Welcome ................................................................................................................................. 5
History of the College of Nursing .......................................................................................... 5
Garrand Building ..................................................................................................................... 7
Statement on Diversity ........................................................................................................... 7
Statement on Disabilities ........................................................................................................ 8
Seattle University – Nondiscrimination Policy ...................................................................... 8
College of Nursing Personnel ............................................................................................... 8

Program Overview .................................................................................................................. 10
  College of Nursing Mission and Vision ................................................................................ 10
  Special Features of the Doctoral Nursing Program .............................................................. 10
Program Focus: Vulnerable Populations ................................................................................ 10
Program Learning Outcomes .................................................................................................. 12
Admission Requirements ......................................................................................................... 12
DNP Program Requirements/AACN Essential for DNP Education ....................................... 13
Graduate Course Credits .......................................................................................................... 13
  Graduate Transfer Credit .................................................................................................... 13
  Seattle University Transfer Credit ...................................................................................... 13
  Credit Transfer Limits ........................................................................................................ 14
Typical Program of Study for First Year of APNI-DNP Program ........................................... 16
Typical Program of Study for Health Systems Leader DNP Program ..................................... 17

Seattle University Academic Policies for Graduate Students
  Progression ............................................................................................................................... 18
  Academic Probation, Dismissal & Appeal Policy and Procedures for Graduate Students . 18
    Academic Probation ........................................................................................................... 19
    Repeating a Course ............................................................................................................ 19
    Withdrawing from a Course ............................................................................................... 19
    Academic Dismissal .......................................................................................................... 19
    Disciplinary Dismissal ...................................................................................................... 20
    Appeals .............................................................................................................................. 20
    Reinstatement after Dismissal ......................................................................................... 21
  Seattle University Grading Policy ......................................................................................... 23
  Challenging a Course Grade ................................................................................................ 23
  Student and Professional Conduct ....................................................................................... 23
    Seattle University Professional Conduct Appeals ............................................................ 24
    Seattle University Academic Integrity Policy ................................................................. 24
  Graduation ............................................................................................................................. 24

College of Nursing Policies and Procedures ......................................................................... 24
  Communication ..................................................................................................................... 24
  Professional Behavior .......................................................................................................... 25
  Professional Appearance ...................................................................................................... 25
  Taping in Class ..................................................................................................................... 25
  American Psychological Association Format for Papers ...................................................... 26
Student Name Pin .................................................................................................................... 26
Technology Recommendations ............................................................................................. 26
College of Nursing Social Media Policy ................................................................................ 27
College of Nursing Policy on Abortion .................................................................................. 30
Academic Advising ................................................................................................................ 30
  Seattle University Graduate Advising Mission Statement .................................................. 30
  Advisor’s Role/Context of Advising Relationship ............................................................... 31
Selection of a DNP Project Chair ........................................................................................ 32
  Committee Chair’s Role ....................................................................................................... 32

Overview of DNP Project .................................................................................................... 32

DNP Internships ................................................................................................................... 33
  Process for Finding Clinical Sites ...................................................................................... 33
  Internship (Clinical Experience) Hours ............................................................................. 34
  Protection of Patient Health & Safety by Acting on Questionable Practice .................... 35
  Patient Protection & Impaired Practice ............................................................................ 35

Health Requirements for the College of Nursing ................................................................. 37
  Washington State Registered Nursing License ................................................................. 37
  Professional Liability Insurance ....................................................................................... 37
  Background Check ............................................................................................................. 38
  CPR Certification ............................................................................................................... 38
  Health Assessment/Physical Examination ......................................................................... 38
  Health & Accident Insurance ............................................................................................ 39
  Immunizations/Testing Requirements ................................................................................ 40

Seattle University and College of Nursing Resources .......................................................... 42
  Clinical Performance Lab (CPL) ....................................................................................... 42
    CPL Emergency Procedures ............................................................................................. 44
  Seattle University Computer Labs & Services ................................................................. 46
  Lemieux Library .................................................................................................................. 46
  Counseling & Psychological Services ................................................................................ 47
  Student Health Center ....................................................................................................... 47
  Learning Assistance Center/Writing Center ....................................................................... 47
  Sigma Theta Tau ................................................................................................................ 47
  Scholarships and Financial Aid ......................................................................................... 48
  Campus Store ..................................................................................................................... 48
  Campus Assistance Center ............................................................................................... 48
  Dining ................................................................................................................................. 48
  International Student Center ............................................................................................. 48
  Office of Multicultural Student Affairs ............................................................................. 48
  Campus Ministry ............................................................................................................... 48
  Recreation/Sports .............................................................................................................. 49
  Parking ............................................................................................................................... 49
  University Services Building ............................................................................................. 49
  Public Safety Department ................................................................................................. 49
Appendix A: Faculty Biographical Sketches ................................................................. 50-54

Appendix B: Progression Committee Description ......................................................... 55-56

Appendix C: DNP Portfolio Guidelines ........................................................................ 57-75

Appendix D: DNP Project Guidelines ........................................................................... 76-90

Appendix E: Human Subjects Review Committee & Seattle University Institutional Review Board .......................................................................................................................... 91-94

Appendix F: Policy and Procedure for Follow-Up to Occupational Exposure to Bloodborne Pathogens ......................................................................................................................... 95-101

Appendix G: Policy and Procedure if a Student is Injured or Becomes Ill ..................... 102-105

Appendix H: DNP Forms ............................................................................................... 106-116
Welcome to Seattle University College of Nursing

We look forward to having you as students and hope that doctoral education intrigues and challenges you. We are certain that the time spent here at Seattle University will be a productive learning experience.

The College of Nursing DNP Student Handbook* is designed to assist you during your experience as a student in the College of Nursing. Information provided includes what you need to know that may not be available in other Seattle University publications. As a doctoral student in the College of Nursing, you are responsible for the information in this handbook as well as the Seattle University Graduate Catalog, and the Class Schedule (posted at SU Online each quarter).

