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Introduction
The faculty of the School of Nursing at California State University, Chico welcomes you to the Master of Science in Nursing Program. The guidelines in this booklet are a supplement to the "University Catalog" and were developed to help you understand the expectations of this nursing program. Your suggestions to make these "Guidelines" continuously useful are welcomed.

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 northern California.

The master's degree in nursing at California State University, Chico is accredited by the Commission on Collegiate Nursing Education, One Dupont Circle, NW, Suite 530, Washington, DC 20036, 202-887-6791. The Commission on Collegiate Nursing Education is an autonomous accrediting agency, contributing to the improvement of the public's health. The Commission ensures the quality and integrity of baccalaureate, graduate, and residency programs in nursing. The Commission serves the public interest by assessing and identifying programs that engage in effective educational practices. As a voluntary, self-regulatory process, CCNE accreditation supports and encourages continuing self-assessment by nursing programs and supports continuing growth and improvement of collegiate professional education and post-baccalaureate nurse residency programs.

University Goals and Strategic Priorities
The University, College of Natural Sciences, and School of Nursing 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 that 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.

**Mission of the School of Nursing**
The mission of the School of Nursing is to offer baccalaureate and master’s programs in nursing that prepare graduates as generalists in professional nursing, as nursing educators, and as leaders/managers for diverse healthcare settings. As such, the school provides high quality, student-centered learning environments that utilize technological innovation and promote critical thinking. The school supports faculty and student scholarly activities and encourages lifelong learning. The school also fosters service to others through our extensive community and regional collaboration with external healthcare stakeholders.

**Graduate Program Expected Student Learning Outcomes (SLO)**

**SLO #1:** Integrate theory and research from the Sciences and Humanities in the delivery of evidence-based nursing practice.

**SLO # 2:** Utilize leadership skills to influence the quality of health care at the organizational and/or systems level.

**SLO # 3:** Demonstrate the knowledge, skills and attitudes necessary to improve the quality and safety of the environments graduates practice.

**SLO # 4:** Translate and apply evidence-based research in nursing practice.

**SLO # 5:** Integrates current informatics and health care technologies in nursing practice.

**SLO # 6:** Use health policy, political skills and advocacy to influence positive change in health care delivery.

**SLO # 7:** Demonstrates inter-professional collaboration for improving patient and population health outcomes.

**SLO # 8:** Identifies clinical prevention strategies to improve health of selected populations.

**SLO # 9:** Demonstrates Master’s level knowledge, skills, and attitudes needed to lead nursing education, leadership, and practice.
Curriculum

The curriculum is organized around the Essentials of Master’s Education document published in 2011 by the American Association of Colleges of Nursing (AACN). 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. The Essentials of Master's Education in Nursing identifies the necessary curricular elements and frameworks required of master's programs. The document delineates the core knowledge and skills that all master's-prepared graduates, regardless of focus, major, or intended practice setting, should acquire in nine foundational master’s level competency areas:

**Essential I** - Sciences and Humanities  
**Essential II** - Organizational and Systems Leadership  
**Essential III** - Quality Improvement and Safety  
**Essential IV** - Translating and Integrating Scholarship into Practice  
**Essential V** - Informatics and Healthcare Technologies  
**Essential VI** - Health Policy and Advocacy  
**Essential VII** - Interprofessional Collaboration for Improving Outcomes  
**Essential VIII** - Clinical Prevention and Population Health  
**Essential IX** - Master's-Level Nursing Practice

The entire Masters Essentials of Nursing Education document can be read at:  
[http://www.aacn.nche.edu/education-resources/MastersEssentials11.pdf](http://www.aacn.nche.edu/education-resources/MastersEssentials11.pdf)

In addition, 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 Nurse Educator option 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:  

When the Nursing Leadership option was added, the School of Nursing incorporated the American Organization of Nurse Executive (AONE) competencies into the curriculum. These competencies detail the skills knowledge and abilities that guide the practice of nurse leaders in executive practice regardless of their educational level, title or setting. The competencies are captured in a model developed in 2004 by the Healthcare Leadership Alliance that identify the common core set of...
competency domains for health care leadership. The core competencies have been identified as the following:

**Competency 1:** Communication and relationship management  
**Competency 2:** Knowledge of the health care environment  
**Competency 3:** Leadership  
**Competency 4:** Professionalism  
**Competency 5:** Business skills and principles

**Organizing Framework of the School of Nursing (Rev. June 2013)**

A visual depiction of the mission, vision, values, strategies, program structural elements, curricular foundations, and student learning outcomes for the undergraduate and graduate nursing programs at CSU, Chico are noted on page 4. These elements provide the foundation for the development of the curriculum and are consistent with the mission and goals of the College of Natural Sciences and the University.
CSU Chico
School of Nursing
Organizing Framework

Vision
Empower and transform graduates to meet global health care challenges in the 21st century

Mission
To prepare professional nurses who are leaders, excellent clinicians and lifelong scholars.

Values
Integrity Accountability Caring Diversity Innovation Respect

Students
Creative teaching methods Student centered learning Community engagement Integration of clinical and theoretical learning Interdisciplinary collaboration

Faculty

Strategies

Program Structural Elements
Clearly defined student selection criteria Maintain a well-qualified faculty A positive supportive culture Active solicitation of student input Continuous program assessment and improvement Acquire resources needed to achieve program vision and mission

Curricular Foundations
<table>
<thead>
<tr>
<th>psychomotor skill development</th>
<th>clinical reasoning</th>
<th>quality and safety</th>
<th>patient centered care</th>
<th>evidence based practice</th>
<th>nursing therapeutics</th>
<th>population health</th>
</tr>
</thead>
<tbody>
<tr>
<td>leadership</td>
<td>advocacy</td>
<td>legal issues</td>
<td>ethical issues</td>
<td>global health</td>
<td>clinical prevention</td>
<td>lifelong learning</td>
</tr>
<tr>
<td>health promotion</td>
<td>economics</td>
<td>policy</td>
<td>communication</td>
<td>collaboration</td>
<td>information management</td>
<td>professional role development</td>
</tr>
</tbody>
</table>

Integrate liberal education to inform baccalaureate generalist nursing practice.

Demonstrate the knowledge and skills in leadership, quality improvement, and patient safety necessary to provide high quality healthcare.

Demonstrate professional practice grounded in current evidence and best practices.

Illustrate cultural awareness when caring for diverse patient populations.

Student Learning Outcomes

Use knowledge and skills in information management and technology to the delivery of quality patient care.

Describe how financial and regulatory healthcare policies influence the nature and functioning of the healthcare system.

Demonstrate communication and collaboration among healthcare professionals to achieve quality and safe patient care.

Utilize clinical prevention at the individual and population level to improve health.

Demonstrate professional behavior as fundamental to the discipline of nursing.

Provide nursing care to patients, families, groups, communities, and populations across the lifespan.

Demonstrate the appropriate individualized application and use of the nursing process in all baccalaureate generalist nurse roles.
Purpose of the MSN Program

Graduates of the Master of Science in Nursing (MSN) program, depending on the option taken, are prepared for two different roles. Students completing the nurse educator option have a clinical focus in adult health and are prepared to function in the roles of educator 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 as well as conduct research that can result in change at local, regional and national levels.

Students completing the nursing leadership option expand their knowledge in areas such as leadership, management, research, and health care finance so that they are better prepared to hold influential health advisory positions at the organizational and system level. Students apply this new knowledge through a mentored clinical practicum focused on leadership and management.

Brief Description of the Program

Both the Nurse Educator and Nursing Leadership options comprise a 30 unit curriculum. Theoretical course content is delivered online. Each option have required practicum hours that are not delivered online. These hours can usually be completed by working closely with an identified experienced nurse educator or an experienced nurse leader in the student’s home community. A four unit practicum course requires 180 hours of time with the identified nurse mentor.

Nurse Educator Option

The Nurse Educator option has several components to the curriculum: the core courses, the option specific curriculum and instructional process courses, the adult health courses, and the problem solving professional paper. The core courses provide a foundation in nursing research, the development and use of nursing theory and conceptual models, and the nurse 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 theory and clinical courses explore advanced nursing knowledge in pathophysiology, pharmacology, and physical assessment in the context of adult health and the nurse educator role. Course content also examines the larger social context in which advanced nursing care must exist and the potential impact of that context on individual practice. The advanced clinical adult health practicum course provides the opportunity for students to assess selected components of a selected clinical microsystem.

Nursing Leadership Option

The Nursing Leadership option has three components to the curriculum: the core courses, the option specific leadership and financial management courses, and the problem solving professional paper. The core courses provide a foundation in nursing research, the development and use of nursing theory, conceptual models, and the advanced nursing leadership role. The nursing leadership courses provide the theoretical foundations and conceptual principles of nursing leadership and the skills necessary to practice leadership competently in broad based health care environments. The leadership courses also focus on understanding universal principles of leadership and management that form the basis of the study of change in health care organizations. The financial management courses explore principles of fiscal management in the health care environment; including health care reimbursement; the dynamic relationship between quality, cost, and access; the impact of
health care reform; and fiscal tools helpful for organizational leadership and management. The leadership practicum provides the opportunity for students to apply these principles by working with a nursing leader/preceptor in a clinical setting. Course content also examines the larger social context in which advanced leadership must exist and the potential impact of that context on leadership/management practice.

