



**Division of Nursing**  
**DNP Program Student Handbook**  
**2017-2018**

## **DNP Program Student Handbook Overview**

The Northwestern Oklahoma State University Division of Nursing DNP Program Student Handbook provides information to students and faculty to guide DNP student advisement. This publication is for informational purposes and is neither a contract nor an offer to contract. The DNP Program Student Handbook contains relevant policies and procedures of Northwestern, the Graduate Studies Program and the Division of Nursing.

The Northwestern Oklahoma State University Division of Nursing reserves the right to change any provision or requirement at any time without notice. This material supplements the Northwestern Oklahoma State University's Graduate Catalog and Schedule of Classes.

Additional information may be found at the following websites:

<http://nwosu.edu>

<http://www.nwosu.edu/nursing>

<http://www.nwosu.edu/graduate-studies>

## TABLE OF CONTENTS

<b>I. MISSION AND GOVERNANCE</b>	<b>6</b>
Mission	6
Vision	6
Values	6
University Accreditation	6
Nursing Program Accreditation	6
Affirmative Action	7
<b>Division of Nursing</b>	<b>8</b>
Philosophy	8
Mission Statement	9
Nursing Division Goals	9
DNP Program Outcomes	9
<b>Doctor of Nursing Practice (DNP) Program Policies</b>	<b>11</b>
Admission Requirements BSN to DNP	11
Advanced Placement Option (MSN to DNP)	11
Expectations of DNP Students	12
Communication Policy	12
Core Performance Standards for Admission and Progression in the Nursing Program	13
DNP Grading Policy	14
DNP Program Retention Policy	14
DNP Graduate Course Transfer Policy	15
Academic Integrity Policy	15
Honor Code	15
DNP Honor Code Check Sheet	16
Academic Misconduct	17
Academic Misconduct Procedure	17
Division of Nursing Sanctions	18
DNP Student Appeal and Grievance Policy and Procedure	18
Professional Behavior Policy	20
Non-Compensation for Students During Required Activities	21
Student Representation on Faculty Committees	21
Clinical Requirements	22
Standard Precautions Guidelines	22
Safe Clinical Practice Policy	23
Drug Testing Program Policy	24
Timing & Procedures of the Drug/Alcohol Screening	24
Allocation of Cost	25
Identification of Vendors	25

Reporting of Findings & Students Access to Drug Screening Report	25
Drug Screening Panels	25
Positive Drug Screen	26
Falsification of Information	26
Confidentiality of Records	26
Record Keeping	26
Criminal History Background Checks	26
Student Health, Screening, & Immunization Policy	27
RN Licensure	28
Dress Regulations Policy	28
Transportation/Living Arrangements During Clinical Experiences	28
Preceptors	28
Confidentiality Policy	29
Student Records	30
Request to Review Student Record	30
<b>II. INSTITUTIONAL COMMITMENT &amp; RESOURCES</b>	<b>31</b>
Academic Success Center: Assistance with Writing	31
Services for Students with Disabilities	31
Student Advisement	31
Blackboard Learning Management System	31
Bookstore	32
Counseling Center	32
Email	32
Financial Aid	32
Library	32
Online Exam Policy	33
Testing Schedule	33
<b>III. CURRICULUM &amp; TEACHING-LEARNING PRACTICES</b>	<b>34</b>
Conceptual Model of Nursing Curriculum	35
<b>Doctor of Nursing Practice (DNP) Program</b>	<b>37</b>
What is a Doctor of Nursing Practice (DNP) Degree?	37
Why the Doctor of Nursing Practice (DNP) Degree?	37
Key Differences Between PhD and DNP Programs	38
BSN-to-DNP Curriculum	39
Advanced Placement DNP Options	40
BSN-to-DNP Plan of Study (3 Year)	41
BSN-to-DNP Plan of Study (4 Year)	42
Northwestern Oklahoma State University Curriculum Framework	43
BSN-to-DNP Course Descriptions	51
DNP Portfolio	57
DNP Capstone Project	57

Compliance with Human Subject Research Regulations	57
<b>Institutional Review Board (IRB) Committee At Northwestern Oklahoma State University</b>	<b>57</b>
Types of Review	58
Exempt Review	58
Expedited Review	59
Full Review	60
When Is Application to the IRB Required?	60
<b>Professional Organizations</b>	<b>62</b>
Northwest Honor Society of Nursing at Northwestern	62

## I. MISSION AND GOVERNANCE

### Northwestern Oklahoma State University

#### Mission

Northwestern Oklahoma State University provides quality educational and cultural opportunities to learners with diverse needs by cultivating ethical leadership and service, critical thinking, and fiscal responsibility.

#### Vision

Northwestern aspires to be a vibrant innovative regional university of choice whose students, faculty, staff, and alumni succeed and lead in their academic, professional, cultural and service endeavors.

#### Values

**Academic Excellence:** Northwestern will provide the best possible educational experience for every student.

**Accessibility:** Northwestern is committed to accessibility of its programs and services.

**Community:** Northwestern will strive to create a sense of community that extends beyond campus boundaries.

**Diversity:** Northwestern will respect the individual rights of all persons.

**Responsibility:** Northwestern will maintain the highest levels of ethical standards and accountability.

#### University Accreditation

Northwestern is a state-assisted, public regional university and a member of the Oklahoma State System of Higher Education. The University is governed by the Regional University System of Oklahoma. Northwestern is accredited by the Higher Learning Commission and is a member of the North Central Association. .

Northwestern is a participant in the National Council for State Authorization Reciprocity Agreements (NC-SARA), a voluntary program which facilitates offering of high-quality distance learning programs in member states ([www.nc-sara.org](http://www.nc-sara.org)).

#### Nursing Program Accreditation

The Northwestern Oklahoma State University Division of Nursing's Baccalaureate Program is fully accredited by the Accreditation Commission for Education in Nursing (ACEN, 3343 Peachtree Road NE, Suite 850 Atlanta, GA 30326; Phone; 404.975.5000) and approved by the Oklahoma Board of Nursing. The Division holds membership in the National League for Nursing (NLN) and the American Association of Colleges of Nursing (AACN).

The BSN-to-DNP program has received provisional approval from the Oklahoma Board of Nursing and will seek accreditation from the Commission on Collegiate Nursing Education (CCNE) once the program has been in operation with students for one year.

Oklahoma Board of Nursing  
2915 N Classen, Suite 524  
Oklahoma City, OK 73106  
Phone: 405-962-1800  
<https://nursing.ok.gov/>

Commission on Collegiate Nursing Education  
One Dupont Circle NW, Suite 530  
Washington, DC 20036-1120  
Phone: 202-887-6791  
[www.aacn.nche.edu/ccne-accreditation](http://www.aacn.nche.edu/ccne-accreditation)

### **Affirmative Action**

This institution, in compliance with Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, sections 503 and 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act Amendments Act of 2008, and other applicable federal laws and regulations, and to the extent required by law, does not discriminate on the basis of race, color, national origin, sex, age, religion, physical or mental disability, or status as a veteran in any of its policies, practices, or procedures. This includes, but is not limited to, admissions, employment, financial aid, and educational services. Inquiries concerning the application of these programs should be made to Calleb Mosburg, Dean of Student Affairs and Enrollment Management, Northwestern Oklahoma State University, 709 Oklahoma Boulevard, Alva, OK 73717, (580) 327-8415.

**Northwestern Oklahoma State University**  
**Division of Nursing**

**Philosophy**

The Philosophy of the Division of Nursing is in accordance with the Philosophy of Northwestern Oklahoma State University and the faculty beliefs about the holistic nature of person as affected by environment, health, nursing, and education. The faculty promotes the growth and development of students into safe, caring and professional nurses with accountability for actions based on theory, critical reasoning, evidence based practice and effective communication to meet the challenge of continued changes in the health care environment.

Person is a holistic being with bio-psycho-social, spiritual, and cultural dimensions. Person is defined as an individual, family, community, population, or society. The uniqueness of each person results from the interrelationships of these dimensions. People share common characteristics, processes, and basic needs. All people change and adapt as they move through the life cycle in continuous interaction with internal and external environments.

Environment is defined as all aspects of internal and external surroundings, as well as the interactions of those influences. Graduates are prepared to meet the challenge of safe, caring, reflective, and professional nursing in diverse environments.

Health is a dynamic state in the life cycle that reflects a level of function and adaptation to the internal and external environment. Wellness occurs when a person achieves balance between self and environment. Health is not defined by the presence or absence of disease but by a person's perception of health status

Nursing is a reflective caring profession that uses the arts, sciences, and technologies to assist person in the promotion, maintenance, and/or restoration of holistic health through adaptation. Nursing and person interact on the wellness continuum when using the nursing process to diagnose and treat human responses to real or potential problems (ANA, 1965).

Education is a process of actively and passively seeking information and using available technologies about subjects of interest that enhance person and/or professional performance. Education may be formal, informal, online, involve a teacher, or be self-directed. Nursing education provides learning experiences that include concepts from formal education and life experiences. Professional, reflective nurses are accountable for safe, holistic, and caring practice, utilizing evidence based practice, clinical reasoning, therapeutic communication and leadership. The baccalaureate prepared nurse and the doctorally prepared nurse is an advocate for the needs of individuals, families, communities, populations, societies, and for the promotion of health care policy development and nursing practice. The professional nurse recognizes and accepts the responsibility for the pursuit of education throughout the life cycle.

Northwestern Oklahoma State University Division of Nursing seeks to provide a caring educational environment that facilitates the growth and development of the students as a contributing member of society and a leader to the nursing profession.

Northwestern Oklahoma State University also provides a curriculum that stimulates initiative, self-direction, leadership, and reflection necessary in the provision of professional, culturally competent nursing care to the general population in a changing community. Baccalaureate (BSN) education provides a safe, caring, reflective foundation, which serves as a basis for advanced education or specialization. Doctoral (DNP) education expands the nurse's knowledge base and skill set to provide advanced practice nursing care to persons throughout the life span.

American Nurses Association (1965). American Nurses Association first position paper on education for nurses. *American Journal of Nursing*, 12, 106-111. Found online at <http://nursingworld.org/MainMenuCategories/Policy-Advocacy/State/Legislative-Agenda-Reports/NursingEducation/NursingEducationCompendium.pdf>

### **Mission Statement**

Professional, reflective nurses are accountable for safe, holistic and caring practice, utilizing evidence based practice, clinical reasoning, therapeutic communication, cultural competence and leadership. The baccalaureate prepared nurse is an advocate for the needs of individuals, families, communities, populations, and societies, and for the promotion of health care policy development and nursing practice. The DNP advanced practice nurse is prepared to be a community leader in addressing health disparities.

### **Nursing Division Goals**

1. To create and cultivate a safe, caring, reflective environment that facilitates the growth of the students as a person, a contributing member of society, and a leader of the nursing profession.
2. To prepare the professional nurse whose background in the liberal arts, the natural and behavioral sciences, technologies, and nursing sciences creates the capacity for initiative, self-direction, and leadership suited to providing safe, knowledgeable, culturally competent, evidence-based nursing care to individuals, families, communities, populations, and societies across the lifespan.
3. To facilitate responsibility and accountability to advocate for the needs of person and development of health care and evidence based nursing practice.
4. To provide a foundation of study that can serve as a basis for pursuing advanced education and/or practice in nursing.
5. To prepare students to pursue an advanced practice role founded on evidence-based practice in order to address health disparities and provide advanced nursing care for people across the life span.

Revised: 8/13/99, 8/01/08/09, 09/16

Reviewed: 8/02, 8/03, 5/04, 8/05, 7/06, 6/07, 7/08, 5/09, 8/10, 8/11, 06/12, 7/13, 6/14, 7/15, 6/16

### **DNP Program Outcomes**

The goal of the Northwestern Oklahoma State University BSN-to-DNP program is to make a pronounced contribution to the supply of doctorally prepared advanced practice registered nurses to meet the health care needs of the rural and underserved areas in the state of Oklahoma. Graduates will be prepared to provide leadership in the application of evidence based clinical practice and contribute to the development of nursing science through independent and collaborative participation in scholarly

activities and health policy, focusing on the improvement of patient/client care outcomes. More specifically, graduates will be prepared to:

1. Evaluate and utilize advanced knowledge and theories from nursing and related disciplines to identify, develop, and implement best practices to improve health care and health care systems.
2. Design, direct, and evaluate system changes to promote safe, effective, efficient, equitable, and patient-centered care.
3. Provide leadership in the provision and transformation of health care through effective interprofessional collaboration and communication.
4. Apply technology and policy development to promote health, reduce risk, enhance patient outcomes and improve complex health care delivery systems.
5. Engage in complex, evidence based advanced nursing practice.
6. Evaluate innovative approaches to complex health issues leading to safe and holistic care for individuals, families, communities and vulnerable populations.
7. Demonstrate clinical expertise, critical thinking and accountability in designing and evaluating evidence based care to improve patient/client outcomes.

## **Doctor of Nursing Practice Program Policies**

### **Admission Policy**

#### **Admission Requirements BSN to DNP:**

1. Baccalaureate degree with a major in nursing from an ACEN (NLNAC), CNEA, or CCNE accredited program.
2. An overall grade point average of 3.0 on a 4.0 scale for the last 60 hours for the courses required for the undergraduate nursing degree (BSN).
3. Current unrestricted license to practice as a Registered Nurse in the state of Oklahoma or be in process of obtaining such licensure from the state of Oklahoma. Out-of-state students must provide proof of unrestricted licensure to practice in their resident state as a registered nurse.
4. Completion of an undergraduate or graduate course in descriptive and inferential statistics with a grade of "C" or better.
5. Application may be made for conditional admission by students having an overall undergraduate GPA of at least 2.50 with five years having passed since the date of the BSN degree.
6. Students with a native language other than English must submit evidence of English language proficiency. Evidence may include (1) completing a four-year bachelor's degree in Nursing from a U.S. institution or the equivalent in your home country; (2) students must meet the English language requirements of an official TOEFL score (520 for a paper-based test, 190 for a computer-based test, or 68 for an internet based test), or IELTS score (6.5 or higher) is required for all students for whom English is a second language. The TOEFL must have been taken within the last two (2) years. Note: Scores may be higher.
7. Submission of completed Program Application with personal statement and current resume'.
8. Submission of three (3) letters of recommendation attesting to academic ability, professional competency and personal character.
9. Phone or in-person interview as requested by faculty.
10. Application and acceptance to Northwestern Oklahoma State University.

#### **Advanced Placement Option (MSN to DNP Option):**

Registered Nurses who have completed an accredited (AACN, NLNAC, CCNE or CNEA) graduate level (Masters of Science in Nursing) advanced practice registered nursing program as a Family Nurse Practitioner, and are currently certified in an advanced practice specialty consistent with educational preparation are eligible to apply to complete the DNP at Northwestern. Advanced practice licensure as a Family Nurse Practitioner as prescribed by the applicant's state of residency is required. Advanced Placement Option applicants must meet the same admission requirements as the BSN-to-DNP applicants.

