

CALIFORNIA STATE UNIVERSITY, CHICO SCHOOL OF NURSING

GRADUATE STUDENT GUIDELINES

INTRODUCTION

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

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

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

PURPOSE OF PROGRAM

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

Description of the Program

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

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

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

The adult health courses use a physical, psychosocial, spiritual and developmental perspective to examine normal changes in the adult, the impact of selected clinical phenomena on the adult, and the process of planning advanced strategies for nursing care. The courses also examine the larger social context in which advanced nursing care must exist and the potential impact of that context on individual practice. The practicum provides the opportunity for students to apply their knowledge to a selected population of adults.

Mission Statement

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.

Goal Statement

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 which follow, we will create environmentally literate citizens who embrace sustainability as a way of living. We will be wise stewards of scarce resources and, in seeking to develop the whole person, be aware that our individual and collective actions have economic, social, and environmental consequences locally, regionally, and globally.

Expected Outcomes for the Nursing Graduate

The Nursing graduate in Master of Science will:

1. Critically evaluate research literature for the purpose of application to nursing practice, education, and further research.
2. Support and participate in research studies to add to the body of nursing knowledge.
3. Incorporate advanced knowledge, theory, research, and information competencies in planning, implementing and evaluating health care through a variety of advanced nursing roles.

4. Incorporate advanced knowledge, theory, research, and information competencies in planning implementing, and evaluating teaching and learning through a variety of advanced nursing roles.
5. Demonstrate self-confidence in the advanced nursing role promoting change to advance the quality of professional nursing.
6. Function as a role model/mentor by respecting the nurses' need for self-care and life long learning for professional growth.
7. Participate in ongoing evaluation of the nursing program in preparing Master of Science graduates for the nursing role.

Curriculum Organization

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

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

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

- I. Research
- II. Policy, Organization, and Financing of Health Care
- III. Ethics
- IV. Professional Role Development
- V. Theoretical Foundations of Nursing Practice
- VI. Human Diversity and Social Issues
- VII. Health Promotion and Disease Prevention

The entire Masters Essentials of Nursing Education document can be read at:

<http://www.aacn.nche.edu/Education/pdf/MasEssentials96.pdf>

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

Competency 1: Facilitate learning.

Competency 2: Facilitate learner development and socialization.

Competency 3: Use assessment and evaluation strategies.

Competency 4: Participate in curriculum design and evaluation of program outcomes.

Competency 5: Function as a change agent and leader.

Competency 6: Pursue continuous quality improvement in the nurse educator role.

Competency 7: Engage in scholarship.

Competency 8: Function within the educational environment.

Further description of each competency can be found at:

<http://www.nln.org/profdev/pdf/corecompetencies.pdf>

Curriculum/Schedule of Courses for MSN Degree

Semester One

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

Semester Two

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

Semester Three

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

Semester Four

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

Semester Five

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

PHILOSOPHY OF THE SCHOOL OF NURSING

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

Person

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

Health

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

Nursing

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

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

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

Environment

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

Nursing Education

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

Learning is a continuous process that includes the affective, cognitive, and psychomotor

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

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

AMERICAN NURSES ASSOCIATION CODE OF ETHICS FOR NURSES

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

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

1. The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
2. The nurse's primary commitment is to the patient, whether an individual, family, group or community.
3. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.
4. The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.
5. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.
6. The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.
7. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.
8. The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.

9. The nursing profession, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

FACILITIES AND SERVICES

School of Nursing Office

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

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

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

Student Support Services

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

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

Student Computing Support

The online courses will be available through the Student computing services. These services can be accessed via telephone or online. Students can call the Student Computing HELP line (898-6000) to get verbal assistance. Online access can be found at:

<http://www.csuchico.edu/stcp/about/gethelp.shtml>

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

<http://www.asbookstore.com>

Student Computing can help students do a "check-up" on an office or home computer to make sure it meets Vista's requirements to minimize problems. A list has been compiled of Windows and Macintosh requirements that have links to tools and tutorials for making the computer system ready for Vista. If the student has any questions he or she can **contact the Student Computing helpdesk**. If the student has any trouble logging into Vista Blackboard

Learning System, student computing can also help make sure the account is in order. Student

computing has the goal to help make sure the student has everything he or she needs to successfully log in and work in Vista.

Library and Information Resources

The online student, through the University Home Page: <http://www.csuchico.edu/> can access all the resources of Meriam Library. The library provides extensive resources for the distant student beginning with the Regional Extended Campus Service office. The student can access the online catalog, as well as the journal and periodical literature and relevant nursing databases. The library also has a system for accessing full text articles from a variety of nursing journals. The library offers full interlibrary loan services to remotely located students and delivers material to them directly by mail. The library collections of the other 22 California State University campuses as well as the University of California campuses are also available to the online students should they need resources not available at CSU, Chico. Every effort will be made to provide these interlibrary loan materials at no cost or at the lowest possible cost to the student.

GENERAL INFORMATION

Academic Standing

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

Academic Honesty

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

1. Submitting someone else's text as one's own or attempting to blur the line between one's own ideas or words and those borrowed from another source.
2. Misuse of sources, which means carelessly or inadequately citing ideas and words borrowed from another source.