* All information found in this handbook is superseded by information contained in the most recent version of the Seattle University Graduate Catalog.

History of the College of Nursing
The history of Seattle University College of Nursing is linked to the early history of Providence Hospital in Seattle. In 1877, the Sisters of Providence responded to a request to care for the sick poor in the Seattle area. The "Poor House" at 5th and Spring Street was eventually moved to 17th and Jefferson and became Providence Hospital. By 1907, 17 Sisters of Charity of Providence were registered as nurses in Washington State. Needs for nursing care increased, and the Providence Hospital College of Nursing was opened July 16, 1907, with four lay students enrolled. The first class of the Providence Hospital College of Nursing graduated in 1910.

The school grew and in 1923 it affiliated with the University of Washington for instruction in specific science courses. During this period, students spent 48 hours a week "on duty" and were assigned to older students on an apprenticeship basis. Classes were held at night on the students' own time. Enormous uniform pockets, covered by voluminous white aprons, were convenient for carrying candy or hot water bottles on a cold night.

In 1934, Providence Hospital School of Nursing strengthened its nursing education program with the University of Washington and met the requirements that led to a degree of Bachelor of Science in Nursing. The first class to finish under this program received their degrees in 1937. Students still had the option of completing only the diploma requirements and graduating from Providence Hospital School of Nursing.

In the fall of 1931, Seattle College became the first Jesuit school to admit women to its evening extension. In 1933, this privilege was extended to day classes. In 1935, the Department of Nursing was introduced at Seattle College. The first graduates completed the program in 1939. The same type of affiliation that the University of Washington had for Providence students was arranged with Seattle College and, for a few years, students were permitted to select their collegiate affiliation with either Seattle College or the University of Washington, or to terminate after the diploma requirements were met. Completion of the collegiate program required 5 years, since the student was unable to carry more than a couple of courses each quarter due to the time spent in the hospital “on duty.” The Department of Nursing was given the status of School when the entire collegiate program was transferred to Seattle College in 1941. Affiliation with the University of Washington continued for some courses, though students graduated from Seattle College.
In 1948, Seattle College became Seattle University, and the nursing school became Seattle University School of Nursing. In February, 1953, the Seattle University School of Nursing basic collegiate program was approved by the National League for Nursing (NLN), making it the second program in Washington State to receive this honor. The program maintained continuous accreditation by NLN from 1953 to 2002. In 2002, the College of Nursing was awarded a full accreditation by the Commission on Collegiate Nursing Education.

In the spring of 1961, the nursing students moved from the nurses' residence at Providence Hall to the women's dormitories on the Seattle University campus. In the mid-1960's faculty offices and classrooms were transferred to the Seattle University campus; the move was completed in August, 1967. Experience in additional clinical facilities expanded the opportunities for student learning.

During the academic year, 1980-1981, the School of Nursing moved to its own building on campus in the renovated Gene E. Lynn Building. In July, 1994, the School of Nursing moved again into its present location in the completely renovated historic Garrand Building at the center of campus. This building, the oldest on campus, was the original site of Seattle College. The rededication of the building was held on December 8, 1994, with Archbishop Thomas Murphy officiating at a morning mass.

Many people have played a part in the development of the school. Several Deans have guided the program through the years; Sister Mary Ruth Niehoff, who was Dean from 1956-1969, played a major role in establishing the School of Nursing as a sound academic unit within Seattle University and provided the inspiration for subsequent Deans to follow her direction in achieving and maintaining a quality program. A core of “continuing” faculty has devoted time, energy, and talent to develop and maintain high standards for the program. Curricular changes over the years reflect changing health care needs and care delivery systems, as well as growth and development of the profession. Several grants have been awarded to improve the curriculum over the years.

In response to current health needs and trends, Seattle University School of Nursing initiated plans to institute a graduate nursing program. In September 1994, the graduate nursing program admitted its first class. The first MSN graduates received their degrees in June 1996. A master’s entry option for students holding non-nursing undergraduate degrees admitted its first class in 2002. Continued expansion of clinical facilities and the integration of simulation and the new Clinical Performance Laboratory have increased opportunities for student learning.

In 2004, the College of Nursing changed its name to “College of Nursing” to emphasize that the school is an integral part of the larger academic community at Seattle University.

In 2005, the College of Nursing opened a state-of-the art learning lab in James Tower on the Swedish-Providence Cherry Hill campus in order to increase the use of simulation, standardized patients and other innovative pedagogies for undergraduate and graduate education. The 19,000 square feet of space in the newly renovated and retrofitted building, a project of the Sabey Corporation, was made possible by the Jim & Janet Sinegal Initiative for Nursing Education, which provided Seattle University College of Nursing with $5 million to improve access to quality nursing care. The new learning lab includes twenty-four beds, several clinical practice rooms with simulators, a diagnostic laboratory, 6 examination rooms, research facilities, a large computer classroom, as well as audio-visual equipment for additional training in diagnostic skills, treatment procedures, and strategies for patient care.
In 2011, in response to national trends in Advanced Practice Nursing education, the College of Nursing received approval from the SU Board of Trustees to offer a Doctor of Nursing Practice program. The first class was admitted in the fall of 2012.  

Garrand Building

The College of Nursing is located in the Garrand Building, between the Administration building and Casey building on the Seattle University campus. The Garrand Building was built in 1893. It was named for Father Victor Garrand, S.J. In 1891, Father Garrand with his colleague, Father Adrian Sweere, S.J. established the Parish and School of the Immaculate Conception. The School became Seattle College in 1898. The oldest building on campus, the Garrand Building was the original site of Seattle College, the parish boys' school that became Seattle University. The building housed the Immaculate Conception Church, Jesuit living quarters, biology and chemistry labs, the Cave (a student cafeteria), and the university bookstore.