Applicants eligible for the Advanced Placement Option will submit a Program Application with a personal statement, three letters of recommendations, and an interview as requested by faculty

November 4, 2016

## **Expectations of DNP Students**

DNP students must have strong motivation to advance within the health care field. Excellent communication skills, both written and verbal, are essential for professional success. DNP students are expected to have a sound sense of responsibility for their own learning, continued scholarly activity and willingness to take initiative in achievement of learning goals. Over the course of the program, the DNP student will develop the ability to demonstrate leadership and collaboration skills in working with colleagues, groups and in community partnerships.

The didactic curriculum is offered on-line. One of the assumptions of on-line learning is the student actively engages and participates in the learning process. In some graduate courses, faculty members serve as facilitators to student learning. Therefore, the students take on the responsibility of self-directed learning, so that within each course, the subject matter of study can be aligned with their particular area of interest. In some instances students may be asked to attend a learning session or participate in class activities requiring them to meet online together at the same time (synchronous learning). Advanced notice of these situations will be given so students can plan schedules accordingly.

Clinical course content is delivered on-line with community partner(s), program faculty, and the student designing the practicum which provides flexibility for the student.

The mechanism of delivery for the Northwestern Oklahoma State University DNP Program will be primarily as an on-line education program in which students do not have to be online together at the same time for their classes (asynchronous learning). Participating in an on-line course requires you to have access to a computer. Technical requirements are found on the Northwestern website at <http://www.nwosu.edu/technical-requirements>. Your instructor must be able to correspond with you through e-mail and may require you to communicate with your classmates through e-mail. By enrolling in an on-line course, you are granting the instructor permission to post your name and e-mail address on the course website or otherwise distribute that information to other students in the class.

## **Communication Policy**

Communication in the Northwestern nursing programs takes place through announcements on Blackboard or through Northwestern emails. In order to remain informed of expectations and important information, you must have ready access to these platforms. Access to a computer and the internet is required. All email to the faculty or staff of the Division of Nursing must be through Northwestern Oklahoma State University email. Students are also responsible for assuring that their e-mail, software, hardware, and technology equipment are in working order. E-mail or equipment failure does not release the student from course and communication expectations and/or responsibilities.

Change of Information: Students who have a change of name, telephone number, and/or address are responsible to notify the Office of the Registrar and the Division of Nursing's DNP Program Administrative Assistant in order to maintain accurate records.

Blackboard: Nursing students are expected to access and use Blackboard as appropriate for each course. Announcements and course information including the course syllabus and calendar are posted on Blackboard. It is the responsibility of each student to regularly check Blackboard courses daily.

Information on Blackboard including tutorials on its use and sign on instructions can be found online at <http://www.nwosu.edu/blackboard>.

Policy adopted from the 2017-2018 Northwestern Division of Nursing Undergraduate Nursing Student Handbook.

### **Core Performance Standards for Admission and Progression in the Nursing Program**

A candidate for the BSN or DNP degree must have abilities and skills of four varieties: assessment, communication, motor, and behavioral. A candidate is expected to perform in an independent manner.

1. **Assessment:** A candidate must be able to collect subjective and objective client data accurately. Examples include: listening to heart and breath sounds, visualizing color and appearance of skin and wounds, detecting the presence of odors, and palpation of body structures and organs.
2. **Communication:** A candidate must be able to communicate effectively with clients, other members of the health team and family members. He/she must be able to interact with clients and other members of the health team in order to obtain information, describe patient situations, and perceive non-verbal communication.
3. **Motor:** A candidate must have adequate motor function to effectively work with nursing problems and issues, and carry out related nursing care. Examples of nursing care include: providing daily client hygiene care; ambulating and positioning patients; cardiopulmonary resuscitation; and the opening and clearing of an obstructed airway. Other gross motor clinical activities include but are not limited to: standing, sitting, lifting, bending, and stooping. Other fine motor clinical activities include but are not limited to: writing, computer skills, manipulating equipment, the administration of oral, subcutaneous, intramuscular and intravenous medications, and application of pressure to stop hemorrhage. The candidate must be able to perform the “activities of daily living” (\*) and be able to function in various assigned clinical environments.
4. **Behavioral:** Candidates need to be able to tolerate physically taxing workloads, including repetitive movements and to function effectively during stressful situations. They must be capable of adapting to an ever-changing environment, displaying flexibility appropriately interacting with others, and learning to function in the case of uncertainty that is inherent in clinical situations involving clients.

Applicants who are denied progression because of failure to meet the criteria may petition the faculty for reconsideration. The applicant will explain how he/she intends to meet the criteria in view of his/her specific circumstances and provide rationale for why certain criteria should be waived in his/her particular case.

(\*) “Activities of daily living” include functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, and learning.

### **DNP Grading Policy**

1. Instructors are responsible for announcing to students with postings within the course Blackboard System the expected due dates for the submission of class assignments. Students are responsible for the completion and submission of class assignments on the date when they are scheduled to be due. The instructor has the right to refuse late assignments.
2. Grading Scale for DNP Courses
  - 90 – 100 % = A
  - 80 – 89.99% = B
  - 70 – 79.99% = C
  - 60 – 69.99% = D
  - 0 – 59.99% = F
3. Rounding up of grades will be at the discretion of the course instructor. Any grade below an 80% will NOT be rounded up.
4. All clinical practicums will be graded on a pass/fail basis. Students must complete and submit all practicum course assignments to pass the course.
5. If a student received an “Incomplete” (“I”) in a course, the student has up to one calendar year to complete the course requirements. If the “I” is not removed within one year, the grade of “Incomplete” remains permanently on the student’s record.
6. A grade of “B” must be earned to pass the course.

November 4, 2016

### **DNP Program Retention Policy**

1. Student must file a plan of study, signed by both the student and the Graduate Advisory Committee Chair, by the end of the first semester of graduate work.
2. Student must maintain a cumulative GPA of 3.0 or higher. No grade lower than a B will be credited towards the DNP degree. Students earning a grade of “C” or below in a DNP course may repeat ONE course ONE TIME to raise the grade to the passing grade of “B” or higher. Failure to attain a passing grade after the second attempt will result in dismissal from the program.
3. Students whose cumulative GPA falls between 2.7 and 3.0 at any time will receive a letter of academic warning and will meet with their academic advisor to develop a personal plan for improvement.
4. Student must be enrolled in a minimum of one course per semester and is normally expected to complete all degree requirements within six years after admission to the program.
5. Any student enrolled in the DNP program must register for fall, spring, and summer semesters until all degree requirements are completed unless the student has been granted a leave of absence by the Division of Nursing Chairperson.
6. Student must pass a federal criminal background check prior to starting and annually while in clinical courses during progression in the DNP program.
7. Student must pass the drug screen test annually while in clinical courses during progression in the DNP program. Graduate Nursing Students may be subjected to random drug screenings per the Division of Nursing Drug Screening Policy.
8. Student must submit a copy of a photo ID upon admission to the program before courses start.

9. Evidence of unprofessional conduct or unsafe behavior may constitute ground for dismissal from the DNP program. Evidence of plagiarism, falsification of documentation of activities or assignments, breaking patient/client confidentiality or pertinent legal issues including arrests or positive drug screen may result in dismissal from the DNP program.

November 4, 2016

### **DNP Graduate Course Transfer Policy**

Advanced placement will be available for students who already have earned a Master's Degree as an Advanced Practice Nurse (FNP) and those MS courses will be transferable after a review of the transcripts and course learning outcomes. For other students, there will be a maximum of 9 graduate credits that will be transferrable if approved by the student's Graduate Advisory Committee. All accepted transfer hours will be counted as part of the student's graduate GPA.

November 4, 2016

### **Academic Integrity Policy**

In accordance with the Northwestern 2017-2018 Student Handbook Daily Planner: "Each student at Northwestern is expected to act in a mature and responsible manner and to maintain the highest standards of integrity, honesty and morality. The failure of students to follow rules and regulations or to act in an acceptable manner can lead to temporary suspension or permanent dismissal from the university.

All forms of academic dishonesty including cheating, plagiarism, unauthorized possession of exams or other materials, forgery, or alteration or misuse of university records, are subject to disciplinary action by the university. The forgery of faculty signatures is prohibited. You must get authentic signatures on all official documents."

The academic integrity process involves granting credit where credit is due. Division of Nursing Faculty design independent and collaborative learning and evaluation activities. An assumption is that learning activities be carried out independently unless the activity is described by the instructor as a collaborative learning activity. Instructors are to specify the limits of assistance allowed between and among students in writing or by electronic communication. Students are responsible for obtaining clarification if they have questions.

### **Honor Code**

Each student will be asked to read and sign a Division of Nursing Honor Code statement in each course indicating comprehension of the Northwestern Division of Nursing Professional Behavior and agreement to meet those standards while a student in the DNP program. The signed Honor Code Statement is maintained in the student's file.

**Northwestern Oklahoma State University**  
**Division of Nursing**  
**DNP Program Honor Code**

\_\_\_\_\_ I understand that as a nursing student, I am a member of a profession which places me in a position of confidence requiring the utmost discretion and professionalism to protect those with and for whom I work. I acknowledge that as a member of the nursing profession, I have a responsibility to act in a manner consistent with the essential attributes of the profession. In this regard:

\_\_\_\_\_ I agree to protect the privacy of faculty, peers, patients, and family members of patients by not inappropriately disclosing confidential information about faculty, peers, patients or their family members that is disclosed to me in my capacity as a Northwestern Division of Nursing student. In addition, I agree not to inappropriately disclose confidential information about my agency or institution that is disclosed to me in my capacity as a Northwestern Nursing Student. I will adhere to HIPAA guidelines.

\_\_\_\_\_ I have/will read the syllabus of the nursing course I am taking this semester and I understand the criteria established for grading my course work. I understand that my average on exams must be 80% or higher in order to attain a passing grade for the course.

\_\_\_\_\_ I agree that I will conduct myself in a manner that exhibits the professional values and in accordance with the American Nurses Association (ANA) Code of Ethics for Nurses, the ANA Scope & Standards of Clinical Nursing Practice, and the Northwestern Division of Nursing Student Behavior Policy.

\_\_\_\_\_ I will maintain and uphold the academic integrity policy of the Division of Nursing and will not condone or participate in any activities of academic dishonesty including but not limited to: Plagiarism, cheating, stealing, or copying another's assigned work, or lying about any situation.

\_\_\_\_\_ I will not recreate any items or portions of any exam for my own use or for use by others during my enrollment in the Division of Nursing.

\_\_\_\_\_ I will not accept or access any unauthorized information related to any exam administered during my enrollment in the Division of Nursing.

\_\_\_\_\_ I will sign my own papers and other documents and will not sign any other student's name to anything, including class rolls.

\_\_\_\_\_ I will not allow any student access to any of my paperwork for the purpose of copying.

\_\_\_\_\_ I will not discuss or post any information about faculty, peers, patients, family members or clinical agency on any electronic venue( i.e.: Facebook, Instagram, Snapchat, Twitter, cell phone texts, etc.). Nor will I leave/save any patient, family, faculty, clinical agency or student information on any open access desktop, laptop, tablet, hard drive or USB drive.

\_\_\_\_\_ Any violation of the above statements may result in failure of the Nursing Program at Northwestern.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Printed Student Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Course Number

### **Academic Misconduct**

According to the Division of Nursing, academic misconduct is classified as, but not limited to: cheating, plagiarism, forgery, falsification of documents or activities, theft of instructional materials or tests, multiple submissions of work in the same course or different courses, alteration of grades, altering assignments without permission, misuse of research data in reporting results and/or assisting another person to engage in any of the above activities.

Listed below are some definitions/descriptions and examples of some forms of academic misconduct. This list is not all-inclusive.

1. **Cheating** – “To violate rules dishonestly” – Webster’s Dictionary  
Examples may include: giving or using information during tests or on assignments without permission; copying from another student’s paper, assignment or computer files; assisting another student to cheat; etc.
2. **Falsification** – “Misrepresentation” – Webster’s Dictionary  
Examples: citing inaccurate/incorrect sources of information; altering records, assignments or charting (patient-related documentation); reporting false information about clients, assignments or clinical experiences; altering grade reports or other academic records; altering a returned examination or assignment to seek a better grade, etc.
3. **Fabrication** – “To make up for the purpose of deception” – Webster’s Dictionary  
Examples: Inventing or making up information or activities without valid or quotable sources for the information or without having completed the activities etc.
4. **Plagiarism** – “To steal or pass off (the ideas or words of another) as one’s own; use without crediting the course” – Webster’s Dictionary  
Examples: Writing, copying, printing, stating, illustrating someone else’s work as your own without identifying the primary source (originator) of the material, etc.
5. **Multiple submissions:** Submitting a paper or presenting an oral report in more than one class without the instructor’s permission. Making revisions on a paper or report after a grade has been given in a class then resubmitting the paper or report as original work in another class, etc.

### **Academic Misconduct Procedure**

The instructor will discuss the issue with the student individually and clarify the misconduct. The student will be given the opportunity to respond verbally and in writing. After meeting with the student, the instructor will inform the student of the sanction that will be imposed. Records of sanctions may be kept in the student’s file in the Division of Nursing Office.

### **Division of Nursing Sanctions:**

The course instructor, in consultation with the DNP Program Director and/or Division of Nursing Chair may impose one or more of the following sanctions for academic misconduct:

1. Written reprimand
2. Reassignment of work after expectations of the assignment is clarified
3. An alternate assignment
4. A lower or failing grade on the assignment or test
5. A lower or failing grade in the course
6. Immediate dismissal from the course
7. Immediate dismissal from the DNP Program

A student has the right to appeal any sanction imposed. See the Appeal and Grievance Policy and Procedure.

The Division of Nursing Chair may contact the Graduate Studies Office regarding academic misconduct issues. Additional sanctions may be imposed by the Graduate Committee.

Policy adopted from the 2017-2018 Northwestern Division of Nursing Undergraduate Nursing Student Handbook.

### **DNP Student Appeal and Grievance Policy and Procedure**

A student who believes he/she has a grievance shall be entitled to fair and impartial consideration of his/her case through an appeals process. The appeal must be completed as described below:

#### **Student**

1. Verbally discusses problem with the course instructor within five days of occurrence. If grievance is not resolved, proceed to Step 2.
2. Schedule an appointment with the DNP Program Director (if not the course faculty) or the Division of Nursing Chair if the involved faculty member is also the DNP Program Director.
3. Submit the written appeal describing the grievance to the DNP Program Director (or Division of Nursing Chair if appropriate) PRIOR to the scheduled appointment. The appeal must be in writing and state with particularity the basis for the grievance, the policy, regulation, procedure, rule or law believed to have been violated and the remedy being sought.

#### **DNP Program Director or Nursing Division Chair**

4. Meets with student (in person, by videoconference or by phone) for discussion of grievance. It is the discretion of the DNP Program Director as to whether the involved faculty member is to be included in the discussion.
5. Provides a written response to the student's appeal within three business days.

#### **Student**

6. If grievance not resolved, proceed to step 7.
7. Requests appointment with the Division Chair (unless previously met with the Division Chair in step 4. If the Division Chair was involved in Step 4- proceed directly to step 10).