Ethical writers make every effort to acknowledge sources fully and appropriately in accordance with the contexts and genres of their writing. A student who attempts (even if clumsily) to identify and credit his or her source, but who misuses a specific citation format or incorrectly uses quotation marks or other forms of identifying material taken from other sources, has not plagiarized. Instead, such a student should be considered to have failed to cite and document sources appropriately from the Council of Writing Program Administrators' "Defining and Avoiding Plagiarism: The WPA Statement on Best Practices" <http://www.wpacouncil.org>

Avoiding Plagiarism

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

http://www.csuchico.edu/prs/EMs/EM04/em04_36.htm

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

Resources for Students are provided by the University Writing Center:

- *Avoiding Plagiarism*
- *What is Plagiarism*
- *Documentation*
- *English as a Second Language*
- *Proofreading & Editing*
- *English 130*

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.

University Regulations

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

Commencement

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

Graduate Guide

The Graduate School frequently updates and publishes [A Guide to Graduate Studies: Policies, Procedures and Format](#). This is an EXTREMELY useful book that can be purchased from the Graduate School or viewed online at:

http://www.csuchico.edu/giis/gs/pdf/fall_grad_guide.pdf.

It is highly recommended that the guide be read. This guide can be ordered through the Graduate School (530) 898-6880 for a minimal cost. The Graduate School also publishes a handout with critical deadlines related to application for and participation in graduation. It is essential that you be aware of these deadlines. This information is also available online at the Graduate School webpage found at:

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

CSU Graduate Literacy Requirement

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

Required Papers

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

The Psych Web page offers links to APA resources:

<http://www.psywww.com/resource/apacrib.htm>

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

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

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

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

Textbooks and Supplemental Materials

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

PROTOCOLS

Protocols have been developed to assist the graduate student meet the expectations of the faculty in selection of clinical and teaching practicum, selecting faculty or agency preceptors and agency facilitators, in selecting a thesis committee, in preparing the thesis proposal, in preparing for oral defense of the completed thesis. Careful compliance with these protocols will facilitate a relatively smooth journey through these aspects of the Master of Science in Nursing Program. These are provided at the end of this graduate student guideline.

Graduate Committee Participation

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

Student Grievance Procedure

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

Most complaints (grievances) are resolved during the informal process. If not, the student should talk to the Coordinator for Student Judicial Affairs in Kendall Hall. NOTE: A revised Student Grievance Procedure was approved by the President and implemented in 2005.

The link can be found at http://www.csuchico.edu/prs/EMs/EM05/em05_10.htm as well as read on the following page:

Executive Memorandum on Student Grievance follows.



June 24, 2004

EXECUTIVE
MEMORANDUM

04-36

Revised 10/18/07

From: Paul J. Zingg, President

Subject: Executive Memorandum 04-36, **Policy on Academic Integrity and the Establishment of the Council for Promoting Academic Integrity (Revised 10/18/07)**

On the recommendation of the Academic Senate and the concurrence of the Provost, I approve EM 04-36 for immediate implementation.

Précis

The students, faculty, and staff of California State University, Chico (CSU, Chico) are committed to a campus culture that fosters excellence in learning. Excellence in learning can only take place in an environment based on academic integrity and honesty. The long-term value of a degree from CSU, Chico depends on all members of the campus community participating actively in the creation and maintenance of a campus culture that cherishes such academic honesty and integrity.

Because technology has made plagiarism and academic cheating much easier for the average student than ever before, there is a growing consensus in academia that the challenge to academic honesty and integrity posed by these new technologies must be met with a proactive, unified, and concerted effort. This document addresses this challenge at CSU, Chico by focusing student, staff, and faculty discourse on the issues of academic honesty and integrity. It provides a more explicit and public definition of expectations regarding academic honesty and integrity, so all students may have an equal opportunity for academic success without violating the American Association of University Professors (AAUP) Statement of Principles on Academic Freedom and Tenure.

Objectives

The policies and procedures focus on academic honesty and integrity in order to emphasize its role in a high-quality learning environment. As such, these policies and procedures support the University's number one Strategic Priority: *"Believing in the primacy of student*

learning, we will continue to develop high quality learning environments both in and outside the classroom. ” This priority focuses on education as a way of life and in so doing, encourages “opportunities for intellectual, social, emotional, spiritual, and physical growth. ” Academic ethics are a fundamental prerequisite of education.

The intent of this Policy is to:

- establish university-wide definitions of cheating, misuse of sources, and plagiarism;
- implement an academic integrity statement;
- define the responsibilities of the stake holders;
- describe guidelines for reporting misconduct;
- affirm due process; and
- maintain our commitment to the AAUP Statement of Principles on Academic Freedom and Tenure.

This policy conforms to Executive Memorandum 96-38, Code of Student Rights and Responsibilities and Faculty Personnel Policies and Procedures (FPPP).

I. Definitions

Academic Integrity

Academic integrity is defined as "a commitment, even in the face of adversity, to five fundamental values: honesty, trust, fairness, respect, and responsibility. From these values flow principles of behavior that enable academic communities to translate ideals to action. "

Center for Academic Integrity. “Fundamental Values Project. ” 23 March 2004
<http://www.academicintegrity.org/fundamental.asp>.

Cheating

Cheating is intentional fraud or deception for the purpose of improving a grade or obtaining course credit and includes all behavior intended to gain unearned academic advantage. Cheating includes either helping or attempting to help another person cheat.

Adapted from the Office of Student Judicial Affairs at California State University, Chico.
“Cheating, an Ounce of Prevention. ”

Misuse of Sources

Misuse of sources is defined as “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 [has] failed to cite and document sources appropriately. ”

Council of Writing Program Administrators. "Defining and Avoiding Plagiarism: The WPA Statement on Best Practices. " *WPA Position Statements and Resolutions* Jan. 2003. 12 Feb. 2004 <http://www.wpacouncil.org/positions/WPAplagiarism.pdf> .