**MSN Class Schedule**

The required courses for the **Nurse Educator Option** are:

**Semester 1**
NURS 650 Instructional Process in Nursing Education (4 units)
NURS 651 Curriculum Process in Nursing Education (2 units)

**Semester 2**
NURS 640 Advanced Concepts for Adult Nursing Care (4 units)
NURS 647 Advanced Practicum in Nursing Care of Adults (2 units)

**Semester 3**
NURS 610 Health Care Informatics (2 units)
NURS 620 Advanced Nursing Research and Theory (4 units)

**Semester 4**
NURS 630 Dynamics of the Advanced Nursing Role (2 units)
NURS 645 Issues and Ethics in the Delivery of Health Care (3 units)
NURS 660 Research Thesis/Project Proposal Seminar (1 unit)

**Semester 5**
NURS 685 Practicum for Instructional Process in Nursing Education (4 units)
NURS 699P/ NURS699T/ NURS 697P Culminating Activity (2 units)

The required courses for the **Nursing Leadership Option** are:

**Semester 1**
NURS 670A Advanced Nursing Leadership I (4 units)
NURS 680A Financial Management I (2 units)

**Semester 2**
NURS 670B Advanced Nursing Leadership II (4 units)
NURS 680B Financial Management II (2 units)

**Semester 3**
NURS 610 Health Care Informatics (2 units)
NURS 620 Advanced Nursing Research and Theory (4 units)

**Semester 4**
NURS 630 Dynamics of the Advanced Nursing Role (2 units)
NURS 645 Issues and Ethics in the Delivery of Health Care (3 units)
NURS 660 Research Thesis/Project Proposal Seminar (1 unit)

**Semester 5**
NURS 683 Practicum in Nursing Leadership (4 units)
NURS 699P/ NURS699T/ NURS 697P Culminating Activity (2 units)

**Facilities and Services**

**School of Nursing Office**
The School of Nursing at California State University, Chico, is located in room 121 of Trinity Hall, which is situated in the middle of the campus. Nursing School office hours are Monday through Friday, 7:30 a.m. to 5:00 p.m. during the school year. Summer hours vary. During summer hours, the university is closed on Friday. The nursing office phone number is 530-898-5891.

The names of faculty, 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 full-time faculty member holds approximately four office hours per week. Part-time faculty have prorated office hours.

**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.

**Student Support Services**
Online students can seek assistance from the Office of Graduate Studies, Advising and Financial Aid offices and Student Computing Services. 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 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 Learn 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/library can access all the resources of the Meriam Library. The library provides extensive resources for the distant
student beginning with the Regional Extended Campus Service office. The library 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. The librarian assigned to School of Nursing graduate students is Donna Greenberg. She can be reached at dgreenberg@csuchico.edu and her office phone number is 530-898-4338.

General Information and Academic Policies

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.

A student receiving a grade lower than B in any graduate nursing course cannot continue in the graduate program. The student may petition the Executive Committee of the School of Nursing to re-enter the nursing program, only if serious and compelling conditions contributed to the poor grade. The Executive Committee, under the "advisement" of the faculty involved in issuing the grade, will determine if and how the student may proceed in the program. Given the cyclic nature of our current graduate program admissions, students who are allowed to repeat a course may experience significant delays in their program progression.

Office of Graduate Studies Academic Standing Procedures for Graduate Students

Revised April 29, 2015

Academic Probation

The Office of Graduate Studies will run a probation cycle once a year at the end of the fall semester. However, individual programs may also request a review of their students at the end of the spring semester if they feel it is necessary. Students who fail to maintain CSU, Chico and overall cumulative grade point averages of at least 3.0 in all coursework taken subsequent to admission to the program will be put on academic probation. Students on probation are eligible to enroll in the subsequent semester and should seek advising from their graduate coordinators on the appropriate course load to take. Students should typically take no more than 9 units unless approved by their advisors to take more. Their records will be reviewed again after their next semester of coursework enrollment.

- If their graduate GPAs have been raised to 3.0 or higher, they will be returned to clear standing.
• If their graduate GPAs remain below 3.0 but they earned a GPA of 3.0 or higher in the coursework taken while on probation, they will be allowed to continue on probation for a second semester of enrollment.

• If their graduate GPAs remain below 3.0 and they earned a GPA of less than 3.0 in the coursework taken while on probation, they will be academically disqualified.

If students receive grades of incomplete in coursework while on their first probationary semester, their graduate coordinator will be consulted for a determination as to whether or not they have made sufficient progress to continue for a second probationary semester. However, if the students fail to complete sufficient coursework to raise their graduate GPAs to 3.0 or higher by the end of the second semester, they will be academically disqualified.

For cohort programs that offer or require enrollment in an established summer session of graduate program coursework, the summer enrollment will count as a second semester of probationary enrollment. However, for programs not requiring summer enrollment, summer session will not count as a second semester of probationary enrollment and can allow students an additional opportunity to correct their GPA deficiency.

**Academic Disqualification**

Academically disqualified students may take courses through Open University to correct any deficiencies in their background preparation for graduate study and to raise their graduate GPAs. Open University courses should be approved by the students’ graduate coordinators, and approval signatures will be required by the instructor, department chair, and Office of Graduate Studies for each course taken.

Disqualified students may not take any new graduate coursework that they hope to count toward an eventual program if reinstated and readmitted. However, with Executive Committee approval they may repeat graduate courses in which they earned a grade of B- or lower to raise their GPAs and establish their ability to succeed in graduate study. They may use their option to repeat one course with forgiveness if they have not already done so. Otherwise, the general repeat policy for graduate students will apply, and the grades received in the repeated courses will be averaged with the original grade. Graduate program courses that may be taken more than once for credit may not be repeated by disqualified students.

Disqualified students may complete graduate courses in which they have been assigned a grade of Incomplete (I) or Report in Progress (RP) to raise their GPAs, unless the courses are associated with the culminating activity for their intended program if reinstated and readmitted. Students may not begin, continue, or complete a required culminating activity while disqualified from the program.

**Reinstatement and Readmission**

When disqualified students have significantly raised their graduate GPAs and established their ability to succeed in graduate study, they may petition for reinstatement and reapply to their original graduate program or a different program. Representatives from the Office of Graduate Studies will meet with the graduate coordinator of the desired program to review each student’s record and make a decision concerning reinstatement. Students must also be readmitted to the University and into the graduate program.

Students can be reinstated in clear standing if their graduate GPAs have been raised to 3.0 or higher, or they can be reinstated on probation with an academic contract if they remain below the required GPA.
3.0. Students that fail to meet the conditions of an academic contract will once again be academically disqualified.

**Academic Honesty/Integrity**

Academic honesty is an issue of serious concern at this University and the nursing program expects students to maintain a high standard of academic integrity. When violations of academic honesty are uncovered, and charges are proved, the consequences are severe, ranging from automatic course failure to removal from the nursing program, and long-term suspension from the University. The School of Nursing expects rigid adherence to academic honesty, as part of the professional code of ethics for Nursing. Any student who violates these policies is placing future patients at risk as well as jeopardizing his/her own career potential.

Academic integrity is defined by the university as a commitment, even in the face of adversity, to five fundamental values: honesty, trust, fairness, respect, and responsibility. It is the expectation of this program that students uphold the ideals of academic integrity. This means to be knowledgeable about how to paraphrase and cite the ideas of other people correctly, to do your own work, to contribute equally when submitting group work, and to seek help through peer review, the instructor, or the literature if assistance in these areas is needed. Academic honesty also applies to clinical situations, i.e., accurate reporting of clinical incidents to your instructor and integrity in all clinical interactions. Integrity includes respect for patient confidentiality.

The University has specific policies/definitions about academic integrity, including what constitutes plagiarism, cheating, and misuse of sources. The Office of Student Judicial Affairs maintains a website with links to documents about: avoiding plagiarism, unauthorized collaboration, and cheating [http://www.csuchico.edu/sjd/integrity.shtml](http://www.csuchico.edu/sjd/integrity.shtml) (cut and paste the link). All students should read these documents so as to avoid unintentional plagiarism or misuse of sources.

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 online, 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/2004/04-036.shtml](http://www.csuchico.edu/prs/Ems/2004/04-036.shtml). 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.
allows instructors or students to upload papers to be screened for originality or suspected plagiarism. “Originality Reports” are issued to instructors (and for student viewing) 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.

You should obtain a copy of the university memorandum on academic honesty and become familiar with the several categories of dishonest behavior that are the causes of most charges. Of particular importance are plagiarism, cheating on examinations, and misrepresentation.

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 each spring semester at the end of the 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 Studies 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 the Office of Graduate Studies website: http://www.csuchico.edu/graduatestudies/documents/fall_grad_guide.pdf. It is highly recommended that the guide be read. The Graduate School also publishes on its website the critical deadlines related to application for and participation in graduation. These deadlines provide guidance on when final professional papers or thesis work must be submitted for approval. It is essential that you be aware of these deadlines.

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 Paper Format
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 at [http://www.csuchico.edu/lref/newciting.html](http://www.csuchico.edu/lref/newciting.html)

**Textbooks and Supplemental Materials**
Textbooks for all courses can be purchased online. Each individual course syllabus will contain the information needed to purchase these reading materials.

**Protocols, Policies, and Guidelines for Practice**
Protocols, policies, and guidelines have been developed to assist the graduate student meet faculty, program, and professional expectations. Careful compliance with these protocols will facilitate a relatively smooth journey through all aspects of the Master of Science in Nursing Program.

**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 the Student Services Center room 190. The most current grievance policy can be found at: [http://www.csuchico.edu/sjd/stud_griev.shtml](http://www.csuchico.edu/sjd/stud_griev.shtml)

**Nursing Standards and Professional Behavior Expectations**
The American Nurses Association (ANA) has defined standards and codes by which all nurses practice (ANA, 2010). As a professional program it is expected that students will demonstrate behaviors that reflect the defined standards of nursing throughout their academic experience.