The building's original pitched roof and upper floors were destroyed by a fire in 1907. It was partially rebuilt and later left vacant from 1918 to 1931. Today, the building's interior and exterior have undergone extensive renovation. The exterior masonry was cleaned and restored, and the structure was updated to meet current seismic safety standards. A new pitched roof and cupola were added to mirror the look and feel of the original building. The building is equipped with faculty and administrative offices, classrooms and faculty workrooms.

In 2005, the first floor of the building was reconfigured and now houses several technology-enhanced classrooms. The second floor is occupied by the College of Nursing administration, several faculty offices, and a faculty/staff workroom. The Dean's Suite contains a beautifully appointed conference room. Located on the third and fourth floors are a number of faculty offices, conference rooms, as well as a faculty/staff lounge.

Statement on Diversity

Founded in 1891, Seattle University is the largest and among the most diverse independent universities in the Northwest. As set forth in the University’s Mission Statement, Seattle University is dedicated to educating the whole person, to professional formation, and to empowering leaders for a just and humane world. Seattle University is committed to achieving excellence as the premier independent university of the Northwest in academic quality, Jesuit Catholic inspiration, and service to society. Seattle University Statement on Diversity can be found at: https://www.seattleu.edu/diversity/task-force/statement-on-diversity/
**Statement on Disabilities**
Seattle University is dedicated to educating the whole person, to professional formation, and to empowering leaders for a just and humane world. Students with disabilities are considered fully enfranchised members of the educational community. Seattle University recognizes that traditional methods, programs, and services are not always appropriate or sufficient to accommodate the limitations experienced by some students with disabilities.

If you have, or think you may have, a disability (including an ‘invisible disability’ such as a learning disability, a chronic health problem, or a mental health condition) that interferes with your performance as a student in class, you are encouraged to discuss your needs and arrange support services and/or accommodations through Disabilities Services. Please see the following link for more information: [https://www.seattleu.edu/disabilities-services/](https://www.seattleu.edu/disabilities-services/)

**Seattle University Nondiscrimination Policy**
Seattle University does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, marital status, sexual orientation, gender identity, political ideology or status as a Vietnam-era or special disabled veteran in the administration of any of its education policies, admission policies, scholarship and loan programs, athletics, and other school-administered policies and programs, or in its employment related policies and practices. In addition, the University does not discriminate on the basis of genetic information in its employment related policies and practices, including coverage under its health benefits program. Seattle University Non-Discrimination Policy can be found: [https://www.seattleu.edu/policies/nondiscrimination-policy/](https://www.seattleu.edu/policies/nondiscrimination-policy/)

**College of Nursing Personnel**

**Missing is the track lead for FNP, Acute Care-this is a new program-and the CPL Director should be included. It does not make sense to have a partial list of track leads or admins. Do we also want to include Dean Swanson direct # or have it be to Toni Malispino at 5670?**

**Also need to include Andrew and Crystal and their roles.**

<table>
<thead>
<tr>
<th>Administration:</th>
<th>Name</th>
<th>Phone (206)</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dean of the College of Nursing</td>
<td>Kristen Swanson</td>
<td>296-5675</td>
<td><a href="mailto:swansonk@seattleu.edu">swansonk@seattleu.edu</a></td>
</tr>
<tr>
<td>Associate Dean for Graduate Education</td>
<td>Michael Huggins</td>
<td>296-2638</td>
<td><a href="mailto:hugginsm@seattleu.edu">hugginsm@seattleu.edu</a></td>
</tr>
<tr>
<td>DNP Track Lead</td>
<td>Bonnie Bowie</td>
<td>398-4371</td>
<td><a href="mailto:bowieb@seattleu.edu">bowieb@seattleu.edu</a></td>
</tr>
<tr>
<td>DNP Internship Coordinator</td>
<td>Kathy Camacho Carr</td>
<td>296-5666</td>
<td><a href="mailto:kcarr@seattleu.edu">kcarr@seattleu.edu</a></td>
</tr>
<tr>
<td>GCEC Chair, AGNP Track Lead</td>
<td>Michael Huggins</td>
<td>296-2638</td>
<td><a href="mailto:hugginsm@seattleu.edu">hugginsm@seattleu.edu</a></td>
</tr>
<tr>
<td>FNP Track Lead</td>
<td>Benjamin Miller</td>
<td>296-5686</td>
<td><a href="mailto:milleben@seattleu.edu">milleben@seattleu.edu</a></td>
</tr>
<tr>
<td>AG-ACNP Track Lead</td>
<td>Benjamin Miller</td>
<td>296-5686</td>
<td><a href="mailto:milleben@seattleu.edu">milleben@seattleu.edu</a></td>
</tr>
<tr>
<td>PMHNP Track Lead</td>
<td>Janiece DeSocio</td>
<td>296-2237</td>
<td><a href="mailto:desocioj@seattleu.edu">desocioj@seattleu.edu</a></td>
</tr>
<tr>
<td>Midwifery Track Lead</td>
<td>Terri Clark</td>
<td>296-5621</td>
<td><a href="mailto:clarkt@seattleu.edu">clarkt@seattleu.edu</a></td>
</tr>
<tr>
<td>CPHN Track Lead</td>
<td>Lauren Lawson</td>
<td>296-5683</td>
<td><a href="mailto:lawsonl@seattleu.edu">lawsonl@seattleu.edu</a></td>
</tr>
<tr>
<td>Graduate Program Coordinator</td>
<td>Chelsa VanGrunsven</td>
<td>296-6986</td>
<td><a href="mailto:vangrunc@seattleu.edu">vangrunc@seattleu.edu</a></td>
</tr>
<tr>
<td>Position</td>
<td>Name</td>
<td>Phone</td>
<td>Email</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-------------------------</td>
<td>----------</td>
<td>------------------------</td>
</tr>
<tr>
<td>CPL Director</td>
<td>Carrie Westmoreland</td>
<td>296-2196</td>
<td><a href="mailto:millerca@seattleu.edu">millerca@seattleu.edu</a></td>
</tr>
<tr>
<td>Miller</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior Clinical Placement Coordinator</td>
<td>Andrew Frei</td>
<td>296-2387</td>
<td><a href="mailto:freia@seattleu.edu">freia@seattleu.edu</a></td>
</tr>
<tr>
<td>Clinical Services Assistant</td>
<td>Crystal Gonzalez-Guzman</td>
<td>296-1990</td>
<td><a href="mailto:gonzacry@seattleu.edu">gonzacry@seattleu.edu</a></td>
</tr>
</tbody>
</table>

