilitation, with verification provided to the School of Nursing. Costs of such counseling will be the responsibility of the student. Periodic reports from the counselor to the Director of the School of Nursing will be required.
  - b. Consent by the student for random body fluid screens at the request of the School of Nursing. Any costs for testing will be the responsibility of the student. Refusal to submit to testing or failure to appear when requested for testing will be considered a positive test result and will lead to immediate and permanent dismissal from the nursing program.
  - c. Agreement by the student to absolutely refrain from use of involved substance(s) (e.g., alcohol, controlled substances and illicit drugs) during the period of the contract.
  - d. Program requirements for licensure will not be considered met until the student is determined to be rehabilitated by the School of Nursing Executive Committee, even if all coursework has been completed (**i.e., the student will not meet the presumption of meeting the professional/ethical requirements of the program until a program of rehabilitation is**

**complete**). Normally, a student will not be certified to the Board of Registered Nursing as having met all the program requirements for licensure until one full year of negative random body fluid screens have been obtained.

- e. Agreement that the concerns and conditions imposed for rehabilitation may be released to the Board of Registered Nursing at the time the student applies for licensure (this includes all state boards where nursing licensure is applied for).
- f. Violation of the terms of the contract will result in permanent dismissal from the program.

D. General Guidelines Governing Re-entry of Impaired Students into Classroom and clinical settings.

1. A student with known or suspected chemical impairment may participate in on-campus nursing courses if a contract is in place, and the student adheres to the terms of the contract.
2. **\*Normally**, a student with known chemical impairment will be restricted from participation in clinical courses until one year of negative random body fluid screens have been obtained.
3. A student with known chemical impairment will be restricted from access to controlled substances in the clinical setting. The student absolutely will not administer narcotics, will not work with PCAs, narcotic patches, or other drugs with abuse potential as specified in an individual contract. Students must notify the clinical instructor immediately when patients have changes in narcotic orders.
4. An impaired student who is readmitted to clinical courses must agree to inform immediate nursing supervisors on the day of care regarding the chemical impairment contract. All nursing faculty involved with the student will also be informed of the conditions of the contract.
5. Depending on the nature of the chemical impairment, the student may be restricted from participating in those clinical courses where supervision is less available, where the student might have access to prescription drugs in client homes, or might be exposed to illicit drugs in client homes.

**\*Normally** is used to allow discretion based on type of impairment, course of rehabilitation and recommendations of the School of Nursing Executive Committee.

**Indications for reasonable suspicion of drug/alcohol abuse or dependency:**

A. Behaviors:

1. Observed/reported possession or use of a prohibited substance
2. Apparent drug or alcohol intoxication
3. Observed abnormal or erratic behavior
4. Deterioration of classroom or clinical performance
5. Medication diversion
6. Unusual behavior such as verbal abuse, physical abuse, extreme aggression or agitation, withdrawal, depression, mood changes or unresponsiveness; inappropriate responses to questions or instructions; other erratic or inappropriate behavior such as hallucinations, disorientation, excessive euphoria, confusion.

B. Physical signs or symptoms:

1. Possessing, dispensing or using controlled substance
2. Slurred or incoherent speech
3. Unsteady gait or other loss of physical control; poor coordination
4. Bloodshot or watery eyes
5. Dilated or constricted pupils or unusual eye movement
6. Extreme fatigue, drowsiness, sleeping
7. Excessive sweating or clamminess of the skin
8. Flushed or very pale face
9. Highly excited or nervous
10. Nausea or vomiting
11. Odor of alcohol on breath, body or clothing
12. Odor of marijuana
13. Dry mouth
14. Dizziness or fainting
15. Shaking of hands or body tremor/twitching
16. Irregular or difficult breathing
17. Runny sores or sores round nostrils
18. Inappropriate wearing of sunglasses
19. Puncture marks or “tracks”
20. Disheveled appearance

C. Behavioral patterns:

1. Repeated absences
2. Frequent absences from work area
3. Frequently coming in late or leaving early
4. Alternate periods of high and low productivity
5. Complaints from patients, families, staff or other students
6. Making poor decisions or using poor judgment
7. An increase in errors, forgetfulness, and difficulty following instruction
8. Accidents related to apparent lack of concentration

## ORGANIZATIONS

### **Sigma Theta Tau, International/Kappa Omicron**

The Chico Honor Society of Nursing, established in Spring, 1984 was chartered on April 30, 1988, as Kappa Omicron Chapter of Sigma Theta Tau. Sigma Theta Tau was organized in 1922 at Indiana University to encourage and recognize superior scholarship and leadership achievement at the undergraduate and graduate levels in nursing. Chapters have at least two educational programs each year as well as a formal induction ceremony in the spring. In addition, scholarships, recognition and awards are available from both the local chapter and national parent organization. Sigma Theta Tau encourages eligible students to join in recognizing professional and scholastic achievement. Master's students who have completed one quarter of their nursing sequence and meet cumulative GPA of 3.0 are eligible. Each spring, Kappa Omicron offers the opportunity for its members to apply for scholarship funds. The call for applications will be announced to all MSN students via email or the chapter newsletter. There are two \$250.00 scholarships awarded each year.

