California State University, Chico
School of Nursing

MSN Guidelines
2013 Cohort

Revised January 2014
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CALIFORNIA STATE UNIVERSITY, CHICO

SCHOOL OF NURSING

GRADUATE STUDENT GUIDELINES

Introduction
The faculty of the School of Nursing at California State University, Chico welcomes you to the Master of Science Nursing Program. The guidelines in this booklet are a supplement to the "University Catalog" and were developed to help you understand the expectations of this nursing program. Your suggestions to make these "Guidelines" continuously useful are welcomed. The School of Nursing is an integral unit of the College of Natural Sciences at California State University, Chico, and, in accord with the primary goal of the University, provides a quality education. The School of Nursing further subscribes to the University's commitment to serve the population of northeastern California.

The Graduate MSN program is fully accredited by the Commission on Collegiate Nursing Education (CCNE.) The Commission on Collegiate Nursing Education is an autonomous accrediting agency, contributing to the improvement of the public's health. The Commission ensures the quality and integrity of baccalaureate, graduate, and residency programs in nursing. The Commission serves the public interest by assessing and identifying programs that engage in effective educational practices. As a voluntary, self-regulatory process, CCNE accreditation supports and encourages continuing self-assessment by nursing programs and supports continuing growth and improvement of collegiate professional education and post-baccalaureate nurse residency programs.

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

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

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

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

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

Strategic Priority #5: Believing that we are accountable to the people of the State of California, we will continue to diversify our sources of revenue and manage the resources entrusted to us.
Strategic Priority #6: Believing that each generation owes something to those that follow, we will create environmentally literate citizens who embrace sustainability as a way of living. We will be wise stewards of scarce resources and, in seeking to develop the whole person, be aware that our individual and collective actions have economic, social, and environmental consequences locally, regionally, and globally.

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

Graduate Program Expected Student Learning Outcomes (SLO)

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

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

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

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

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

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

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

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

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

Curriculum Organization
The curriculum is organized around the Essentials of Masters Education document published in 2011 by the American Association of Colleges of Nursing (AACN). The School of Nursing adheres to the Graduate Nursing Core that has been identified as foundational curriculum content deemed essential
for all students who pursue a master's degree in nursing regardless of specialty or functional focus. The Essentials of Master's Education in Nursing identifies the necessary curricular elements and frameworks required of master's programs. The document delineates the core knowledge and skills that all master's-prepared graduates, regardless of focus, major, or intended practice setting, should acquire in nine foundational master’s level competency areas:

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

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

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

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

Further description of each competency can be found at:  

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**Organizing Framework of the School Of Nursing (Rev. June 2013)**  
A visual depiction of the mission, vision, values, strategies, program structural elements, curricular foundations, and student learning outcomes for the undergraduate and graduate nursing programs at CSU, Chico are noted on page 7. These elements provide the foundation for the development of the curriculum and are consistent with the mission and goals of the College of Natural Sciences and the university.
CSU Chico
School of Nursing
Organizing Framework

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

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

Values
Integrity  Accountability  Caring  Diversity  Innovation  Respect

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

Faculty

Students

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

Curricular Foundations

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<th>psychomotor skill development</th>
<th>clinical reasoning</th>
<th>quality and safety</th>
<th>patient centered care</th>
<th>evidence based practice</th>
<th>nursing therapeutics</th>
<th>population health</th>
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<td>leadership</td>
<td>advocacy</td>
<td>legal issues</td>
<td>ethical issues</td>
<td>global health</td>
<td>clinical prevention</td>
<td>lifelong learning</td>
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<td>health promotion</td>
<td>economics</td>
<td>policy</td>
<td>communication</td>
<td>collaboration</td>
<td>information management</td>
<td>professional role development</td>
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Integrate liberal education to inform baccalaureate generalist nursing practice.

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

Demonstrate professional practice grounded in current evidence and best practices.

Illustrate cultural awareness when caring for diverse patient populations.

Student Learning Outcomes

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

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

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

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

Demonstrate professional behavior as fundamental to the discipline of nursing.

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

Demonstrate the appropriate individualized application and use of the nursing process in all baccalaureate generalist nurse roles.
Purpose of the MSN Program
Graduates of the Master of Science in Nursing (MSN) program, depending on the option taken, are prepared for two different roles. Students completing the nurse educator option have a clinical focus in adult health and are prepared to function in the advanced roles of educator, researcher, and adult health clinician to enhance nursing education and health care delivery in rural as well as urban areas. This includes the ability to perceive the need for change and to effectively design and implement programs that will effect change at local, regional, and national levels.

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

Brief Description of the Program
Both the Nurse Educator and Nursing Leadership options comprise a 30 unit, part-time online curriculum.

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

Nursing Leadership Option
The Nursing Leadership option has three components to the curriculum: the core courses, the option specific leadership and financial 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 nursing leadership role. The nursing leadership courses provide the theoretical foundations and conceptual principles of nursing leadership and the skills necessary to practice leadership competently in broad based health care environments. The leadership courses also focus on understanding universal principles of leadership and management that form the basis of the study of change in health care organizations. The financial management courses provide content on the principles of fiscal management in the health care environment; covering financial and managerial accounting, cost analysis, budgeting, planning, and control. The leadership practicum provides the opportunity for students to apply these principles by working with a nursing leader/preceptor in a clinical setting. Course content also
examines the larger social context in which advanced leadership must exist and the potential impact of that context on leadership/management practice.

**MSN Class Schedule**

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

**1st semester**
NURS 610 Health Care Informatics (2 units)
NURS 620 Advanced Nursing Research and Theory (4 units)

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

**3rd semester**
NURS 670A Advanced Nursing Leadership I (4 units)
NURS 680A Financial Management I (2 units)

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

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

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

**1st semester**
NURS 610 Health Care Informatics (2 units)
NURS 620 Advanced Nursing Research and Theory (4 units)

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

**3rd semester**
NURS 640 Advanced Concepts for Adult Nursing Care (4 units)
NURS 647 Advanced Practicum in Nursing Care of Adults (2 units)

**4th semester**
NURS 650 Instructional Process in Nursing Education (4 units)
NURS 651 Curriculum Process in Nursing Education (2 units)

**5th semester**
NURS 685 Practicum for Instructional Process in Nursing Education (4 units)
NURS 699P/ NURS699T/ NURS 697 Culminating Activity (2 units)
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. 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 Administrative Support Coordinator 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 full time faculty member holds approximately five office hours per week. Part time faculty have prorated office hours.