**Division Chair**

8. Meets with student (in person, by videoconference or by phone) for discussion of grievance. It is the discretion of the Division Chair as to whether the involved faculty member and/or the DNP Program Director is to be included in the discussion.
9. Provides written response to the student's appeal within three business days.

**Student**

10. If grievance not resolved, proceed to the Graduate Student Appeal Process and/or Complaint Procedures as outlined in the Graduate Catalog.

November 4, 2016

## Professional Behavior Policy

Professional behavior, which is a key factor in maintaining academic good standing, refers not only to conduct in the online learning environment, but also in the clinical setting and at other events and activities where the student is attending as a representative of the Northwestern DNP program. A definition of professional from the Merriam-Webster Dictionary states the professional is “characterized by or conforming to the technical or ethical standards of a profession”.

The American Nurses Association (ANA) identifies Standards of Professional Performance in the Standards of Clinical Nursing Practice. These reflect the priorities and values of the nursing profession. In the ANA Code of Ethics for Nursing (2015), the following statements can be found: “The inherent dignity, worth, and uniqueness of every individual...” and “This standard of conduct precludes any and all prejudicial actions, any form of harassment or threatening behavior, or disregard for the effect of one’s actions on others”. In observance of these standards, the Division of Nursing has added the following guidelines in addition to those observed by Northwestern:

1. Students must comply with the dress code identified in course syllabi at all times while in clinical and professional areas.
2. Students must demonstrate competence and make an effort in the areas of self-improvement, adaptability, and learning. Some examples of lack of effort include but are not limited to:
  - a) A student who is resistant or defensive in accepting constructive criticism
  - b) A student who resists considering or making changes to improve despite counseling
  - c) A student who is disruptive in the online learning environment, clinical setting, or other learning environment.
  - d) A student who does not follow the chain of command as prescribed with a concern or grievance.
3. Students must demonstrate safe practice behaviors while caring for clients in the clinical setting. Some examples of unsafe clinical behaviors include but are not limited to:
  - a) A student who commits an act of omission or commission in the care of their client (Physical abuse, placing the client in a hazardous circumstance, etc.)
  - b) A student who demonstrates an inability to perform the necessary psychomotor skills necessary for carrying out procedures in the clinical setting.
  - c) A student who fails to accurately record and report client behaviors.
4. Students must demonstrate respect/compassion for faculty, clients, families, other health care providers, and their fellow students. The student is expected to contribute to solutions and create a positive climate in the online learning environment, clinical settings, and other learning environments. All online Discussion Forums entries must be free from disrespect, rudeness, accusations and profanity.
5. Students must demonstrate honesty in all learning environments and clinical settings. Examples of dishonesty in the learning environment are discussed under Academic Integrity. An example of dishonesty in the clinical setting includes fabrication of an assigned clinical experience.
6. Students must comply with and maintain HIPAA standards and maintain confidentiality with regard to clients, families, institutions, facilities, peer students and faculty. A student will not post any information on an electronic venue or social network regarding a client or his/her family member, a clinical institution/facility or its staff, a fellow student or faculty. A student

will not discuss any protected information outside of the clinical environment with anyone except the course instructor and when deemed appropriate by the instructor, fellow class peers.

#### References

American Nurses Association. (2015) Code of ethics for nurses with interpretive statements. Silver Spring's MD: Nursebooks.org

American Nurses Association. (2015) Scope and standards of practice. Silver Springs MD: Nursebooks.org

Policy adopted from the 2017-2018 Northwestern Division of Nursing Undergraduate Nursing Student Handbook.

#### **Non-Compensation for Students during Required Activities**

Nursing students at all levels fulfilling academic requirements cannot be paid for these endeavors. Academic clinical activities may be completed in the place of the student's current employment only with instructor approval. The activity must allow the student a different perspective (or a different focus) than that gained while pursuing his/her usual employment.

Policy adopted from the 2017-2018 NWOSU Division of Nursing Undergraduate Nursing Student Handbook.  
November 4, 2016

#### **Student Representation on Faculty Committees**

Nursing graduate students are invited to participate in the Division of Nursing's Academic Affairs, Graduate Curriculum, and Student Affairs Committees, the Division of Nursing Faculty meetings and University Graduate Studies Committee. If you are interested in participating as a student representative on any of these committees, please contact the Division of Nursing's DNP Program Administrative Assistant, Mrs. Angie Henson by email at [aahenson@nwosu.edu](mailto:aahenson@nwosu.edu).

Policy adopted from the 2017-2018 Northwestern Division of Nursing Undergraduate Nursing Student Handbook.

## **Clinical Requirements**

Student Records: Students must have all student records complete prior to clinical each academic year. Failure to maintain current records will prevent the student from attending clinical experiences.

1. **Cardio-Pulmonary Resuscitation (CPR) Certification:**  
Each nursing student must be proficient in CPR skills before beginning the clinical component of the nursing courses. The CPR certification must be kept current throughout the nursing program. The CPR class for the professional person, including nursing students, is known as the Basic Life Support Course (BLS) for health care providers and will be taught by a certified instructor. Students are required to be CPR certified through the American Heart Association. The card will be copied and placed in the student's file yearly or as updated. It is the responsibility of the student to make sure CPR Certification is current throughout their time in the Nursing Program at NWOSU.
2. **Professional Liability Insurance Policy—Student:**  
The Division of Nursing requires that each DNP nursing student maintain a personal professional liability insurance policy as an RN. If the student is an advanced standing student, he/she must have liability insurance as a family nurse practitioner. A copy of the liability insurance card must be sent to the DNP Nursing Office before the beginning of clinical assignments.
3. **Standard Precautions:**  
The use of "standard precautions" for infection control is essential. Nurses must use the precautions with all patients, whether handling blood or body substances in order to help protect themselves from exposure to Human Immunodeficiency Virus (HIV) and Hepatitis B. Any person can be infected with HIV, even with no symptoms. It takes five weeks to 12 months after exposure for a person to develop HIV antibodies. The "standard precautions" will help protect the nurse from other infectious organisms as well. Follow agency guidelines as applicable.

### **Standard Precautions Guidelines**

1. Handle all blood and body substances of all patients as potentially infectious.
2. Wash hands before and after all patient or specimen contact, even when gloves are used.
3. Wear gloves for potential contact with blood and body substance.
4. Wear a gown when splashing with blood or body substance is expected or possible.
5. Wear protective eyewear and mask if splattering with blood or body substance is possible.
6. Place used syringes immediately in nearby impermeable container. Do NOT recap or manipulate needle in anyway.
7. Treat all linen soiled with blood or body substance as infectious.
8. Process all laboratory specimens as potentially infectious.
9. Place respiratory rescue equipment where respiratory arrest is predictable.

Provided by the Oklahoma Nurses Association, the Central Oklahoma Practitioners in Infection Control, and the AIDS Division, Oklahoma State Department of Health.

Used with permission of the California Nurses Association.

## Safe Clinical Practice Policy

Unsafe nursing practice is defined as jeopardizing the life, health, or safety of self or others, engaging in unprofessional conduct or violation of the ANA Code of Ethics for Nurses or the ANA Standards of Clinical Nursing Practice. Unsafe practice includes but is not limited to:

1. Failure to follow safe guidelines during patient care activities as exemplified by:
  - a) Failure to exercise technical competence in carrying out nursing care.
  - b) Failure to utilize appropriate judgement in administering nursing care in accordance with level of nursing preparation.
  - c) Failure to assume responsibility and accountability for individual nursing judgements and actions.
  - d) Delegating or accepting delegation of a nursing function or any other health care function when the delegation or acceptance could reasonably be expected to result in unsafe or ineffective client care.
  - e) Failure to supervise adequately the performance of acts by any person working at the nursing student's direction.
  - f) Failure to follow universal precautions, including hand-washing, during the patient care activities.
  - g) Failure to monitor, report to proper channels or follow up on changes in patient's psychological status.
  - h) Performing new nursing techniques or procedures without proper education, preparation, and faculty or faculty-approved supervision.
  - i) Engaging in practices which do not fall within the scope of nursing practice.
  - j) Failure to demonstrate adequate preclinical preparation for care of assigned client(s).
2. Failure to follow proper policies and procedures regarding medication administration as exemplified by:
  - a) Failure to follow the six rights during medication administration (patient, time, drug, dose, route, and documentation).
  - b) Unauthorized alterations of medications.
  - c) Falsely manipulating drug supplies, narcotics or client records, or unauthorized diversion of medications and/or supplies.
  - d) Selling or attaining to sell a prescribed medication or controlled dangerous substance or otherwise making such drugs available to self, friends, family, or others.
  - e) Forging a prescription or presenting a forged prescription.
3. Failure to follow guidelines for professional conduct as exemplified by:
  - a) Failure to follow established guidelines for notification of agency and instructor regarding absence from clinical setting.
  - b) Discrimination in the rendering of nursing care services or allowing own value system to interfere with client care/well-being.
  - c) Failure to record or inaccurate recording, reporting, or copying of client records.
  - d) Alteration of client records.
  - e) Appropriating without permission supplies or personal items of client, agency or school.
  - f) Falsifying documents submitted to the Northwestern Division of Nursing.
  - g) Abandonment of patient or leaving a nursing assignment or clinical agency without properly advising appropriate personnel.
  - h) Verbally or physically abusing clients, fellow students, instructors, or others.

- i) Engaging in behavior that can be defined as sexual harassment.
- j) Endangering the welfare of self or client through own physiological or mental health status.
- 4. Engaging in practices which are detrimental to the public interest as exemplified by:
  - a) Failure to act to safeguard the client and public when health care and safety are affected by the incompetent, unethical, or illegal practices of any person.
  - b) Impersonating a licensed practitioner, or permitting another person to use his/her student nursing identification for any purpose.
  - c) Aiding, abetting or assisting any other person to violate or circumvent any law or rule or regulation intended to guide the conduct of a nurse or nursing student.
  - d) Conviction for committing a felonious act.

### **Criminal History Background Checks**

The facilities used by Northwestern for clinical practicums require students to pass criminal background checks and drug screen tests. Such background checks and drug screens are clinical practicum site requirements and not requirements of Northwestern or the Division of Nursing. It is the student's responsibility to comply with the criminal background check and drug screening test requirements as directed by the Division of Nursing. A student will not be allowed to participate in clinical practicums without completion of these annual requirements.

Background checks on each student are required by clinical sites to protect patients and the general public. For this reason, upon request of any clinical practicum site, the Division of Nursing reserves the right to require repeat background checks as needed. In addition, please be aware that any clinical practicum site reserves the right to refuse placement of any student.

Criminal background checks must be completed through an agency approved by the Northwestern Division of Nursing.

Policy adopted from the 2017-2018 Northwestern Division of Nursing Undergraduate Nursing Student Handbook.

### **Drug Testing Program Policy**

**Scope:** The information in this policy is intended for all Northwestern nursing students admitted to the designated degree program that may or may not include a clinical component.

**Policy:** Drug and/or alcohol screening(s) are required of all students effective January 2016, as defined in SCOPE above. Students who do not pass the drug/alcohol screening may be unable to complete degree requirements or may be suspended or dismissed from the degree program.

#### **Timing and Procedures of the Drug/Alcohol Screening**

The drug/alcohol test program at Northwestern is based on the concern that, if a student is using illicit "street" or "recreational" drugs, abusing alcohol or misusing prescription drugs that he/she may endanger him/herself or cause injury to another individual/client. The Northwestern Division of Nursing utilizes scheduled and unscheduled urine/serum tests to screen for possible drug/alcohol abuse. The urine/serum test will be used at any time the student's performance is in question, when his/behavior is disruptive, or if he/she exhibits reasonable suspicion.

1. Current students in designated programs will be drug-tested at the beginning of each academic year or more frequently if required by the clinical site or the Northwestern Division of Nursing.
2. Student will be provided with the necessary procedures and consent forms for the required drug/alcohol screening designated by University personnel.
3. Random testing is a periodic testing of a portion of the students that may occur with a scheduled/unscheduled screening.
4. Reasonable suspicion:
  - a) At any time the student's performance is in question, a drug/alcohol test may be warranted.
  - b) Reasonable suspicion shall be defined as behavior, conduct, or performance by the student which leads nursing faculty to conclude that there is a likelihood that the student is under the influence of drugs/alcohol.
  - c) Reasonable suspicion may be based on information received that a student is abusing drug(s) or alcohol. In said case, the determination that reasonable suspicion exists to require a student to submit to testing, with or without notice, will be made only after consultation between the Division Chair, DNP Program Director and/or Assistant Division Chair. All must agree that the observations, behavior, conduct or performance of the student is such that testing for reasonable suspicion is required to protect the health of the student, the health of others, including but not limited to clients.
  - d) Examples of reasonable suspicions may be one or more of the following. This is not an exhaustive list:
    - A drop in grade
    - Missed assignments or clinicals
    - Changes in physical appearance
    - Increase/decrease in weight
    - Violent behavior
    - Information from knowledgeable sources
    - Below standard performance in classes and/or clinical activities
    - Legal problems may provide enough cause for drug/alcohol testing.

#### **Allocation of Cost**

Students must pay the cost of any drug screening, including scheduled, random and reasonable suspicion screening.

#### **Identification of Vendors**

Northwestern will designate an approved vendor(s) to perform the drug/alcohol screenings. Results for any company or government entity other than those designated by Northwestern will not be accepted.

#### **Reporting of Findings and Student Access to Drug Screening Report**

The vendor will provide the University or program designee with the results of the drug/alcohol screening report. Students with a positive drug screen will have an opportunity to consult with a Medical Review Officer, provided by the vendor, to verify whether there is a valid medical explanation for the screening results. If, after review by the vendor's Medical Review Officer, there is a valid medical explanation for the screening result, the vendor will notify the University or program designee of a clear test. If, after review by the Medical Review Officer, there is not a valid medical explanation for the positive screen, then the test result will stand.

Any right to appeal based on a positive screen rests solely among the student, the Medical Review Officer, and the vendor.

### **Drug Screening Panels**

The drug screening may include the testing for at least the following drug panels plus alcohol:

1. Amphetamines
2. Barbiturates
3. Benzodiazepines
4. Cocaine Metabolite
5. Opiates
6. Phencyclidine (PCP)
7. Marijuana (THC) Metabolite
8. Methadone
9. Methaqualone
10. Propoxyphene

### **Positive Drug Screen**

An “Offense” under this policy is any instance in which a drug screening report shows a positive test for one or more of the drugs/alcohol listed above in the Drug Screening Panels section.