**ANA Standards of Nursing Practice**

**Standard 1. Assessment**
The registered nurse collects comprehensive data pertinent to the healthcare consumer’s health or the situation.

**Competencies**
The registered nurse:
• Collects comprehensive data including but not limited to physical, functional, psychosocial, emotional, cognitive, sexual, cultural, age-related, environmental, spiritual/transpersonal, and economic assessments in a systematic and ongoing process while honoring the uniqueness of the person.
• Elicits the healthcare consumer’s values, preferences, expressed needs, and knowledge of the healthcare situation.
• Involves the healthcare consumer, family, and other healthcare providers as appropriate, in holistic data collection.
• Identifies barriers (e.g. psychosocial, literacy, financial, cultural) to effective communication and makes appropriate adaptations.
• Recognizes the impact of personal attitudes, values, and beliefs.
• Assesses family dynamics and impact on healthcare consumer health and wellness.
• Prioritizes data collection based on the healthcare consumer’s immediate condition, or the anticipated needs of the healthcare consumer or situation.
• Uses appropriate evidence-based assessment techniques, instruments, and tools.
• Synthesizes available data, information, and knowledge relevant to the situation to identify patterns and variances.
• Applies ethical, legal, and privacy guidelines and policies to the collection, maintenance, use, and dissemination of data and information.
• Recognizes the healthcare consumer as the authority on her or his own health by honoring their care preferences.
• Documents relevant data in a retrievable format.

Standard 2. Diagnosis
The registered nurse analyzes the assessment data to determine the diagnoses or issues.

Competencies
The registered nurse:
• Derives the diagnoses or issues from assessment data.
• Validates the diagnoses or issues with the healthcare consumer, family, and other healthcare providers when possible and appropriate.
• Identifies actual or potential risks to the healthcare consumer’s health and safety or barriers to health, which may include but are not limited to interpersonal, systematic, or environmental circumstances.
• Uses standardized classification systems and clinical decision support tools, when available, in identifying diagnoses.
• Documents diagnoses or issues in a manner that facilitates the determination of the expected outcomes and plan.

Standard 3. Outcomes Identification
The registered nurse identifies expected outcomes for a plan individualized to the healthcare consumer or the situation.

Competencies
The registered nurse:
• Involves the healthcare consumer, family, healthcare providers, and others in formulating expected outcomes when possible and appropriate.
• Derives culturally appropriate expected outcomes from the diagnoses.
• Considers associated risks, benefits, costs, current scientific evidence, expected trajectory of the condition, and clinical expertise when formulating expected outcomes.
• Defines expected outcomes in terms of the healthcare consumer, healthcare consumer cultural, values, and ethical considerations.
• Includes a time estimate for attainment of expected outcomes.
• Develops expected outcomes that facilitate continuity of care.
• Modifies expected outcomes according to changes in the status of the healthcare consumer or evaluation of the situation.
• Documents expected outcomes as measurable goals.

Standard 4. Planning
The registered nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.

Competencies
The registered nurse:
• Develops an individualized plan in partnership with the person, family, and others considering the person’s characteristics or situation, including, but not limited to values, beliefs, spiritual and health practices, preferences, choices, developmental level, coping style, culture and environment, and available technology.
• Establishes the plan priorities with the healthcare consumer, family, and others, as appropriate.
• Includes strategies in the plan that address each of the identified diagnoses or issues. These may include, but are not limited to, strategies for: promotion and restoration of health; prevention of illness, injury, and disease; the alleviation of suffering; and supportive care for those who are dying.
• Includes strategies for health and wholeness across the lifespan.
• Provides for continuity in the plan.
• Incorporates an implementation pathway or timeline in the plan.
• Considers the economic impact of the plan on the healthcare consumer, family, caregivers, or other affected parties.
• Integrates current scientific evidence, trends, and research.
• Utilizes the plan to provide direction to other members of the healthcare team.
• Explores practice settings and safe space and time for the nurse and the healthcare consumer to explore suggested, potential, and alternative options.
• Defines the plan to reflect current statutes, rules and regulations, and standards.
• Modifies the plan according to the ongoing assessment of the health care consumer’s response and other outcome indicators.
• Documents the plan in a manner that uses standardized language or recognized terminology.

Standard 5. Implementation
The registered nurse implements the identified plan.

Competencies
The registered nurse:
• Partners with the person, family, significant others, and caregivers as appropriate to implement the plan in a safe, realistic, and timely manner.
• Demonstrates caring behaviors toward healthcare consumers, significant others, and groups of people receiving care.
• Utilizes technology to measure, record, and retrieve healthcare consumer data, implement the nursing process, and enhance nursing practice.
• Utilizes evidence-based interventions and treatments specific to the diagnosis or problem.
• Provides holistic care that addresses the needs of diverse populations across the lifespan.
• Advocates for health care that is sensitive to the needs of healthcare consumers, with particular emphasis on the needs of diverse populations.
• Applies appropriate knowledge of major health problems and cultural diversity in implementing the plan of care.
• Applies available healthcare technologies to maximize access and optimize outcomes for healthcare consumers.
• Utilizes community resources and systems to implement the plan.
• Collaborates with healthcare providers from diverse backgrounds to implement and integrate the plan.
• Accommodates for different styles of communication used by healthcare consumers, families, and healthcare providers.
• Integrates traditional and complementary health care practices as appropriate.
• Implements the plan in a timely manner in accordance with patient safety goals.
• Promotes the healthcare consumer’s capacity for the optimal level of participation and problem-solving.
• Documents implementation and any modifications, including changes or omissions, of the identified plan.

**Standard 5A. Coordination of Care**
The registered nurse coordinates care delivery.

**Competencies**
The registered nurse:
• Organizes the components of the plan.
• Manages a healthcare consumer’s care in order to maximize independence and quality of life.
• Assists the healthcare consumer in identifying options for alternative care.
• Communicates with the healthcare consumer, family, and system during transitions in care.
• Advocates for the delivery of dignified and humane care by the inter-professional team.
• Documents the coordination of care.

**Standard 5B. Health Teaching and Health Promotion**
The registered nurse employs strategies to promote health and a safe environment.

**Competencies**
The registered nurse:
• Provides health teaching that addresses such topics as healthy lifestyles, risk-reducing behaviors, developmental needs, activities of daily living, and preventive self-care.
• Uses health promotion and health teaching methods appropriate to the situation and the healthcare consumer’s values, beliefs, health practices, developmental level, learning needs, readiness and ability to learn, language preference, spirituality, culture, and socioeconomic status.
• Seeks opportunities for feedback and evaluation of the effectiveness of the strategies used.
• Uses information technologies to communicate health promotion and disease prevention information to the healthcare consumer in a variety of settings.
• Provides healthcare consumers with information about intended effects and potential adverse effects of proposed therapies.

**Standard 6. Evaluation**
The registered nurse evaluates progress toward attainment of outcomes.

**Competencies**
The registered nurse:
• Conducts a systematic, ongoing, and criterion-based evaluation of the outcomes in relation to the structures and processes prescribed by the plan of care and the indicated timeline.
• Collaborates with the healthcare consumer and others involved in the care or situation in the evaluation process.
• Evaluates, in partnership with the healthcare consumer, the effectiveness of the planned strategies in relation to the healthcare consumer’s responses and the attainment of the expected outcomes.
• Uses ongoing assessment data to revise the diagnoses, outcomes, the plan, and the implementation as needed.
• Disseminates the results to the healthcare consumer, family, and others involved, in accordance with federal and state regulations.
• Participates in assessing and assuring the responsible and appropriate use of interventions in order to minimize unwarranted or unwanted treatment and healthcare consumer suffering.
• Documents the results of the evaluation.

**Standard 7. Ethics**
The registered nurse practices ethically.

**Competencies**
The registered nurse:
• Uses *Code of Ethics with Interpretive Statements* (ANA, 2008) to guide practice.
• Delivers care in a manner that preserves and protects healthcare consumer autonomy, dignity, rights, values, and beliefs.
• Recognizes the centrality of the healthcare team consumer and family as core members of any healthcare team.
• Upholds healthcare consumer confidentiality within legal and regulatory parameters.
• Assists healthcare consumers in self-determination and informed decision-making.
• Maintains a therapeutic and professional healthcare consumer-nurse relationship within appropriate professional role boundaries.
• Contributes to resolving ethical issues involving healthcare consumers, colleagues, community groups, systems, and other stakeholders.
• Takes appropriate action regarding instances of illegal, unethical, or inappropriate behavior that can endanger or jeopardize the best interests of the healthcare consumer or situation.
• Speaks up when appropriate to question healthcare practice when necessary for safety and quality improvement.
• Advocates for equitable healthcare consumer care.
Standard 8. Education
The registered nurse attains knowledge and competence that reflects current nursing practice.

Competencies
The registered nurse:
- Participates in ongoing educational activities related to appropriate knowledge bases and professional issues.
- Demonstrates a commitment to lifelong learning through self-reflection and inquiry to address learning and personal growth needs.
- Seeks experiences that reflect current practice to maintain knowledge, skills, abilities, and judgment in clinical practice or role performance.
- Acquires knowledge and skills appropriate to the role, population, specialty, setting, role, or situation.
- Seeks formal and independent learning experiences to develop and maintain clinical and professional skills and knowledge.
- Identifies learning needs based on nursing knowledge, the various roles the nurse may assume, and the changing needs of the population.
- Participates in formal or informal consultations to address issues in nursing practice as an application of education and a knowledge base.
- Shares educational findings, experiences, and ideas with peers.
- Contributes to a work environment conducive to the education of healthcare professionals.
- Maintains professional records that provide evidence of competence and lifelong learning.