School of Nursing Graduate Coordinator
The Graduate Coordinator is a nursing faculty member appointed by the Director of the School of Nursing to oversee the academic progress of the students. Academic advising is mandatory each semester for all students in the Master of Science in Nursing Program. The current graduate coordinator is Dr. Jennifer Lillibridge. Her email is jlllibridge@csuchico.edu

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: www.csuchico.edu/

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

The HELP line operates 24 hours/day for Sunday through Thursday; it operates until midnight on Friday and from 9 am to midnight on Saturday. Students will also find information about Blackboard Learn System, downloads and other plug-ins required for online courses, browser configuration, pop-up blockers, broadband connection and how to access online courses from home. The suggested mode for students to access the online nursing courses and materials would be to join a local or national Internet Service Provider (ISP) where students can receive high speed broadband access to the Internet. All Chico State students are able to purchase discounted computer software programs through the Associated Students Computer Works, http://www.asbookstore.com

Library and Information Resources
The online student, through the University Home Page: http://www.csuchico.edu/ 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 library has a system for accessing full text articles from a variety of nursing journals. The library offers full interlibrary loan services to remotely located students and delivers material to them directly by mail. The library collections of the other 22 California State University campuses as well as the University of California campuses...
General Information and Academic Policies

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

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

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 online, to manuscripts, and to the work of other student writers. Most current discussions of plagiarism fail to distinguish between:

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

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

Avoiding Plagiarism
CSU, Chico students must understand and abide by the University’s policy on academic integrity as stated by the University President: http://www.csuchico.edu/prs/EMs/2004/04-036.shtml
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 upload 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.

You should obtain a copy of the university memorandum on academic honesty and become familiar with the several categories of dishonest behavior that are the causes of most charges. Of particular importance are plagiarism, cheating on examinations, and misrepresentation. The office of Student Judicial Affairs maintains a website with links to documents about: avoiding plagiarism, unauthorized collaboration, and cheating [http://www.csuchico.edu/sjd/integrity.shtml](http://www.csuchico.edu/sjd/integrity.shtml) (cut and paste the link). All students should read these documents so as to avoid unintentional plagiarism or misuse of sources.

**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 Studies Guide**
The Graduate School frequently updates and publishes A Guide to Graduate Studies: Policies, Procedures and Format. The most current edition of this extremely useful resource can be viewed online at the Office of Graduate Studies website: [http://www.csuchico.edu/graduatestudies/documents/fall_grad_guide.pdf](http://www.csuchico.edu/graduatestudies/documents/fall_grad_guide.pdf) It is highly recommended that the guide be read. The graduate School also publishes a handout with critical deadlines related to application for and participation in graduation. It is essential that you be aware of these deadlines.

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

**Required Paper Format**
All papers written for your graduate nursing courses should demonstrate professional scholarship. The faculty requires that papers include appropriate documentation and that correct grammar, spelling, and composition be used. The Publication Manual of the American Psychological Association (APA) is the style manual of choice for writers, editors, students, educators, and professionals in psychology, sociology, business, economics, nursing, social work, and justice administration. Use of APA format is required on all papers and for the culminating activity (Professional Paper, Thesis or Project). Purchase of the American Psychological Association Publications Manual (latest edition) during the first semester can facilitate proper usage. Student resources for help with APA format can be found at the following sites: [http://www.apastyle.org/](http://www.apastyle.org/)
The Meriam Library provides a comprehensive list of "Citation Formats & Style Manuals," including APA. Included are guidelines for citing Internet sources and databases. Printable style guides are also available at [http://www.csuchico.edu/lref/newciting.html](http://www.csuchico.edu/lref/newciting.html)

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

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

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

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

Most complaints (grievances) are resolved during the informal process. If not, the student should talk to the Coordinator for Student Judicial Affairs in Kendall Hall. NOTE: A revised Student Grievance Procedure was approved by the President and implemented in 2005. The most current policy can be found at: [http://www.csuchico.edu/sjd/stud_griev.shtml](http://www.csuchico.edu/sjd/stud_griev.shtml)

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

ANA Standards of Nursing Practice
Standard 1. Assessment
The registered nurse collects comprehensive data pertinent to the healthcare consumer’s health or the situation.
Competencies
The registered nurse:
- Collects comprehensive data including but not limited to physical, functional, psychosocial, emotional, cognitive, sexual, cultural, age-related, environmental, spiritual/transpersonal, and economic assessments in a systematic and ongoing process while honoring the uniqueness of the person.
- Elicits the healthcare consumer’s values, preferences, expressed needs, and knowledge of the healthcare situation.
- Involves the healthcare consumer, family, and other healthcare providers as appropriate, in holistic data collection.
- Identifies barriers (e.g. psychosocial, literacy, financial, cultural) to effective communication and makes appropriate adaptations.
- Recognizes the impact of personal attitudes, values, and beliefs.
- Assesses family dynamics and impact on healthcare consumer health and wellness.
- Prioritizes data collection based on the healthcare consumer’s immediate condition, or the anticipated needs of the healthcare consumer or situation.
- Uses appropriate evidence-based assessment techniques, instruments, and tools.
- Synthesizes available data, information, and knowledge relevant to the situation to identify patterns and variances.
- Applies ethical, legal, and privacy guidelines and policies to the collection, maintenance, use, and dissemination of data and information.
- Recognizes the healthcare consumer as the authority on her or his own health by honoring their care preferences.
- Documents relevant data in a retrievable format.

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

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

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

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

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

Competencies
The registered nurse:

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

**Standard 5. Implementation**

The registered nurse implements the identified plan.

**Competencies**

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

**Standard 5A. Coordination of Care**

The registered nurse coordinates care delivery.
**Competencies**
The registered nurse:

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

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

**Competencies**
The registered nurse:

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

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

**Competencies**
The registered nurse:

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

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

**Competencies**
The registered nurse:

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

**Standard 8. Education**
The registered nurse attains knowledge and competence that reflects current nursing practice.

**Competencies**
The registered nurse:

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

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

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

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

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

Standard 11. Communication
The registered nurse communicates effectively in a variety of formats in all areas of practice.

Competencies
The registered nurse:

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

Standard 12. Leadership
The registered nurse demonstrates leadership in the professional practice setting and the profession.

Competencies
The registered nurse:

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

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

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

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

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

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

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

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

**Competencies**
The registered nurse:
• Attains knowledge of environmental health concepts, such as implementation of environmental health strategies.
• Promotes a practice environment that reduces environmental health risks for workers and healthcare consumers.
• Assesses the practice environment for factors such as sound, odor, noise, and light that threaten health.
• Advocates for the judicious and appropriate use of products in health care.
Communicates environmental health risks and exposure reduction strategies to healthcare consumers, families, colleagues, and communities.