Plagiarism

“Plagiarism occurs when a [student] deliberately uses someone else’s language, ideas, or other original (not common-knowledge) material without acknowledging its source.”

Council of Writing Program Administrators. "Defining and Avoiding Plagiarism: The WPA Statement on Best Practices. " *WPA Position Statements and Resolutions* Jan. 2003. 12 Feb. 2004 <http://www.wpacouncil.org/positions/WPAplagiarism.pdf> .

II. Academic Integrity Statement

California State University, Chico is committed to a campus culture that takes pride in fostering an environment of academic integrity, academic freedom, and high-quality learning environments. These efforts will be guided by the following statement:

“ The students, faculty, administrators, and staff of CSU, Chico are committed to a culture of honesty in which members of the community accept responsibility to uphold academic integrity in all they say, write, and create. ”

This statement may be placed on university publications and websites. Faculty are encouraged to use this statement on their syllabi and other course material.

III. Academic Integrity Responsibilities

The long-term value of the CSU, Chico degree is dependent upon all members of the campus community taking part in creating a culture of academic integrity. This responsibility is borne jointly by students, faculty, and administrators and staff members.

A. Responsibilities of Students

Students share with faculty and administrators and staff members the responsibility for academic integrity. The following recommendations are made for students to achieve a campus culture of academic integrity at CSU, Chico.

1. Know and understand the university’s policies on cheating and plagiarism.
2. Understand the definitions of cheating, plagiarism, and misuse of sources.
3. Acknowledge the Academic Integrity statement at the time of registration.
4. Bear full responsibility for the content and integrity of all academic work submitted.
5. Understand individual instructors’ expectations regarding group work, collaboration, and use of materials prepared for more than one class. Students who are unclear about a specific situation should ask their instructors.
6. Uphold the academic standards of the University. Ignorance of a rule does not constitute a basis for waiving the rule or for avoiding the consequences of breaking that rule.
7. Report possible instances of cheating to the instructor or department office.

B. Responsibilities of Faculty Members

Faculty members share with students and administrators and staff members the responsibility for academic integrity. The following recommendations are made for faculty members to achieve a campus culture of academic integrity at CSU, Chico.

1. Set high expectations for academic integrity in the classroom by modeling good behavior of academic integrity through syllabi and lectures.
2. Encourage academic honesty by emphasizing university policy and any additional, course-specific policies on Academic Integrity in their syllabi.
3. Communicate clear expectations regarding group work, collaboration, and use of materials prepared for more than one class.
4. Teach discipline-specific writing and documentation style, or inform students where they can go for such instruction. Use instances of misuse of sources as teaching opportunities to educate and inform students about plagiarism and proper citation practice.
5. Encourage academic honesty by appropriate means such as adopting a variety of examination and assignment formats and/or content and by monitoring exams.
6. Report significant instances of suspected academic dishonesty to the Office of Student Judicial Affairs. Consistent reporting by faculty to this central office is essential for fair and impartial administration of student discipline campus wide. (See IV below.)
7. Impose appropriate academic sanctions for violations, which may range from assigning a zero or “F” grade on an assignment to an “F” in the course. Other administrative sanctions maybe imposed by the Office of Student Judicial Affairs (see IV-D below).

C. Responsibilities of Administrators and Staff Members

Administrators and staff members share with students and faculty the responsibility for academic integrity. The following recommendations are made for administrators and staff members to achieve a campus culture of academic integrity at CSU, Chico.

1. Set high standards of professional ethics.
2. Support instructor efforts to set high standards for academic integrity in the classroom.
3. Support the Office of Student Judicial Affairs in their campuswide academic integrity efforts.
4. Promote and publicize Academic Integrity policy and procedures.
5. Support faculty in the reporting process.
6. Provide a clear and consistent voice to the campus community that promotes high standards.
7. Orient new faculty, staff, and students about the University’s Academic Integrity policies and procedures.
8. Report possible instances of cheating to the instructor or department office.
9. In addition to academic consequences that faculty may impose, the University may impose administrative sanctions. Pursuant to Title 5, California Code of Regulations, Section 41301, cheating or plagiarism in connection with an academic program or campus may warrant
 - o Expulsion
 - o Suspension
 - o Probation
 - o Withdrawal of a degree

IV. Reporting Academic Misconduct

It is in the best interest of the campus community that faculty members uphold the principles and practices of academic integrity. While faculty members are responsible for imposing academic grading sanctions, it is the responsibility of the Office of Student Judicial Affairs (SJA) to impose administrative sanctions. Faculty members should report significant instances of suspected academic dishonesty to SJA. Consistent reporting by faculty, and centralization of responsibility and record keeping by SJA, are necessary for fair and impartial administration of student discipline campuswide. Reporting is essential to ensure that repeat offenders are dealt with accordingly. Faculty members who refer cases to the SJA can be informed of the resolution of that case.

V. Due Process

In dealing with academic integrity issues, it is incumbent upon the academic community that all of its members are assured of fair and equitable treatment. Additional information may be provided by or found in

- Code of Student Rights and Responsibilities (EM 96-38)
- Office of Student Judicial Affairs
- Faculty Personnel Policies and Procedures (FPPP)
- Executive Order 628, CSU System Policies and Regulations.
- Title 5, California Code of Regulations, in particular, section 41301: Student Disciplinary Procedures for the California State University

Any unlawful threats, acts of retaliation, or false accusations against any member of the faculty, staff, or students will be cause for disciplinary action under section 41301, Title 5, California Code of Regulations, in addition to civil and criminal liabilities.