For a directory of College of Nursing personnel visit: [https://www.seattleu.edu/nursing/faculty-and-staff/](https://www.seattleu.edu/nursing/faculty-and-staff/)

(In addition, Appendix A contains biographical sketches of full time doctorally prepared CON faculty)
Program Overview

The Doctor of Nursing Practice (DNP) is a post baccalaureate or post master’s program that prepares advanced practice nurses to meet the demands of complex health care systems, the rapidly expanding scientific knowledge needed for practice, and the increasing needs for interprofessional collaboration and leadership. Graduates will provide leadership for just and humane health care policies and promote access to high quality, culturally competent health care and healthcare systems for vulnerable individuals, families, communities and populations through regional, national and global engagement.

College of Nursing Mission and Vision

Vision
We are recognized as an engaged, creative and dynamic learning organization, committed to social justice, innovation, scholarship, teaching excellence, and the formation of professionals ready to meet the evolving health care needs of a global community.

Values
- Empowerment
- Innovation
- Caring
- Social Justice
- Integrity

Mission
We educate and inspire leaders to transform healthcare for a just and humane world.

Special Features of the Doctoral Nursing Program
Students bring their previous educational preparation and practice as a foundation for the doctoral learning experience. Exploration of nursing theory and education in translational research methods leads to new knowledge and alternative perspectives that can be applied to clinical practice and health care delivery system problems. The DNP project is an opportunity to critically examine current practice, develop innovative ideas, approaches or policies, and translate research to improve programs, systems of care and health outcomes for individuals and populations.

Program Focus: Vulnerable Populations
In contemporary American society, many people face unique challenges related to exposure to physiological and psychosocial stressors, economic hardship, the heterogeneity and complexity of diverse cultures, and societal violence. These factors, in conjunction with personal, political or social vulnerabilities, create situations of high health risk in which nurses intervene to protect, promote, or restore high level wellness.

Graduates of the Seattle University Doctor of Nursing Practice (DNP) program are prepared to care for people who are vulnerable. These include families, individuals within families, as well as communities and populations who are at particularly high risk for incurring illness and decreased wellness. This
includes people living on the margins of society, or those who are at risk of being forced into the margins because of illness, financial hardship, or discrimination.

Providing health care to vulnerable people is consistent with Seattle University's commitment to social justice, which leads to compassionate human service. Further, Seattle University's mission seeks to develop in its graduates a sense of responsibility and the leadership skills to impact the society and world in which they live.

The graduate faculty at Seattle University’s College of Nursing believes that nursing care of vulnerable people requires both traditional and unique approaches of care. Doctoral students will consider the physiological, psychosocial, cultural, and spiritual dimensions of human responses to wellness and to the experience of illness. Students will design and implement nursing interventions based on critical analysis and synthesis of literature, which examine the multiple dimensions of vulnerability. Learning to care for vulnerable people will require an ability to expand the use of all senses in assessing needs, and an openness to the experiences of clients and care providers.

An important outcome of developing new and innovative nursing care strategies for vulnerable people is the efficient use of scarce resources. Resources can be used more wisely when health care providers focus on prevention of health alterations and employ effective management of chronic illness, rather than focusing on crisis care. Another outcome of the knowledge fostered by the DNP program is the opportunity for nurses to make a unique contribution to nursing's scientific knowledge by articulating new insights and translating research to improve the care of vulnerable people.

One of the primary approaches for nurses to intervene with vulnerable people is through partnership with those who are vulnerable. Essential dimensions of partnership include reflective listening, collaboration, empowerment, participatory decision-making and teaching, which are connected to the lives of the learners. Graduates will combine reflection and action to intervene with families, communities, populations and to advance societal changes. Partnership creates self-esteem, nurturing a sense of connectedness to others and promoting hope through the fulfillment of achievable goals by promoting health promotion campaigns, community organizing and strategies to influence social and health policy.

Partnership includes caring. Caring is a philosophy and a way of interacting with others that takes into account the worth and dignity of every individual. Caring creates an environment in which nursing care can be given and received, and teaching and learning can be maximized.

The ability to care, however, is hindered by an inability or unwillingness to understand the experience of another person, and is restrained by a lack of self-understanding. Graduate nursing education at Seattle University seeks to improve the level of understanding between clients and a nurse. A better understanding of others’ experience, as well as oneself, is a goal for all graduate nursing students, regardless of how individual backgrounds or experiences relate to those of clients. In conclusion, the Doctor of Nursing Practice program at Seattle University focuses on a multidimensional concept of vulnerability in the context of families, individuals within families, communities and populations. Doctoral study emphasizes the use of traditional and non-traditional approaches to understanding human responses to wellness and illness. In fulfillment of Seattle University's mission, DNP graduates are prepared to assume diverse clinical, educational, and leadership roles in service to vulnerable populations.
Program Learning Outcomes
Graduates of the Seattle University College of Nursing DNP Program will demonstrate the following in the care of individuals, families, and/or communities within culturally diverse and vulnerable populations:

- Synthesize knowledge from nursing and other disciplines in the provision of evidence-based advanced practice nursing care.
- Utilize information systems technology to improve health care access, quality, and outcomes.
- Demonstrate competence in an advanced nursing practice specialty.
- Exercise leadership through scholarship, advocacy, and community engagement to achieve just and equitable health care systems that improve health potential and reduce health disparities of vulnerable populations.
- Evaluate and influence health care systems and health policy at local, state, federal, and global levels.
- Demonstrate effective communication and inter-professional collaboration in the promotion of health care access, quality, and outcomes.
- Evaluate beliefs, values, and ways of knowing to foster lifelong personal and professional development.
- Apply principles of ethical decision-making in complex clinical situations.