Utilizes scientific evidence to determine if a product or treatment is an environmental threat.

Participates in strategies to promote healthy communities.


**ANA Code of Ethics for Nurses**

The ANA Code of Ethics for Nurses as revised in 2008 follows. The professional issues in the first three statements are concerned with protection of clients' rights and safety; those in the next three pertain to qualifications for professional encounters with clients. The social issues of the last three statements of the code relates to the nurse's obligations to society and the profession.

1. The nurse, 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 nurse profession of nursing, 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.
Professional Nursing Practice

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

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

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

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

Substance Abuse and Patient Safety: The Risks and the Consequences
Because patient safety is of the utmost concern, a nursing instructor in any classroom or clinical setting is expected to take immediate corrective action if a student, from a professional discipline such as nursing, is suspected based on inappropriate conduct, physical symptoms or other indicators of being under the influence of drugs or alcohol. If chemical abuse is proven (i.e., misdemeanor or felony conviction or through University disciplinary action), a student can be dismissed from the nursing program.

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

The above policy is in compliance with the BRN.

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

a. these conditions are diseases and should be treated as such;
b. personal and health problems involving these diseases can affect students’ academic and clinical performance and that the impaired nursing student may pose a danger to self and a grave danger to the patients in her or his care;
c. nursing students with these diseases can be helped to recover;
d. it is the responsibility of the nursing student to voluntarily seek diagnosis and treatment for any suspected illness;
e. confidential handling of the diagnosis and treatment of these diseases is essential.

….the Board expects that [nursing instructors] have the responsibility and authority to take immediate corrective action with regard to the student’s conduct and performance in the clinical setting.

It is outside the Board's scope of function to endorse or recommend a particular course of therapy; however, it does wish to inform nursing students of the importance of seeking voluntary aid for conditions that could, if left unattended, may prevent them from being licensed to practice nursing in the State of California. (Board of Registered Nursing, 2007. EDP-B-03)

Identifying and Dealing with Chemical Dependency

The prevalence of chemical impairment in the nursing profession is not clearly known although many experts have suggested that somewhere between 5-10% of nurses have a chemical impairment problem. Many substance impaired nurses suggest that their chemical impairment began during their nursing education. Several factors were identified as having contributed to the dependence:

1. Family history -- children of alcoholics, or of dysfunctional families, which often lead to lack of positive self-concept and positive coping skills;
2. Economic status -- too little money was a source of stress; too much money was a factor in opportunity, permitting purchase of drugs or alcohol;
3. Social environment -- lack of strong support systems, or peer pressure to use chemical substances;
4. Negative self-perceptions, which were disguised by chemical use;
5. Pleasant sensations accompanying chemical use;
6. Nursing focus -allowed students to focus on caring for others, while ignoring their own problems; also, a lack of curriculum content on chemical dependence in the professional caregiver.
It is important to be aware of the magnitude of the problem. It is also important to identify the problem early, and to seek appropriate help, before your licensure and entire career are affected. There are many support programs on campus and in the community for assisting with the problem. The greatest difficulty is breaking through the denial of the person experiencing the problem. In nursing, it is sometimes difficult to accept that 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.

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

**Students Suspected of Substance Abuse/Dependency**

Alcoholism and drug dependencies are prevalent in American society, and are of major concern when they occur in nurses and nursing students. Drug and alcohol abuse and dependency are recognized as illnesses and major health problems. They are also a threat to patient safety. Recognition of these problems is a key to protecting patients, as well as for obtaining proper treatment for the nursing student. Nursing faculty, nursing staff and nursing student peers have an obligation to act on concerns regarding alcohol or drug abuse or dependency when encountered in the nursing student. The School of Nursing follows the California Board of Registered Nursing guidelines for dealing with nurses impaired by drugs or alcohol.

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

1. Students may not possess, or be under the influence of alcohol while in clinical or nursing classroom settings.
2. Students may not be under the influence of drugs, i.e. controlled substances, or prescription drugs, when there is the possibility that such use may impair the student’s ability to safely perform nursing care, or impair the learning in a classroom setting.

3. 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:**

1. Faculty or peers who suspect a student of alcohol or drug use/dependency (based on a pattern of behavior consistent with impairment) will document specific behaviors or confirmed evidence of such impairment. This will be submitted in writing to the Director who will determine the action to be taken. If the Director and involved faculty feel the evidence is compelling and may suggest violation of drug and alcohol policies, the student will be confronted with the concerns and evidence. The Director and involved faculty, in consultation with the Executive Committee of the School of Nursing, will decide what type of follow-up is indicated, based on the outcome of this conference. Options include, but are not limited to:

   a. A warning, with continued observation; confidential consultation with all other nursing faculty who have contact with the student will occur, to involve them in continued observation.

   b. Immediate request for a body fluid screen for alcohol or drugs. All costs of testing will be borne by the student. Refusal to comply with testing will automatically result in dismissal from the nursing program. Subsequent re-entry into the program will be contingent on approval of the School of Nursing Executive Committee and space available.

   c. Referral to a drug or alcohol counselor for assessment of drug or alcohol problems. Resources will be suggested to the student; choice of counselor will be made by the student. All costs will be the responsibility of the student. The student will be asked to release the results of this assessment to the School of Nursing.

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

   e. The student's transcript may be marked to indicate School of Nursing Administrative Probation.
2. If reasonable suspicion of alcohol or drug use occurs in the classroom or clinical setting, the student will be immediately removed from that setting. The faculty member will discuss the concerns with the student. If reasonable suspicion still exists, the Director of the School of Nursing or the Executive Committee 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.

   a. If use of alcohol is suspected, the student will be transported to campus and will be required to submit to a breath test administered by campus police. If the student is in a clinical setting distant from campus, a blood alcohol may be drawn at an available, federally accredited health care agency.

   b. If drugs are suspected, the student will be required to provide a witnessed urine sample or a blood sample. Such testing may occur at the Student Health Center during regular hours, or at a healthcare agency such as a hospital emergency department or a prompt care center approved by the School of Nursing.

   c. All testing costs will be borne by the student.