1. **First Offense:** Any student with a positive drug screen may be suspended for the remainder of the semester and be administratively withdrawn from all courses and/or suspended for the following semester at the University’s or program’s discretion. Random drug screens may be required by Northwestern for the remainder of the student’s enrollment. The university may impose sanctions and students are encouraged to check with the university policy for specific details on these possible additional sanctions.
  - a) Students who are suspended may not be able to progress to the next semester based on specific program requirements.
2. **Second offense:** Any student who has a second positive drug/alcohol screen will be dismissed from the degree program.
3. **The Oklahoma Board of Nursing Rules requires licensed nurses (RNs) to report positive drug screens. “SUBCHAPTER 11. DISCIPLINARY ACTION 485:10-11-1. Denial, revocation or suspension of license or certificate (b) Definitions (4) Conduct which jeopardizes a patient's life, health or safety shall include but not be limited to the following: G) Failure to report through the proper channels the unsafe or illegal practice of any person who is providing nursing care or patient care.”** (<http://nursing.ok.gov/rules.html>). All Northwestern Nursing Faculty Members are also Registered Nurses in Oklahoma and are obligated to follow the rules of the Oklahoma Board of Nursing. Should a student who is a Licensed Practical Nurse or Registered Nurse have a positive drug screen result, that student will first be counseled to self-report to the Oklahoma Board of Nursing. Failure to self-report will result in the student being reported to the Oklahoma Board of Nursing by the Northwestern Division of Nursing Chairperson.

### **Falsification of Information**

Falsification of information will result in immediate dismissal from the degree program.

## Confidentiality of Records

Drug screening reports and all records pertaining to the results are considered confidential with restricted access. The results and records are subject to the Family Educational Rights and Privacy Act (FERPA) regulations. For additional information on FERPA, please see <http://www.ed.gov/policy/gen/guid/fpco/index.html>

## Record Keeping

Reports and related records (both electronic and paper media) shall be retained in a secure location in the respective program offices for 5 years, unless otherwise required by law.

Policy adopted from the 2017-2018 Northwestern Division of Nursing Undergraduate Nursing Student Handbook.

## Student Health, Screening, and Immunization Policy

1. A history and physical examination must be completed by a primary health care provider, with appropriate forms placed on file in the nursing office by the date specified in the admission letter.
2. Required immunizations/screenings for the clinical components of the nursing program include:
  - a) Diphtheria immunization within past 10 years
  - b) Tetanus immunization within past 10 years (one Tdap for pertussis)
  - c) MMR (Measles, Mumps, and Rubella combined vaccine X 2 or positive titers)
  - d) Varicella "Chickenpox" immunization (two vaccines) or positive titer
  - e) Hepatitis B vaccination (completion of series of three).
  - f) Meningitis
  - g) Influenza vaccine each fall

Because there are contraindicating conditions to the Hepatitis B vaccination, a health care provider's approval is necessary before a student begins the series of vaccinations. A student, who has been advised not to have the Hepatitis B vaccination, must provide a written statement from a primary caregiver. This statement will be kept in the student's file and a waiver will be signed. Students may not attend clinical practicums until all immunization records are up to date and complete.

**1. Screening:** Tuberculosis (TB skin test yearly, while in clinical courses—if positive skin test, provide documentation of baseline chest x-ray & follow protocol of health care provider. If student has history of positive TB testing and has documentation of negative chest x-ray, the student will provide negative symptom survey annually, according to Health Department policy). Students may not participate in clinical practicums until TB screening records are up to date and complete.

**2. Illness/Injuries for DNP Students:** Students will not attend a clinical practicum when the student's illness might be contagious. A nursing student who has been ill or injured may be requested by an instructor to submit a written statement regarding status of health from the primary care giver. If a student is injured while in the clinical setting, he/she must report the incident to the preceptor as soon as possible. The student will seek medical care, if necessary. However, the Northwestern Division of Nursing is not responsible for accidents or injuries.

- a) With an injury, the student will complete a Northwestern Division of Nursing Variance Report Form and complete an agency Incident or Variance Report Form. The student will describe the facts of the incident. The student will not write judgments or opinions of the

incident. The instructor shall be notified of all follow up activities related to the incident. A copy of the incident and follow up activity will be placed in the Division of Nursing Chair's Office and the student's file. The variance report form is available by emailing the DNP Program Administrative Assistant.

**3. Health Insurance:** Each student is responsible for carrying adequate health insurance either through a family or individual policy. The student assumes responsibility for personal hospital and medical expenses.

**4. Pregnancy:** If a nursing student is pregnant, she needs to inform her nursing faculty and preceptor so that she will not be placed in an environment that might be hazardous to the fetus or student.

### **RN Licensure (DNP Students)**

Students who are Registered Nurses completing a DNP degree must provide the Division of Nursing with a copy of their RN license. If the student is an advanced placement student, the student shall provide a current copy of the RN and APRN license and national family nurse practitioner certification.

### **DNP Program Dress Regulations Policy**

Attire for Clinical Agency (Client Care) and for Skills Lab:

1. Students are expected to dress in business casual clothing or scrubs according to the requirements of the individual clinical areas.
2. A white lab coat or lab jacket is to be worn over the clothing during clinical assignments.
3. A Northwestern DNP Program patch is to be permanently sewn and centered one (1) inch below the left shoulder of the lab coat.
4. The student is to wear the ID badge at all times while in the clinical area.
5. Dress Code Enforcement: Nursing instructors and preceptors have the authority to enforce the dress code, and deny access to client records and/or clients if the student is not in proper attire. The preceptor or nursing instructor has the right to send students home who are not dressed according to the dress code.

### **Transportation/Living Arrangements During Clinical Experiences**

It is the responsibility of each DNP student to provide his/her own transportation/living arrangements during clinical practicum assignments. Clinical practicum assignments will be arranged as close to the student's home area as possible, but this is not guaranteed. Precepted clinical practicum experiences may be arranged in a variety of venues in order to meet the course requirements, and this might necessitate arranging lodging away from home. Lodging and transportation expenses are borne by each student. All students must reside on campus during the one week of residency.

### **Preceptors**

With the exception of the one-week residency, all clinical experiences will be supervised by preceptors who have been vetted and approved by the Director of the DNP Program. Students are welcome to submit names of possible preceptors. Appropriate preceptors are licensed physicians (MD or DO) and experienced licensed nurse practitioners. All preceptors must be licensed in the same state as the student. Each preceptor must complete an online training module before the student can attend clinical at the site. The faculty of the DNP program will monitor the clinical performance of each DNP student

through regular communication with the preceptor and written and online assignments. If a student is having difficulty in the clinical area, whether it concerns patient care or the relationship with the preceptor, the student is to contact the Director of the DNP Program, or if not available, the Chair of the Nursing Division, to work out a resolution to the problem.

### **Confidentiality Policy**

All client records in all clinical settings are confidential as required by federal and state law and by professional ethics. Therefore, it is the responsibility of each student in the Northwestern Division of Nursing to maintain complete and total confidentiality in regard to all client information that is collected, analyzed, filed, or stored electronically at Northwestern in student assignments or in any clinical agencies to which students may be assigned.

Each and every person, professional and nonprofessional, who obtains information from a client or client's record that is receiving medical, dental or related services is engaged in a privileged communication. Privileged communication belongs to the client and cannot be waived by anyone else. Oklahoma statutory law has expanded the common law scope of confidential communication to include consultation or communication with health care professionals on a need-to-know basis.

In general, no client records or information therein, should be released or discussed without the written consent of the client or by valid court order.

1. However, in most cases, client information may be shared appropriately on a need-to-know basis with the professionals rendering health care in a clinical facility without written consent.
2. No printed material concerning clients should be removed from the clinical facility.
3. Client data stored in computer systems in any clinical facility and available through printouts and networks is deemed confidential. Passwords and user IDs are confidential and should not be shared with anyone, including peers, supervisors or instructors. It is important to remember that each user is responsible for protecting the integrity and the security of all confidential data in the system, and that all entries are the responsibility of the individual identified by the password and user ID.
4. Access to client records should be limited to those who have a need-to-know as necessitated by the performance of required job duties.
5. Any incident of failure to maintain confidentiality with client information will be carefully reviewed by facility and administrative staff and faculty and will result in disciplinary action.
6. No information about clients/families, clinical facilities, faculty or other students will be posted on any social networking site or other electronic venue.
7. Additional confidentiality statements may be required at various clinical facilities.

Policy adopted from the 2017-2018 Northwestern Division of Nursing Undergraduate Nursing Student Handbook.

## Student Records

Student records will be filed in a specified storage location in Carter Hall within six months of a student's graduation or leaving the program. Files will be stored a minimum of 5 years prior to being destroyed according to university policy. Any graduate or current student who wishes to review records must complete the Request of Student Records Form and submit it to the DNP Program Director who will forward the completed form to the Division of Nursing Chair. A copy of the Request to Review Student Record is available by emailing the DNP Program Administrative Assistant. An appointment will be made and in that meeting, items will be reviewed and made available for copy.

### Request to Review Student Record

Northwestern Oklahoma State University  
Division of Nursing  
Request Form to Review Student Record

This form is for students who wish to review their student record. Once a request has been made, the university has 45 days to comply with the request from the time the request form is received in the office of the Chair of the Nursing Division.

I, \_\_\_\_\_, request that my student file on the Alva/Woodward/Enid campus be made available for my review. The following persons have my permission to also be present for that review:

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(relationship)

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(relationship)

I understand that I may only copy those sections pertaining to my personal history and that no evaluative materials, such as exams, may be copied and that I may only examine these in the presence of the DNP Program Director or Nursing Division Chair.

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(witness name)

\_\_\_\_\_  
(date)

## II. NORTHWESTERN OKLAHOMA STATE UNIVERSITY INSTITUTIONAL COMMITMENT AND RESOURCES

### **Academic Success Center: Assistance with Writing**

Students who require assistance in written course assignments are welcome to utilize the editing services available through the Academic Success Center. The assignment must be sent electronically to Mr. Matthew Barnes ([mhbarnes@nwsu.edu](mailto:mhbarnes@nwsu.edu)) NO LATER than 2 weeks prior to the due date for the assignment. This will allow Mr. Barnes sufficient time to return feedback so that the student can make necessary changes and submit the assignment on time. Assignments received any later than 2 weeks prior to the due date will NOT be accepted for editing.

### **Services for Students with Disabilities**

Any student needing academic accommodations for a physical, mental or learning disability should contact the Coordinator of Services for Students with Disabilities within the first two weeks of the semester so that appropriate accommodations may be arranged.

For online DNP students, the contact for ADA assistance is the Dean of Student Affairs Caleb Mosburg by email at [cnmosburg@nwsu.edu](mailto:cnmosburg@nwsu.edu)

- Northwestern Americans with Disabilities (ADA) Handbook 2016-2017
- Student Daily Planner and online at
- <http://www.nwsu.edu/Websites/NWOSU/Files/Content/289999/handbook.pdf>

Revised 8-13-99, 8/01, 7/08, 8/09, 08/10, 8/11, 7/16

Reviewed: 8/02, 8/03, 5/04, 8/05, 7/06; 7/07, 6/12, 07/13, 06/14, 07/15, 6/16

### **Student Advisement**

According to the NWOSU Faculty Handbook, “each student upon entering Northwestern is assigned to an advisor”. Students are encouraged to confer with their advisor on all matters relating to course programs. No enrollment, withdrawal, or change of schedule forms will be accepted by the Registry Office without the signature of the student’s advisor or designee. Program advisors are available to confer in person, by phone or by email.

Policy adopted from the 2017-2018 Northwestern Division of Nursing Undergraduate Nursing Student Handbook.

### **Blackboard Learning Management System**

Northwestern uses the Blackboard Learning Management System to deliver course content and materials online. Information about logging into Blackboard, browser compatibility as well as tutorials for using the learning management system are found online at <http://www.nwsu.edu/blackboard>. Students are strongly encouraged to familiarize themselves with the Blackboard capabilities including submission of documents and attachments prior to starting classes.

### **Bookstore**

The Northwestern Follett Bookstore is located on the main floor of the Alva campus Student Center Building. All students may access the eFollet bookstore online at <http://www.bkstr.com/nwosuniversitystore/home>. The bookstore offers a wide variety of textbooks for purchase and rent. Northwestern apparel, gifts, collectibles, and accessories may also be purchased through the online bookstore. The online bookstore also offers an assortment of technology products for purchase including computers, tablets, printers and scanners.

### **Counseling Center**

The Counseling Center seeks to support the personal, social, and intellectual growth of members of the university community. This goal is accomplished by way of a broad variety of counseling services that are provided by the Center. Sessions with the counselor are confidential. The Counseling Center is located on the Alva Campus in the Fine Arts Building Room 125. The Center Director is Bailey Trammell, who may be contacted by phone at (580) 327-8547 or by email at [brtrammell@nwosu.edu](mailto:brtrammell@nwosu.edu)

### **Financial Aid**

Even though the costs of attending Northwestern are among the lowest in the region, financing an education is a concern to most of our students. We believe higher education is an investment which yields lifelong benefits. DNP Program Tuition and Expenses can be accessed on the Northwestern nursing website: <http://www.nwosu.edu/dnp-costs>. A list of sources of financial aid is available on the Northwestern website. If you are completing a FAFSA (Free Application for Federal Student Aid) form, Northwestern's FAFSA code is 003163. Students must complete a FAFSA form every year to continue receiving aid.

Once the Northwestern DNP program is accredited by CCNE (expected in 2019), additional financial aid resources will become available for applicants, such as the federal Health Service Corps and Nurse Service Corps programs.

### **Library**

The combined holdings of Northwestern Libraries equal more than one million items, including books, federal and Oklahoma State government publications, bound journals, microform publications, and non-book media. Complementing these resources are approximately 13,000 print and online journal subscriptions. All Northwestern students may access the library resources online at <http://www.nwosu.edu/library>. On the library website, you will also find tutorials and information on how to perform searches and use the many databases. You will log-in with your Ranger email (but you will only have to do so when you select a resource that requires it. If you have any difficulties accessing library resources please contact us via email: [nwlibraries@nwosu.edu](mailto:nwlibraries@nwosu.edu) or by phone at 580-327-8574 during library business hours. Hours of operation for the library are located on the library's webpage.

### **Northwestern Online Exam Policy**

Ensuring academic honesty in an online environment is vital to the integrity of our classes and programs at Northwestern Oklahoma State University. ALL exams in this course must be proctored either through the use of REMOTE PROCTOR NOW or at a Northwestern approved site. This policy does NOT require, nor may an instructor require, that students come to a campus. Students enrolling in online courses are

responsible for proctoring fees which may be associated with the online course exams. Should you choose to travel to a Northwestern site, (Alva, Enid or Woodward campus), there is no charge for proctoring an exam. Use of the University Center (Ponca City) as a proctoring site requires a \$25 per exam proctoring charge. Use of REMOTE PROCTOR NOW for proctoring an exam requires a \$15 per exam charge. All proctoring sites and methods require the use of photo identification prior to taking the exam.