Admission Requirements

- Applicants to the DNP program must have a cumulative undergraduate or graduate GPA of at least 3.25 on a 4.00 scale. Applicants with less than a 3.25 may be considered on an individual basis given evidence of other achievements.
- Current unencumbered RN license. If applicant is a nurse practitioner or nurse-midwife, he/she must also have a current, unencumbered ARNP license.
- BSN and/or Master’s degree in nursing or other health related field from a CCNE or NLNAC accredited nursing program and/or a regionally accredited college or university.
- Credit will be granted for up to 500 post-baccalaureate supervised academic clinical hours contributing to the 1000 total supervised clinical hours required for graduation from the DNP program. Each applicant’s transcript will be individually evaluated for qualifying practice hours acquired in previous academic programs. Individual plans for completion of the 1000 required practice hours will be developed with each applicant.
- Letter of interest and resume/curriculum vita demonstrating academic ability, potential for leadership and clinical scholarship, and fit with Seattle University and the College of Nursing mission and values.
- Two letters of recommendation (at least one from an academic source) who can speak to the applicant’s potential for success in a doctoral level advanced practice nursing program.
- Completed Application for Graduate Admission and nonrefundable $55 application fee (fee waived for SU alumni).

Other specific admission criteria are described in the Graduate Catalog. Seattle University’s policy on “Admission to the University (2004-2)” and Admission Records Incomplete Documents (76-7)“: https://www.seattleu.edu/graduate-admissions/apply/admission-policies/

Note: If English (ESL) is your second language and in order to fully engage in the program, you must submit official and sufficient English proficiency test scores from an accredited program or language school.
All applications are carefully reviewed and selected applicants will be invited to participate in a faculty interview process. A writing sample is required and is part of the interview process.

**DNP Program Requirements**

AACN Essentials for Doctoral Education for Advanced Practice Nursing (See http://www.aacn.nche.edu/publications/position/DNPEssentials.pdf) form the foundation for the DNP Program curriculum and are embedded in the courses. The eight Essential areas of study include:

- Scientific underpinnings for practice
- Organizational and systems leadership for quality improvement and systems thinking
- Clinical scholarship and analytic method for evidence based practice
- Information systems/technology and patient care technology for the improvement and transformation of health care
- Health care policy for advocacy in health care
- Inter-professional collaboration for improving patient and population health outcomes
- Clinical prevention and population health for improving the nation’s health
- Advanced nursing practice

**Graduate Course Credits**

**DNP Clinical/Internship Practica**

1 credit hour = 5 contact hours per week, or 50 contact hours per quarter.

**Advanced Practice Clinical Hours**

Three contact hours are required for each credit hour for clinical courses/field work in the advanced practice portion of the Psychiatric Mental Health Nurse Practitioner option. Five contact hours are required for each credit hour for clinical courses/field work in the advanced practice portion of the program for the Family Nurse Practitioner, the Adult/Gerontological Nurse Practitioner, the Advanced Community Public Health Nursing and the Nurse-Midwifery options. The ratio of credit to contact hours for the advanced practice clinical practica is consistent with University policy.

**Lecture Courses**

These contact hours are considered to be both the minimum hours required and the maximum hours allowed per week.

- 5 credits = 250 contact minutes (4hrs/10min)
- 4 credits = 200 contact minutes (3hrs/20 min)
- 3 credits = 150 contact minutes (2hrs/30 min)
- 2 credits = 100 contact minutes (1hr/40 min)
- 1 credit = 50 contact minutes

These contact hours are consistent with University Policy.

**Graduate Transfer Credit**

**Rationale:** This policy statement is based on the Seattle University Transfer Credit Policy Number 77-1. It is meant as a guide for faculty teaching graduate courses in the College of Nursing in order to determine whether or not courses are acceptable for transfer of credit in the graduate program. Currently there is no challenge mechanism available for required courses in the DNP program.

**Seattle University Transfer Credit Policy:** Regionally accredited colleges and universities in the United States which have been approved by regional accrediting associations are considered to have academic
standards of sufficient quality to allow acceptance of their courses as transferable equivalents to Seattle University. Credits from all other U.S. schools are not usually accepted. International school transfer credit evaluations are done in accordance with nationally established norms.

The Seattle University Transfer Credit Policy can be found here- https://www.seattleu.edu/credit-handling/transfer-credits/ and then choose Transfer Credit Policy (77-1).

Process:

1. Post-baccalaureate and graduate credits are used in admission evaluations but are not transferred until a request for consideration of the transfer credit is filed on a Petition for Exception to Policy, and approved by the course faculty, Track Lead and Associate Dean.

2. The student requests in writing, using a “Petition for Exception to Policy” form, available from the Graduate Program Coordinator, that a graduate course they completed in the past be accepted and credits transferred. The student should complete the top portion of the form and submit to the appropriate course faculty with the information listed in step 3.

3. The student should provide the syllabus and any additional supporting material to faculty responsible for teaching the course the credits will replace. The faculty member will make a determination to establish whether or not the course is equivalent to the Seattle University College of Nursing DNP course. For some courses, faculty may also require previous coursework, a test of knowledge or a clinical skills check to assure competency and currency. Students need to submit all materials at least 8 weeks prior to the first day of the quarter in which the course requested for waiver is offered.