# **GRADUATE HANDBOOK SUPPLEMENT**

## **PROTOCOLS**

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## **GUIDELINES FOR SELECTING THESIS/PROJECT/ PROFESSIONAL PAPER COMMITTEE**

### **When the student chooses a thesis or project or professional paper he/she will:**

1. Have submitted to the Graduate Coordinator a written commitment of his or her intent to pursue a thesis, or project, or professional paper
2. Enroll in two thesis units of N699 for the next semester. If the student does not complete the proposal in N699, the student will not receive credit for the course and will have to repeat the course until the proposal is complete for a maximum of up to six thesis units. Students working on culminating activities must stay continuously enrolled as adjunct status through Continuing Education. Students sign up for GRST 899. Costs are approximately \$180.00/semester.
3. Identify with the Graduate Coordinator at least two full time tenure/tenure tract nursing faculty members who have expertise in the area of the student's thesis or project proposal who would serve as Thesis/Project/Professional Paper Chair and Thesis/Project/Professional Paper Member. The Graduate Coordinator will also seek input from the faculty to best match students with faculty mentors. This will occur during the Nursing 660 proposal development course.
4. Share a copy of the thesis proposal draft completed in N660 with the suggested faculty prior to making an appointment to meet with each of them.
5. Make appointments with the suggested faculty to discuss the research topic and proposal draft and the faculty person's possible service on the professional paper/thesis/project committee.
6. Add, if appropriate to the thesis/project/professional paper, additional non-nursing committee members to provide expertise in statistical methods and/or specific content.
7. Once the Thesis/Project/Professional Paper Committee is constituted, the Graduate Coordinator must approve any changes in membership. A Change of Program Form must be completed (including faculty signatures) and submitted to the Graduate office.

## GUIDELINES FOR SUBMITTING A THESIS/PROJECT/ PROFESSIONAL PAPER PROPOSAL

### THESIS/PROJECT/PROFESSIONAL PAPER PROTOCOL

#### A. Proposal

1. The student will:
  - a. Develop the draft thesis/project/professional paper proposal in N660.
  - b. Establish a thesis/project committee to oversee the proposal.
2. When the final draft of the proposal is approved by all members of the Thesis/Project/Professional Paper Committee, the Graduate Coordinator will appoint a third reader to review the proposal. A copy of the revised proposal will be given to the Graduate Coordinator for final review. The Graduate Coordinator will contact the Chair of the Thesis/Project/Professional Paper Committee to discuss the readiness of the proposal for conducting the thesis or project. Once readiness is determined, the Graduate Coordinator will ask the Thesis/Project/Professional Paper Chair to submit a clean copy of the proposal to be placed in the student's file.
3. Following approval of the proposal by the Thesis/Project/Professional Paper Chair, Committee Member, Third Reader, and the Graduate Coordinator, the Graduate Coordinator will file papers with the Graduate School to advance the student to Candidacy.
4. The student may apply for Human Subjects Review. All studies involving human subjects (including chart reviews, surveys, or questionnaires) must be approved by the University Human Subjects Review Committee. This is to assure compliance with the ethical and legal standards established for the protection of human subjects in research. **No data collection may take place prior to the completion of this review.**

#### B. Format

1. The style manual is the American Psychological Association Publications Manual, Washington, D.C., American Psychological Association (current edition).
2. The proposal will be typewritten and basically comply with the Master's Thesis. Papers and Projects: Guide to Style and Format (current edition).
3. The *Thesis/Professional Paper Proposal* will include, but may not be limited to the following sections:
  - a. **Chapter One**
    - 1) Introduction to the study
    - 2) Background of the problem
    - 3) Statement of the problem
    - 4) Relevance/importance of the study
    - 5) Theoretical/Conceptual framework
    - 6) Purpose of the study

- 7) Research questions(s) or hypothesis(es)
- 8) Definition of terms
- 9) Qualifications of the researcher

**b. Chapter Two**

- 1) Critical review of related literature
- 2) Substantiation of the need for the study

**c. Chapter Three**

- 1) Design of the study
- 2) Identification and operationalization of variables as appropriate
- 3) Population and sample
- 4) Methods of data collection
- 5) Measurement tools/instruments including reliability and validity data
- 6) Human subjects protections
- 7) Data collection procedure
- 8) Data analysis and statistical procedures

4. The *Project Proposal* will include, but not be limited to, the following sections:

**a. Chapter One**

- 1) Introduction to the study/project
- 2) Background of the problem
- 3) Statement of the problem
- 4) Relevance/importance of the project
- 5) Purpose of the project
- 6) Scope of the project
- 7) Content
- 8) Population
- 9) Format
- 10) Expected results/effects
- 11) Definition of terms
- 12) Qualifications of the researcher

**b. Chapter Two**

- 1) Critical review of related literature
- 2) Substantiation of the need for the project

**c. Chapter Three**

- 1) Design of the project
- 2) Evaluation tools/instruments including reliability and validity data as appropriate.
- 3) Human subjects protections as appropriate
- 4) Implementation procedure
- 5) Evaluation process

# GUIDELINES FOR CONDUCTING A QUALITATIVE MASTER'S THESIS OR PROJECT

## CHAPTER 1 – Introduction

### A. Background/Overview

The background/overview should be of sufficient depth to set the scene for the specific nursing problem that will be studied. This section must be able to answer the question: “What is this study about?” Early in the introduction it is necessary to establish the overall area of concern, arouse interest in the reader, and communicate information that will be essential to the reader understanding what follows. It is important to address 3 questions in the background:

1. What do we already know or do? The purpose is to briefly support the legitimacy and importance of the question (in one or two sentences).
2. How does this particular question relate to what we already know or do? The purpose is to explain and support the exact form of questions or hypotheses that will serve as the focus for the study.
3. Why select this particular method of investigation? The purpose being to explain and support the selections made from among alternative methods of investigation.