Council for Promoting Academic Integrity

The Council for Promoting Academic Integrity (CPAI) exists for the purpose of assisting in the promotion of academic integrity. CPAI will not participate in direct policy making or the adjudication of academic dishonesty cases. It will report to the Academic Senate through the Educational Programs and Policies Committee (EPPC) and to the Associated Students.

I. Duties and Goals

Duties and goals of the CPAI are as follows:

- A. Assist in the development of promotional programs and presentations to both students and faculty about the university's Academic Integrity policies and principles.
- B. Provide written and verbal reports to both the EPPC and the Associated Students Government Affairs Committee at the end of each academic year.
- C. Act as a recommending body to forward issues and concerns to the appropriate bodies.

II. Membership and Terms of Office

Members shall serve for two-year staggered terms starting in fall 2004. There shall be 15 voting members and 2 non-voting members as listed on the following page:

- A. Six students at large as follows:
 - 1. Two appointed by the Office of Student Judicial Affairs
 - 2. Four appointed by the Associated Students' President and Director of University Affairs
- B. Six faculty representatives as follows:
 - 1. Four appointed by the Chair of the Academic Senate with EPPC and FASP making recommendations
 - 2. Two appointed from the Graduate Coordinating Committee by the Dean of Graduate Programs
- C. AS Director of University Affairs (ex officio)
- D. Director of Student Judicial Affairs (ex officio)
- E. Coordinator of University Student Discipline for Student Judicial Affairs (ex officio)
- F. Representative of the Provost or designee (non-voting)
- G. Representative from Staff Council (non-voting)

III. Chair & Co-Chair

- A. The chair of the Council shall be a faculty member appointed to a one-year term from the Committee's Membership by the Academic Senate Chair (or his/her designee).
 - 1. The duties of the Chair shall be
 - a. To convene the Council;
 - b. To set agenda, in consultation with the co-chair
 - c. To preside over committee meetings;
 - d. To invite other members of the university community to Council meetings for presentations or discussions;
 - e. To report to the Academic Senate and the Associated Students at the end of each academic year.
- B. The co-chair of the Council shall be the AS Director of University Affairs (or his/her designee)
 - 1. The duties of the Chair shall be
 - a. To set agenda, in consultation with the Chair
 - b. To fulfill the duties of Chair when requested
 - c. To report to the Academic Senate and the Associated Students at the end of each academic year

[CSU, Chico](#) | [Admissions](#) | [Athletics](#) | [Bookstore](#) | [Library](#) | [Registration](#) | [Catalog](#) | [Class Schedule](#) | [Distance Education](#) | [Portal Login](#)

Office of the President
California State University, Chico
Kendall Hall, Room 105
Phone: 530-898-5201
Fax: 530-898-5077

This page is maintained by the President's Office Copyright © 2004 CSU, Chico	PRS WebMaster Revised: 10/07
--	---

HEALTH POLICIEHEALTH POLICIES AND REGULATIONS

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

Emotional Requirements

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

Physical Requirements

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

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

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

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

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

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

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

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

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

CLINICAL REQUIREMENTS AND POLICIES

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

Health Insurance

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

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

Professional Liability

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

Automobile

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

Cardio-Pulmonary Resuscitation (CPR)

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

Immunizations

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

A. Requirements

- **Tetanus booster** given within the past ten years.
- **Annual PPD** skin test for TB. Students must submit PPD skin test results to the School of Nursing prior to the beginning of each practicum semester. Students with negative skin test results need no further evaluation other than an annual PPD skin test. In accord with county and state health policy, if a student has a new positive skin result, a chest x-ray is required. If chest x-ray is positive, TB prophylaxis must be initiated. An annual symptom checklist is required. A student showing any of the following symptoms needs follow-up on an individual basis: (weight loss, productive cough, bloody sputum, chest pain, shortness of breath, fatigue, fever, night sweats).
- **Rubella (German measles) vaccine**, usually given as “MMR” (Measles, Mumps, Rubella). Positive Rubella titers will be accepted in lieu of vaccination records.
- **Rubeola (10-day measles)** is currently epidemic in California. Health care providers are at high risk for exposure and transmission of this disease. You are required to show proof of a second booster immunization against measles (Rubeola or 10-day measles, not to be confused with Rubella, German Measles) prior to entering clinical. This booster is in addition to your initial MMR vaccine. If born prior to 1957 and you know you have had Rubeola, you may verify with a note from your doctor or a Rubeola titer. Many health departments offer free vaccines. If you are pregnant or plan to be within the next three months, consult your physician. A positive titer for Rubeola can be accepted in lieu of a booster.
- Completion of **Hepatitis B immunization series is required** of all graduate students entering the nursing program. Students refusing the vaccination series must sign a form releasing the University, College, School, faculty and clinical agencies of any liability for their decision. If you fail to complete the series within the prescribed timeframe, you will be ineligible to participate in the clinical courses until immunity has been confirmed. An immune titer is recommended for all students after completion of the semester.

B. Procedure

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

AGENCY CONTRACTS

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

PATIENT CONFIDENTIALITY

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

DRESS CODE

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

1. A laboratory coat is required and **MUST** be worn, with the name pin, when in the clinical agency during other than clinical labs, i.e., when selecting patients, or reviewing the chart, etc.
2. Contractual agreements with clinical agencies specifically prohibit the wearing of casual attire such as shorts, jeans, thong slippers, etc. when in the agency in a professional student role.
3. Name pins are ordered through the Nursing Office. Use first and last name only, i.e., Jane Doe, RN, Masters student, and must be worn at all time in the clinical agency.