Standard 9. Evidence-Based Practice and Research
The registered nurse integrates evidence and research findings into practice

Competencies
The registered nurse:
- Utilizes current evidence-based nursing knowledge, including research findings, to guide practice.
- Incorporates evidence when initiating changes in nursing practice.
- Participates, as appropriate to education level and position, in the formulation of evidence-based practice through research.
- Shares personal or third-party research findings with colleagues and peers.

Standard 10. Quality of Practice
The registered nurse contributes to quality nursing practice.

Competencies
The registered nurse:
- Demonstrates quality by documenting the application of the nursing process in a responsible, accountable, and ethical manner.
- Uses creativity and innovation to enhance nursing care.
- Participates in quality improvement. Activities may include:
  - Identifying aspects of practice important for quality monitoring;
  - Using indicators to monitor quality, safety, and effectiveness of nursing practice;
Collecting data to monitor quality and effectiveness of nursing practice;
- Analyzing quality data to identify opportunities for improving nursing practice;
- Formulating recommendations to improve nursing practice or outcomes;
- Implementing activities to enhance the quality of nursing practice;
- Developing, implementing, and/or evaluating policies, procedures, and guidelines to improve the quality of practice;
- Participating on and/or leading interprofessional teams to evaluate clinical care or health services;
- Participating in and/or leading efforts to minimize costs and unnecessary duplication;
- Identifying problems that in day-to-day work routines in order to correct process inefficiencies;
- Analyzing factors related to quality, safety, and effectiveness;
- Analyzing organizational systems for barriers to quality healthcare consumer outcomes; and
- Implementing processes to remove or weaken barriers within organizational systems.

**Standard 11. Communication**

The registered nurse communicates effectively in a variety of formats in all areas of practice.

**Competencies**

The registered nurse:

- Assesses communication format preferences of healthcare consumers, families, and colleagues.
- Assesses her or his own communication skills in encounters with healthcare consumers, families, and colleagues.
- Seeks continuous improvement of communication and conflict resolution skills.
- Conveys information to healthcare consumers, families, the interprofessional team, and others in communication formats that promote accuracy.
- Questions the rationale supporting care processes and decisions when they do not appear to be in the best interest of the patient.
- Discloses observations or concerns/related to hazards and errors in care or the practice environment to the appropriate level.
- Maintains communication with other providers to minimize risks associated with transfers and transition in care delivery.
- Contributes her or his own professional perspective in discussions with the interprofessional team.

**Standard 12. Leadership**

The registered nurse demonstrates leadership in the professional practice setting and the profession.

**Competencies**

The registered nurse:

- Oversees the nursing care given by others while retaining accountability for the quality of care given to the healthcare consumer.
- Abides by the vision, the associated goals, and the plan to implement and measure progress of an individual healthcare consumer or progress within the context of the healthcare organization.
• Demonstrates a commitment to continuous, lifelong learning and education for self and others.
• Mentors colleagues for the advancement of nursing practice, the profession, and quality health care.
• Treats colleagues with respect, trust, and dignity.
• Develops communication and conflict resolution skills.
• Participates in professional organizations.
• Communicates effectively with the healthcare consumer and colleagues.
• Seeks ways to advance nursing autonomy and accountability.
• Participates in efforts to influence healthcare policy involving healthcare consumers and the profession.

**Standard 13. Collaboration**
The registered nurse collaborates with healthcare consumer, family, and others in the conduct of nursing practice.

**Competencies**
The registered nurse:

• Partners with others to effect change and produce positive outcomes through the sharing of knowledge of the healthcare consumer and/or situation.
• Communicates with the healthcare consumer, the family, and healthcare providers regarding healthcare consumer care and the nurse’s role in the provision of that care.
• Promotes conflict management and engagement.
• Participates in building consensus or resolving conflict in the context of patient care.
• Applies group process and negotiation techniques with healthcare consumers and colleagues.
• Adheres to standards and applicable codes of conduct that govern behavior among peers and colleagues to create a work environment that promotes cooperation, respect, and trust.
• Cooperates in creating a documented plan focused on outcomes and decisions related to care and delivery of services that indicates communication with healthcare consumers, families, and others.
• Engages in teamwork and team-building process.

**Standard 14. Professional Practice Evaluation**
The registered nurse evaluates her or his own nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules, and regulations.

**Competencies**
The registered nurse:

• Provides age-appropriate and developmentally appropriate care in a culturally and ethnically sensitive manner.
• Engages in self-evaluation of practice on a regular basis, identifying areas of strength as well as areas in which professional growth would be beneficial.
• Obtains informal feedback regarding her or his own practice from healthcare consumers, peers, professional colleagues, and others.
• Participates in peer review as appropriate.
• Takes action to achieve goals identified during the evaluation process.
• Provides the evidence for practice decisions and actions as part of the informal and formal evaluation processes.
• Interacts with peers and colleagues to enhance her or his own professional nursing practice or role performance.
• Provides peers with formal or informal constructive feedback regarding their practice or role performance.

**Standard 15. Resource Utilization**
The registered nurse utilizes appropriate resources to plan and provide nursing services that are safe, effective, and financially responsible.

**Competencies**
The registered nurse:
- Assesses individual healthcare consumer care needs and resources available to achieve desired outcomes.
- Identifies healthcare consumer care needs, potential for harm, complexity of the task, and desired outcome when considering resource allocation.
- Delegates elements of care to appropriate healthcare workers in accordance with any applicable legal or policy parameters or principles.
- Identifies the evidence when evaluating resources.
- Advocates for resources, including technology, that enhance nursing practice.
- Modifies practice when necessary to promote positive interaction between healthcare consumers, care providers, and technology.
- Assists the healthcare consumer and family in identifying and securing appropriate services to address needs across the healthcare continuum.
- Assists the healthcare consumer and family in factoring costs, risks, and benefits in decisions about treatment and care.

**Standard 16. Environmental Health**
The registered nurse practices in an environmentally safe and healthy manner.

**Competencies**
The registered nurse:
- Attains knowledge of environmental health concepts, such as implementation of environmental health strategies.
- Promotes a practice environment that reduces environmental health risks for workers and healthcare consumers.
- Assesses the practice environment for factors such as sound, odor, noise, and light that threaten health.
- Advocates for the judicious and appropriate use of products in health care.
- Communicates environmental health risks and exposure reduction strategies to healthcare consumers, families, colleagues, and communities.
- Utilizes scientific evidence to determine if a product or treatment is an environmental threat.
- Participates in strategies to promote healthy communities.

ANA Code of Ethics for Nurses

The ANA Code of Ethics for Nurses as revised in (2015) follows. The professional issues in the first three statements are concerned with protection of clients' rights and safety; those in the next three pertain to promoting healthy work cultures and self-care. The social issues of the last three statements of the code relates to the nurse's obligations to society and the profession.

1. The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.
2. The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.
3. The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.
4. The nurse has the authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.
5. The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.
6. The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.
7. The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.
8. The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.
9. The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.


Professional Nursing Practice

**Professional Behavior and Safe Nursing Care Expectations**

Throughout this program the student will be required to demonstrate professional behavior and safe nursing care. Students who exhibit behavior resulting in performance that is potentially or actually unsafe or unprofessional will be removed from the clinical setting. Unsafe practice or unprofessional behavior will result in a failing grade for the course regardless of the course grade at the time of the incident.

The 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 a professional, with the same level of preparation, would perform in a particular clinical situation. Individual course supplements may designate other specific behaviors considered unsafe in specific settings.

Students in the nursing program are expected to adhere to professional standards in their experiences and relationships with nursing faculty, agency staff, clients and family members. The student will in no instance demonstrate any behavior deemed unprofessional or inappropriate by the nursing faculty or agency staff. Professional behavior includes, but is not limited to, following directions, adequate preparation for clinical, meeting deadlines for assignments, being dressed appropriately, meeting appointments, being on time, and honesty in all statements or documentation. If a pattern of unprofessional behavior is exhibited, the instructor and the Director will address the student to determine if, and how the student can continue in the nursing program.

Students are expected to be familiar with all information that is published in course supplements, course syllabi, and student guidelines. Failure to read this material cannot be cited as a reason for non-compliance with information that promotes safe and professional nursing practice.

**Substance Abuse and Patient Safety: The Risks and the Consequences**

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, 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.

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 for drug testing. If such testing is positive, documentation will be sent to the Office of Student Judicial Affairs and the CA Board of Registered Nursing (BRN) for 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, the Director of the School of Nursing, and the California BRN.

The above policy is in compliance with the BRN.

In the matter of nursing students impaired by alcoholism, drug abuse and mental illness, the California BRN recognizes that:

a. these conditions are diseases and should be treated as such;
b. personal and health problems involving these diseases can affect students’ academic and clinical performance and that the impaired nursing student may pose a danger to self and a grave danger to the patients in her or his care;
c. nursing students with these diseases can be helped to recover;
d. it is the responsibility of the nursing student to voluntarily seek diagnosis and treatment for any suspected illness
e. confidential handling of the diagnosis and treatment of these diseases is essential.
….the Board expects that [nursing instructors] have the responsibility and authority to take immediate corrective action with regard to the student’s conduct and performance in the clinical setting.