### B. Statement of Problem

The statement of problem should be brief, concise and naturally flow from the background. This section needs to clearly answer the “So what?” question. This section also includes a rationale for the study. This usually involves both logical argument and documentation with factual evidence.

### C. Relevance and Importance to Nursing

The relevance and importance to nursing should be evident. It must be clear why the study is of importance to the profession, how findings may be used to inform practice or education.

### D. Philosophical Underpinnings/Conceptual Assumptions of the study

This is a brief introduction to the conceptual assumptions or theoretical underpinnings for the study. For example, in a phenomenological study, the philosophical underpinnings might include the particular philosopher that is guiding your perspective and analysis. For a Grounded theory study, you would discuss symbolic interactionism as the conceptual guide for the planning of your study.

### E. Purpose/aims of the study

This should include why you want to do the study and what you intend to accomplish. Make your purpose statement forthright, keep it simple, and be brief.

## **F. Research Questions**

These questions should be written in carefully constructed language that specifies each aspect of the problem in explicit terms.

## **G. Definition of terms**

Qualitative studies define terms in this chapter if they are being used in a unique way in the particular study.

## **H. Qualifications of the Researcher**

This section should include professional background of the researcher and identify to the reader how professional history and current education qualify the researcher for the particular topic of the study.

## **I. Transitional Statements**

You will need to conclude Chapter 1 with a summary of the preceding components and a preview of what is to follow in the remaining chapters.

# **CHAPTER 2 – This is written in past tense.**

## **A. Introductory paragraph**

The introductory paragraph for Chapter 2 includes a summary sentence or two of the proposed research, then a summary of the outline of the review of the literature. The introductory section should also include a paragraph on information literacy, how the search was conducted including databases searched and key words used. This includes how the chapter is organized by headings used. A review of the literature may have several ways it is broken down and presented. These can include conceptual or topic areas and methodological issues. It is important before the reader gets into the literature review that it is clear the direction the researcher has taken to provide a comprehensive review of relevant literature.

## **B. Critique of Research**

It is important when presenting critique of research that enough detail is provided so that the reader can determine the quality of the study. This means information about sample size, significance, limitations, and the specific findings that are relevant to the current study.

## **C. Substantiation of the need for the study**

While reviewing the literature, the researcher is building an argument for the need for the study. By the end of the chapter it should be clear to the reader how the proposed study will contribute to knowledge development or fill a gap in existing literature.

## **D. Transitional Statements**

You will need to conclude Chapter 2 with a summary of the major points from each of the topic/heading areas, followed by a statement addressing how this relates to the research topic, and a review of what is to come in the next chapter.

Here is a checklist to keep in mind when you are evaluating past studies and describing the qualitative research study you propose:

- \_\_\_\_\_ Is the research question worthy of investigation and is it clearly defined?  
Is the significance of the question discussed and justified?
- \_\_\_\_\_ What are the dependent and independent variables? Are there potential confounding variables the authors overlooked?
- \_\_\_\_\_ What type of research design is used? Is it appropriate given the research question? Based on the type of design used, how strong will the findings be in terms of strength of scientific evidence?
- \_\_\_\_\_ Is the subject/participant group appropriate in size and method of selection? Are possible sources of sampling bias discussed? Are control variables identified?
- \_\_\_\_\_ What do you think of the instruments/surveys used? Are they valid, accurate and reliable?  
  
Are the results of prior research presented clearly? Can you interpret the results in plain English?
- \_\_\_\_\_ Are the conclusions drawn by the researchers warranted based on the evidence presented? Did the researchers point out the limitations of the research?

## **CHAPTER 3 – This is changed to past tense after the research/project is completed.**

### **A. Research Methodology**

The specific processes to be discussed in this chapter will demonstrate consistency with the chosen methodology, i.e., general descriptive/interpretative, grounded theory, phenomenology, ethnography, etc. In choosing a methodology, the student will consult with his/her thesis/professional paper committee and also demonstrate a basic understanding of the methodology chosen.

### **B. Description of the theoretical/philosophical underpinnings informing the methodology.**

### **C. Sample: (access, process, characteristics)**

This will include a description of how you will obtain/access the sample and what demographic data you will collect and why. Once data collection is completed, then

specific sample characteristics can be substituted and any difficulties you experienced or changes made.

#### **D. Ethical Considerations – human subjects protection**

At the proposal stage, the researcher can download the forms from the CSUC website and determine level of exemption the study qualifies for. This will help with determining a timeline for when data collection can begin following approval of the proposal.

#### **E. Specific method(s) for Data Collection**

At the proposal stage, this will include your plan for data collection. Once this is completed the actual process will be substituted along with any difficulties encountered or changes made.

#### **F. Process for Data Analysis**

At the proposal level, a brief plan that is consistent with the chosen methodology and has appropriate research references for support. After analysis is complete, the researcher will describe in detail how data were actually analyzed.