4. When a course is determined to be equivalent and is acceptable for credit transfer according to the criteria listed below, the course instructor and the Associate Dean will then sign the “Petition for Exception to Policy” and send it to the Office of the Registrar for further evaluation.

5. The requesting student sends an official transcript to the Office of the Registrar prior to the posting of the transfer credit. More often than not, your transcripts will already be on file. Grades are not transferred, only course credit.

Acceptable Courses for Credit Transfer:

- The course must be from a U.S. regionally accredited institution.
- The course must have been completed within the last 6 years.
- The course must have been taken at the graduate or doctoral level and with graduate standing by the student at the time taken.
- The grade must be at least 3.0 on a 4.0 scale.
- Correspondence courses or extension courses are not acceptable.
- On-line courses need additional review by the Associate Dean for Graduate Studies.

Credit Transfer Limits

Up to 9 credits taken at the Master’s or Doctorate level within the past 6 years may be applied to satisfy program requirements based on review of transcripts and course syllabi. Credit must meet the criteria
as outlined in the Transfer Credit Policy (Policy 77-1) and must be reviewed and approved by the College of Nursing and the University via a Petition for Exception to Policy.

Notes for Post Master’s DNP Students:

A minimum of 45 credits must be taken post-masters and 36 DNP course credits must be taken from Seattle University in order to obtain a DNP degree from Seattle University College of Nursing.

Students who graduated from Seattle University with an MSN/ARNP degree:
Student should contact the DNP Coordinator to check that a graduate course they completed in the past is accepted and credits are entered correctly on their student record. A Petition for Exception to Policy will need to be submitted to the Office of the Registrar in order for credits taken during the MSN degree to apply to the DNP degree.

Part-time Study: Individualized part time programs of study for post-master’s students may be developed in consultation with DNP faculty and the Associate Dean. Students who seek approval for a part-time DNP program of study must realize that courses are not offered every quarter, and most courses are offered only once a year. This may affect the timing of DNP program completion.
## Typical Program of Study for
LONG FIRST YEAR of the APNI-DNP Program

<table>
<thead>
<tr>
<th>QUARTER</th>
<th>Total Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SUMMER QUARTER</strong></td>
<td>13</td>
</tr>
<tr>
<td>5024 Pathophysiology</td>
<td></td>
</tr>
<tr>
<td>5041 Foundational Concepts and Skills for Nursing</td>
<td></td>
</tr>
<tr>
<td>5043 Evidence-Based Practice</td>
<td></td>
</tr>
<tr>
<td><strong>FALL QUARTER</strong></td>
<td>15</td>
</tr>
<tr>
<td>5005 Pharmacology for Nursing Care</td>
<td></td>
</tr>
<tr>
<td>5008 Nursing &amp; Clinical Care during Altered Health: Pediatrics</td>
<td></td>
</tr>
<tr>
<td>5031 Promoting Population Health</td>
<td></td>
</tr>
<tr>
<td><strong>WINTER QUARTER</strong></td>
<td>12</td>
</tr>
<tr>
<td>5012 Care of the Childbearing Family Theory and Clinical</td>
<td></td>
</tr>
<tr>
<td>5013 Leadership, Delegation, and Coordination of Care</td>
<td></td>
</tr>
<tr>
<td>5021 Promoting Mental Health Theory and Clinical</td>
<td></td>
</tr>
<tr>
<td><strong>SPRING QUARTER</strong></td>
<td>11</td>
</tr>
<tr>
<td>5025 Nursing Care during Altered Health in Adults</td>
<td></td>
</tr>
<tr>
<td>5027 Clinical Care during Altered Health in Adults</td>
<td></td>
</tr>
<tr>
<td>5028 Gerontological Concepts</td>
<td></td>
</tr>
<tr>
<td><strong>READY FOR RN LICENSE EXAM</strong></td>
<td></td>
</tr>
</tbody>
</table>

*A typical program of study is subject change based on faculty and other resource availability.*
# Typical Program of Study for Health Systems Leader DNP Program

<table>
<thead>
<tr>
<th>YEAR ONE</th>
<th>YEAR TWO</th>
<th>YEAR THREE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Summer Quarter</strong></td>
<td><strong>Summer Quarter</strong></td>
<td><strong>Summer Quarter</strong></td>
</tr>
</tbody>
</table>
| 6130 Foundations of Nursing Knowledge | 6014 Nursing Theory and Critical Inquiry I  
6017 Finance and Healthcare | 6110 Ethical Care and Social Justice  
6120 Population Based Health Care |
| **Fall Quarter**          | **Fall Quarter**          | **Fall Quarter**          |
| 8 Credits                 | 9 Credits                 | 2-4 Credits               |
| 6014 Nursing Theory and Critical Inquiry I  
6017 Finance and Healthcare | 6110 Ethical Care and Social Justice  
6120 Population Based Health Care | 6903 DNP Internship II |
| **Winter Quarter**        | **Winter Quarter**        | **Winter Quarter**        |
| 6 Credits                 | 6 Credits                 | 5-7 Credits               |
| 6010 Healthcare Policy  
6111 Informatics | 6018 Program Design and Evaluation  
6160 Leadership in Health Systems | 6905 DNP Internship III  
DNP Elective |
| **Spring Quarter**        | **Spring Quarter**        | **Spring Quarter**        |
| 4 Credits                 | 6 Credits                 | 2-4 Credits               |
| 6015 Critical Inquiry II  
6020 Epidemiology | 6190 Quality Improvement Processes  
6901 DNP Internship I | 6907 DNP Internship IV  
DNP Project Presentation |

*A typical program of study is subject change based on faculty and other resource availability.*
Seattle University Academic Policies for Graduate Students

Doctoral nursing students are subject to all of the academic policies set forth in the Seattle University Graduate Catalog of Information and the University’s Academic Probation, Dismissal, and Appeal Policies and Procedures for Graduate Programs. See [http://catalog.seattleu.edu/index.php?catoid=34](http://catalog.seattleu.edu/index.php?catoid=34) to access the entire Graduate Catalog.