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, may prevent them from being licensed to practice nursing in the State of California. (Board of Registered Nursing, 2007. EDP-B-03)

**Identifying and Dealing with Chemical Dependency**

The prevalence of chemical impairment in the nursing profession is not clearly known although many experts have suggested that somewhere between 8-10% of nurses have a chemical impairment problem. Many substance impaired nurses suggest that their chemical impairment began during their nursing education. Several factors were identified as having contributed to the dependence:

1. Family history -- children of alcoholics, or of dysfunctional families, which often lead to lack of positive self-concept and positive coping skills;
2. Economic status -- too little money was a source of stress; too much money was a factor in opportunity, permitting purchase of drugs or alcohol;
3. Social environment -- lack of strong support systems, or peer pressure to use chemical substances;
4. Negative self-perceptions, which were disguised by chemical use;
5. Pleasant sensations accompanying chemical use;
6. Nursing focus -allowed students to focus on caring for others, while ignoring their own problems; also, 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 one 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.

If you feel you have a problem, please be willing to discuss it with the Director of the School of Nursing or someone on this faculty that you feel close to. If you feel one of your colleagues has such a problem, you may wish to discuss with your faculty, for advice on how to confront the individual and encourage him/her to seek help. If a student is impaired in the classroom or clinical setting, it is imperative that a faculty member be informed immediately, at the time of the incident. There is too much at stake for all of us to have a student who is impaired interacting with patients, or missing out on important content in the classroom. You do have the right and the obligation to act on your concern about impaired peers. Students may register formal complaints if they are
aware of incidents or behaviors that indicate chemical impairment. This process can be initiated by discussing your concerns with the semester coordinator or the Director. We need to direct as much concern to caring for ourselves and our peers as we do for our clients.

Students Suspected of Substance Use/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.

1. Students may not possess, or be under the influence of alcohol while in clinical or nursing classroom settings.
2. 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.
3. Even if a student has a prescription for medical marijuana, she/he must have a clear drug test to participate in clinical activities. Note: According to the National Institute on Drug Abuse, “Marijuana has negative effects on attention, motivation, memory, and learning that can persist after the drug's immediate effects wear off—especially in regular users” and further, even though some states have approved the use of marijuana for prescription, “the FDA, which assesses the safety and effectiveness of medications, has not approved marijuana as a medicine” (US Department on Health and Human Services, March 2014). Website: http://www.drugabuse.gov/sites/default/files/parents_marijuana_brochure_0.pdf Consequently, the use of medical marijuana while in the nursing program is strictly prohibited.
4. 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.

Indications for suspicion of drug/alcohol abuse or dependency:

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.

**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

**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.
Procedures:
1. 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 may suggest violation of drug and alcohol policies, the student will be confronted with the concerns and evidence. The Director and involved faculty, in consultation with the Executive Committee of the School of Nursing, will decide what type of follow-up is indicated, based on the outcome of this conference. Options include, but are not limited to:

   a. 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.

   b. 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 automatically 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.

   c. 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.

   d. Immediate administrative probation, resulting in removal of the student from all clinical courses. The student will be subject to a contract that must be signed and adhered to for continued participation in any portion of the nursing program.

   e. Referral to Student Judicial Affairs for disciplinary action as appropriate. The student's transcript may be marked to indicate School of Nursing Administrative Probation.

2. 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 his/her absence) will be informed and will determine what actions need to be taken. Screening for drugs or alcohol will be required. The student must give consent for such testing, and authorization for results to be made available to the School of Nursing.

   a. 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, federally accredited health care agency.

   b. 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 approved by the School of Nursing.

   c. All testing costs will be borne by the student.
3. Contract Procedure - 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 substance abuse evaluation 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) (i.e. 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.

4. General Guidelines Governing Re-entry of Impaired Students into Classroom and Clinical Settings.
   a. While rare, 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.
   b. 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.
   c. 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.
   d. 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.
   e. 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.

School of Nursing Health Policies and Regulations

To enter into and 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 nursing care in real patient situations while being observed by the instructors and other health care personnel.

Physical Requirements
In order to participate in CSU, Chico's Nursing Program, students are required to travel to agencies and hospitals, and to homes with unpredictable environments. Students need to have the endurance to adapt to a physically and emotionally demanding program. The following physical requirements would be necessary to participate in the clinical application courses in nursing:

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

2. **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.

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

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

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

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

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

8. **Health**: Nursing is considered to be a high risk profession for exposure to Hepatitis B and other contagious diseases. Immunizations required by the School of Nursing reduce this risk for nursing students, but do not eliminate it entirely. Pregnant students need a physician's note to participate in the program. Students with impaired or deficient immune systems may be at risk for contracting serious diseases. Such students must have physician approval for participation in clinical courses, and must discuss their situation with the clinical instructor.
Reporting of Illness or Accident

1. In the event of illness or accident, the student should notify the School Office; if unable to attend laboratory assignment, the student must notify the clinical instructor. Exposure to any contagious disease must be reported immediately to the appropriate clinical instructor.

2. If physical illness and/or emotional problems are noted by the instructor to be interfering with a student's ability to function in either the classroom or clinical area, the student may be required to obtain a physical examination and/or counseling, as appropriate, in order to continue in the course.

3. In case of illness, students are responsible to provide their own medical care.

4. If a student is involved in an accident occurring either on campus or during a clinical session, the student should report that accident to his/her instructor immediately. If the injuries are more substantial than can be treated by the Student Health Center, the student should obtain treatment on his/her own and is fully responsible for all treatment costs. An accident form is to be filled out within 24 hours of the accident and submitted to the Director of the School of Nursing. Students may be eligible for workmen’s compensation if injured in the clinical setting.

5. If you have any injury in the clinical setting, fill out an accident form with your clinical instructor. Include the same information you would include on an incident report. Students are not to be seen in the clinical emergency room, except in cases of true emergency. The student will be held accountable for all costs incurred for treatment at the clinical emergency room. Non-emergency accidents should be followed up at the Student Health Center or private health care provider.

6. For needle sticks and/or potential infectious exposures the Blood borne Pathogen Policy will be followed.

Standard 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 standard 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 that produce infective body fluids. Body substances include blood and all body fluids. Standard 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 student nurses 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 latest (2005) Center for Disease Control Recommendation to Health Care Workers on the Prevention of HIV Transmission in Health-Care Settings, see link http://www.cdc.gov/niosh/topics/bbp/emergnedl.html for more information. 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. Students will be taught the following guidelines and will practice these techniques both in simulation labs and in the actual 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 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.

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 - Nursing Student 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 needle stick, cut, mucous membrane exposure or nonintact 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) follow the procedures below:

1. **Clean the area exposed immediately.** For needle sticks or cuts, use soap and water to wash the area. For eye exposure, irrigate the area with clean water or saline. For 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.

Consider:
- 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):
- 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).
- History of Hepatitis B, Hepatitis C or HIV?
- If known HIV positive, is there information on viral load or treatment history?
- 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 bloodworm drawn. Some hospitals can obtain stat results from an HIV test in 20 minutes.
- 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).
- In community settings that don’t have access to the STAT HIV test, you may not know the patient 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.

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.

4. Seek treatment within one hour. Time is of the essence.
   - 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.
   - The Student Health Center cannot do the initial lab screen and does not carry the PEP drugs.
   - 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.
   - Treatment includes drawing baseline lab values for the student (HbsAG, Hep C antibody and HIV).
   - 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.

5. A 24-hour hotline for health professionals is available to help guide you through the process: 1-888-448-4911.
6. Besides the initial lab work and decision about the need for PEP, the following is recommended:

- Tetanus. If your last tetanus booster was over five years ago, get another.
- Hepatitis B
  - 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.
  - If the source (patient) was Hep B positive or unknown, you will likely need Hep B Immune Globulin (HBIG) also.
  - 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.
  - No routine follow-up after treatment for Hep. B is recommended because post exposure treatment is highly effective.
  - Report symptoms of hepatitis (yellow eyes or skin, loss of appetite, nausea, vomiting, fever, stomach or joint pain, extreme tiredness).
- Hepatitis C
  - There is no vaccine against HCV and no treatment after exposure that will prevent infection.
  - Obtain baseline HCV testing, and testing 4-6 months after exposure.
  - Be aware of signs and symptoms of hepatitis (see above) and report to your physician.
- HIV
  - 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).
  - 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.
  - Report sudden or severe flu-like illness, especially if you have fever, rash, muscle aches, tiredness, malaise, or swollen glands.
  - Follow recommendations for preventing transmission of HIV (don’t donate blood, organs, semen; avoid sexual intercourse or take precautions; avoid breast feeding).

7. Complete an accident form at the School of Nursing. This must be completed and received by the School of Nursing no more than 24 hours after the injury.

8. Obtain a copy of Exposure to Blood: What Health-Care Workers Need to Know from the School of Nursing Office.

Other information is available at:
www.cdc.gov/ncidod/diseases/hepatitis/index.htm
www.cdcnpin.org
www.cdc.gov/ncidod/hip
www.cdc.gov/niosh
www.cdc.gov/hiv
The following label should be carried on student name tags, so they have it handy for quick reference:

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FOR NEEDLESTICK 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.
• Complete accident report at School of Nursing.

Pregnant Students
A primary health care provider’s consent to fully participate in the clinical setting is required of all pregnant nursing students. The School of Nursing and its faculty cannot eliminate all risk factors faced by pregnant students in the clinical setting. Pregnant students must seriously consider what, if any, increased risk there is to the pregnancy from exposure to contagious disease, environmental agents, radiation, chemotherapeutic drugs, and physical exertion in the clinical setting. The pregnant student should discuss these issues with her physician in making her decision on whether to participate in clinical courses.