1. Please show your photo identification when you report to take your exam.
2. No walk-in testing is allowed.
3. Please call or email to schedule your exam in advance.
  - a. Alva, Enid, Woodward campuses: Phone: 580-327-8176; Email: [testing@nwosu.edu](mailto:testing@nwosu.edu).
  - b. University Center (Ponca City) campus: Phone (580) 718-5600; Email: [Ellan.Edwards@ucponcacity.com](mailto:Ellan.Edwards@ucponcacity.com).
4. All testing requests will be handled by the Testing Facilitators and will be directed to the campus you indicate when you call or email to request an appointment.
5. Examination guidelines:
  - a. If you need to cancel your exam, please notify us 24 hours in advance
  - b. No cell phones are allowed during testing including use as a calculator
  - c. No hats worn during testing
  - d. No spouses or children in testing room during testing
  - e. No special programs can be downloaded (exception: Respondus Lockdown)
  - f. No food or eating during testing

### **Testing Schedule**

For the testing schedule, please see the following website:

[http://www.nwosu.edu/Websites/NWOSU/images/OnlineEducation/Test\\_Procedures.pdf](http://www.nwosu.edu/Websites/NWOSU/images/OnlineEducation/Test_Procedures.pdf)

### III. CURRICULUM AND TEACHING-LEARNING PRACTICES

Division of Nursing  
Conceptual Model of Nursing Curriculum



## **Division of Nursing**

### **Conceptual Model of Nursing Curriculum**

The conceptual model of the nursing curriculum consists of ten major concepts: Caring, Safety, Reflection, Evidence-Based Practice, Communication, Clinical Reasoning, Leadership, Holistic Care, Cultural Competence, and Technology.

**Caring** - Caring is the primary underlying concept of the curriculum, encompassing all aspects of nursing practice. Caring is defined as being concerned or interested and providing needed assistance or providing careful supervision. Watson's theory of caring can be viewed as the nurse's moral ideal of preserving human dignity by assisting a person to find meaning in illness and suffering in order to restore or promote the person's harmony (Watson, 1979). The nursing student will apply Caritas principles while utilizing the remaining concepts when providing care to person in a variety of settings and life situations.

#### **Watson's 10 Carative Factors include:**

1. Humanistic-altruistic systems of values
2. Faith-Hope
3. Sensitivity to self and others
4. Help-trusting, human care relationship
5. Expressing positive and negative feelings
6. Creative problem-solving caring process
7. Transpersonal teaching-learning
8. Supportive, protective, and/or corrective mental, physical, societal and spiritual environment
9. Human needs assistance
10. Existential-phenomenological-spiritual forces

**Safety** - Safety is the core of the curriculum. Safety means to be free from danger, risk or injury and is a condition of being safe. The nursing student, at all levels, will provide safe, evidence based care in order to promote patient safety and optimal patient outcomes.

**Reflection** - Reflective practice can be interpreted as being the practitioner's ability to access, make sense of and learn through work experience, to achieve more desirable, effective, and satisfying work (Johns, 1995 p. 23-4). The nursing student, at all levels, will use a questioning approach, and not take things at face value. They will constantly evaluate, review and think about their practice with a focus on doing things better.

**Evidence Based Practice** - Evidence based practice improves the quality, effectiveness and appropriateness of health care by synthesizing the evidence and facilitating the translation of evidence based research findings. The nursing student, at all levels, will integrate the best research evidence with clinical expertise and the client's unique values and circumstances to facilitate positive outcomes (Melnik and Fineout-Overholt, 2005).

**Communication** - Communication means the exchange of thoughts, messages, or information allowing for exchange of information, feelings, needs and preferences. The student nurse, at all levels, will utilize therapeutic skills such as use of self, active listening, use of silence, verbal and non-verbal behaviors to help person express feelings, convey information, to open channels of communication, and to

experience a satisfying interpersonal relationship. In the practice of nursing, all information will be kept confidential, and communication of information is conveyed through the appropriate channels.

**Clinical Reasoning** - Clinical reasoning can be defined as a process of inquiry involving the inclusion of evidence to facilitate optimum person outcomes. The student nurse, at all levels, will develop reflective habits of inquiry, using all components of the scientific method and technologies in their nursing practice (Pesut and Hermann, 1999).

**Leadership** - Leadership means the capacity of ability to lead and to give guidance or direction. The nursing student, at all levels, will develop leadership qualities including delegation, communication, negotiation, prioritization, organization, conflict resolution, multi-tasking, and advocacy of health care.

**Holistic Care** - Holistic care recognizes the totality of the human being – the interconnectedness of body, mind, emotion, spirit, social/cultural, relationship, context, and environment. The student nurse, at all levels, will honor each individual’s subjective experience about health, health beliefs, values, and provide culturally competent holistic care.

**Cultural Competence** - Cultural competence represents the ability of a person to interact with another whose culture may be different, recognizing the similarities and acknowledging the differences, but accepting the individual with care and respect and working together to find a way to meet the needs at hand. Through self-awareness, the use of cultural skills and knowledge, and a desire to engage in cultural encounters, the student nurse, at all levels, will develop the ability to provide culturally competent care and leads to improved quality of care and health outcomes. (Campinha-Bacote, 2002).

**Technology** - Technology means the application of science and provides a framework for supporting clinical decisions to improve outcomes. The student nurse, at all levels, will utilize computer science, information science, and informatics to identify, collect, process, and manage data and information to support nursing practice, administration, education, research, and the expansion of nursing knowledge.

#### References

- Campinha-Bacote, J., (2002). The process of cultural competence in the delivery of healthcare services: A model of care. *Journal of Transcultural Nursing*, 13 (3), 181-4.
- Johns, C. (1995). The value of reflective practice for nursing. *Journal of Clinical Nursing*, 4: 23-30.
- Melnyk, B., & Fineout-Overhoff, E., (2005). *Evidence-based practice in nursing and healthcare*. Philadelphia PA: Lippincott, Williams & Wilkins.
- Pesut, D., & Hermann, J. (1999). *Clinical reasoning: The art and science of critical and creative thinking*. Albany NY: Delmar Publishers.
- Watson, J., (1979). *Nursing: The philosophy and science of caring*. Boston MA; Little, Brown.
- Watson, J., (2008). *Nursing: The philosophy and science of caring*. Revised and updated edition. Boulder CO: University Press of Colorado.

## Doctor of Nursing Practice (DNP) Program

### What is a Doctor of Nursing Practice (DNP) Degree?

The DNP degree is the highest degree for nurses working with patients, teaching nursing practice, or leading health related organizations. The DNP degree prepares nurses to improve nursing practice and patient outcomes, and increases the supply of expert clinical nursing faculty. Graduates of DNP programs develop and expand their knowledge and expertise in eight essential areas: scientific underpinnings for practice, organizational and systems leadership, clinical scholarship and analytical methods for evidence-based practice, information systems and patient care technology, health care policy, interprofessional collaboration, clinical prevention, and advanced nursing practice (AACN, 2006).

The curriculum for the BSN-to-DNP program was developed utilizing The Essentials of Doctoral Education for Advanced Nursing Practice and The Essentials of Master's Education in Nursing, published by the American Association of Colleges of Nursing, as well as the Nurse Practitioner Core Competencies and Family/Across the Lifespan Nurse Practitioner Competencies developed by the National Organization of Nurse Practitioner Faculties. The curriculum is specifically designed to address each of the identified competencies and essential elements.

The Northwestern BSN-to-DNP program prepares professional nurses as family nurse practitioners, to care for clients across the lifespan. At the conclusion of the program, graduates are eligible to take the family nurse practitioner certification exam through either the American Academy of Nurse Practitioners (<https://www.aanpcert.org/index>) or the American Nurses Credentialing Center (<http://nursecredentialing.org/FamilyNP>).

### Why the Doctor of Nursing Practice (DNP) Degree?

Nurses prepared as expert scholars and health care leaders, at the highest level of advanced nursing practice, are needed at local, regional, and national levels, across multiple settings in urban, rural, and frontier areas.

- Rapid and significant changes in the U.S. and global health care systems require nurses to achieve the highest level of scientific knowledge and practice expertise to improve health outcomes. The Institute of Medicine Report (2010), health care regulatory agencies, and nursing workforce data recommended that nurses be educated at the doctoral level to lead transformational change and to advance our nation's health.
- The American Association of Colleges of Nursing (AACN, 2006) recommended that the DNP be the terminal degree for advanced practice nursing.
- Re-conceptualizing educational programs to prepare nurses at the highest level of advanced nursing practice is supported by the Institute of Medicine (IOM), Joint Commission, Robert Wood Johnson Foundation, and other health care authorities.

The Doctor of Nursing Practice Degree is the highest level of nursing practice education. Pursuing this degree will enable you to assume leadership roles in complex clinical environments, health care policy arenas, and health care delivery systems.

DNPs are role models, visionaries, facilitators, consultants, and expert clinicians in health care.

Exceptional Health Care Leader: In your role as an Advanced Practice Nurse (APN) you will find the Northwestern Oklahoma State University BSN-to-DNP program will prepare you to be an exceptional healthcare leader in your area of influence locally, regionally, nationally, and internationally.

Expert in Health Care Systems, Policy & Outcomes Management: As a DNP, much of the curriculum of this program is focused on content specific to courses in leadership, healthcare policy, outcomes management, nursing of populations, data management, translational research, and evidence based practice so as to achieve the essential elements described by the American Association of Colleges of Nursing (AACN).

### Key Differences Between PhD and DNP Doctoral Programs

Program Elements	Practice-Focused DNP	Research-Focused PhD
Degree	Doctor of Nursing Practice (DNP)	Doctor of Philosophy (PhD) or Doctor of Nursing Science (DNS, DSN or DNSc)
Program Design	Designed to prepare experts in specialized advanced nursing practice (See AACN DNP Essentials)	Designed to prepare nurse scientists and scholars
Program Focus	Focus on innovative and evidence-based practice and application of credible research findings	Focus heavily on scientific content and research methodology
Scholarly Emphasis	Scientific underpinnings for practice and clinical scholarship and analytical methods for evidence-based practice	Theory, meta-theory, research, methodology, and statistics
Educational Activities	Integrative practice experiences and an intense practice immersion experience resulting in the final Capstone Project.	Extensive research study that is reported in a dissertation or through the development of linked research papers.
Doctoral Project	Demonstrated mastery of an advanced specialty within nursing practice. Completion of a practice application –oriented DNP Capstone Project with an evaluation and findings dissemination plan is an integral part of the integrative experience.	Original knowledge-generating research project, completion and defense of a dissertation or linked research paper.

Adapted from the Boise State University Doctor of Nursing Practice Student Handbook, 2016-2017

**BSN-to-DNP Curriculum**

<b>Division</b>	<b>Course No</b>	<b>Course Title</b>	<b>Credits</b>
<b>Scientific Foundations for Advanced Nursing Practice</b>			
<b>NURS</b>	6010	Program Orientation	0
<b>NURS</b>	6113	Advanced Pathophysiology	3
<b>NURS</b>	6123	Biostatistics for Advanced Nursing Practice	3
<b>NURS</b>	6213	Theory for Evidence-Based Advanced Nursing Practice	3
<b>NURS</b>	6153	Advanced Research Methods	3
<b>NURS</b>	6233	Evidence Based Practice and Scholarship in Advanced Practice Nursing	3
			15
<b>Clinical Excellence in Advanced Nursing Practice</b>			
<b>NURS</b>	6133	Advanced Holistic Assessment	3
<b>NURS</b>	6143	Advanced Pharmacotherapeutics	3
<b>NURS</b>	6313	Primary Care of Families - Adults	3
<b>NURS</b>	6314	Primary Care of Families - Adult Practicum	4
<b>NURS</b>	6333	Primary Care of Families- Pediatrics	3
<b>NURS</b>	6334	Primary Care of Families – Pediatric Practicum	4
<b>NURS</b>	6353	Primary Care of Families – Women	3
<b>NURS</b>	6354	Primary Care of Families – Women Practicum	4
<b>NURS</b>	6373	Gerontology in Primary Care	3
<b>NURS</b>	6374	Primary Care Practicum- Gerontology	4
<b>NURS</b>	6414	DNP Practicum in Family Nursing	4
			38
<b>Leadership in Advanced Nursing Practice</b>			
<b>NURS</b>	6243	Population Health and Health Promotion	3
<b>NURS</b>	6253	Health Systems – Informatics and Quality Management	3
<b>NURS</b>	6263	Health Policy, Ethics, Economics, and Advanced Nursing Practice	3
<b>NURS</b>	6412	Advanced Nursing Practice in Rural Communities	2
<b>NURS</b>	6423	Interprofessional Leadership, Collaboration and Communications	3
<b>NURS</b>	6432	Role Development for the DNP	2
<b>NURS</b>	6500	DNP Capstone	4
			20
<b>Total Credit Hours for BSN-DNP Coursework</b>			<b>73</b>

**BSN-to-DNP Program totals 73 credit hours with completion of 1020 practicum hours**

**Advanced Placement DNP Option for Students who have already completed a Master's Degree in Nursing with the Family Nurse Practitioner Focus\***

Division	Course No	Course Title	Credits
NURS	6010	Program Orientation	0
NURS	6243	Population Health and Health Promotion	3
NURS	6412	Advanced Nursing Practice in Rural Communities	2
NURS	6423	Interprofessional Leadership, Collaboration and Communications	3
NURS	6253	Health Systems – Informatics and Quality Management	3
NURS	6263	Health Policy, Ethics, Economics, and Advanced Nursing Practice	3
NURS	6432	Role Development for the DNP	2
NURS	6233	Evidence-Based Practice and Scholarship in Advanced Practice Nursing	3
NURS	6373	Gerontology in Primary Care	3
NURS	6374	Primary Care Practicum – Gerontology	4
NURS	6414	DNP Practicum in Family Nursing	4
NURS	6500	DNP Capstone Project	4 to 6*

Planned total of 34 to 36 credit hours post-Master's in Nursing degree

\* The transcripts of the Master's or PhD prepared applicant will be reviewed to determine any deficits that exceed the classes listed in this plan needed to fulfill the AACN DNP Essentials Criteria. Students may need to take additional DNP curriculum courses to fill any identified deficit.

\*\* Total number of clinical experience hours is dependent upon the number of clinical experience hours attained in the Master's degree program to achieve a minimum of 1020 clinical experience hours upon completion of this DNP program.