Seattle University’s policies on Academic Probation, Dismissal and Appeal Policies and Procedures can be found at: [https://www.seattleu.edu/redhawk-axis/policies/](https://www.seattleu.edu/redhawk-axis/policies/)

**Progression**

Progression through the nursing program of study is assured only when the student:

A. Achieves a grade of at least B- in all courses required for graduation.
B. Maintains a cumulative GPA of at least 3.25.
C. Has not withdrawn from any required nursing course.
D. Has not withdrawn from the University for any reason.
E. Takes the required nursing credits each quarter based on the assigned program of study, unless a change in the program of study is approved by the Associate Dean.

Progression is based on the sequential arrangement of the curriculum. Students may not take a succeeding level course without completion of the previous level course(s) or prerequisite courses, without recommendation of the progression committee and/or the approval of the Associate Dean.

The student whose conduct is judged unsafe, unethical, or unprofessional by faculty may not be allowed to complete the course(s). Unethical conduct includes academic dishonesty. Unprofessional or unsafe behavior, as documented by faculty, is the basis for a failing grade. The student will also be placed on academic probation, or may be subject to academic dismissal or disciplinary sanctions.

When a curriculum change occurs, the student must complete his/her enrolled program of study within one (1) year of the last regularly scheduled course in the former curriculum, OR apply to be reinstated in the new curriculum.

As a condition to progress in the DNP program, and as a condition of placement in both clinical practice and DNP Project internship sites, students must maintain an RN license in good standing. Students who have any stipulation or encumbrance on their licenses will be suspended until all encumbrances are removed. Failure to report such stipulation or encumbrance to the College of Nursing will result in immediate suspension. Readmission to the program will be dependent upon space and recommendation from the Progression Committee (see Appendix B for a full description of the CON Progression Committee).

Graduate students who have been absent from Seattle University for more than four consecutive quarters must complete a readmission application and have official transcripts of interim academic work sent to the Graduate Admissions Office, meeting the individual program's application deadline. For additional information, please see Readmission Requirements (76-10) at [https://www.seattleu.edu/graduate-admissions/apply/readmission/](https://www.seattleu.edu/graduate-admissions/apply/readmission/)

**Academic Probation, Dismissal and Appeal Policy and Procedures for Graduate Students**

**Academic Probation**
1. A student will be placed on academic probation in any of the following circumstances:
   a. The student enters the University with a GPA of less than 3.25.
   b. The student’s cumulative GPA falls below 3.25.
   c. The student achieves a grade lower than B- (2.75) in any course required for the program of study.
   d. The student withdraws from one required graduate nursing course.
   e. The student is found to have engaged in unsafe, unethical, or unprofessional conduct. Serious violations may warrant academic suspension or dismissal rather than probation.
2. When a student is placed on probation, the Associate Dean and/or the Progression Committee may establish conditions for the student’s continuing progression in the DNP program. If the student does not agree to the conditions, s/he will not be allowed to progress in the nursing program.


**Repeating a Course**
1. A student who achieves a grade lower than B- (2.75) in any course required for degree completion must repeat that course. The student may repeat the course only once after receiving a grade lower than B- (2.75).
2. The student will be permitted to register for a course being repeated only on a space-available basis.
3. A new plan of study must be developed by the student in consultation with his/her nursing advisor for progression through the sequence of nursing courses and a copy will be placed in the student’s academic file.
4. A student may repeat only one (1) course in their DNP program of study.
5. Withdrawal from a course that is being repeated is not permitted.

Seattle University’s policy on “Repeated Courses (77-2)”: https://www.seattleu.edu/academic-records/grading/

**Withdrawing from a Course**
1. A student may withdraw only once from the same nursing course.
2. A student may withdraw from a total of one (1) nursing course during the DNP program except in cases of hardship withdrawal.

Seattle University’s policy and procedures for Withdrawal (75-22): https://www.seattleu.edu/registration/withdrawal--absence/

**Academic Dismissal**
An academic dismissal may result from any of the following:
1. A student on academic probation for any three (3) academic quarters (including summer, if enrolled) will be dismissed from the College of Nursing. Following this academic dismissal, the student may not apply for reinstatement for at least one quarter.
2. Achievement of a grade lower than a B- (2.7) in a specialty course being repeated.
3. Two (2) withdrawals from the same nursing course.
4. Withdrawal from more than one (1) nursing courses.
5. Any combination of grades lower than C (2.00) in an APNI foundational course or a grade lower than B- (2.7) in a graduate specialty course and a withdrawal, totaling two (2) for the entire graduate program.
6. Unsafe, unethical, or unprofessional conduct or behavior.

Violation of the Seattle University Academic Integrity Policy 2011-03:
https://www.seattleu.edu/academic-records/academic-and-professional-performance/

**Disciplinary Dismissal**
A disciplinary dismissal may result from any of the following:
1. Violation of the Seattle University Code of Student Conduct (see Section 3 below and SU Student Handbook).
2. Violation of other University policies and procedures.
3. Manifesting a pattern of unprofessional conduct that reflects poorly on Seattle University, the College of Nursing, or affiliated agencies. Examples of unprofessional conduct include, but are not limited to, boundary violations, speaking negatively about the University, its programs, or affiliated agencies in public, or harassment of faculty, staff or students. See RCW Chapter 18.79 (Washington State Nurse Practice Act) for information on boundary violations.
4. Students may be suspended from the clinical setting and/or the DNP program, while an investigation is on-going for alleged unprofessional, unethical or illegal activities, and/or alleged behavior in conflict with the regulations of the Washington State Quality Assurance Commission for Nursing or the licensing board in the jurisdiction where clinical practice is occurring. If allegations are not substantiated, the student may request reinstatement through the Progression Committee.