3. Any student with admitted or proven drug/alcohol abuse/dependency, or who has a strong pattern of impaired behaviors witnessed by two or more faculty, staff or students, will be subject to the terms of a contract in order to continue in the Nursing program. The contract will include, but is not limited to:

   a. A requirement for substance abuse evaluation and rehabilitation, with verification provided to the School of Nursing. Costs of such counseling will be the responsibility of the student. Periodic reports from the counselor to the Director of the School of Nursing will be required.

   b. Consent by the student for random body fluid screens at the request of the School of Nursing. Any costs for testing will be the responsibility of the student. Refusal to submit to testing or failure to appear when requested for testing will be considered a positive test result and will lead to immediate and permanent dismissal from the nursing program.

   c. Agreement by the student to absolutely refrain from use of involved substance(s) (i.e. alcohol, controlled substances and illicit drugs) during the period of the contract.

   d. Program requirements for licensure will not be considered met until the student is determined to be rehabilitated by the School of Nursing Executive Committee, even if all coursework has been completed (i.e., the student will not meet the presumption of meeting the professional/ethical requirements of the program until a program of rehabilitation is complete). Normally, a student will not be certified to the Board of Registered Nursing as having met all the program requirements for licensure until one full year of negative random body fluid screens have been obtained.
e. Agreement that the concerns and conditions imposed for rehabilitation may be released to the Board of Registered Nursing at the time the student applies for Licensure (this includes all state boards where nursing licensure is applied for).

f. Violation of the terms of the contract will result in permanent dismissal from the program.

4. General Guidelines Governing Re-entry of Impaired Students into Classroom and Clinical Settings.

a. While rare, a student with known or suspected chemical impairment may participate in on-campus nursing courses if a contract is in place, and the student adheres to the terms of the contract.

b. Normally*, a student with known chemical impairment will be restricted from participation in clinical courses until one year of negative random body fluid screens have been obtained.

c. A student with known chemical impairment will be restricted from access to controlled substances in the clinical setting. The student absolutely will not administer narcotics, will not work with PCAs, narcotic patches, or other drugs with abuse potential as specified in an individual contract. Students must notify the clinical instructor immediately when patients have changes in narcotic orders.

d. An impaired student who is readmitted to clinical courses must agree to inform immediate nursing supervisors on the day of care regarding the chemical impairment contract. All nursing faculty involved with the student will also be informed of the conditions of the contract.

e. Depending on the nature of the chemical impairment, the student may be restricted from participating in those clinical courses where supervision is less available, where the student might have access to prescription drugs in client homes, or might be exposed to illicit drugs in client homes.

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

Indications for suspicion of drug/alcohol abuse or dependency:

Behaviors:
1. Observed/reported possession or use of a prohibited substance
2. Apparent drug or alcohol intoxication
3. Observed abnormal or erratic behavior
4. Deterioration of classroom or clinical performance
5. Medication diversion
6. Unusual behavior such as verbal abuse, physical abuse, extreme aggression or agitation, withdrawal, depression, mood changes or unresponsiveness; inappropriate responses to questions or instructions; other erratic or inappropriate behavior such as hallucinations, disorientation, excessive euphoria, confusion.
Physical signs or symptoms:
1. Possessing, dispensing or using controlled substance
2. Slurred or incoherent speech
3. Unsteady gait or other loss of physical control; poor coordination
4. Bloodshot or watery eyes
5. Dilated or constricted pupils or unusual eye movement
6. Extreme fatigue, drowsiness, sleeping
7. Excessive sweating or clamminess of the skin
8. Flushed or very pale face
9. Highly excited or nervous
10. Nausea or vomiting
11. Odor of alcohol on breath, body or clothing
12. Odor of marijuana
13. Dry mouth
14. Dizziness or fainting
15. Shaking of hands or body tremor/twitching
16. Irregular or difficult breathing
17. Runny sores or sores round nostrils
18. Inappropriate wearing of sunglasses
19. Puncture marks or “tracks”
20. Disheveled appearance

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

School of Nursing Health Policies and Regulations

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

Emotional Requirements
The student must have sufficient emotional stability to perform under stress produced by both academic study and the necessity of performing nursing care in real patient situations while being observed by the instructors and other health care personnel.
Physical Requirements
In order to participate in CSU, Chico's Nursing Program, students are required to travel to agencies and hospitals, and to homes with unpredictable environments. Students need to have the endurance to adapt to a physically and emotionally demanding program. The following physical requirements would be necessary to participate in the clinical application courses in nursing:

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

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

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

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

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

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

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

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

**Reporting of Illness or Accident**

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

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

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

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

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

6. For needlesticks and/or potential infectious exposures the Bloodborne Pathogen Policy will be followed.

Clinical Agency Requirements

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

Background Checks and Drug Testing

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

The background check searches multiple databases including the following:

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

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

**Health Insurance**

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

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

Several nursing students experience needle sticks each year. Since the School of Nursing policy for needle stick and other blood-borne pathogen exposures may involve an emergency room visit and may require an initial course of anti-HIV drugs started within one hour, complete insurance coverage is especially important. These costs could easily reach $300 or more for the initial incident. It can become quite expensive, should you have to start on anti-HIV drugs for a prolonged period.

Clinical agencies used for practica typically do not provide free services to you for emergency treatment if you are injured in that agency. If such care is given, you will be billed by the treating hospital or agency. Therefore, each student is responsible to determine that health insurance coverage includes provisions for emergency room visits in the event of a needle stick or other high risk exposure in the clinical setting, as well as for costs of any anti-HIV drugs, if a physician determines they are warranted. For example, Kaiser insurance coverage does not always extend to emergency room visits out of their area of service.

**Automobile Access and Insurance**

Laboratory experiences are in various settings such as health departments and schools throughout Butte County and surrounding counties, and require that students have access to a car. Some clinical facilities may be considerable distances from the Chico campus, i.e., Paradise, Oroville, Marysville, Red Bluff and Redding. 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 health agencies require an Affidavit of Coverage in order for
the student to be assigned for experience. Insurance verification is required in all semesters of the nursing program prior to enrolling in clinical courses.

**Cardio-Pulmonary Resuscitation (CPR)**

You must hold a current class "C" or professional CPR card that includes certification in two-man CPR, infant and child, during the entire nursing program. CPR must be renewed every two years.

**Immunizations**

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

Note that it is assumed that all new students have previously received the usual childhood immunizations (which are required during public school attendance) for: diphtheria, tetanus, whooping cough, measles, mumps and polio. If a student has not had these immunizations, or is unsure, it is highly recommended the student discuss their past immunization history with their personal physician and obtain the appropriate immunizations or have titers drawn to verify immunity.