#### **G. Process to establish rigor**

At the proposal stage, the researcher will identify what process will be used to establish rigor for a qualitative study. Examples of the language that is applied to determine qualitative rigor, as identified by Lincoln and Guba's book *Naturalistic Inquiry* (1985) include **credibility** (also known as authenticity or truth in findings), **auditability** (also known as dependability), **fittingness** (also known as transferability) and **confirmability** or neutrality. After data collection is complete, the student will go back to this section and document how rigor for their qualitative study was maintained.

#### **H. Transition statements**

Chapter 3 will conclude with a summary paragraph that includes the key points about research methodology and process as well as introducing what will be included in chapter four.

Here is a checklist to use as a guide while you are writing Chapter 3 of your research/project proposal.

\_\_\_\_\_ Research question/clinical issue: Briefly restate the research question and outline your objectives and/or hypothesis of the study in the first paragraph or two of this chapter.

\_\_\_\_\_ Research design/methods/project: Thoroughly describe what type of study design is used, i.e., quasi-experimental, phenomenology, etc. or how you will search the literature for best available research evidence.

\_\_\_\_\_ Description of subjects/participants: Fully describe whom you plan to use for subjects/participants. Where and how will you recruit/select them? If you

need human subjects' approval, describe the process. How many subjects/participants do you plan to use? How was this determined? Is the proposed number sufficient in size to adequately answer your research question?

\_\_\_\_\_ Description of the instrument/questions: Fully describe what you plan to use to collect data, i.e., questionnaires, interview questions, etc. Provide a draft of your proposed data collection instrument(s) as an attachment.

\_\_\_\_\_ Discuss the procedures that you will use to determine reliability and validity for a quantitative study or rigor/trustworthiness for a qualitative study.

\_\_\_\_\_ Description of the procedures: Describe fully how you plan to collect the data. You must include a discussion of such things as instructions to the subjects/participants, informed consent, recording of data, etc.

\_\_\_\_\_ Data processing and analysis: Discuss how you will analyze the data.

\_\_\_\_\_ Here are some additional things to keep in mind: Is your research plan clearly delineated? Is it doable given the resources available to you? Have you included a timeline and are the dates specified reasonable?

\_\_\_\_\_ If you are doing an evidence-based study or a project, fully describe the process used for collection of evidence or project guidelines.

## **CHAPTER 4**

### **A. Findings**

Findings presented in a manner consistent with the chosen methodology, i.e., themes, theoretical constructs, categories, descriptions, narrative. Qualitative findings are usually presented by first describing the theme or category, followed by quotes from interviews or observations that support the description. This also helps to establish that the analysis process was rigorous as it should be evident that the supporting evidence for the theme came from the data. The analysis logically and sequentially answers all the research questions.

## **CHAPTER 5**

### **A. Discussion and reflection on the finding**

This would include: meaning, understanding, implications, and relevance. Findings are discussed in the context of existing literature and practice, and existing theory and philosophy in the area of study, with assumptions as discussed in the introduction.

### **B. Limitations of the study**

How was the study limited in terms of how findings could be considered for other settings? For example, was the sample size small, was there any bias introduced?

**C. Implications for practice, research, and/or education (Use a separate heading for each of the three areas).**

This discussion should include the impact of the specific findings of the research in each area as relevant. Possible changes in the field or setting as a result of the study, as well as suggestions for future research, can be included in this section.

**D. Summary/conclusions, and recommendations**

Findings should be summarized. What can you conclude from what you found? Conclusions are derived from all that the data analysis revealed and do not go beyond what the analysis revealed. Recommendations flow logically from the conclusions and are useful, they point to appropriate action.

**E. Reference List – must follow APA current edition**

**G. Appendices – must follow APA current edition**

**H. Other requirements**

A table of contents with expected headings should be turned in with the first draft. A working abstract will be submitted with the first draft. A 250-500 working abstract, including findings, will be submitted with the final draft.

**GUIDELINES FOR CONDUCTING A QUANTITATIVE  
MASTER’S THESIS OR PROJECT**

**CHAPTER 1 – Introduction**

**A. Background/Overview**

The background should be of sufficient depth to set the scene for the specific nursing problem that will be studied. This section must be able to answer the question: “What is this study about?” Early in the introduction it is necessary to establish the overall area of concern, arouse interest in the reader, and communicate information that will be essential to the reader understanding what follows. It is important to address 3 questions in the background:

1. What do we already know or do? The purpose is to briefly support the legitimacy and importance of the question (in one or two sentences).
2. How does this particular question relate to what we already know or do? The purpose is to explain and support the exact form of questions or hypotheses that will serve as the focus for the study.
3. Why select this particular method of investigation? The purpose being to explain and support the selections made from among alternative methods of investigation.

## **B. Statement of Problem**

The statement of problem should be brief, concise and naturally flow from the background. For quantitative approaches, the problem statement should identify the variables being studied. This section needs to clearly answer the “So what?” question. This section also includes a rationale for the study. This usually involves both logical argument and documentation with factual evidence.

## **C. Relevance and Importance to Nursing**

The relevance and importance to nursing should be evident. It must be clear why the study is of importance to the profession, how findings may be used to inform practice or education.

## **D. Theoretical/Philosophical Underpinnings of the Study**

This is a brief introduction to the conceptual or theoretical support for the study. There may be more theoretical support in Chapter 1 for quantitative studies than for qualitative studies.

## **E. Purpose/Aims of the study**

This should include why you want to do the study and what you intend to accomplish. Make your purpose statement forthright, keep it simple, and be brief.