UNIVERSAL BODY SUBSTANCE PRECAUTIONS

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

This policy is consistent with the policies of the local hospitals in which students are assigned for clinical courses and the latest (June 29, 2001) Center for Disease Control Recommendation to Health Care Workers on the Prevention of HIV Transmission in Health-Care Settings. Health Care Workers are defined by the CDC as persons, including students and trainees whose activities involve contact with patients or with blood or other body fluids from patients in a health-care setting. See the full report from the CDC at:

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

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

- A. Graduate students will be taught the following guidelines and will practice these techniques in clinical settings in hospitals, clinics, offices, and homes.
 1. Standard precautions apply to blood and other body fluids containing visible blood. **BLOOD** is the single most important source of **HIV, HBV, and other bloodborne pathogens** in the occupational setting.

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

B. Graduate students are responsible for learning and complying with the written policies of the hospital or agency to which they are assigned for clinical experience.

BLOODBORNE PATHOGEN EXPOSURE PROTOCOLS

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

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

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

A. Follow the Procedure Below:

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

B. Consider the following:

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

Assess the Source (Patient):

- A. Assessment of any risk factors for blood borne pathogens (history of IV drug use, blood transfusion or organ transplants prior to 1992; chronic hemodialysis; high risk sexual behaviors; received clotting factors before 1987.
- B. History of Hepatitis B, Hepatitis C or HIV?
- C. If known HIV positive, is there information on viral load or treatment history?
- D. Obtain HIV antibody, Hepatitis B surface antigen (HbsAG), Hepatitis B core and surface antibodies, and Hepatitis C antibody levels on the source patient if possible. If the patient is hospitalized, the patient's physician will be contacted and the patient will be asked for informed consent to have bloodworm drawn. Some hospitals can obtain stat results from an HIV test in 20 minutes.

1. If the patient is in a community setting, the patient's physician must be contacted for the lab work order, the patient must consent to the lab work and to the release of the results to your physician. Assistance may be needed to get the patient to the designated lab. The nursing instructor or preceptor may assist with this process. Cost of the lab work will usually not be covered by the patient's insurance coverage or by the agency where the injury occurred. The student will usually be responsible for the lab costs for the patient blood draw. (The student's health insurance is usually not willing to pay for lab work for the source patient, though this may be negotiable.)
 2. In community settings which don't have access to the STAT HIV test, you may not know the patient's source HIV status for several days. In this case, you may start the PEP regimen, and then discontinue it once you know the patient's HIV status is negative.
- E. If the combination of the exposure code and the HIV status code for the patient indicate that post-exposure prophylaxis (PEP) is needed (i.e., treatment with anti-HIV drugs), **treatment should be started within one hour of the exposure.** If the exposure code and the HIV status code for the patient are low, treatment may not be indicated, but the decision should be made within one to two hours, in consultation with a physician.
- F. **Seek treatment within one hour.** Time is of the essence!
1. Use hospital emergency rooms or prompt care centers, which are close to you. Urgent care or prompt care type facilities may be able to get you in more quickly than a full-service ER. In Chico, Enloe Prompt Care at Bruce Road is recommended.
 2. The Student Health Center cannot do the initial lab screen and does not carry the PEP drugs.
 3. You may also contact your own physician, but don't delay getting treatment if you can't see your own physician within one to two hours.
 4. Treatment includes drawing baseline lab values for the student (HbsAG, Hep C antibody and HIV).
 5. All costs of lab work and treatment are the responsibility of the student. The institution or the agency where the exposure occurred has no responsibility to provide any testing or treatment related to the exposure. Estimated cost of PEP drugs for four weeks is about \$330.
 6. A **24-hour hotline for health professionals** is available to help guide you through the process: **1-888-448-4911.**
- G. Besides the initial lab work and decision about the need for PEP, the following is recommended:
- Tetanus**
1. If your last tetanus booster was over five years ago, get another.
- Hepatitis B**
1. If your HbsAG results indicate you are a 'nonresponder' you will need a Hep B vaccine booster. You may be recommended to repeat the entire Hep B series.
 2. If the source (patient) was Hep B positive or unknown, you will likely need Hep B Immune Globulin (HBIG) also.
 3. If you have not yet completed the Hep B vaccine series, tell your physician where you are in the series to decide when the next booster should be given.

4. No routine follow-up after treatment for Hep B is recommended because postexposure treatment is highly effective.
5. Report symptoms of hepatitis (yellow eyes or skin, loss of appetite, nausea, vomiting, fever, stomach or joint pain, extreme tiredness).

Hepatitis C

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

HIV

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

www.cdc.gov/ncidod/diseases/hepatitis/index.htm

www.cdcnpin.org

www.cdc.gov/ncidod/hip

www.cdc.gov/niosh

www.cdc.gov/hiv

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

For Needle Stick or Body Fluid Exposure:

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

Revised 3/27/07

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

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

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

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

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

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

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

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

Identifying and Dealing with Chemical Dependency

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

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

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

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

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

Pleasant sensations accompanying chemical use.