1. **Required Immunizations**

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

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

   c. Annual PPD skin test for TB. Students with negative PPD 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 the chest x-ray is positive, pharmacological treatment/TB prophylaxis is required. If the chest x-ray is negative, the student must be evaluated medically to determine whether pharmacological intervention is needed. Copies of this medical evaluation must be turned into the Nursing Office. For students with a history of positive PPD and negative chest x-ray, an annual symptom checklist must be completed annually and turned in to the Nursing Office in lieu of the annual PPD test. A student showing any of the following symptoms needs follow-up, on an individual basis (weight loss, productive cough, bloody sputum, chest pain, shortness of breath, fatigue, fever, night sweats).
d. Rubella (German measles) vaccine, usually given as "MMR" (Measles, Mumps, Rubella). Positive titers for measles, mumps, and rubella will be accepted in lieu of vaccination records.

e. Rubeola (10-day measles) is currently epidemic in California. Health care providers are at high risk for exposure and transmission of this disease. You are required to show proof of a second booster immunization against measles (rubeola or 10-day measles, not to be confused with Rubella, German Measles) prior to entering clinical. This booster is in addition to your initial MMR vaccine. (If born prior to 1957 and you know you have had Rubeola, a second vaccine is not required). If you are pregnant or plan to be within the next three months, consult your physician. A positive titer for Rubeola can be accepted in lieu of a booster.

f. Completion of Hepatitis B immunization series is required of all students entering the nursing program. Please note that your hepatitis immunization series requirements can be completed in three ways: 1) Documentation of the traditional three shot series administered in a one-year time frame; 2) Documentation of two shot Recombivax shot series administered between the ages of 11 and 15; 3) Documentation of positive antibody titer (lab report required). If titer is negative or equivocal, three additional vaccinations are required. Repeat series must be administered in a one year period. NOTE- If you are allergic to yeast, consult your physician before receiving the hepatitis vaccine. Pregnancy and lactation are not considered contraindications to the vaccine. However, data are not available on safety of the vaccine for the developing fetus, and you should consult your obstetrician before obtaining it. If the physician feels the vaccine is contraindicated, submit a note to that effect from the Physician, and the requirement will be postponed.

g. Annual influenza/flu shot OR a letter from a provider attesting to a medical need to decline this requirement. If you are pregnant, please seek the advice of your medical healthcare provider about the advisability of having this vaccine.

h. Chicken pox (varicella). You will already have immunity to varicella if you contracted it as a child. If you are immune, you simply need to provide a written statement affirming this. If you are unsure of your immunity status, request a varicella titer. This vaccine is not available at the CSUC Student Health Center. If you need it, you will need to see your regular healthcare provider or to a public health department near you.

i. Vaccination against meningitis is strongly recommended for college students. The Student Health Center offers Menactra to vaccinate against meningitis.
**Malpractice Insurance Coverage**

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

**Standard Precautions**

In order to protect nursing students against a broad range of blood-borne diseases that are transmitted by direct or indirect contact with infective blood or other body fluids, the School of Nursing has adopted a policy of standard body substance precautions. Infectious diseases requiring such precautions are those that result in the production of infective blood or body fluids and include Hepatitis B, Hepatitis non-A, non-B, Human Immunodeficiency virus (AIDS), Syphilis, Malaria, Leptospirosis, Creutzfeld-Jakob diseases, and the arthropodborne viral fevers such as dengue, yellow fever, and Colorado tick fever or others that produce infective body fluids.

Body substances include blood and all body fluids. Standard refers to the blood and body fluids of all patients, not just known infected patients. Treating all patients' blood and body fluids as hazardous provides the best protection of student nurses without compromising patient care and confidentiality. This policy is consistent with the policies of the local hospitals in which students are assigned for clinical courses and the latest (2005) Center for Disease Control Recommendation to Health Care Workers on the Prevention of HIV Transmission in Health-Care Settings, see link [http://www.cdc.gov/niosh/topics/bbp/emergnedl.html](http://www.cdc.gov/niosh/topics/bbp/emergnedl.html) for more information. Health Care Workers are defined by the CDC as persons, including students and trainees, whose activities involve contact with patients or with blood or other body fluids from patients in a health-care setting. Students will be taught the following guidelines and will practice these techniques both in simulation labs and in the actual clinical settings in hospitals, clinics, offices, and homes.

1. Standard precautions apply to blood and other body fluids containing visible blood. **BLOOD IS THE SINGLE MOST IMPORTANT SOURCE OF HIV, HBV, AND OTHER BLOODBORNE PATHOGENS IN THE OCCUPATIONAL SETTING.**
2. All health care workers should routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids of any client is anticipated. Gloves should be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all clients for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures. Masks and protective eyewear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.
3. Standard precautions are intended to supplement rather than replace recommendations for routine infection control, such as hand washing and using gloves to prevent gross microbial contamination of hands.

4. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or body fluids. Hands should be washed immediately after gloves are removed.

5. All health care workers should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures, when cleaning used instruments during disposal of used needles, and when handling sharp instruments after procedures.

6. DO NOT RECAP used needles by hand; do not remove used needles from disposable syringes by hand; do not bend or break or otherwise manipulate used needles by hand. Place used disposable needles, syringes, scalpel blades, and other sharp items in puncture-resistant containers for disposal. Locate the puncture-resistant (Sharps containers) as close to the use area as is practical.

7. Use sterile gloves for procedures involving contact with normally sterile areas of the body. Use examination gloves for procedures involving contact with mucous membranes unless otherwise indicated and for other client care or diagnostic procedure that do not require the use of sterile gloves. Gloves should be changed after contact with each client. Do not wash or disinfect surgical or examination gloves for reuse. Use general purpose utility gloves (e.g. rubber household gloves) for housekeeping chores involving potential blood contact and for instrument cleaning and decontamination procedures.

8. Health care workers who have exudative lesions or weeping dermatitis should refrain from all client care and from handling client care equipment until the condition resolves.

9. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, and other ventilation devices should be available in areas where the need for emergency mouth-to-mouth resuscitation is predictable.

10. Handle soiled linens as little as possible and minimize shaking or other agitation to diminish contamination of air and personnel. Wet linen soiled with bloody fluids must be placed in leak resistant bags in the room in which it was used.

11. Put all specimens of blood and body fluids in well-constructed containers with secure lids to avoid leakage during transport. Avoid contaminating outside of container when collecting specimen.