## **F. Research Questions**

These questions or hypotheses should be written in carefully constructed language that specifies each variable in explicit terms. The question form is most appropriate when the research is exploratory. The hypothesis form is employed when the state of existing knowledge and theory permits formulation of reasonable predictions about the relationship of variables. Before finalizing your question ask these questions:

1. Is the question free of ambiguity?
2. Is a relationship among variables expressed?
3. Does the question imply an empirical test?

## **G. Definition of Terms**

This section is always used in quantitative research and gives the researcher an opportunity to operationalize variables. An operational definition is developed so that the variable can be measured or manipulated in a study.

## **H. Qualifications of the Researcher**

This section should include professional background of the researcher and identify to the reader how professional history and current education qualify the researcher for the particular topic of the study.

## **I. Transitional Statements**

You will need to conclude Chapter 1 with a summary of the preceding components and a preview of what is to follow in the next chapter.

## **CHAPTER 2**

### **A. Introduction – All literature reviews should be written in past tense**

The introductory paragraph for Chapter 2 includes a summary sentence or two of the proposed research, then a summary of the outline of the review of the literature. The introductory section should also include a paragraph on information literacy, how the search was conducted including databases searched and key words used. This includes how the chapter is organized by headings used. A review of the literature may have several ways it is broken down and presented. These can include conceptual or topic areas and methodological issues. It is important before the reader gets into the literature review that it is clear the direction the researcher has taken to provide a comprehensive review of relevant literature.

### **B. Quality of Study**

It is important when presenting critique of research that enough detail is provided so that the reader can determine the quality of the study. This means information about sample size, significance, limitations, and the specific findings that are relevant to the current study.

### **C. Substantiation of the Need for the Study**

While reviewing the literature, the researcher is building an argument for the need for the study. By the end of the chapter it should be clear to the reader how the proposed study will contribute to knowledge development or fill a gap in existing literature.

### **D. Transitional Statements**

You will need to conclude Chapter 2 with a summary of the major points from each of the topic/heading areas, followed by a statement addressing how this relates to the research topic, and a review of what is to come in the next chapter.

Here is a checklist to keep in mind when you are evaluating past studies and describing the quantitative research study you propose:

\_\_\_\_\_ Is the research question worthy of investigation and is it clearly defined?  
Is the significance of the question discussed and justified?

\_\_\_\_\_ What are the dependent and independent variables? Are there potential confounding variables the authors overlooked?

\_\_\_\_\_ What type of research design is used? Is it appropriate given the research question? Based on the type of design used, how strong will the findings be in terms of strength of scientific evidence?

- \_\_\_\_\_ Is the subject/participant group appropriate in size and method of selection? Are possible sources of sampling bias discussed? Are control variables identified?
- \_\_\_\_\_ What do you think of the instruments/surveys used? Are they valid, accurate and reliable?
- Are the results of prior research presented clearly? Can you interpret the results in plain English?
- \_\_\_\_\_ Are the conclusions drawn by the researchers warranted based on the evidence presented? Did the researchers point out the limitations of the research?

## **CHAPTER 3 – Change to past tense after completed**

### **A. Research Methodology**

The specific processes to be discussed in this chapter will demonstrate consistency with the chosen methodology, i.e., experimental, quasi-experimental, and non-experimental designs (survey studies and relationship/difference studies). In choosing a methodology, the student will consult with his/her thesis committee and also demonstrate a basic understanding of the methodology chosen. It is expected that understanding will increase as the student gains additional information about the specific methodology used.

### **B. Description of the theoretical/philosophical underpinnings informing the methodology.**

### **C. Population/Sample**

The access, process, characteristics of obtaining the sample will include a description of how you will obtain/access the sample and what demographic data you will collect and why. Once data collection is completed, then specific sample characteristics can be substituted and any difficulties you experienced or changes made. You must include the rationale for choosing probability or non-probability sampling.

### **D. Ethical Considerations – human subjects protection**

At the proposal stage, the researcher can download the forms from the CSUC website and determine level of exemption the study qualifies for. This will help with determining a timeline for when data collection can begin following approval of the proposal.

### **E. Specific Method(s) for Data Collection**

At the proposal stage, this will include your plan for data collection such as survey, questionnaire, or observation. Once this is completed the actual process will be substituted along with any difficulties encountered or changes made. Any measurement tools or instruments used must be described, including their reliability and validity.

## **F. Data Collection Procedure**

Every step of data collection must be clearly described. Any protocols used for data collection must be clearly outlined.

## **G. Data Analysis and Statistical Procedures**

At the proposal level, a brief plan is included that is consistent with the chosen methodology and has appropriate research references for support. Specify whether data analysis will include descriptive or inferential statistics. After analysis is complete, the researcher will describe in detail how data were actually analyzed.

## **H. Reliability/Validity**

At the proposal stage, the researcher will identify what process will be used to establish reliability and validity (internal and external). After data collection is complete, this will be changed to actual processes used.

## **I. Transition Statements**

Chapter 3 will conclude with a summary paragraph that includes the key points about research methodology and process and a brief introduction of the next chapter.

Here is a checklist to use as a guide while you are writing Chapter 3 of your research/project proposal.

\_\_\_\_\_ Research question/clinical issue: Briefly restate the research question and outline your objectives and/or hypothesis of the study in the first paragraph or two of this chapter.