**Northwestern Oklahoma State University  
BSN-to-DNP Plan of Study  
3 Year Plan**

<b>Fall Year 1</b>	<b>Spring Year 1</b>	<b>Summer Year 1</b>
Program Orientation (0 credits) Advanced Pathophysiology (3 credits) Biostatistics (3 credits) Policy (3 credits)  TOTAL: 9 Credits	Theory (3 credits) Advanced Research (3 credits) Interprofessional Leadership (3 credits)  TOTAL: 9 Credits	Advanced Holistic Assessment (3 credits) Role Development for DNPs (2 credits) Evidence Based Practice (3 credits)  SUMMER RESIDENCY TOTAL: 9 credits
<b>Fall Year 2</b>	<b>Spring Year 2</b>	<b>Summer Year 2</b>
Population Health (3 credits) Advanced Pharmacology (3 credits) Health Systems (3 credits)  TOTAL: 9 credits	Primary Care of Adults (3 credits) Adults Practicum (4 credits – 192 hrs) Rural Nursing (2 credits)  TOTAL: 9 credits	Primary Care – Peds (3 credits) Peds Practicum (4 credits – 192 hrs) Capstone (1 credit- 15 hrs)  TOTAL: 8 credits
<b>Fall Year 3</b>	<b>Spring Year 3</b>	<b>Summer Year 3</b>
Primary Care – Women (3 credits) Women’s Practicum (4 credits – 192 hrs) Capstone (1 credit – 15 hrs)  TOTAL: 8 credits	Primary Care – Gero (3 credits) Gero Practicum (4 credits – 192 hrs) Capstone (1 credit – 15 hrs)  TOTAL: 8 credits	Family Practicum (4 credits – 192 hrs) Capstone (1 credit – 15 hrs)  PROJECT DEFENSE TOTAL: 5 hrs

**Northwestern Oklahoma State University**  
**BSN-to-DNP Plan of Study**  
**4 Year Plan**

<b>FALL 1</b>	<b>SPRING 1</b>	<b>SUMMER 1</b>
Program Orientation (0 credits) Advanced Pathophysiology (3 credits) Biostatistics (3 credits)	Advanced Research (3 credits) Theory (3 credits)	Evidence-Based Practice (3 credits)
TOTAL: 6 credits	TOTAL: 6 credits	TOTAL: 3 credits
<b>FALL 2</b>	<b>SPRING 2</b>	<b>SUMMER 2</b>
Policy (3 credits) Population Health (3 credits)	Leadership (3 credits) Rural Nursing (2 credits)	Advanced Assessment (3 credits) Role Development (2 credits) Summer Residency
TOTAL: 6 credits	TOTAL: 5 credits	TOTAL: 5 credits
<b>FALL 3</b>	<b>SPRING 3</b>	<b>SUMMER 3</b>
Advanced Pharmacology (3 credits) Health Systems (3 credits)	Primary Care- Adults (3 credits) Adult Practicum (4 credits – 192 hrs)	Primary Care Peds (3 credits) Peds Practicum (4 credits – 192 hrs) Capstone (1 credit – 15 hrs)
TOTAL: 6 credits	TOTAL: 7 credits	TOTAL: 8 hrs
<b>FALL 4</b>	<b>SPRING 4</b>	<b>SUMMER 4</b>
Primary Care: Women (3 credits) Women Practicum (4 credits-192 hrs) Capstone (1 credit-15 hrs)	Primary Care – Gerontology (3 credits) Gero Practicum (4 credits – 192 hrs) Capstone (1 credit- 15 hrs)	Family Practicum (4 credits – 192 hrs) Capstone (1 credit – 15 hrs) PROJECT DEFENSE
TOTAL: 8 credits	TOTAL: 8 credits	TOTAL: 5 credits

**NORTHWESTERN OKLAHOMA STATE UNIVERSITY  
CURRICULUM FRAMEWORK**

American Association of Colleges of Nursing (2006). Essentials of Doctoral Education for Advanced Nursing Practice  
<http://www.aacn.nche.edu/dnp/Essentials.pdf>

National Organization of Nurse Practitioner Faculties (2013). Population-focused nurse practitioner competencies: Family/Across the Lifespan  
<http://c.ymcdn.com/sites/www.nonpf.org/resource/resmgr/Competencies/CompilationPopFocusComps2013.pdf>

National Organization of Nurse Practitioner Faculties (2012). Nurse Practitioner Core Competencies.  
<http://c.ymcdn.com/sites/www.nonpf.org/resource/resmgr/competencies/npcorecompetenciesfinal2012.pdf>

<i><b>AACN Essentials</b></i>	<i><b>NONPF Core Competencies</b></i>	<i><b>NONPF Population Focus: Family/Across the Lifespan</b></i>
<p><b>Essential I: Scientific Underpinnings for Practice</b></p> <p>1. Integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the basis for the highest level of nursing practice.</p> <p>2. Use science-based theories and concepts to:</p> <ul style="list-style-type: none"> <li>• determine the nature and significance of health and health care delivery phenomena;</li> <li>• describe the actions and advanced strategies to enhance, alleviate, and ameliorate health and health care delivery phenomena as appropriate; and</li> <li>• evaluate outcomes.</li> </ul> <p>3. Develop and evaluate new practice approaches based on nursing theories and theories from other disciplines.</p>	<p><b>Scientific Foundation Competencies</b></p> <p>1. Critically analyzes data and evidence for improving advanced nursing practice.</p> <p>2. Integrates knowledge from the humanities and sciences within the context of nursing science.</p> <p>3. Translates research and other forms of knowledge to improve practice processes and outcomes.</p> <p>4. Develops new practice approaches based on the integration of research, theory, and practice knowledge.</p>	
<p><b>Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking</b></p> <p>1. Develop and evaluate care delivery approaches that meet current and future needs of patient</p>	<p><b>Leadership Competencies</b></p> <p>1. Assumes complex and advanced leadership roles to initiate and guide change.</p> <p>2. Provides leadership to foster collaboration with</p>	<p><b>Leadership Competencies</b></p> <p>1. Works with individuals of other professions to maintain a climate of mutual respect and shared values.</p>

<p>populations based on scientific findings in nursing and other clinical sciences, as well as organizational, political, and economic sciences.</p> <p>2. Ensure accountability for quality of health care and patient safety for populations with whom they work.</p> <p>a. Use advanced communication skills/processes to lead quality improvement and patient safety initiatives in health care systems.</p> <p>b. Employ principles of business, finance, economics, and health policy to develop and implement effective plans for practice-level and/or system-wide practice initiatives that will improve the quality of care delivery.</p> <p>c. Develop and/or monitor budgets for practice initiatives.</p> <p>d. Analyze the cost-effectiveness of practice initiatives accounting for risk and improvement of health care outcomes.</p> <p>e. Demonstrate sensitivity to diverse organizational cultures and populations, including patients and providers.</p> <p>3. Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the health care organization, and research.</p>	<p>multiple stakeholders (e.g. patients, community, integrated health care teams, and policy makers) to improve health care.</p> <p>3. Demonstrates leadership that uses critical and reflective thinking.</p> <p>4. Advocates for improved access, quality and cost effective health care.</p> <p>5. Advances practice through the development and implementation of innovations incorporating principles of change.</p> <p>6. Communicates practice knowledge effectively both orally and in writing.</p> <p>7. Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus.</p>	<p>2. Engages diverse health care professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific patient care needs.</p> <p>3. Engages in continuous professional and interprofessional development to enhance team performance.</p> <p>4. Assumes leadership in interprofessional groups to facilitate the development, implementation and evaluation of care provided in complex systems.</p>
<p><b>Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice</b></p> <p>1. Use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice.</p> <p>2. Design and implement processes to evaluate outcomes of practice, practice patterns, and systems of care within a practice setting, health care organization, or community against national benchmarks to determine variances in practice outcomes and population trends.</p> <p>3. Design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective,</p>	<p><b>Quality Competencies</b></p> <p>1. Uses best available evidence to continuously improve quality of clinical practice.</p> <p>2. Evaluates the relationships among access, cost, quality, and safety and their influence on health care.</p> <p>3. Evaluates how organizational structure, care processes, financing, marketing and policy decisions impact the quality of health care.</p> <p>4. Applies skills in peer review to promote a culture of excellence.</p> <p>5. Anticipates variations in practice and is proactive in implementing interventions to ensure quality.</p>	

<p>efficient, equitable, and patient-centered care.</p> <p>4. Apply relevant findings to develop practice guidelines and improve practice and the practice environment.</p> <p>5. Use information technology and research methods appropriately to:</p> <ul style="list-style-type: none"> <li>• collect appropriate and accurate data to generate evidence for nursing practice</li> <li>• inform and guide the design of databases that generate meaningful evidence for nursing practice</li> <li>• analyze data from practice</li> <li>• design evidence-based interventions</li> <li>• predict and analyze outcomes</li> <li>• examine patterns of behavior and outcomes</li> <li>• identify gaps in evidence for practice</li> </ul> <p>6. Function as a practice specialist/consultant in collaborative knowledge-generating research.</p> <p>7. Disseminate findings from evidence-based practice and research to improve healthcare outcomes</p>		
<p><b>Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care</b></p> <p>1. Design, select, use, and evaluate programs that evaluate and monitor outcomes of care, care systems, and quality improvement including consumer use of health care information systems.</p> <p>2. Analyze and communicate critical elements necessary to the selection, use and evaluation of health care information systems and patient care technology.</p> <p>3. Demonstrate the conceptual ability and technical skills to develop and execute an evaluation plan involving data extraction from practice information systems and databases.</p> <p>4. Provide leadership in the evaluation and resolution of ethical and legal issues within healthcare systems relating to the use of information, information technology, communication</p>	<p><b>Practice Inquiry Competencies</b></p> <p>1. Provides leadership in the translation of new knowledge into practice.</p> <p>2. Generates knowledge from clinical practice to improve practice and patient outcomes.</p> <p>3. Applies clinical investigative skills to improve health outcomes.</p> <p>4. Leads practice inquiry, individually or in partnership with others.</p> <p>5. Disseminates evidence from inquiry to diverse audiences using multiple modalities.</p> <p>6. Analyzes clinical guidelines for individualized application into practice</p>	

<p>networks, and patient care technology.</p> <p>5. Evaluate consumer health information sources for accuracy, timeliness, and appropriateness.</p>		
<p><b>Essential V: Health Care Policy for Advocacy in Health Care</b></p> <p>1. Critically analyze health policy proposals, health policies, and related issues from the perspective of consumers, nursing, other health professions, and other stakeholders in policy and public forums.</p> <p>2. Demonstrate leadership in the development and implementation of institutional, local, state, federal, and/or international health policy.</p> <p>3. Influence policy makers through active participation on committees, boards, or task forces at the institutional, local, state, regional, national, and/or international levels to improve health care delivery and outcomes.</p> <p>4. Educate others, including policy makers at all levels, regarding nursing, health policy, and patient care outcomes.</p> <p>5. Advocate for the nursing profession within the policy and healthcare communities.</p> <p>6. Develop, evaluate, and provide leadership for health care policy that shapes health care financing, regulation, and delivery.</p> <p>7. Advocate for social justice, equity, and ethical policies within all healthcare arenas.</p>	<p><b>Technology and Information Literacy Competencies</b></p> <p>1. Integrates appropriate technologies for knowledge management to improve health care.</p> <p>2. Translates technical and scientific health information appropriate for various users' needs.</p> <p>2a). Assesses the patient's and caregiver's educational needs to provide effective, personalized health care.</p> <p>2b). Coaches the patient and caregiver for positive behavioral change.</p> <p>3. Demonstrates information literacy skills in complex decision making.</p> <p>4. Contributes to the design of clinical information systems that promote safe, quality and cost effective care.</p> <p>5. Uses technology systems that capture data on variables for the evaluation of nursing care.</p>	
<p><b>Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes</b></p> <p>1. Employ effective communication and collaborative skills in the development and implementation of practice models, peer review, practice guidelines, health policy, standards of care, and/or other scholarly products.</p> <p>2. Lead interprofessional teams in the analysis of complex practice and organizational issues.</p> <p>3. Employ consultative and leadership skills with intraprofessional and interprofessional teams to</p>	<p><b>Policy Competencies</b></p> <p>1. Demonstrates an understanding of the interdependence of policy and practice.</p> <p>2. Advocates for ethical policies that promote access, equity, quality, and cost.</p> <p>3. Analyzes ethical, legal, and social factors influencing policy development.</p> <p>4. Contributes in the development of health policy.</p> <p>5. Analyzes the implications of health policy across disciplines.</p> <p>6. Evaluates the impact of globalization on health</p>	

<p>create change in health care and complex healthcare delivery systems.</p>	<p>care policy development.</p>	
<p><b>Essential VII: Clinical Prevention and Population Health for Improving the Nation’s Health</b></p> <ol style="list-style-type: none"> <li>1. Analyze epidemiological, biostatistical, environmental, and other appropriate scientific data related to individual, aggregate, and population health.</li> <li>2. Synthesize concepts, including psychosocial dimensions and cultural diversity, related to clinical prevention and population health in developing, implementing, and evaluating interventions to address health promotion/disease prevention efforts, improve health status/access patterns, and/or address gaps in care of individuals, aggregates, or populations.</li> <li>3. Evaluate care delivery models and/or strategies using concepts related to community, environmental and occupational health, and cultural and socioeconomic dimensions of health.</li> </ol>	<p><b>Health Delivery System Competencies</b></p> <ol style="list-style-type: none"> <li>1. Applies knowledge of organizational practices and complex systems to improve health care delivery.</li> <li>2. Effects health care change using broad based skills including negotiating, consensus-building, and partnering.</li> <li>3. Minimizes risk to patients and providers at the individual and systems level.</li> <li>4. Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders.</li> <li>5. Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment.</li> <li>6. Analyzes organizational structure, functions and resources to improve the delivery of care.</li> <li>7. Collaborates in planning for transitions across the continuum of care.</li> </ol>	
<p><b>Essential VIII: Advanced Nursing Practice</b></p> <ol style="list-style-type: none"> <li>1. Conduct a comprehensive and systematic assessment of health and illness parameters in complex situations, incorporating diverse and culturally sensitive approaches.</li> <li>2. Design, implement, and evaluate therapeutic interventions based on nursing science and other sciences.</li> <li>3. Develop and sustain therapeutic relationships and partnerships with patients (individual, family or group) and other professionals to facilitate optimal care and patient outcomes.</li> <li>4. Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.</li> <li>5. Guide, mentor, and support other nurses to achieve excellence in nursing practice.</li> </ol>	<p><b>Ethics Competencies</b></p> <ol style="list-style-type: none"> <li>1. Integrates ethical principles in decision making.</li> <li>2. Evaluates the ethical consequences of decisions.</li> <li>3. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.</li> </ol>	

<p>6. Educate and guide individuals and groups through complex health and situational transitions.</p> <p>7. Use conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal, and policy issues.</p>		
	<p><b>Independent Practice Competencies</b></p> <ol style="list-style-type: none"> <li>1. Functions as a licensed independent practitioner.</li> <li>2. Demonstrates the highest level of accountability for professional practice.</li> <li>3. Practices independently managing previously diagnosed and undiagnosed patients.</li> <li>3a). Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative, and end of life care.</li> <li>3b). Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.</li> <li>3c). Employs screening and diagnostic strategies in the development of diagnoses.</li> <li>3d). Prescribes medications within scope of practice.</li> <li>3e). Manages the health/illness status of patients and families over time.</li> <li>4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making.</li> <li>4a). Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.</li> <li>4b). Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.</li> <li>4c). Incorporates the patient’s cultural and spiritual preferences, values, and beliefs into health care.</li> <li>4d). Preserves the patient’s control over decision making by negotiating a mutually acceptable plan of care.</li> </ol>	<p><b>Independent Practice Competencies</b></p> <ol style="list-style-type: none"> <li>1. Obtains and accurately documents a relevant health history for patients of all ages and in all phases of the individual and family life cycle using collateral information, as needed.</li> <li>2. Performs and accurately documents appropriate comprehensive or symptom focused physical examinations on patients of all ages (including developmental and behavioral screening, physical exam and mental health evaluations).</li> <li>3. Identifies health and psychosocial risk factors of patients of all ages and families in all stages of the family life cycle.</li> <li>4. Identifies and plans interventions to promote health with families at risk.</li> <li>5. Assesses the impact of an acute and/or chronic illness or common injuries on the family as a whole.</li> <li>6. Distinguishes between normal and abnormal change across the lifespan.</li> <li>7. Assesses decision-making ability and consults and refers, appropriately.</li> <li>8. Synthesizes data from a variety of sources to make clinical decisions regarding appropriate management, consultation, or referral.</li> <li>9. Plans diagnostic strategies and makes appropriate use of diagnostic tools for screening and prevention, with consideration of the costs, risks, and benefits to individuals.</li> <li>10. Formulates comprehensive differential diagnoses.</li> <li>11. Manages common acute and chronic physical and mental illnesses, including acute exacerbations and injuries across the lifespan to minimize the</li> </ol>