12. Follow agency policies for the disposal of infective waste, both when disposing of and when decontaminating materials. Excretions containing blood should be poured down drains that are connected to a sanitary sewer.
Students are responsible for learning and complying with the written policies of the hospital or agency to which they are assigned for clinical experience.

**Bloodborne Pathogen Exposure - Nursing Student Protocols**

This document provides a guide to safeguarding your health following an exposure to bloodborne 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 nonintact skin exposure (i.e. chapped or abraded skin) to:

- blood,
- fluids containing blood,
- other potentially infectious fluids (semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids) follow the procedures below:

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

Consider:
- the type of exposure (intact skin, mucous membranes, percutaneous)
- the type of fluid involved
- depth of puncture
- volume of fluid
- duration of contact
- age of specimen

Assess the Source (Patient):
- Assessment of any risk factors for blood borne pathogens (history of IV drug use, blood transfusion or organ transplants prior to 1992; chronic hemodialysis; high risk sexual behaviors; received clotting factors before 1987.
- History of Hepatitis B, Hepatitis C or HIV?
- If known HIV positive, is there information on viral load or treatment history?
- Obtain HIV antibody, Hepatitis B surface antigen (HbsAG), Hepatitis B core and surface antibodies, and Hepatitis C antibody levels on the source patient if possible. If the patient is hospitalized, the patient’s physician will be contacted and the patient will be asked for informed consent to have bloodworm drawn. Some hospitals can obtain stat results from an HIV test in 20 minutes.
- If the patient is in a community setting, the patient’s physician must be contacted for the lab work order, the patient must consent to the lab work and to the release of the results to your physician. Assistance may be needed to get the patient to the designated lab. The nursing instructor or preceptor may assist with this process. Cost of the lab work will usually not be covered by the patient’s insurance coverage or by the agency where the injury occurred. The student will usually be responsible for the lab costs for the patient blood draw. (The student’s health insurance is usually not willing to pay for lab work for the source patient, though this may be negotiable).
- In community settings that don’t have access to the STAT HIV test, you may not know the patient source HIV status for several days. In this case, you may start the PEP regimen, and then discontinue it once you know the patient’s HIV status is negative.
  
  If the combination of the exposure code and the HIV status code for the patient indicate that post-exposure prophylaxis (PEP) is needed (i.e. treatment with anti-HIV drugs), treatment should be started within one hour of the exposure. If the exposure code and the HIV status code for the patient are low, treatment may not be indicated, but the decision should be made within one to two hours, in consultation with a physician.

4. **Seek treatment within one hour. Time is of the essence.**
   - Use hospital emergency rooms or prompt care centers, which are close to you. Urgent care or prompt care type facilities may be able to get you in more quickly than a full-service ER. In Chico, Enloe Prompt Care at Bruce Road is recommended.
   - The Student Health Center cannot do the initial lab screen and does not carry the PEP drugs.
   - You may also contact your own physician, but don’t delay getting treatment if you can’t see your own physician within one to two hours.
   - Treatment includes drawing baseline lab values for the student (HbsAG, Hep C antibody and HIV).
   - All costs of lab work and treatment are the responsibility of the student. The institution or the agency where the exposure occurred has no responsibility to provide any testing or treatment related to the exposure. Estimated cost of PEP drugs for four weeks is about $330.

5. A 24-hour hotline for health professionals is available to help guide you through the process: 1-888-448-4911.

6. Besides the initial lab work and decision about the need for PEP, the following is recommended:
   - Tetanus. If your last tetanus booster was over five years ago, get another.
   - Hepatitis B
     - If your HbsAG results indicate you are a ‘nonresponder’ you will need a Hep B vaccine booster. You may be recommended to repeat the entire Hep B series.
     - If the source (patient) was Hep B positive or unknown, you will likely need Hep B Immune Globulin (HBIG) also.
     - If you have not yet completed the Hep B vaccine series, tell your physician where you are in the series to decide when the next booster should be given.
• No routine follow-up after treatment for Hep. B is recommended because post-exposure treatment is highly effective.
• Report symptoms of hepatitis (yellow eyes or skin, loss of appetite, nausea, vomiting, fever, stomach or joint pain, extreme tiredness).

✓
✓

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

✓ HIV
• After baseline testing, follow-up testing should be done at 6 weeks, 12 weeks and 6 months. (Student Health Center can do the follow-up testing).
• If you start PEP, you should be checked for drug toxicity (CBC, kidney and liver function tests) before starting treatment and two weeks after starting treatment.
• Report sudden or severe flu-like illness, especially if you have fever, rash, muscle aches, tiredness, malaise, or swollen glands.
• Follow recommendations for preventing transmission of HIV (don’t donate blood, organs, semen; avoid sexual intercourse or take precautions; avoid breast feeding).

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

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

Other information is available at:
www.cdc.gov/ncidod/diseases/hepatitis/index.htm
www.cdcnpin.org
www.cdc.gov/ncidod/hip
www.cdc.gov/niosh
www.cdc.gov/hiv

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

FOR NEEDLESTICK OR BODY FLUID EXPOSURE:
• Wash area immediately.
• Report exposure within 10 minutes to RN and instructor.
• Have instructor, preceptor or other begin process of assessing degree of risk from the exposure source.
• Seek immediate treatment (within 30 minutes) at nearest hospital emergency room or urgent care center.
(Do not go to Student Health Center).

- Start PEP, if needed, within 1-2 hours of exposure.
- **Call hotline: 1-888-448-4911 if questions.**
- Complete accident report at School of Nursing.

Pregnant Students

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

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

Clinical Policies

Agency Contracts

Students achieve some of the course requirements through practical experience in various health care agencies. Student access to facilities is regulated by contracts between the University and the agency, covering policies such as immunizations, workmen's compensation insurance, malpractice and car insurance requirements. Students who do not meet an agency's requirements will be denied access to that facility. It should be noted that the student is not considered an employee of the agencies involved, and has no claim for any employee benefits such as sick leave, vacation pay, social security, retirement benefits, worker's compensation or unemployment benefits. Workmen’s compensation may, however, be available from CSU, Chico for injuries incurring during clinical courses (Check with the Nursing Office).
**Patient Confidentiality**

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

**Dress Code**

The School of Nursing must comply with the policies of various hospitals, clinics, and other agencies where clinical practice is scheduled. Students should be aware that additional dress restrictions and infection control policies might be required in specific departments of agencies or hospitals. Any other concerns will be addressed through your clinical instructor who has the final decision on dress code implementation.