\_\_\_\_\_ Research design/methods/project: Thoroughly describe what type of study design is used, i.e., quasi-experimental, phenomenology, etc. or how you will search the literature for best available research evidence.

\_\_\_\_\_ Description of subjects/participants: Fully describe whom you plan to use for subjects/participants. Where and how will you recruit/select them? If you need human subjects' approval, describe the process. How many subjects/participants do you plan to use? How was this determined? Is the proposed number sufficient in size to adequately answer your research question?

\_\_\_\_\_ Description of the instrument/questions: Fully describe what you plan to use to collect data, i.e., questionnaires, interview questions, etc. Provide a draft of your proposed data collection instrument(s) as an attachment.

\_\_\_\_\_ Discuss the procedures that you will use to determine reliability and validity for a quantitative study or rigor/trustworthiness for a qualitative study.

\_\_\_\_\_ Description of the procedures: Describe fully how you plan to collect the data. You must include a discussion of such things as instructions to the

subjects/participants, informed consent, recording of data, etc.

\_\_\_\_\_ Data processing and analysis: Discuss how you will analyze the data.

\_\_\_\_\_ Here are some additional things to keep in mind: Is your research plan clearly delineated? Is it doable given the resources available to you? Have you included a timeline and are the dates specified reasonable?

\_\_\_\_\_ If you are doing an evidence-based study or a project, fully describe the process used for collection of evidence or project guidelines.

## **CHAPTER 4**

### **A. Results**

Results are presented in a manner consistent with the chosen methodology, i.e., themes, theoretical constructs, categories, descriptions, or statistical interpretation. Presentation of findings should be written in narrative form. Graphics should be used to supplement the narrative without repetition of text. Tables and figures can be used to present data and enhance narrative. Presentation of results should include relationship to each question or hypothesis. Any secondary findings should be discussed at this time.

## **CHAPTER 5**

### **A. Discussion and reflection on the finding**

This chapter will discuss the findings of the study and present findings in terms of any inferences, projections, and probable explanations of the data. Implications of patterns and trends will be included. Findings are discussed in the context of existing literature and practice, existing theory/philosophy in the area of study, with assumptions as discussed in the introduction. This chapter will also include a comprehensive overview to enhance understanding of the entire study.

### **B. Limitations of the study**

How was the study limited in terms of how findings could be considered for other settings? For example, was the sample size small, was there any bias introduced?

### **C. Implications for practice, implications for research, and implications for education – Use a separate heading for each of the three areas**

This discussion should include the impact of the specific findings of the research in each area as relevant. Possible changes in the field or setting as a result of the study, as well as suggestions for future research, can be included in this section.

### **D. Summary/conclusions, and recommendations**

Findings should be summarized. What can you conclude from what you found? Conclusions are derived from all that the data analysis revealed and do not go beyond what the analysis revealed. Recommendations flow logically from the conclusions and are useful, they point to appropriate action.

**E. Reference List – must follow APA current edition**

**I. Appendices – must follow APA current edition**

**J. Other requirements**

A table of contents with expected headings should be turned in with the first draft. A working abstract will be submitted with the first draft. A 250-500 working abstract, including findings will be submitted with the final draft.

**GUIDELINES FOR CONDUCTING A PROFESSIONAL PAPER CULMINATING PROJECT OPTION**

**Guidelines for the Professional Paper Proposal**

The purpose of the proposal is for you to communicate, in writing, with your graduate advising committee members and inform them of the current state of knowledge regarding your research topic and why and where you plan to go with your nursing research endeavor/project. You are to give your committee members and the graduate coordinator a copy of your written proposal. Obtain feedback on your proposal from your graduate advising committee chair before you provide copies to your other committee member and the graduate coordinator. All review steps are important in order for you to get the necessary feedback before you begin your research study/project. No data may be collected until the proposal is signed by the graduate advisory committee members and the graduate coordinator. The graduate coordinator will send the proposal out for further review by a third faculty member within the School of Nursing. A copy of the approved proposal must be on file with the graduate coordinator. The signed proposal serves as a contract between you and the graduate advisory committee as to what you are expected to complete before your professional paper is considered finished.

Before you begin writing the proposal make sure you conduct an extensive and exhaustive search of the literature pertaining to your topic. Be sure to locate the key studies that relate to your topic.

The proposal will contain at a minimum three chapters:

- Chapter 1: Introduction (including statement of purpose/problem)
- Chapter 2: The Literature Review
- Chapter 3: Research Design and Methods

**CHAPTER 1: INTRODUCTION**

The introduction begins with describing the background, which should be of sufficient depth to set the scene for the specific nursing problem that will be studied. This section must be able to answer the question: “What is this study/project about?” Early in the introduction it is necessary to establish the overall area of concern, arouse interest in the reader, and communicate information that will be essential to the reader understanding what follows.