		<p>development of complications, and promote function and quality of living.</p> <p>12. Prescribes medications with knowledge of altered pharmacodynamics and pharmacokinetics with special populations, such as infants and children, pregnant and lactating women, and older adults.</p> <p>13. Prescribes therapeutic devices.</p> <p>14. Adapts interventions to meet the complex needs of individuals and families arising from aging, developmental/life transitions, comorbidities, psychosocial, and financial issues.</p> <p>15. Assesses and promotes self-care in patients with disabilities.</p> <p>16. Plans and orders palliative care and end-of-life care, as appropriate.</p> <p>17. Performs primary care procedures.</p> <p>18. Uses knowledge of family theories and development stages to individualize care provided to individuals and families.</p> <p>19. Facilitates family decision-making about health.</p> <p>20. Analyzes the impact of aging and age-and disease-related changes in sensory/perceptual function, cognition, confidence with technology, and health literacy and numeracy on the ability and readiness to learn and tailor interventions accordingly.</p> <p>21. Demonstrates knowledge of the similarities and differences in roles of various health professionals providing mental health services, e.g., psychotherapists, psychologist, psychiatric social worker, psychiatrist, and advanced practice psychiatric nurse.</p> <p>22. Evaluates the impact of life transitions on the health/illness status of patients and the impact of health and illness on patients (individuals, families, and communities).</p>
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		<p>23. Applies principles of self-efficacy/empowerment in promoting behavior change.</p> <p>24. Develops patient-appropriate educational materials that address the language and cultural beliefs of the patient.</p> <p>25. Monitors specialized care coordination to enhance effectiveness of outcomes for individuals and families</p>
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## BSN-to-DNP COURSE DESCRIPTIONS

**NURS 6010 Program Orientation** – (0 Credits) Course provides the orientation for the DNP Program at Northwestern. Emphasis will be placed on delivery modalities, resource utilization, and scholarly writing.

**NURS 6113 Advanced Pathophysiology** - (3 credits) Course provides graduate level content of physiology, genomics and pathophysiology that is necessary for understanding the scientific basis of advanced nursing practice. In depth study of the pathophysiological basis of disease as it impacts individuals across the life span. Student will gain an understanding of the mechanisms underlying diseases and their clinical manifestations to provide a basis for clinical decisions related to diagnostic tests and therapeutic regimens. (AACN Essentials I and VIII; NONPF Criteria- Scientific Foundations Competencies)

**NURS 6123 Biostatistics for Advanced Nursing Practice** - (3 credits) Course examines the statistical methods used in the biological, social and health care sciences. Emphasis is placed on the understanding of statistical procedures and analysis of data fundamental to critical evaluation of health services and nursing research. (AACN Essentials I and III; NONPF Criteria- Scientific Foundations Competencies, Practice Inquiry Competencies)

**NURS 6133 Advanced Holistic Assessment** - (3 credits) Course provides a theoretical basis for the integration of the health history, physical examination and diagnostic evaluation to develop a model for advanced nursing practice assessment. [Includes Summer Residency Intensive] (AACN Essentials I and VIII; NONPF Criteria - Scientific Foundations Competencies and Independent Practice Competencies)

**NURS 6143 Advanced Pharmacotherapeutics** - (3 credits) Course provides advanced knowledge of commonly prescribed pharmacologic agents. Rationales for the use of pharmacologic agents in the treatment of selected health problems are presented. Clinical considerations for drug selection and initiation, maintenance and discontinuation of drug treatment are examined. Legal requirements and implications for pharmacotherapy are reviewed. (AACN Essentials I and VIII; NONPF Criteria- Scientific Foundations Competencies and Independent Practice Competencies)

**NURS 6153 Advanced Research Methods** - (3 credits) – Course provides an in-depth study of nursing research methodologies. The focus is on interrelationships among theory, advanced nursing practice, and research. Emphasis is placed on developing skills used in the critical analysis of nursing research for the purpose of determining the applicability and integration of the research to advanced nursing practice. Research focusing on practice guidelines, therapeutic management, and cost containment will be explored. (AACN Essentials I and III; NONPF Criteria- Scientific Foundations Competencies, Practice Inquiry Competencies; Ethics Competencies) PREREQUISITES: Biostatistics

**NURS 6213 Theory for Evidence-Based Advanced Nursing Practice** - (3 credits) Course examines the nature of theory development and relates it to health and health care delivery phenomena. Nursing theories as well as theories from social, biophysical and organizational sciences are integrated to examine their application to advanced nursing practice. (AACN Essentials I and II; NONPF Criteria- Scientific Foundations Competencies)

**NURS 6233 Evidence-Based Practice and Scholarship in Advanced Practice Nursing** - (3 credits) Course focuses on how to translate, evaluate and disseminate evidence in a contemporary health care environment. Individual, organizational and global barriers to translating evidence into nursing practice are discussed. Evidence will be summarized and an action plan will be developed to produce valid and reliable clinical recommendations for practice. An evaluation plan that includes the patient, health care providers and system outcome measures will be designed to measure the success of the evidence-based practice initiative. (AACN Essentials III; NONPF Criteria Leadership Competencies, Quality Competencies, Practice Inquiry Competencies, Technology and Information Literacy Competencies, and Health Delivery System Competencies) PREREQUISITES: Biostatistics and Advanced Research

**NURS 6243 Population Health and Health Promotion** - (3 credits) Course designed to examine the determinants of health and distribution of disease. Epidemiological, demographic, and environmental data, national reports and surveys, and legislation are used to address trends and establish priorities to improve the health status of the population. Course focuses on the leading causes of death and disability as well as key issues in behavioral health, environmental health, occupational health and infectious disease. Planning and development of programs to improve the health status of the population including the consideration of health disparities, cultural competence and social justice in the development of health-related programs are discussed. (AACN Essentials VII; NONPF Criteria- Scientific Foundations Competencies, Practice Inquiry Competencies, Technology and Information Literacy Competencies, Policy Competencies, Health Delivery Systems Competencies)

**NURS 6253 Health Systems - Informatics, and Quality Management:** (3 credits) Course is designed to provide an analysis of health care delivery and policy trends including their effects on the organization of clinical and health systems. Course explores policy, regulatory, quality improvement, and technological impacts in the health care delivery system and its participants. (AACN Essentials II and IV; NONPF Criteria- Leadership Competencies, Policy Competencies, Technology and Information Literacy Competencies, Quality Competencies and Health Delivery Systems Competencies)

**NURS 6263 Health Policy, Ethics, Economics, and Advanced Nursing Practice** - (3 credits) Course analyzes the economic and organizational foundations of health care systems. Social, ethical, policy, economic, and global health factors affecting health policy are discussed. The role of health practitioners to influence policy relative to health institutions, governmental agencies, and patients is emphasized. Ethical and social justice considerations in policy development and implementation are discussed and models for ethical decision making are explored. (AACN Essentials II and V; NONPF Criteria- Leadership Competencies, Policy Competencies, Health Delivery System Competencies, and Ethics Competencies)

**NURS 6313 Primary Care of Families: Adults** - (3 credits) Examines the common, acute, and chronic health problems occurring in adults using a holistic approach. Advanced pathophysiology, holistic assessment and diagnostic strategies specific to the acute and common problems in adults will be stressed. Nursing strategies used to enhance, maintain, and restore health will be emphasized. (AACN Essentials VIII; NONPF Criteria Independent Practice Competencies) PREREQUISITE: Advanced Holistic Assessment, Advanced Pathophysiology, Advanced Pharmacotherapeutics, COREQUISITE: Primary Care Families Practicum- Adults

**NURS 6314 Primary Care Families Practicum: Adults** - (4 credits includes 192 clinical experience hours)

An individualized, supervised clinical practicum to expand the student's advanced practice competencies in direct patient care as related to the care of adults and their health problems. Focuses on a holistic approach to health care of the adult throughout the lifespan; incorporating the principles of health promotion, disease prevention and primary and rehabilitative health care concepts which are applied to the management of adults in the context of their family and community environment. Integrates the knowledge from advanced pathophysiology, assessment and diagnostic strategies specific to acute, common and complex health problems in adults. Stresses clinical interventions to enhance, maintain and restore health. Develops skills for collaboration with multidisciplinary teams and effective utilization of community resources. (AACN Essentials VI, VII and VIII; NONPF Criteria Independent Practice Competencies) PREREQUISITE: Advanced Holistic Assessment, Advanced Pathophysiology, Advanced Pharmacotherapeutics, PRE or COREQUISITE: Primary Care of Families - Adults

**NURS 6333 Primary Care of Families: Pediatrics** - (3 credits) Course examines the common, acute, and chronic health problems occurring in infancy through adolescence using a holistic approach. Advanced pathophysiology, assessment and diagnostic strategies specific to acute and common problems in children will be emphasized. Nursing strategies to enhance, maintain and restore health will be emphasized. (AACN Essentials VIII; NONPF Criteria Independent Practice Competencies) PREREQUISITE: Advanced Holistic Assessment, Advanced Pathophysiology, Advanced Pharmacotherapeutics, COREQUISITE: Primary Care of Families Practicum- Pediatrics

**NURS 6334 Primary Care of Families Practicum: Pediatrics** - (4 credits, includes 192 clinical experience hours) An individualized, supervised clinical practicum to expand the student's advanced practice competencies in direct patient care as related to the care of infants through adolescence and their health problems. Focuses on a holistic approach to health care from infancy through adolescence incorporating the principles of well child care, health promotion, and disease prevention including the concepts of growth and development, and screening procedures. Emphasizes advanced pathophysiology, assessment and diagnostic strategies specific to acute and common problems in children. Stresses clinical interventions to enhance, maintain, and restore health in context of family and community environments. Develops skills for collaboration with multidisciplinary teams and effective utilization of community resources. (AACN Essentials VI, VII and VIII; NONPF Criteria Independent Practice Competencies) PREREQUISITE: Advanced Holistic Assessment, Advanced Pathophysiology, Advanced Pharmacotherapeutics, PRE or COREQUISITE: Primary Care of Families - Pediatrics

**NURS 6353 Primary Care of Families: Women** - (3 credits) Course examines the common, acute and chronic health problems occurring in women using a holistic approach. Integrates the knowledge from advanced pathophysiology, pharmacotherapeutics, and holistic assessment as it relates to health promotion, disease prevention, and management of health problems in women. These include management of uncomplicated pregnancy, contraception, midlife symptoms and common GYN complaints including sexually transmitted infections and vaginal infections. (AACN Essentials VIII; NONPF Criteria Independent Practice Competencies) PREREQUISITE: Advanced Holistic Assessment, Advanced Pathophysiology, Advanced Pharmacotherapeutics, COREQUISITE: Primary Care Practicum – Women

**NURS 6354 Primary Care of Families Practicum: Women** - (4 credits includes 192 clinical experience hours) An individualized, supervised clinical practicum to expand the student's advanced practice competencies in direct patient care as related to the care of women and their health problems. Focuses

on a holistic approach to health care of women throughout the lifespan; incorporating the principles of health promotion, disease prevention and primary and rehabilitative health care concepts which are applied to the management of women in the context of their family and community environment. Integrates the knowledge from advanced pathophysiology, assessment and diagnostic strategies specific to acute, common and complex health problems in adults. Stresses clinical interventions to enhance, maintain, and restore health. Develops skills for collaboration with multidisciplinary teams and effective utilization of community resources. (AACN Essentials VI, VII and VIII; NONPF Criteria Independent Practice Competencies) PREREQUISITE: Advanced Holistic Assessment, Advanced Pathophysiology, Advanced Pharmacotherapeutics, PRE or COREQUISITE: Primary Care of Families- Women

**NURS 6373 Gerontology in Primary Care** - (3 credits) Course provides students with the requisite knowledge and skills to integrate holistic, high-quality, safe, and developmentally appropriate principles into the primary care of older adults, including the frail elderly. This course explores the normal physiological and psychological changes experienced by older adults in a variety of settings; theories of physical aging are introduced to support this topic. Myths and stereotypes of aging are addressed. Case finding, assessment, decision making and management of specific health problems and geriatric syndromes are emphasized. The role of the Advanced Practice Nurse in the care of older adults is integrated throughout the course, with a focus on evidence-based practice. (AACN Essentials VIII; NONPF Criteria Independent Practice Competencies) PREREQUISITE: Advanced Holistic Assessment, Advanced Pathophysiology, Advanced Pharmacotherapeutics, COREQUISITE: Primary Care Practicum – Gerontology

**NURS 6374 Primary Care Practicum: Gerontology** - (4 credits includes 192 clinical experience hours) An individualized, supervised clinical practicum to expand the student's advanced practice competencies in direct patient care as related to the care of the elderly and their health problems. Focuses on a holistic approach to health care of the elderly, including the frail elderly; incorporating the principles of health promotion, disease prevention and primary and rehabilitative health care concepts which are applied to the management of the elderly in the context of their family and community environment. Integrates the knowledge from advanced pathophysiology, assessment and diagnostic strategies specific to acute, common and complex health problems in adults. Stresses clinical interventions to enhance, maintain and restore health. Develops skills for collaboration with multidisciplinary teams and effective utilization of community resources. (AACN Essentials VI, VII and VIII; NONPF Criteria Independent Practice Competencies) PREREQUISITE: Advanced Holistic Assessment, Advanced Pathophysiology, Advanced Pharmacotherapeutics, PRE or COREQUISITE: Gerontology in Primary Care

**NURS 6412 Advanced Nursing Practice in Rural Communities** - (2 credits) Course provides an overview of rural health problems, hazards, and disparities. Focuses on selected conceptual and contextual frameworks needed by advanced practice nurses in the delivery of health care services in rural populations. Recognition of the need for interdisciplinary teamwork in assessment, diagnosis and rural-based health promotion/disease prevention interventions are highlighted. Topics covered include health care access and delivery systems, maternal and child health, gender and violence, nutrition and occupational injuries. (AACN Essentials II, V, VI and VII; NONPF Criteria- Scientific Inquiry Competencies, Leadership Competencies, Quality Competencies, Practice Inquiry Competencies, Policy Competencies, Health Delivery System Competencies, and Ethics Competencies).