Pregnant students may choose to stop out of Nursing for medical reasons, or to postpone the clinical portion. Ability to enroll in clinical courses following a stop out will be dependent on space availability. Pregnant students who continue in the program with physician's consent must be vigilant to avoid undue risks, such as exposure to X-rays, volatile gases such as anesthetics and cancer chemotherapy drugs. Be especially careful to abide by universal precautions (see clinical policies). Be certain to consult with your clinical instructor if you have any indication that a client has an infectious disease. Pregnant students are not covered by the University for any accidental exposures or health problems related to the clinical.

Clinical Agency Requirements
The following requirements must be completed prior to the first clinical practicum course in the MSN program and, when appropriate, updated. No student may attend the first day of a clinical course unless all requirements are met. Clinical requirements must remain current throughout the academic semester enrolled. Students must submit verification of these requirements to Certified Profile (See Appendix A – Using https://www.castlebranch.com/ for Background Check, Drug Screen, and Tracking Immunizations at the end of these guidelines).

Background Checks and Drug Testing
To participate in clinical courses, all students in the program must have a background check and 10 panel drug screen completed through the designated vendor, Castle Branch. Check with the graduate coordinator or the instructor assigned to your clinical practicum courses to find out the most current background checks required prior to your clinical practicum courses. By virtue of your enrollment in the program, you are authorizing CSU, Chico School of Nursing to release any and all
information contained in your background check and drug screen to any clinical facility that may require this information to approve your participation in clinical courses there.

The background check searches multiple databases including the following:
- Residency History Search
- County Criminal Records
- Statewide Criminal Records
- Nationwide Sexual Offender Index
- Social Security Verifications
- Nationwide Healthcare Fraud & Abuse Scan
- Medicare & Medicaid Sanctioned, Excluded Individuals
- Office of Research Integrity (ORI)
- Office of Regulatory Affairs (ORA)
- FDA Debarment Check
- State Exclusion List
- Office of Inspector General (OIG)-List of Excluded Individuals/Entities
- General Services Administration (GSA)-Excluded Parties List

Any prior convictions related to child abuse, sexual abuse, etc. may result in students being barred from access to clinical settings which involve vulnerable populations. If you have concerns about your background check, please see the Director of the School of Nursing. No other background clearances you may have received can be used to meet this requirement.

**Health Insurance**

Some diseases or injuries you may risk could require long-term hospitalization and care. Therefore, supplemental major medical insurance coverage is required for all students. You may purchase supplemental health insurance through the Student Health Center. If you receive financial aid, you may include the added cost of the insurance on your financial aid request.

Please note that Student Health Services provided on campus are not available evenings and weekends. The Student Health Center provides limited treatment for illnesses or injuries while you are registered. It does not provide hospitalization, prescription medications, or special care. Therefore, additional coverage is necessary.

Several nursing students experience needle sticks each year. 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 insurance coverage is especially important. These costs could easily reach $300 or more for the initial incident. It can become quite expensive, should you have to start on anti-HIV drugs for a prolonged period.

Clinical agencies used for practica typically do not provide free services to you for emergency treatment if you are injured in that agency. If such care is given, you will be billed by the treating hospital or agency. Therefore, each 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 for costs of any anti-HIV drugs, if a physician determines they are warranted. For example, Kaiser insurance coverage does not always extend to emergency room visits out of their area of service.
Automobile Access and Insurance

Laboratory experiences often occur in communities far from Chico and may involve significant commutes. This requires that students have access to a car as well as a current driver's license and automobile registration. 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. Some agencies require an Affidavit of Coverage in order for the student to be assigned for experience. Insurance verification is required prior to enrolling in clinical courses.

Cardio-Pulmonary Resuscitation (CPR)

You must hold a current class "C" or professional CPR card that includes certification in two-man CPR, infant and child, obstructed airway, and AED during the entire nursing program. CPR must remain current in the entire nursing program.

Immunizations

The School of Nursing at CSU, Chico requires all new students to have the following immunizations and tests before beginning ANY clinical course and they are to be kept current throughout the program. Any needed immunizations may be obtained at the Student Health Center on campus, the Butte County Public Health Department (phone 891-2732 for appointment), or by a healthcare provider of your choice.

Note that it is assumed that all new 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 a student has not had these immunizations, or is unsure, it is highly recommended the student discuss their past immunization history with their personal physician and obtain the appropriate immunizations or have titers drawn to verify immunity.

1. Required Immunizations
   
   a. Pertussis (Tdap) booster within the past 5 years unless it was clearly included as part of a recent tetanus immunization. **If you are pregnant, please seek the advice of your medical healthcare provider about the advisability of having this vaccine.**

   b. Tetanus booster given within the past ten years. If you need to renew your tetanus for admission to the nursing program and you still need the pertussis booster, be sure to have the Tdap immunization included with your tetanus as one vaccination.

   c. Annual PPD skin test for TB. Note that several clinical agencies currently require two negative PPD skin tests within a calendar year. If a student had a PPD within the last 12 months, then only one more is needed now. If the PPD was completed 12 months or more, then a student needs one now and the second one any time after 1-2 weeks but no more than one year. Ideally, these would occur within a 3 month period. All students should have the two-step test as part of their initial enrollment in the program. Students with negative PPD results need no further evaluation other than an annual PPD skin test.

   In accordance with county and state health policy, if a student has a new positive PPD skin result, a chest x-ray is required. If the chest x-ray is positive, pharmacological treatment/TB prophylaxis is required. If the chest x-ray is negative, the student must be evaluated...
medically to determine whether pharmacological intervention is needed. Copies of this medical evaluation must be turned into Certified Profile.

For students with a history of positive PPD and negative chest x-ray, a symptom checklist must be completed annually and turned in to Certified Profile in lieu of the annual PPD test. 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).

In addition, the School of Nursing will accept a QuantiFERON®-TB or QFT test in lieu of a skin test. QFT is the registered trademark of the test for tuberculosis infection or latent tuberculosis. An individual is considered positive for M. tuberculosis infection if the IFN-gamma response to TB antigens is above the test cut-off (after subtracting the background IFN-gamma response in the negative control). While not meant to be used as a screening tool for low risk people--- a percentage tuberculin response of ≥30 will be considered a positive QFT result. In high risk populations, a percentage tuberculin response of ≥15 will be considered a positive QFT result.

c. Rubella (German measles) vaccine, usually given as "MMR" (Measles, Mumps, Rubella). Positive titers for measles, mumps, and rubella will be accepted in lieu of vaccination records.

d. 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, a second vaccine is not required). 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.

e. Completion of Hepatitis B immunization series is required of all students entering the nursing program. Please note that your hepatitis immunization series requirements can be completed in three ways: 1) Documentation of the traditional three shot series administered in a one-year time frame; 2) Documentation of two shot Recombivax shot series administered between the ages of 11 and 15; 3) Documentation of positive antibody titer (lab report required). If titer is negative or equivocal, three additional vaccinations are required. Repeat series must be administered in a one year period.

NOTE- If you are allergic to yeast, consult your physician before receiving the hepatitis vaccine. Pregnancy and lactation are not considered contraindications to the vaccine. However, data are not available on safety of the vaccine for the developing fetus, and you should consult your obstetrician before obtaining it. If the physician feels the vaccine is contraindicated, submit a note to that effect from the Physician, and the requirement will be postponed.

f. Annual influenza/flu shot OR a letter from a provider attesting to a medical need to decline this requirement. If you are pregnant, please seek the advice of your medical healthcare provider about the advisability of having this vaccine.
g. Chicken pox (varicella). You will already have immunity to varicella if you contracted it as a child. If you are immune, you simply need to provide a written statement affirming this. If you are unsure of your immunity status, request a varicella titer. This vaccine is not available at the CSUC Student Health Center. If you need it, you will need to see your regular healthcare provider or to a public health department near you.

h. Vaccination against meningitis is strongly recommended for college students. The Student Health Center offers Menactra to vaccinate against meningitis.

**Professional Liability Insurance Coverage**
There is a risk that you could be sued for malpractice while participating in your nursing practicum. We strongly recommend (not required) that you purchase malpractice insurance prior to beginning your practicum course although the University currently maintains a blanket policy that provides some coverage for students enrolled in clinical courses. To better protect yourself, never accept responsibility for procedures for which you feel you lack the education, training, or skill set required. Follow clinical policies regarding faculty and staff supervision.

**Clinical Policies**

**Agency Contracts**
Students achieve some of the course requirements through practical experience in various health care agencies. Student access to facilities is regulated by contracts between the University and the agency, covering policies such as immunizations, workmen's compensation insurance, 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. Workmen's compensation may, however, be available from CSU, Chico for injuries incurring during clinical courses (Check with the Nursing Office).

**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) prior to taking clinical practicum courses to comply with patient confidentiality standards.

**Dress Code**
The School of Nursing must comply with the policies of various hospitals, clinics, and other agencies where clinical practice is scheduled. Students should be aware that additional dress restrictions and infection control policies might be required in specific departments of agencies or hospitals. Any other concerns will be addressed through your clinical instructor who has the final decision on dress code implementation.
If unprofessional attire is reported in clinical agencies, clinical grades may be lowered, or preclinical access to patient records may be restricted; additionally, the student may be placed on nursing probation for unprofessional behavior.