- It is important to address 3 questions in the background:
  - What do we already know or do? – The purpose is to briefly support the legitimacy and importance of the topic/question (in one or two sentences).
  - How does this particular topic/question relate to what we already know or do? The purpose is to explain and support the exact form of questions or hypotheses that will serve as the focus for the study.
  - Why select this particular method of investigation? – The purpose being to explain and support the selections made from among alternative methods of investigation.
- The Statement of Problem should be brief, concise and naturally flow from the background. This section needs to clearly answer the “So what?” question. This section also includes a rationale for the study. This usually involves both logical argument and documentation with factual evidence.
- The Relevance and Importance to Nursing should be evident. It must be clear why the study is of importance to the profession, how findings may be used to inform practice or education.
- Philosophical Underpinnings/Conceptual Assumptions of the study – This is a brief introduction to the conceptual assumptions or theoretical underpinnings for the study. For example, in qualitative research using phenomenology, the philosophical underpinnings might include the particular philosopher that is guiding your perspective and analysis. For a grounded theory study, you would discuss symbolic interactionism as the conceptual guide for the planning of your study. In a quantitative study a theorist or theory would be used.
- Purpose/aims of the study - This should include why you want to do the study and what you intend to accomplish. Make your purpose statement forthright, keep it simple, and be brief.
- Research Questions – These questions should be written in carefully constructed language that specifies each aspect of the problem in explicit terms. The question format is most appropriate when the research is exploratory.
- Definition of terms if appropriate.
- Transitional Statements – You will need to conclude Chapter 1 with a summary of the preceding components and a preview of what is to follow in the remaining chapters.

## **CHAPTER 2: REVIEW OF THE LITERATURE – Write in past tense**

The purpose of this chapter is to cite major findings, conclusions, and methodological issues. It is written for knowledgeable peers, and uses easily retrievable sources only, of the most recent source possible. The introduction section of this chapter will also include your search strategy used, including databases and key terms.

You will acquaint the reader with existing studies relative to what is known about your research topic; who has done the work; when and where the latest research was completed; and what approaches involving research methodology, instrumentation, and statistical analyses were followed to examine problems relevant to your own research topic. If you find very little literature, describe each study fully (purpose, methods and procedures, major findings, conclusions). If the body of literature on your topic is quite developed, choose only the most recent and most pertinent articles and summarize the populations studied, primary methods used, key findings, and conclusions.

Firmly establish the need for your study. You can defend your methods and procedures here by pointing out other relevant studies that used similar methodologies. This type of information may be addressed in more detail in the methodology chapter.

Here are questions to keep in mind when evaluating your literature review. Do you address topics in a logical order? Do you discuss original research related to your topic? Are your sources recent and is a reference cited for each key fact? Are your references from primary sources? Are the studies you cite of high quality? Have you built a case for your proposed study?

End your review of the literature with a summary paragraph. Clearly state the study problem/purpose of your proposed research/project. Include broad statement(s) indicating the goal of your research. Include how your study will fill a gap in knowledge or add to the body of knowledge on the topic.

Here is a checklist to keep in mind when you are evaluating past studies and describing the professional paper study you propose:

- \_\_\_\_\_ Is the research question worthy of investigation and is it clearly defined?  
Is the significance of the question discussed and justified?
- \_\_\_\_\_ What are the dependent and independent variables? Are there potential confounding variables the authors overlooked?
- \_\_\_\_\_ What type of research design is used? Is it appropriate given the research question? Based on the type of design used, how strong will the findings be in terms of strength of scientific evidence?
- \_\_\_\_\_ Is the subject/participant group appropriate in size and method of selection? Are possible sources of sampling bias discussed? Are control variables identified?
- \_\_\_\_\_ What do you think of the instruments/surveys used? Are they valid, accurate and reliable?  
  
Are the results of prior research presented clearly? Can you interpret the results in plain English?
- \_\_\_\_\_ Are the conclusions drawn by the researchers warranted based on the evidence presented? Did the researchers point out the limitations of the research?

### CHAPTER 3: RESEARCH DESIGN AND METHODS

This chapter is important because it describes to your graduate advising committee members how you plan to answer your research question. It outlines your research plan. The primary purpose of this chapter is to give the experienced investigator enough information to replicate your research study/project and determine if your design is a good one.

Here is a checklist to use as a guide while you are writing Chapter 3 of your professional paper proposal.

- \_\_\_\_\_ Research question/clinical issue: Briefly restate the research question and outline your objectives and/or hypothesis of the study in the first paragraph or two of this chapter.
- \_\_\_\_\_ Research design/methods/project: Thoroughly describe what type of study design is used, i.e., quasi-experimental, phenomenology, etc. or how you will search the literature for best available research evidence.
- \_\_\_\_\_ Description of subjects/participants: Fully describe whom you plan to use for subjects/participants. Where and how will you recruit/select them? If you need human subjects' approval, describe the process. How many subjects/participants do you plan to use? How was this determined? Is the proposed number sufficient in size to adequately answer your research question?
- \_\_\_\_\_ Description of the instrument/questions: Fully describe what you plan to use to collect data, i.e., questionnaires, interview questions, etc. Provide a draft of your proposed data collection instrument(s) as an attachment.
- \_\_\_\_\_ Discuss the procedures that you will use to determine reliability and validity for a quantitative study or rigor/trustworthiness for a qualitative study.
- \_\_\_\_\_ Description of the procedures: Describe fully how you plan to collect the data. You must include a discussion of such things as instructions to the subjects/participants, informed consent, recording of data, etc.
- \_\_\_\_\_ Data processing and analysis: Discuss how you will analyze the data.
- \_\_\_\_\_ Here are some additional things to keep in mind: Is your research plan clearly delineated? Is it doable given the resources available to you? Have you included a timeline and are the dates specified reasonable?
- \_\_\_\_\_ If you are doing an evidence-based study or a project, fully describe the process used for collection of evidence or project guidelines.