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

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

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

Policy for Students Suspected of Drug or Alcohol Abuse/Dependency

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

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

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

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

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

Procedures:

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

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

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

C. Contract Procedure

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

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

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

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

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

A. Behaviors:

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

B. Physical signs or symptoms:

1. Possessing, dispensing or using controlled substance
2. Slurred or incoherent speech
3. Unsteady gait or other loss of physical control; poor coordination
4. Bloodshot or watery eyes
5. Dilated or constricted pupils or unusual eye movement
6. Extreme fatigue, drowsiness, sleeping
7. Excessive sweating or clamminess of the skin
8. Flushed or very pale face
9. Highly excited or nervous
10. Nausea or vomiting

11. Odor of alcohol on breath, body or clothing
 12. Odor of marijuana
 13. Dry mouth
 14. Dizziness or fainting
 15. Shaking of hands or body tremor/twitching
 16. Irregular or difficult breathing
 17. Runny sores or sores round nostrils
 18. Inappropriate wearing of sunglasses
 19. Puncture marks or “tracks”
 20. Disheveled appearance
- C. Behavioral patterns:
1. Repeated absences
 2. Frequent absences from work area
 3. Frequently coming in late or leaving early
 4. Alternate periods of high and low productivity
 5. Complaints from patients, families, staff or other students
 6. Making poor decisions or using poor judgment
 7. An increase in errors, forgetfulness, and difficulty following instruction
 8. Accidents related to apparent lack of concentration

ORGANIZATIONS

Sigma Theta Tau, International/Kappa Omicron

The Chico Honor Society of Nursing, established in Spring, 1984 was chartered on April 30, 1988, as Kappa Omicron Chapter of Sigma Theta Tau. Sigma Theta Tau was organized in 1922 at Indiana University to encourage and recognize superior scholarship and leadership achievement at the undergraduate and graduate levels in nursing. Undergraduate students must have completed one-half of their nursing sequence (Semester IV) and have a cumulative GPA of 3.0 or above; only the top 35 percent of the class who meet these criteria are eligible. In addition, faculty, alumnae and community nurse leaders who meet specific criteria are eligible for membership. 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 or 3.0 are eligible

SCHOLARSHIPS AND LOANS

Scholarship Sources for Graduate Nursing Students

The following scholarships are available to students enrolled in the Master of Science in Nursing Program:

- William B. & Beatrice M. Chizlett Nursing Scholarship
- School of Nursing Scholarship
- Elsie Latshaw Nursing Scholarship
- Fumiye (Imamura) Phelps Memorial Scholarship
- Ethel Robinson Scholarship

Applications are secured from the Financial Aids Office in the Spring prior to February 1. Students are advised to begin the application process over Christmas break. Amount of awards are dependent upon earnings of the permanent funds. General criteria for eligibility are:

1. Continuing student in nursing
2. Evidence of financial need, and
3. Demonstrated scholarship

NOTE: A number of community agencies and organizations provide scholarship awards to local nursing students. Inquire in your local place of residence to the following:

- County Tuberculosis and Health Association (Lung Association)
- County Medical Society Auxiliary
- Local Business and Professional Women's Club
- Local Hospital
- Local Veterans Organization
- Local Service Clubs (such as Soroptimist Club, Business and Professional Women's Club, Quota Club, Pilot Club)
- Local District of California Nurse's Association

Nursing Loan Funds

There are two loan funds available to nursing students in need of a small (\$200.00 maximum) short-term (90 days maximum) loan:

- Kathie Barbano Memorial Loan Fund
- Harry McKeen Memorial Loan Fund

No interest is charged and a co-signer is not required. You will be required to sign the application specifying the date you expect to repay the loan. Application is made to the Director, School of Nursing, and the approved form is submitted to Financial Aids Accounting by the borrower. If the application is received at the Accounting Office by 4:00 p.m., the check is usually available by 2:30 p.m. the following day.

A. Orval and Leola Tatum Nursing Loan Fund

Two loan awards (interest free) of \$1,000.00 each are available to students whose applications are to be accompanied by a recommendation from a Nursing faculty member. The loan is to be repaid no later than ten years following their graduation.

B. Kappa Omicron Funds

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.

GRADUATE HANDBOOK SUPPLEMENT

PROTOCOLS

Guidelines for Planning a Clinical Practicum - N647	34
Guidelines for Planning a Teaching Practicum - N657	38
Guidelines for Selecting Thesis/Project Committee	39
Guidelines for Submitting a Thesis/Project Proposal	40
Guidelines for Conducting a Qualitative Master's Thesis or Project	42
Guidelines for Conducting a Quantitative Master's Thesis or Project	46
Guidelines for Conducting the Final Oral Defense of the Thesis or Project	51

GUIDELINES FOR PLANNING A CLINICAL PRACTICUM N647

CLINICAL PRACTICUM N647

1. 2 course units
2. 80 hours clinical & clinically related activities
3. 10 hours online seminars/postings

STUDENT RESPONSIBILITIES

Prior to the end of the semester before N647, the student will begin making plans for a clinical practicum. This is done in consultation with the instructor for N647 (Advanced Practicum in Adult Nursing Care). Planning for the clinical practicum and discussion of protocols will occur during an on campus meeting prior to the end of the prior semester. Finalize these plans by the second week of the practicum semester.

A. Identify a clinical agency based on the following procedures:

1. Determine what a selected agency has to offer and who the key contact people are. (A clinical practicum cannot be conducted in the same work setting in which the student is currently employed.)
2. Decide which experiences he/she wants in the agency and where to obtain desired experiences that may not be available in one setting.
 - a. The agency must provide the student with the opportunity for development of skill and application of theory in new ways than previously accomplished by the student; it should afford an opportunity for creativity and innovation in new aspects of nursing practice (i.e., at master's level) for the student.
 - b. The agency must emphasize some aspect of clinical practice dealing with adult health.
 - c. Notify the instructor and the Director of the School of Nursing of your desired clinical sites at least two months before the beginning of the semester. If the school does not have a current contract with the agency, a formal contract will be issued from the university contracting office. The process of obtaining signed agreements can take 6 weeks or longer. The contract must be in place before the student begins working in the clinical setting.
3. Identify and negotiate for an agency preceptor or an agency facilitator. It is preferable to have a master's level preceptor. If this is not possible, then a facilitator at baccalaureate level can be used, with the faculty instructor of record serving as official preceptor.
 - a. Agency preceptors are selected for their expertise in a desired area of focus and for a role that fosters application of theory to clinical practice at an advanced level of skill. Agency preceptors must be at least prepared with a master's degree in nursing.