In all areas:
- Acceptable jewelry includes only a wedding ring (or cultural wedding symbol), and a watch.
- Earrings must be studs only and are limited to no more than two per ear lobe.
- Necklaces will not be worn outside the uniform when providing patient care.
- No other visible body jewelry or piercing is permitted.
- No visible tattoos are permitted. Previous tattoos should be covered.
- Long hair must be worn up or back from the face, with no extravagant hair ornamentation.
- Make-up should be used only in moderation.
- No fragrances should be worn in clinical settings.
- Long fingernails are not permitted; nails must be kept neat in appearance and clean.
- No acrylic (false) nails will be allowed.

Some clinical areas will have more stringent requirements for jewelry due to potential safety hazards.

**Professional Attire**
When a uniform is not required, students must dress in a professional manner. Whether or not a lab coat is required with your professional attire will be designated by your clinical faculty. Regardless of the clinical agency setting students must conform to the following:
- CSU, Chico photo ID name tag
- Tops must have sleeves
- No breast tissue or cleavage may be visible
- No skirt above knee length
- No open-toed shoes
- No shorts, no jeans, no short tops showing midriff
- No torn clothing.

When a lab coat is worn, professional attire is always required. A laboratory coat is required and must be worn, with your CSU, Chico photo ID name tag, when in the hospital other than for clinical labs, for example, when selecting patients, going to medical records, or reviewing charts. These requirements are in accordance with contractual agreements with clinical agencies for individuals when in the agency in a professional student role.

**Scholarships and Financial Aid**
Numerous scholarships are available to students enrolled in the MSN nursing program. Applications are secured from the Financial Aids Office: [http://www.csuchico.edu/fa/scholarships/index.shtml](http://www.csuchico.edu/fa/scholarships/index.shtml)

The amount and number of awards vary and are dependent upon earnings of the permanent funds. The Office of Graduate Studies also posts scholarship information on the Graduate Equity Fellowship Program. Check at the following site: [http://www.csuchico.edu/fa/scholarships/types/fellowship.shtml](http://www.csuchico.edu/fa/scholarships/types/fellowship.shtml)
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.
The master’s examination is designed to test the student’s ability to integrate and apply knowledge from the core areas of nursing to a specialty area. The master’s examination serves as a culminating activity which provides a student with the opportunity to synthesize knowledge and experience gained through his/her master’s program. In the master’s examination, the student will demonstrate through a problem solving professional paper, whether s/he is capable of recognizing relevant concepts within nursing and applying scientific methods and findings to the understanding of those concepts.

The student analyzes a nursing problem within the specialty area of practice and proposes a solution for the problem. The student must demonstrate critique and synthesis of scholarly literature and application of theoretical perspectives. The length of the paper should be 25-35 pages excluding references and appendices.

Through the master’s examination the faculty are seeking validation of a student’s ability to meet program objectives. The specific program objectives that can be most easily assessed directly through the written master’s problem solving professional paper examination are indicated with an asterisk (*). The objectives without an asterisk may be indirectly assessed through the written examination; however, they are evaluated primarily through clinical field work (N685 or N659) and/or employer appraisal post-graduation.

1. Analyze theoretical formulations from the Sciences and the Humanities as a basis for nursing practice, education, and administration.

2. Translate and apply evidence based research related to the nature of health/illness and the practice of nursing.

3. Utilize advanced Master’s level clinical knowledge and skill to promote, maintain, and/or restore optimum wellness to client systems.

4. Assume leadership roles in nursing practice, education, or administration to influence the quality of healthcare.

5. Assume responsibility for developing health care policy relative to social, ethical, legal, economic, and political issues that influence positive change on health care delivery.

6. Organize and develop inter-professional collaborative relationships for the improvement of health care on an agency, organizational, or legislative level.

7. Synthesize knowledge from the biophysical, social, and nursing sciences which affects health/illness behavior or client systems as a basis for nursing practice, education, and administration.
Guidelines for the Culminating Activity
Problem Solving Professional Paper

Remember that the purpose of the Problem Solving Professional Paper is to evaluate the nursing
graduate student’s ability to effectively analyze a nursing problem and communicate a resolution of
this problem in a specialty area. Listed below are detailed guidelines to be used for your paper. You
will work with a faculty Chair and a second faculty reader. The graduate coordinator is the final
reader to approve all papers prior to graduation.

Problem Solving Professional Paper Culminating Activity has Four Required Sections:

I. Introduction: Problem and its Environmental Context
II. Literature Review: Research and Theory
III. Intervention, Implementation, and Evaluation
IV. Summary/Conclusion

Specific guidelines for each section detailed below:

Section I. Introduction: Problem and its Environmental Context (Section IA and Section IB)

Section IA. Identify a significant problem in a specialty area. Present evidence of the problem’s
significance by discussing the importance of the problem to clients and/or the nursing profession.

Describe an identified need stemming from a discrepancy between what is and what could/should
be. The description statement should succinctly specify how this is known to be a problem and
include:

The context of the problem
Where the problem occurs?
Who is working to solve the problem?
What is to be accomplished by the proposed plan?
Who is the target population?

Section IB. Describe the characteristics of the environment within which the problem exists.

Provide a description of the setting in which the problem occurs. Include the nature of the physical,
socio-economic, and/or cultural setting (e.g. home, hospital, school, or agency). Describe the critical
factors within the environment that are relevant to the problem and its resolution.
Provide a description of roles and interrelationships within the context of the setting including:
A description of responsibilities and functions of individuals significant to the problem.
The roles and responsibilities of the nurse.
Explain the nature of the interactions between significant individuals and the influence of the setting
on their relationships.
Section II. Literature Review: Research and Theory (Section IIA and Section IIB)

Section IIA. Document the nature of the problem and current approaches to its resolution found in the nursing and/or other applicable literature.

The literature review should be a comprehensive review and synthesis of the current and classic literature emphasizing the most recent 5 year period. Define the limitations of your review and state the range of dates included in the review (i.e. 2011-2016). Review the references significant to the area, including classic and current works Identify key components of the articles selected for review.

For research literature, identify the following study components:

Sample - subjects and selection criteria
Design - appropriateness of design; threats to internal/external validity
Procedure - description of procedural steps
Measures - reliability and validity; description/definition of measurement
Results - data analyses described, data fully presented, findings logically presented
Conclusions - author’s interpretation of findings, author’s discussion of limitations; author’s discussion of generalizations

Demonstrate ability to accurately evaluate the critical elements (listed above) of the reviewed literature and their potential contribution to the identified problem.

Section IIB. Identify the concepts that are linked to the problem or the theoretical construct(s) underlying the nature of the problem and/or its resolution.

Justify the chosen theory. Adequately discuss and integrate the theory into the problem and into the problem’s resolution.

For non-research based literature: Clearly articulate main point(s) of the article.

Section III. Intervention, Implementation, and Evaluation (Section IIIA, IIIB and IIIC)

Section IIIA. State the intervention or action that could be taken to resolve or minimize the problem.

Describe the desired outcome(s) to be achieved by resolving or minimizing the problem using relevant research and/or theory:

Demonstrate that the intervention has the potential for substantial improvement of the problem. Justify the chosen intervention compared with other alternatives.
Address the generalizability of program beyond the specific example.
Justify the feasibility of the intervention as it pertains to the environmental context (e.g., role of the nurse, available resources, and interrelationships).

Section IIIB. Describe the implementation phase.

Outline procedures for implementing the intervention in a logical sequence including who will be
involved with implementing and evaluating your proposed intervention. Consider resources and constraints in the environment.

Section IIIC. Define an evaluation procedure for the selected intervention.
Delineate specific, measurable, and appropriate criteria for assessing each expected outcome. Describe how data would be collected to evaluate the effect of the intervention.

Section IV. Summary/Conclusion (Section IVA)

Section IV A. Provide a synthesis and summary of the paper.
Synthesize the main points of the paper.
Bring this culminating activity to a logical conclusion by highlighting the “so what factor.” Emphasize how your proposed problem solving approach can specially be applied to make a positive difference in nursing practice, nursing research, nursing education, and/or nursing leadership.
**I. Problem and its Environmental Context**

| A. Identify a significant problem in a specialty area | • **Clarity of problem** – Describes an identified need stemming from a discrepancy between what is and what could/should be. The description should specify how this is known to be a problem. The problem statement includes the context of the problem by succinctly identifying what the problem is, where the problem occurs, who is solving the problem, what is to be accomplished, and who the target population is.  
  • **Significance of problem** – Discusses the importance of the problem to clients and/or the nursing profession. |
| --- | --- |
| B. Describe the characteristics of the environment within which the problem exists | • **Clarity of setting** – Describes the nature of the physical, socio-economic, and/or cultural setting (e.g., home, hospital, school, agency). Describes those critical factors within the environment that are relevant to the problem and its resolution.  
  • **Clarity of roles and interrelationships**. Describes responsibilities and functions of individuals significant to the problem, including the roles and responsibilities of the nurse. Explains the nature of the interactions between significant individuals and the influence of the setting on their relationships. |