## **RESULTS/FINDINGS**

In Chapter 4 you will present your results or findings. The design of your study will determine the terminology used for this chapter. Quantitative studies tend to use the term ‘results’, while qualitative studies lean towards the term ‘findings’. This is when it is important to review published literature in the topic area of methodological area of your study so that you use appropriate terminology.

In this chapter you will only present the results/findings; you won’t be commenting on, or making inferences about what you found. This can sometimes be difficult to do, but that aspect of your paper will be included in the discussions section. Your findings will be presented in a manner consistent with the chosen methodology, i.e. themes, theoretical constructs, categories, descriptions, narrative. Qualitative findings are usually presented by first describing the theme or category, followed by quotes from interviews or observations that support the themes, constructs, etc. This also helps to establish that the analysis process was rigorous as it should be evident that the supporting evidence for the theme came from the data. The analysis logically and sequentially answers all the research questions.

In quantitative studies presentation of results should be written in narrative form. Graphics should be used to supplement the narrative without repetition of text. Tables and figures can be used to present data and enhance narrative. Presentation of results should include relationship to each question or hypothesis. Any secondary findings should also be discussed in this section.

## **DISCUSSION/CONCLUSIONS**

Similarly to the results/findings section of the paper, the discussion/conclusions section will be different depending on whether you have done a qualitative or quantitative study, a project or an evidence-based project. For all types of studies, the discussion and reflection on the results/findings would include: meaning, understanding, implications, and relevance. Findings are discussed in the context of existing literature and practice, and existing theory/philosophy in the area of study, with assumptions as discussed in the introduction.

Limitations of the study should also be in this section, such as describing if the study was limited in terms of how findings could be considered for other settings? For example, was the sample size small, was there any bias introduced?

Any type of study or project should include something about implications for practice, research, and/or education (as separate headings). This discussion should include the impact of the specific findings of the research in each area as relevant. Possible changes in the field or setting as a result of the study as well as suggestions for future research can be included in this section.

Lastly you will finish the paper with a summary/conclusions, and recommendations paragraph. Findings should be briefly summarized. What can you conclude from what you found? Conclusions are derived from all that the data analysis revealed and do not go beyond what the analysis revealed. Recommendations flow logically from the conclusions and are useful, they point to appropriate action.

## **GUIDELINES FOR CONDUCTING THE FINAL ORAL DEFENSE OF THE GRADUATE PROGRAM CULMINATING ACTIVITY**

### **THE GRADUATE ADVISING COMMITTEE CHAIR WILL:**

- A. Assure the student's readiness for oral defense in consultation with the Graduate Advising Committee and the Graduate Coordinator.
- B. Schedule the defense and the room in which the defense will be conducted. That defense must be scheduled at least two weeks prior to the published Graduate School deadline date, and at a time when all Graduate Advising Committee members and the Graduate Coordinator can attend. Notify all parties of the time and place of the examination.
- C. After successful completion of the oral examination, sign and obtain the signatures of the Graduate Advising Committee members on the **Final Progress Sheet**, then turn a copy of this into the Graduate School.
- D. Work with the student to make any necessary revisions to the thesis/project.
- E. Along with the members of the Graduate Advising Committee, sign the signature page of the thesis/project/professional paper and sign off on the Graduate Advisory Committee Thesis/Project/Professional Paper Research Authorizations check sheet.

### **THE GRADUATE COORDINATOR WILL:**

- A. Assure the student's readiness for oral defense in consultation with the Graduate Advising Committee Chair.
- B. Conduct the oral examination.
- C. Determine by simple majority vote the decision of the Graduate Advising Committee and the Graduate Coordinator. Communicate the decision to the student at the completion of the examination.
- D. The following decisions may be made by the group:
  - 1. Approved as written: the student may obtain signatures on the signature page of the thesis/project and submit the completed thesis/project to the Graduate School.
  - 2. Conditionally approved subject to completion of minor revisions: the student will make the revisions under the guidance of the Graduate Advising Committee Chair, obtain signatures on the signature page of the thesis/project/professional paper, and submit the completed thesis/project/professional paper to the Graduate School.
  - 3. Not approved with major revisions: the student will make the revisions under the direction of the Graduate Advising Committee Chair. The student will submit the revised thesis/project/professional paper and complete another oral examination at a later date. The original thesis/project/professional paper cannot be submitted to the Graduate School.
- E. Along with the members and chair of the Graduate Advising Committee, sign the signature page of the thesis/project/professional paper.

## **THE STUDENT WILL:**

- A. Work closely with the Graduate Advising Committee to prepare the final draft of the thesis/project/professional paper. Submit a copy of the final draft to the Graduate Coordinator. Make any revisions suggested by the Graduate Coordinator.
- B. At the same time a final draft is submitted to the Graduate Coordinator, submit the draft to the Thesis Editor at the Graduate School for feedback on formatting.
- C. At least ten (10) working days prior to the oral defense date, provide all Graduate Advising committee members and the Graduate Coordinator with final copies of the culminating activity.
- D. During the oral defense, present an oral summary and power point presentation of the thesis/project/professional paper method and findings. Be prepared to respond to any questions about the thesis/project.
- E. Work with the Thesis Editor to make final formatting changes to the thesis/project/professional paper. Work with the Graduate Advising Committee chair to make any necessary changes to the thesis/project/professional paper and submit the completed thesis/project/professional paper, including signature page, to the Graduate School.