If unprofessional attire is reported in clinical agencies, clinical grades may be lowered, or preclinical access to patient records may be restricted; additionally, the student may be placed on nursing probation for unprofessional behavior.

In all areas:

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

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

**Professional Attire**

When a uniform is not required, students must dress in a professional manner. Whether or not a lab coat is required with your professional attire will be designated by your clinical faculty. Regardless of the clinical agency setting students must conform to the following:

- CSU, Chico photo ID name tag
- Tops must have sleeves
- No breast tissue or cleavage may be visible
- No skirt above knee length
- No open-toed shoes
- No shorts, no jeans, no short tops showing midriff
- No torn clothing.

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

**Scholarships And Financial Aid**

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

The amount and number of awards vary and are dependent upon earnings of thee permanent funds. The Office of Graduate Studies also posts scholarship information on the Graduate Equity Fellowship Program. Check at the following site: [http://www.csuchico.edu/fa/scholarships/types/fellowship.shtml](http://www.csuchico.edu/fa/scholarships/types/fellowship.shtml)

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

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

Guidelines for Selecting Thesis/Project/Professional Paper Committee

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

1. Submit to the Graduate Coordinator a written commitment of his or her intent to pursue a thesis, project, or professional paper.
2. Enroll in two units of N699P, N699T, or N697P for the final semester of coursework. Following the completion of coursework, students actively working on thesis, project or professional paper must register for two additional units of N699P, N699T or N697P per semester to a maximum of six until graduation.
3. The Graduate Coordinator will identify at least two full time nursing faculty members who have expertise in the area of the student’s thesis or project proposal to serve as Thesis/Project/Professional Paper Chair and Thesis/Project/Professional Paper Member. The Graduate Coordinator will also seek input from the faculty to best match students with faculty mentors. This will occur during the second year of the MSN program.
4. Students will make appointments with the suggested faculty to discuss the culminating activity topic and the faculty person’s service on the professional paper/thesis/project committee.
5. Students will then work with their selected committee to develop their topic and prepare the proposal.
6. Add, if appropriate to the thesis/project/professional paper, additional non-nursing committee members to provide expertise in statistical methods and/or specific content.

Once the Thesis/Project/Professional Paper Committee is constituted, the Graduate Coordinator must approve any changes in membership. A Change of Program Form must be completed (including faculty signatures) and submitted to the Graduate office.

THESIS/PROJECT/PROFESSIONAL PAPER PROTOCOL

A. Proposal

1. The student will:
   a. Establish a thesis/project committee to oversee the proposal.
   b. Develop a draft thesis/project/professional paper proposal once your committee has been established.
2. When the final draft of the proposal is approved by all members of the Thesis/Project/Professional Paper Committee, the Graduate Coordinator will appoint readers to review the proposal. A copy of the proposal will be given to the Graduate Coordinator for final review. The Graduate Coordinator will contact the Chair of the Thesis/Project/Professional Paper Committee to discuss the readiness of the proposal for conducting the thesis or project. Once readiness is determined, the Graduate Coordinator
will ask the Thesis/Project/Professional Paper Chair to submit a clean copy of the proposal to be placed in the student’s file.

3. Following approval of the proposal by the Thesis/Project/Professional Paper Chair, Committee Members, 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**


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/Project/Professional Paper Proposal will include, but may not be limited to the following sections:
   
   a. **Chapter One**
      1) Introduction to the study
      2) Background of the problem
      3) Statement of the problem
      4) Relevance/importance of the study
      5) Theoretical/Conceptual framework
      6) Purpose of the study
      7) Research questions(s) or hypothesis(es)
      8) Definition of terms
      9) Qualifications of the researcher

   b. **Chapter Two**
      1) Key search terms and strategy described
      2) Critical review of related literature
      3) 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/or statistical procedures

4. The **Project Proposal** will include, but not be limited to, the following sections:
a. Chapter One
   1) Introduction to the study/project
   2) Background of the problem
   3) Statement of the problem
   4) Relevance/importance of the project
   5) Purpose of the project
   6) Scope of the project
   7) Content
   8) Population
   9) Format
   10) Expected results/effects
   11) Definition of terms
   12) Qualifications of the researcher

b. Chapter Two
   1) Key search terms and strategy described
   2) Critical review of related literature
   3) 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.

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

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

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

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

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

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

CHAPTER 2 – This is written in past tense.

A. Introductory paragraph
The introductory paragraph for Chapter 2 includes a summary sentence or two of the proposed research, then a summary of the outline of the review of the literature. The introductory section should also include a paragraph on information literacy, including how the search was conducted including databases searched and key words. The introduction includes how the chapter is organized by headings used. A review of the literature may have several ways it is broken down and presented. These can include conceptual or topic areas and methodological issues. It is important before the reader gets into the literature review that it is clear the direction the researcher has taken to provide a comprehensive review of relevant literature.
B. Critique of Research
It is important when presenting critique of research that enough detail is provided so that the reader can determine the quality of the study. This means information about sample size, significance, limitations, and the specific findings that are relevant to the current study.

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

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

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

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

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

A. Research Methodology
The specific processes to be discussed in this chapter will demonstrate consistency with the chosen methodology, i.e., general descriptive/interpretative, grounded theory, phenomenology, ethnography, etc. In choosing a methodology, the student will consult with his/her thesis/project/professional paper committee and 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 possible for the study. 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 is needed. After analysis is complete, the
researcher will describe in detail how data were actually analyzed.

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

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

Here is a checklist to use as a guide while you are writing Chapter 3 (either quantitative or qualitative
studies) of your research/project proposal.

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

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

_____ Description of subjects/participants: Fully describe whom you plan to use for
subjects/participants. Where and how will you recruit/select them? If you need human
subjects’ approval, describe the process. How many subjects/participants do you plan
to use? How was this determined? Is the proposed number sufficient in size to
adequately answer your research question?
Description of the instrument/questions: Fully describe what you plan to use to collect data, i.e., questionnaires, interview questions, etc. Provide a draft of your proposed data collection instrument(s) as an attachment.

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

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

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

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

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

CHAPTER 4
A. Findings
Findings are 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/statistics 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 too small, was any bias introduced?

C. Implications for practice, research, and/or education (Use a separate heading for each of the three areas).
This discussion should include the impact of the specific findings of the research in each area as relevant. Possible changes in the field or setting as a result of the study, as well as suggestions for future research, can be included in this section.