**II. Literature Review: Research, Narrative, and Theory**

| A. Document the nature of the problem and current approaches to its resolution. | • **Quality of references** – Reviews references significant to the area, including classic and current works within the past five years; uses primary sources, identifies gaps in the literature.  
  • **Addresses elements of critique** – Non-research literature (theory and issues): clearly articulates main point(s) of the article establishes credibility of the author/content  
  Research literature* (the following criteria are addressed):  
  Sample: subjects and selection criteria  
  Design: appropriateness of design; threats to internal/external validity  
  Procedure: description of procedural steps  
  Measures: reliability and validity; description/definition of measurement  
  Results: data analysis described, data fully presented, findings logically presented  
  Conclusions: author’s interpretation of findings, author’s discussion of limitations, author’s discussion of generalizations  
  *some of this information could be provided in a summary table |
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<td>• <strong>Quality of critique and interpretation</strong> – Demonstrates ability to</td>
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<td>B. Identifies the concepts that are linked or the theoretical construct(s) underlying the nature of the problem and/or its resolution.</td>
<td>• Quality of theoretical discussion – Justifies the use of the theory chosen. Discusses it adequately and integrates it into the problem and its resolution.</td>
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<td>III. Intervention, Implementation, and Evaluation</td>
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| A. State the intervention or action to be taken to resolve or minimize the problem. | • Clarity of expected outcomes – Specifies the desired outcome(s) to be achieved by resolving or minimizing the problem.  
• Defensibility – Demonstrates that the intervention has the potential for substantial improvement of the problem. If necessary, justifies choice compared with other alternatives, using relevant research and/or theory.  
• Realism – Shows feasibility of the intervention as it pertains to the environmental context (e.g., role of the nurse, available resources, interrelationships) as discussed above. |
| B. Describe the implementation phase. | • Clarity of implementation – Outlines procedures for implementing the intervention in a logical sequence.  
• Appropriateness of implementation – Considers resources and constraints in the environment. |
| C. Define an evaluation procedure for the selected intervention. | • Clarity of evaluation criteria – Delineates specific, measurable, and appropriate criteria for assessing each expected outcome.  
• Appropriateness of evaluation procedure – Describes how data would be collected to evaluate the effect of the intervention |
| IV. Technical Criteria |  |
| • Grammar and spelling |  |
| • Organization of paper (clear and logical sentence structure) |  |
| • APA format |  |
| V. Conclusion |  |
| • Synthesis and summary- Describes an overview of the paper, emphasizes and illustrates the main points of the paper and brings it to a logical conclusion. |  |
Master’s Examination

Culminating Activity

Note: Students must pass each criterion with a score of a 3 or a 4 in order to pass this culminating activity exam.

All papers will be put into Turnitin to check for originality. The Office of Graduate Studies has set an originality target goal of 10% or less.

Student Name ________________________________ Faculty Reviewer _______________________

Scoring Procedure:

1. Refer to the Problem Solving Professional Paper evaluation criteria for definitions of criteria listed below.
2. Check the appropriate rating for each criterion.
   
   4 = excellent
   3 = acceptable
   2 = needs improvement
   1 = poor

Please rate the Problem Solving Professional paper Master’s examination on the following criteria:

I. Problem and its Environmental Context

A. Identifies a significant problem in specialty ● Clarity of problem 4 3 2 1
   ● Significance of problem 4 3 2 1

B. Describes characteristics of the environment in which the problem exists ● Clarity of setting 4 3 2 1
   ● Clarity of roles/interrelationships 4 3 2 1

II. Literature Review: Research, Narrative, and Theory

A. Documents the nature of the problem and current approaches to its resolution ● Quality of references 4 3 2 1
   ● Addresses elements of critique 4 3 2 1
   ● Quality of critique/interpretation 4 3 2 1

B. Identifies the concepts that are linked or theoretical construct(s) underlying the problem and/or its resolution ● Quality of theoretical discussion 4 3 2 1
III. Intervention, Implementation, and Evaluation

A. States the intervention or action to be taken to resolve or minimize the problem
   ● Clarity of expected outcomes 4 3 2 1
   ● Defensibility 4 3 2 1
   ● Realism 4 3 2 1

B. Describes the implementation plan
   ● Clarity of implementation 4 3 2 1
   ● Appropriateness of implementation 4 3 2 1

C. Defines an evaluation procedure for the selected intervention
   ● Clarity of evaluation criteria 4 3 2 1
   ● Appropriateness of evaluation procedure 4 3 2 1

IV. Technical Criteria

   ● Grammar and spelling 4 3 2 1
   ● Organization of paper (clear and logical sentence structure) 4 3 2 1
   ● APA format 4 3 2 1

V. Other

   ● Scholarliness 4 3 2 1
   ● Evaluation of work as a whole 4 3 2 1

Check one: _____ Pass, no revisions required

_____ Revisions required by ______________________

_____ Fail

Please include comments on the following page.
California State University, Chico
School of Nursing
Scoring Sheet for Problem Solving Professional Paper

Master’s Examination

Culminating Activity - Faculty Comment Sheet

Student’s Name ________________________________

1. Positive comments regarding examination.

2. Items rated 2 or 1 must receive comment. Additional items may be commented on as desired.

Signature of Faculty Reader ___________________________ Date ______________

Please return both sheets to the chair of the master’s examination committee.
Guidelines for Culminating Activity Coursework Units

Students will be working on portions of their culminating activity throughout the graduate program. The N620 course will provide students with designated course time devoted to developing the introduction and theoretical framework sections of the paper. Students will continue to progress on the literature review portion of the paper in the N660 course. The N660 course counts for 1 unit toward your required 3 units of culminating activity. Students will continue work to complete the culminating activity while enrolled in two units of N697P. In the case that a student has not been able to complete the culminating activity at the end of the NURS 697P course, students will need to stay continuously enrolled via adjunct status through Continuing Education. Students sign up for GRST 899. Costs for adjunct status are currently approximately $180.00/semester.

Guidelines for Problem Solving Professional Paper Committee

The Graduate Coordinator and the School of Nursing Director will identify a Chairperson who will guide the student in the N697P course. An additional faculty member will serve as a second reader. This will occur toward the end of the N697P course and until the student has completed the culminating activity. The Graduate Coordinator will be the third reader for all culminating activity papers and will review all papers for a passing score prior to scheduling the oral defense and prior to approval for graduation. Students need to give faculty adequate time to read and provide feedback on papers. Faculty can take up to two weeks maximum to provide feedback to students on the culminating activity.

Once the 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 Office of Graduate Studies office.

Human Subjects Approval

Most of the time students will not need to collect data on humans as part of the problem solving paper. In the event that data will be collected as part of the problem solving professional paper culminating activity, the student must apply to the University Institutional Review Board 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.

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. Students must earn a passing score of a minimum of a 3 across all sections of the problem solving professional paper scoring rubric before the oral defense will be scheduled.
B. Schedule the defense and the room in which the defense will be conducted. Students living at a distance may be allowed to conduct the oral defense from their home setting using videoconferencing technology. 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.

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. Along with the members and chair of the Graduate Advising Committee, sign the required paperwork generated by the Office of Graduate Studies indicating that the student has met all of the requirements of the graduate program.

The Student Will:
A. Work closely with the Graduate Advising Committee to prepare the final draft of the professional paper. Submit a copy of the final draft to the Graduate Coordinator. Make any revisions suggested by the Graduate Coordinator.
B. 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.
C. During the oral defense, present an oral summary and power point presentation (or use other forms of presentation) of the professional paper overview. Be prepared to respond to any questions about the problem solving professional paper.
D. Work with the Graduate Advising Committee chair to make any necessary changes to the professional paper and submit the completed professional paper and submit the PowerPoint (or other presentation software) oral presentation to the Committee members and to the Graduate Coordinator.

Students who wish to write a thesis or to conduct a project, instead of completing a problem solving professional paper, do have this option and should be aware that both of these culminating activities typically take longer to complete than does a problem solving professional paper. Students wishing to pursue either of these options will need to meet with the Graduate coordinator to discuss what is involved with writing the required chapters for a thesis or for a project.
APPENDIX A - Using CastleBranch.com

Background Check, Drug Screen, and Tracking Immunizations

The CSU, Chico School of Nursing has chosen www.castlebranch.com for conducting its background checks, drug screening and tracking of student immunizations. You will need to set up your Certified Profile to order these services. At the bottom of the page are instructions for getting started.*

Background Check - A background check is required for all nursing students prior to entering the program. The results of the background check will be posted to your Certified Profile account via the Castlebranch.com website in a secure, tamper-proof environment. Only you and the Director of the School of Nursing will be able to view the results.

The background check will include the following:
- Criminal records from all counties of residences within the previous seven years
- Nationwide - Sexual Offender Index
- Nationwide - Healthcare Fraud and Abuse Scan
- Social Security alert
- Residency history

Drug Screen - A 10-panel drug test is required prior to entering the program. Castlebranch.com currently contracts with Quest Diagnostics and Lab Corp laboratories to conduct drug testing and will assign you to a site closest to you to do the testing. Both are federally-approved labs. Drug test results will be posted to your Certified Profile via the Castlebranch.com website in a secure, tamper-proof environment. Only you and the Director of the School of Nursing will be able to view the results.

Medical Document Manager – Verification of a number of immunizations and insurance requirements is required prior to entering the program and attending clinical throughout the program. We have chosen CertifiedBackground.com as the approved source for storing and tracking your records through a document tracker account you set up within your Certified Profile.

CERTIFIED PROFILE/CertifiedBackground.com

Instructions for ordering Background, Drug Screen and Document Tracker

2. In the “Place Order” box, enter the school code (follow steps below for each code):
   - CG62d - Background Check and Drug Test ($77.00); CG62im - Document Manager ($35.00)
3. Click "Continue."
4. Follow the prompts to complete the order.

Once your order is submitted, you will receive a password via email to view your account. The drug test and background check results will be available in approximately 48-72 hours. If you are having difficulty with your order, please contact Castlebranch.com Customer Service at 888-723-4263 x7196.

*Additional instructions are available by selecting the link “My Library” from your Certified Profile page under Account Documents. Be sure to select the instructions specific to the MSN program.