- b. Agency facilitators are selected for their expertise beyond that of the student in some aspect of the specialty selected, and be in the position to facilitate access to the desired clinical experiences. Agency facilitators must be prepared at least at the baccalaureate level.
- 4. Using course objectives as a guide:
 - a. Relate planned clinical activities to the overall course objectives
 - b. Screen activities with agency preceptor/facilitator and course instructor for feasibility and appropriateness.
 - c. Arrange dates, times, and activities within the agency so that course objectives can be met.
- 5. Complete the Clinical Practicum Planning Form and obtain appropriate signatures.
- 6. Outline the termination/evaluation process:
 - a. How will client relationships be terminated?
 - b. What role does the agency preceptor/facilitator desire in evaluation?
 - c. What type of summary report to the agency is required related to your activities, your findings, and your suggestions?
- B. All students participating in a clinical practicum are required to conform to the Clinical Practicum Requirements as specified by the School of Nursing (see Student Guidelines) and the selected agency.

**GUIDELINES FOR PLANNING A TEACHING PRACTICUM
N657**

CLINICAL PRACTICUM N657

1. 4 semester credits/180 course hours
2. Master Teachers: To be arranged
3. Days/Hours: To be arranged
4. Pre-requisites: N650; N651

STUDENT RESPONSIBILITIES

- A. By the 12th week of the fourth semester, the student will submit to the faculty assigned to teach N657 a written preference for a practicum setting:
 1. Staff Development instructor in a Health Care Agency.
 2. Clinical instructor in a School of Nursing.
- B. Faculty assigned to N657 will contact the Director of the requested School of Nursing or the Director of Staff Development in the requested Health Care Agency to set up appropriate teaching assignments for each student.
- C. The faculty assigned to teach N657 in conjunction with the Directors of the involved Schools of Nursing and the Directors of the involved Health Care Agencies will make the final master teacher assignments:
 1. By the first week of the semester, the faculty assigned to teach N657 will notify the graduate student of his/her practicum assignment.
 2. The faculty of record will record the grade assigned to the student established in collaboration with the master's teacher.

PRACTICUM COURSE

The practicum course incorporates advanced nursing knowledge, teaching-learning theory, research, and outcome evaluation in formal and informal instructional activities. A master's teacher selected from an academic nursing program or agency staff development setting will mentor the student.

Using the course objectives as a guide:

1. Demonstrate competency in the application of teaching strategies based on advanced knowledge and research to formal and informal instructional settings.
2. Develop and implement a teaching plan appropriate to the selected nursing setting.
3. Demonstrate competency in the use of formative and summative evaluation techniques.
4. Apply principles of cultural sensitivity to student learning.
5. Demonstrate professional behavior, and excellent communication and organizational skills.

School of Nursing Option – 180 hours

The faculty assigned to N657 will assign the student to a master's prepared nursing faculty member at an accredited School of Nursing during the spring semester prior to enrolling in

the teaching practicum that fall.

The student will participate in the academic and supportive activities of the School of Nursing based on the following guidelines:

Teaching and Evaluation

1. Classroom teaching – **4 hours** (minimum)
2. Practicum teaching – **80 hours** (including evaluation meetings with the master's teacher)
3. Evaluation of clinical students – **5 hours**

Supportive - 6 hours

1. Level/semester meetings
2. Curriculum committee meetings
3. General faculty meetings
4. Other as relevant

Clinical and classroom preparation - 25 hours

Simulation Laboratory

1. Orientation to laboratory, simulation case study development, and implementation - **45 hours**
2. Teaching and participation in laboratory with students - **15 hours**

Staff Development Option – 180 hours

The faculty assigned to N657 will assign the student to a master's prepared Staff Development preceptor during the spring semester prior to enrollment in the Staff Development option in the fall. Staff Development options are numerous and include hospital staff development as well as staff development in agencies such as the public health department.

The student will participate in the supportive activities of the Staff Development department (i.e., in-services for staff and mentoring of new employees) in the hospital or agency based on the following guidelines:

Teaching and Evaluation

1. Classroom teaching – **40 hours** (To include developing and implementing some type of educational program.)
2. Clinical evaluation – **30 hours** (Working as a preceptor or mentor to new hires, doing a performance evaluation of new hires, or other types of coaching on the floor.)
3. Weekly meetings with preceptor to discuss teaching activities – **15 hours**

Supportive - **15 hours**

1. Staff development meetings
2. Hospital meetings as appropriate

Preparation - **20 hours**

Simulation Laboratory

1. Orientation to laboratory, simulation case study development, and implementation - **45 hours**
2. Teaching and participation in laboratory with students - **15 hours**

GUIDELINES FOR SELECTING THESIS/PROJECT COMMITTEE

When the student chooses a thesis or project he/she will:

1. Have submitted to the Graduate Coordinator a written commitment of his or her intent to pursue a thesis or project.
2. Enroll in two thesis units of N699 (P or T) for the next semester. If the student does not complete the proposal in N699, the student will not receive credit for the course and will have to repeat the course until the proposal is complete for a maximum of up to six thesis units. Students working on culminating activities must stay continuously enrolled as adjunct status through Continuing Education. Students sign up for GRST 899. Costs are approximately \$65.00/semester.
3. Will identify with the Graduate Coordinator at least two full time tenure/tenure tract nursing faculty members who have expertise in the area of the student's thesis or project proposal who would serve as Thesis/Project Chair and Thesis/Project Member.
4. Share a copy of the thesis proposal draft completed in N660 with the suggested faculty prior to making an appointment to meet with each of them.
5. Make appointments with the suggested faculty to discuss the research topic and proposal draft and the faculty person's possible service on the thesis/project committee.
6. Add, if appropriate to the thesis/project, additional non-nursing committee members to provide expertise in statistical methods and/or specific content.
7. Once the Thesis/Project Committee is constituted, the Graduate Coordinator must approve any changes in membership. A Change of Program Form must be completed (including faculty signatures) and submitted to the Graduate office.