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

F. Research Questions
These questions or hypotheses should be written in carefully constructed language that specifies each variable in explicit terms. The question form is most appropriate when the research is exploratory. The hypothesis form is employed when the state of
existing knowledge and theory permits formulation of reasonable predictions about the relationship of variables. Before finalizing your question ask these questions:
   1. Is the question free of ambiguity?
   2. Is a relationship among variables expressed?
   3. Does the question imply an empirical test?

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

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

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

CHAPTER 2

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

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

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

D. Transitional Statements
   You will need to conclude Chapter 2 with a summary of the major points from each of the topic/heading areas, followed by a statement addressing how this relates to the research topic, and a review of what is to come in the next chapter.
Here is a checklist to keep in mind when you are evaluating past studies and describing the quantitative research study you propose:

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

CHAPTER 3 – Change to past tense after completed

A. Research Methodology
The specific processes to be discussed in this chapter will demonstrate consistency with the chosen methodology, i.e., experimental, quasi-experimental, and non-experimental designs (survey studies and relationship/difference studies). In choosing a methodology, the student will consult with his/her thesis/project committee and 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 possible for the study. This will help with determining a timeline for when data collection can begin following approval of the proposal.

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

F. Data Collection Procedure
Every step of data collection must be clearly described. Any protocols used for data collection must be clearly outlined.

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

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

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

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

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

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

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

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

______ Discuss the procedures that you will use to determine reliability and validity.

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

______ Data processing and analysis: Discuss how you will analyze the data, what statistical tests will be used and why.
Here are some additional things to keep in mind: Is your research plan clearly delineated? Is it doable given the resources available to you? Have you included a timeline and are the dates specified reasonable?

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

CHAPTER 4
Results
Results are presented in a manner consistent with the chosen methodology, i.e., themes, theoretical constructs, categories, descriptions, or statistical interpretation. Presentation of findings should be written in narrative form. Graphics should be used to supplement the narrative without repetition of text. Tables and figures can be used to present data and enhance narrative. Presentation of results should include relationship to each question or hypothesis. Any secondary findings should be discussed at this time.

CHAPTER 5
A. Discussion and reflection on the finding
This chapter will discuss the findings of the study and present findings in terms of any inferences, projections, and probable explanations of the data. Implications of patterns and trends will be included. Findings are discussed in the context of existing literature and practice, existing theory/philosophy in the area of study, with assumptions as discussed in the introduction. This chapter will also include a comprehensive overview to enhance understanding of the entire study.

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

C. Implications for practice, implications for research, and implications for education – Use a separate heading for each of the three areas
This discussion should include the impact of the specific findings of the research in each area as relevant. Possible changes in the field or setting as a result of the study, as well as suggestions for future research, can be included in this section.

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

E. Reference List – must follow APA current edition

H. Appendices – must follow APA current edition

I. Other requirements
A table of contents with expected headings should be turned in with the first draft. A working abstract will be submitted with the first draft. A 250-500 working abstract, including findings will be submitted with the final draft.
Guidelines for Conducting a Professional Paper Culminating Project Option

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

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

The proposal will contain at a minimum three chapters:

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

CHAPTER 1: INTRODUCTION

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

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

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

- The Relevance and Importance to Nursing should be evident. It must be clear why the study is of importance to the profession, how findings may be used to inform practice or education.
• Philosophical Underpinnings/Conceptual Assumptions of the study – This is a brief introduction to the conceptual assumptions or theoretical underpinnings for the study. For example, in qualitative research using phenomenology, the philosophical underpinnings might include the particular philosopher that is guiding your perspective and analysis. For a grounded theory study, you would discuss symbolic interactionism as the conceptual guide for the planning of your study. In a quantitative study a theorist or theory would be used.

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

• Research Questions – These questions should be written in carefully constructed language that specifies each aspect of the problem in explicit terms. The question format is most appropriate when the research is exploratory.

• Definition of terms if appropriate.

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

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

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

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

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

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

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

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

Is the research question worthy of investigation and is it clearly defined? Is the significance of the question discussed and justified?
What are the dependent and independent variables? Are there potential confounding variables the authors overlooked?

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

Is the subject/participant group appropriate in size and method of selection? Are possible sources of sampling bias discussed? Are control variables identified?

Were the instruments/surveys used valid, accurate, and reliable?

Are the results of prior research presented clearly? Can you interpret the results in plain English?

Are the conclusions drawn by the researchers warranted based on the evidence presented? Did the researchers point out the limitations of the research?

CHAPTER 3: RESEARCH DESIGN AND METHODS

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

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

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

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

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

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

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

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

Data processing and analysis: Discuss how you will analyze the data.
Here are some additional things to keep in mind: Is your research plan clearly delineated? Is it doable given the resources available to you? Have you included a timeline and are the dates specified reasonable?

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

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

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

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

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

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

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

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

**Guidelines for Conducting the Final Oral Defense of the Graduate Program Culminating Activity**

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

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

E. Along with the members and chair of the Graduate Advising Committee, sign the signature page of the thesis/project/professional paper.

The Student Will:

A. Work closely with the Graduate Advising Committee to prepare the final draft of the thesis/project/professional paper. Submit a copy of the final draft to the Graduate Coordinator. Make any revisions suggested by the Graduate Coordinator.

B. At the same time a final draft is submitted to the Graduate Coordinator, submit the draft to the Thesis Editor at the Graduate School for feedback on formatting.

C. At least ten (10) working days prior to the oral defense date, provide all Graduate Advising committee members and the Graduate Coordinator with final copies of the culminating activity.

D. During the oral defense, present an oral summary and power point presentation (or use other forms of presentation) of the thesis/project/professional paper method and findings. Be prepared to respond to any questions about the thesis/project.

E. Work with the Thesis Editor to make final formatting changes to the thesis/project/professional paper. Work with the Graduate Advising Committee chair to make any necessary changes to the thesis/project/professional paper and submit the completed thesis/project/professional paper, including signature page, to the Graduate School.
APPENDIX A - Using CertifiedBackground.com

Background Check, Drug Screen, and Tracking Immunizations

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

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

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

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

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

CERTIFIED PROFILE/CertifiedBackground.com

Instructions for ordering Background, Drug Screen and Document Tracker

2. In the “Place Order” box, enter the school code (follow steps below for each code):
   - CG62d - Background Check and Drug Test ($77.00); CG62im - Document Manager ($15.00)
3. Click "Continue."
4. Follow the prompts to complete the order.

Once your order is submitted, you will receive a password via email to view your account. The drug test and background check results will be available in approximately 48-72 hours. If you are having difficulty with your order, please contact Certified Background.com Customer Service at 888-666-7788, ext. 1.

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