**NURS 6414 DNP Practicum in Family Nursing** - (4 credits includes 192 clinical experience hours) An individualized, supervised clinical practicum to expand the student's advanced practice competencies in independent clinical management of acute and chronic illnesses across the life span highlighting multicultural care. Synthesis of practice management skills pertaining to cost effectiveness, reimbursement for services and time management will be emphasized. Focuses on a holistic approach to health care of the patients across the life span; incorporating the principles of health promotion, disease prevention and primary and rehabilitative health care concepts which are applied to the management of the patients in the context of their family and community environment. Integrates the knowledge from advanced pathophysiology, assessment and diagnostic strategies specific to acute, common and complex health problems in patients of all ages. Stresses clinical interventions to enhance, maintain and restore health. Develops skills for collaboration with multidisciplinary teams and effective utilization of community resources. (AACN Essentials VI, VII and VIII; NONPF Criteria Independent Practice Competencies) PREREQUISITES: Primary Care of Families – Pediatrics, Primary Care of Families Practicum- Pediatrics, Primary Care of Families – Adults, Primary Care Families Practicum- Adults, Primary Care of Families- Women, Primary Care Practicum – Women, Gerontology in Primary Care, and Primary Care Practicum – Gerontology

**NURS 6423 Interprofessional Leadership, Collaboration and Communications** - (3 credits) Course focuses on the synthesis of theoretical leadership, and interprofessional communication and collaboration concepts with personal and professional values to guide the exploration of complex patient-centered care of individuals, families, communities and vulnerable populations. Students gain an appreciation for the changing sociocultural context in which interprofessional clinical leadership, collaboration and communication is practiced. Issues of power, creativity, innovation, ethics, and gender are addressed. (AACN Essentials II and VI; NONPF Criteria Leadership Competencies, Quality Competencies, Practice Inquiry Competencies, and Health Delivery System Competencies)

**NURS 6432 Role Development for the DNP** - (2 credits) Course focuses on role socialization to activities and responsibilities of the advanced practice doctorate. Career trajectories for the DNP with roles in leadership and clinical practice are explored. Emphasis will be placed on the standards of practice, requirements for regulation of and socialization into advanced nursing roles. Students will use critical thinking skills to examine barriers and opportunities for nurses in advanced roles and propose a plan for transitioning into their new role. The importance of mentors, organizations, networks and collaborators is emphasized and selected nurse leaders are explored in depth as role models for use in developing career goals and trajectories. (AACN Essentials VIII; NONPF Criteria Leadership Competencies, Quality Competencies, Practice Inquiry Competencies, Health Delivery System Competencies, and Independent Practice Competencies)

**NURS 6500 DNP Capstone Project** - (4 credits includes 60 clinical experience hours minimum) Project focuses on facilitating student progress through the development, implementation, analysis, evaluation and dissemination of an evidence-based quality improvement project designed to remediate an identified practice phenomenon. Project completion requires demonstration of integration, synthesis and application of advanced practice competencies. The capstone project may be a practice change, quality and safety improvement, clinical program evaluation, or evaluation of practice models. During the capstone course students refine their project idea and then plan, implement and evaluate the project. Project requires a minimum of 60 clinical experience hours defined as time spent working on the project in the practice setting. The nature of the practice hours will vary depending on the nature of

the scholarly project and practice experience and is mutually agreed upon between the student, faculty advisor and cooperating agencies. Practice hours related to project completion are documented by the student and approved by the faculty advisor at regular intervals. Practice hour logs and project deliverables are approved by the faculty advisor and filed in the online course site. Graded on a Pass/Fail basis. Minimum of 4 credits required over 4 semesters. (AACN Essentials- All; NONPF Criteria All)  
PREREQUISITES: Biostatistics Advanced Research, Theory, Evidence-Based Practice, Role Development for DNPs, Health Systems, and Faculty Approval.

Based upon the AACN DNP Essentials and the NONPF Program Criteria, three areas of course work comprise the BSN-to-DNP curriculum. Focus areas include Scientific Foundations for Advanced Nursing Practice, Clinical Excellence in Advanced Nursing Practice, and Leadership in Advanced Nursing Practice.

### **The DNP Portfolio**

All students in the DNP program will maintain an electronic portfolio using the ALCA (Aurora Learning Community Association) platform. The portfolio is designed as a collection of the DNP student's professional development and performance in graduate level courses. The goal is to provide documentation of the development of the student into an effective advanced practice nurse – someone who is capable of responding to any situation he/she will encounter as an APRN. Specific instructions on the composition of the portfolio are printed in the Portfolio Handbook for the Doctor of Nursing Practice Program. Orientation regarding how to complete the portfolio will be provided in the DNP Program Orientation.

### **The DNP Capstone Project**

The Capstone Project for the DNP student is an integrative evidence-based practice/systems/population based initiative. The Capstone Project must make a significant contribution to evidence-based nursing practice. Focus areas of the DNP Capstone Project may be on health care delivery problem solving, a quality initiative, evaluation of a new practice model, or a program evaluation. Students will begin critically analyzing and designing the Capstone Project throughout the program of study and it will be completed during the final year of the program. Oral presentation and defense of the Capstone Project is required in the final semester of DNP course work.

The Capstone Committee will consist of a Chair and a minimum of two committee members. The student will identify a Chair for their Capstone Project with the assistance of their DNP advisor. The Chair must be on the NWOSU Graduate Faculty and must be doctorally prepared.

One of the additional committee members required will serve as the content expert. The content expert may complement the committee by being a member of another academic /professional discipline. They may also represent the health care setting or organization in which the Capstone Project is completed. Approval of the committee member(s) by the DNP Program Director is required.

### **Compliance with Human Subject Research Regulations**

DNP Nursing Students will need to obtain approval or letter of determination from the Northwestern Institutional Review Board/Independent Ethics Committee (IRB/IEC) and/or through the appropriate organization where the Capstone Project is being implemented. The approval or letter of determination must be secured before beginning the Capstone Project. Please read the following information and seek consultation from Capstone Advisory Committee Chair and the IRB/IEC in the Office of Sponsored Projects. Developing proposals will require adequate time to meet requirements and schedules for the IRB/IEC. Please note the requirements for faculty signature and sponsorship of DNP Capstone Projects.

All DNP students at Northwestern will complete the CITI Human Subjects Research Training Course prior to submitting a proposal for IRB review. This course will be assigned in the NURS 6153 Advanced Research Methods course.

### **The IRB Committee at Northwestern Oklahoma State University**

The Capstone Project may involve assessment, evaluation, and/or analysis of data and may require IRB approval.

The major goal of Northwestern Oklahoma State University is to serve the larger community of the state of Oklahoma by providing opportunities for higher education to students as well as broadening the horizons of research. In so doing, the rights and privacy of all people concerned must be protected. The university willingly undertakes this responsibility, while at the same time endeavoring to not infringe the academic freedom of the members of the university. As part of this responsibility, the university seeks to protect the rights of individuals involved as subjects in research projects. This policy was developed in response to the requirements of NSF-207, "Protection of Human Subjects Under NSF-Supported Projects", and applies to all human subjects' research at Northwestern Oklahoma State University.

All members of Northwestern Oklahoma State University (undergraduate and graduate students, faculty, and administrators) who wish to do research employing human subjects, as well as non-university members wishing to do research using any member of Northwestern Oklahoma State University, must file a proposal with the IRB committee. This proposal will describe the study subjects.

The IRB Committee's approval of the research project shall be contingent on the following: (a) sufficient information will be given to the potential subjects to enable them to make an informed decision whether or not to participate, including an explanation of the purposes of the research and a description of any reasonably foreseeable risks or discomforts, and (b) assurance that these risks will be minimized, and are in reasonable proportion to the expected benefits.

It is the ultimate responsibility of the individual researcher to file their proposal with the IRB committee. Students doing research with human subjects are responsible for filing proposals; however, it is the responsibility of the supervising faculty member to inform students of their responsibility and to review their students' proposal before submission to the IRB committee. Proposals may be filed at any time, but approval must be obtained before the research is initiated. The IRB Committee will review proposals as quickly as possible, but a review time of less than one month cannot be guaranteed. Researchers who fail to file proposals and obtain approval prior to administering any research instrument involving human subjects are violating the rules of the University and must accept full responsibility for the consequences of their research activities.

### **Types of Review**

All research activity must be approved by exempt, expedited, or full review from the IRB Committee. The levels determine what degree of scrutiny is needed. Exempt requires a single person to sign off (chair), expedited requires at least two individuals to review it and full review means the entire board must assess the review of human participants research. The level of review is determined by confidentiality and risk that participants are subjected to.

### **Exempt Review**

The federal government has identified certain categories of research involving human subjects that qualify for exemption from federal regulations. Northwestern Oklahoma State University is authorized by the federal government to determine whether studies thought by the principal investigator (PI) to be exempt from federal regulations -- actually qualify for exemption. Such determination is made on behalf of Northwestern by the IRB. Only the IRB has authority to make a determination that a study is exempt from federal regulations and from IRB review and approval. When the IRB notifies a PI that a research project is EXEMPT, it also notifies the PI that the research is approved for initiation or continuation. In order to

qualify for exemption, a research study must fall entirely within one or more of the six categories for exemption and it cannot place subjects at greater than minimal risk.

- You are using existing data that is publicly available, or if you are using existing data from which the investigator records data in such a way that subjects cannot be identified.
- You are conducting research using educational tests, survey procedures, interview procedures or observation of public behavior
- You are collecting data only from public officials or political candidates regarding their office
  - UNLESS (1) subjects are identified in, or identifiable from, the data collected; AND (2) any disclosure of subjects' responses could place subjects at risk of criminal or civil liability or be damaging to subjects' financial standing, employability or reputation.

If you are not sure if your research is exempt, ask the IRB representative for your College/School. Protocols that have been granted exemption from Northwestern's IRB Review may still be subjected to review mandated by study sites, schools, or collaborating institutions.

If the research involves prisoners, then it does not qualify for exemption from federal regulations and IRB review.

What Exemption Means: "Exemption" as used in this document means exemption from the requirements set forth in Regulations for the Protection of Human Subjects (Title 45 Part 46 of the Code of Federal Regulations), such as the requirement for a written informed consent document. At Northwestern, determinations of exemption are made by the IRB.

What Exemption Does Not Mean: "Exemption" does not mean that the research activity is exempt from the laws of the Commonwealth of Oklahoma, and it does not mean that the research need not conform to the canons of sound research ethics.

Exempt reviews may be approved by any one member of the IRB Committee.

For additional information regarding Exempt Review categories, see [OHRP Decision Charts #2-7](#) for Exempt Categories.

### **Expedited Review**

Expedited review is a procedure through which certain kinds of research may be reviewed and approved without convening a meeting of the IRB. A list of categories of research has been established in the Federal Register that may be reviewed by the IRB through an expedited review procedure. An IRB may use the expedited review procedure to review either or both of the following:

Some or all of the research appearing on the list of categories of research (established in the Federal Register) and found by the reviewer(s) to involve no more than minimal risk.

Minor changes in previously approved research during the period (of one year or less) for which approval is authorized.

Criteria: The following criteria must be met in order for research to be considered for expedited review:

The research activities must present no more than minimal risk to human subjects. Minimal risk means that the probability and magnitude of harm or discomfort anticipated in the research are not greater in

and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

All of the research activities involve only procedures listed in one or more of the research categories established in the Federal Register. The categories in this list apply regardless of the age of subjects, except as noted. Categories one (1) through (7) pertain to both initial and continuing IRB review.

### **Full Review**

Proposals requiring full committee review may fall under one or more of the following criteria:

- Involve data collected from protected populations (e.g., children or adolescents, inmates, pregnant women) or other socially or politically vulnerable groups
- Involve some form of manipulation of research participants
- Participants could potentially be identified
- Assesses issues of a sensitive nature (e.g., sexual behavior, mental illness) or illicit/illegal activities (e.g., drug abuse, binge drinking)

The IRB meets when needed to review all proposals falling in this category. A majority vote of the IRB members present at the meeting is required for proposal approval. If modifications to the proposal are required (which is quite common) investigators will be notified of the changes to be made. A final approval letter will be sent out once the proposal has been updated and reviewed by an appointed IRB member.

### **When Is Application To The IRB Required?**

It is the policy of Northwestern Oklahoma State University that all research involving human subjects conducted by faculty, students or staff of Northwestern shall be submitted to the Northwestern Institutional Review Board for review before it is initiated. This is true regardless of the location where the research is conducted. The IRB application is found online at <http://www.nwosu.edu/institutional-review-board>

To determine if your project requires IRB review you will need to assess if it meets the definition of research, and if human subjects are truly involved.

For purposes of the IRB, research is defined as a systematic investigation (i.e., the gathering and analysis of information) designed to develop or contribute to generalizable knowledge (45 CFR 46.102(a)). Any activity that fails to meet either of these criteria is not considered research for the purposes of the IRB. This definition applies regardless of what a funding agency may call the activity (e.g., demonstration grants). Generalizable knowledge is determined by whether results are published, presented to the public, or developed for others to build upon. This includes theses, dissertations, creative components, oral histories, and in-class research if results will be disseminated.

A human subject is defined as a living individual about whom an investigator conducting research obtains:

- Data through intervention or interaction with the individual; or
- Identifiable private information, which includes information about behavior that occurs in a context in which an individual can reasonably expect will not be made public (a medical record, for

example); private information must be individually identifiable in order for obtaining the information to constitute individually identifiable in order for obtaining the information to constitute research with human subjects (45CFR 46.102(f)).

For more information on the IRB at Northwestern see their website at <http://www.nwosu.edu/institutional-review-board>

## **Professional Organizations**

DNP students and DNP graduates are expected to be politically and professionally active. Following is a sampling of professional organizations that provide opportunities for professional involvement and growth:

### **Northwest Oklahoma Honor Society of Nursing at Northwestern**

The Honor Society was organized in the fall of 2008. This is a professional honor society for nursing students and members of the nursing community. The purpose of the honor society is to improve the health and wellness of Northwest Oklahoma by pursuing nursing excellence.

Graduate Students must:

- Have completed 1/4 of the nursing curriculum.
- Achieve academic excellence.
- Meet the expectation of academic integrity.

For universities/institutions of higher education that use a 4.0 grade point average system to measure academic achievement, graduate students must have a cumulative grade point average (GPA) of at least 3.5. GPAs should be computed according to the policies of the university.

Revised: 8-13-99, 8/01, 8/02, 8/03, 6/04, 8/05, 7/06, 7/07, 7/08, 08/09, 7/13, 06/14, 06/16, 05/17

Reviewed: 08/11, 06/14, 07/15

### **Association of Oklahoma Nurse Practitioners**

Student membership is encouraged, and cost is reasonable.

<http://npofoklahoma.com/?page=Membership>

### **Oklahoma Nurses Association**

<http://www.oklahomanurses.org/>

### **Doctors of Nursing Practice**

Membership is free; many resources available for DNP students.

<http://www.doctorsofnursingpractice.org/>