GUIDELINES FOR SUBMITTING A THESIS/PROJECT PROPOSAL

THESIS/PROJECT PROTOCOL

A. Proposal

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

B. Format

1. The style manual is the American Psychological Association Publications Manual, Washington, D.C., American Psychological Association (current edition).
2. The proposal will be typewritten and basically comply with the Master's Thesis. Papers and Projects: Guide to Style and Format (current edition).
3. The ***Thesis Proposal*** will include, but may not be limited to the following sections:
 - a. **Chapter One**
 - 1) Introduction to the study
 - 2) Background of the problem
 - 3) Statement of the problem
 - 4) Relevance/importance of the study
 - 5) Theoretical/Conceptual framework
 - 6) Purpose of the study
 - 7) Research questions(s) or hypothesis(es)
 - 8) Definition of terms
 - 9) Limitations of the study
 - 10) Qualifications of the researcher
 - b. **Chapter Two**
 - 1) Critical review of related literature

- 2) Substantiation of the need for the study

c. Chapter Three

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

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

a. Chapter One

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

b. Chapter Two

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

c. Chapter Three

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

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

CHAPTER 1 – Introduction

A. Background/Overview

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

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

B. Statement of Problem

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

C. Relevance and Importance to Nursing

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

D. Philosophical Underpinnings/Conceptual Assumptions of the study

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

E. Purpose/aims of the study

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

F. Research Questions

These questions should be written in carefully constructed language that specifies each aspect of the problem in explicit terms. The question form is most appropriate

when the research is exploratory.

G. Definition of terms

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

H. Qualifications of the Researcher

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

I. Transitional Statements

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

CHAPTER 2

A. Introductory paragraph

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

B. Critique of Research

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

C. Substantiation of the need for the study

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

D. Transitional Statements

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

CHAPTER 3

A. Research Methodology

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

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

C. Sample: (access, process, characteristics)

This will include a description of how you will obtain/access the sample and what demographic data you will collect and why. Once data collection is completed, then specific sample characteristics can be substituted and any difficulties you experienced or changes made.

D. Ethical Considerations – human subjects protection

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

E. Specific method(s) for Data Collection

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

F. Process for Data Analysis

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

G. Process to establish rigor

At the proposal stage, the researcher will identify what process will be used to establish rigor. After data collection is complete, this will be changed to evidence of rigor standards being met.

H. Transition statements

Chapter 3 will conclude with a summary paragraph that includes the key points about research methodology and process.

CHAPTER 4

A. Findings

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

CHAPTER 5

A. Discussion and reflection on the finding

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

B. Limitations of the study

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

C. Implications for practice, research, and/or education

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

D. Summary/conclusions, and recommendations

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

E. Reference List – must follow APA current edition

G. Appendices – must follow APA current edition

H. Other requirements

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

GUIDELINES FOR CONDUCTING A QUANTITATIVE MASTER'S THESIS OR PROJECT

CHAPTER 1 – Introduction

A. Background/Overview

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

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

B. Statement of Problem

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

C. Relevance and Importance to Nursing

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

D. Theoretical/Philosophical Underpinnings of the Study

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

E. Purpose/Aims of the study

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

F. Research Questions

These questions or hypotheses should be written in carefully constructed language that specifies each variable in explicit terms. The question form is most appropriate

when the research is exploratory. The hypothesis form is employed when the state of existing knowledge and theory permits formulation of reasonable predictions about the relationship of variables. Before finalizing your question ask these questions:

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

G. Definition of Terms

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

H. Qualifications of the Researcher

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

I. Transitional Statements

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

CHAPTER 2

A. Introduction

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

B. Quality of Study

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

C. Substantiation of the Need for the Study

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

D. Transitional Statements

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

CHAPTER 3

A. Research Methodology

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

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

C. Population/Sample

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

D. Ethical Considerations – human subjects protection

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

E. Specific method(s) for Data Collection

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

F. Data Collection Procedure

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

G. Data Analysis and Statistical Procedures

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

H. Reliability/Validity

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

I. Transition Statements

Chapter 3 will conclude with a summary paragraph that includes the key points about research methodology and process.

CHAPTER 4

A. Results

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

CHAPTER 5

A. Discussion and reflection on the finding

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

B. Limitations of the study

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

C. Implications for practice, research, and/or education

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

D. Summary/conclusions, and recommendations

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

E. Reference List – must follow APA current edition

I. Appendices – must follow APA current edition

J. Other requirements

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

**GUIDELINES FOR CONDUCTING THE FINAL ORAL DEFENSE
OF THE THESIS OR PROJECT**

THE THESIS/PROJECT COMMITTEE CHAIR WILL:

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

THE GRADUATE COORDINATOR WILL:

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

THE STUDENT WILL:

- A. Work closely with the Thesis/Project Committee to prepare the final draft of the thesis/project. Submit a copy of the final draft to the Graduate Coordinator. Make

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