**Appeals**
1. An appeal of academic penalty involving academic suspension, probation, or dismissal must be filed by the student in writing with the Associate Dean of the College of Nursing by the third Friday of the following quarter. The Progression Committee will review the appeal and make the presumptively final decision regarding progression, dismissal, and readmission with academic and/or disciplinary difficulties. Students wishing to appeal other academic penalties are referred to the Academic Integrity Policy (https://www.seattleu.edu/academic-records/academic-and-professional-performance/) in the Seattle University Student Handbook and the SU Professional Conduct policy.
2. If a student is readmitted following an appeal of dismissal or suspension, the student must achieve a grade of at least B- (2.7) in all courses in the DNP program of study and a cumulative GPA of at least 3.25. No withdrawals will be allowed, nor will there be any further probation period.
3. Students should also be aware of the academic grievance procedure which will guide the University’s response to allegations of arbitrary and capricious behavior by any member of the teaching faculty in the evaluation of a student’s academic performance and in the assignment of final course grades.

4. An appeal of disciplinary sanction involving a violation of University policies and procedures, including the Code of Student Conduct, will be processed according to the Code of Student Conduct Appeal procedures, which are published in the Seattle University Student Handbook.

**Reinstatement After Dismissal**

1. After an absence (following dismissal) from Seattle University of one quarter or more (excepting summer quarter for students whose program does not require summer attendance), a student must formally apply in writing for readmission to the University and College of Nursing. A readmission application is subject to review by the Progression Committee, the Associate Dean, or his/her designee who may establish conditions for readmission. The student who agrees to and accepts the conditions for readmission will be required to meet both program and academic performance requirements in place at the time of readmission. Readmission to nursing courses is subject to space available.

2. If the student does not agree to or accept the conditions for readmission, the readmission will be rescinded. Future application may be made no sooner than one year from the time of dismissal, and is made through the formal admissions process. The admissions decision is subject to review by the Associate Dean and Progression Committee, which may establish conditions for readmission. If readmitted, the student is required to meet program and academic performance requirements in place at the time of readmission. Readmission to nursing courses is subject to space available, and the student may not apply for readmission for at least one year.

3. After an absence of four or more consecutive quarters (excepting summer quarter for students whose program does not require summer attendance), a student must provide evidence of competence in nursing courses previously completed. Criteria for demonstrating competence are determined by the Associate Dean, Track Lead of DNP Program in collaboration with course faculty and the Progression Committee as a condition of readmission.

4. Following readmission after an appeal of dismissal, a student must achieve a grade of at least B- (2.7) in all courses in the DNP program of study and maintain a cumulative GPA of at least 3.25. No withdrawals will be accepted, nor will there be any further probationary period.

5. A student may be readmitted only once after having been dismissed for academic reasons.

Please refer to the Seattle University 2017-2018 Graduate Catalog for information regarding the following policies (see [http://catalog.seattleu.edu/index.php?catoid=34](http://catalog.seattleu.edu/index.php?catoid=34))

- Degree Requirements
· Time Limits for Completing Degree
· Transfer Credits for Graduate Courses Taken at another Institution
· Retaking of Courses
· Grading
· Academic Probation
· Academic Dismissal
· Readmission
· Simultaneous Enrollment
· Hardship Withdrawal
· Official Withdrawal
· Grieving a Course Grade

Students should be familiar with the academic policies of the University above. In addition, the College of Nursing academic policies for graduate students are found on the pages that follow.
Seattle University Grading Policy
Seattle University Grade Point Average Requirements for Degree Completion (75-2):
https://www.seattleu.edu/academic-records/grading/

B- is the lowest acceptable grade for DNP courses. A DNP student must repeat a course with a grade of C+ or below.

Seattle University “Repeated Courses (77-2): https://www.seattleu.edu/academic-records/grading/

The grading scale for all College of Nursing graduate courses is as follows:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Value</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>4.0</td>
<td>94 and above</td>
</tr>
<tr>
<td>A-</td>
<td>3.7</td>
<td>90-92</td>
</tr>
<tr>
<td>B+</td>
<td>3.3</td>
<td>87-89</td>
</tr>
<tr>
<td>B</td>
<td>3.0</td>
<td>83-86</td>
</tr>
<tr>
<td>B-</td>
<td>2.7</td>
<td>80-82</td>
</tr>
<tr>
<td>C+</td>
<td>2.3</td>
<td>76-79</td>
</tr>
<tr>
<td>C</td>
<td>2.0</td>
<td>73-75</td>
</tr>
<tr>
<td>C-</td>
<td>1.7</td>
<td>70-72</td>
</tr>
<tr>
<td>D+</td>
<td>1.3</td>
<td>67-69</td>
</tr>
<tr>
<td>D</td>
<td>1.0</td>
<td>63-66</td>
</tr>
<tr>
<td>D-</td>
<td>.7</td>
<td>60-62</td>
</tr>
<tr>
<td>E</td>
<td>0</td>
<td>below 60</td>
</tr>
</tbody>
</table>

“B-” is the minimum passing grade in the College of Nursing DNP program.
“C” is the minimum passing grade in the College of Nursing pre-licensure year of the program (APNI students only).

Challenging a Course Grade
The ultimate responsibility for the integrity of the academic grading process belongs to the university as an institution. Individual faculty members routinely act as agents for the institution in evaluating the student’s academic performance and in assigning final course grades. In the event of a student’s challenge to a final course grade, the burden of proof lies with a student who claims a grievance. The faculty member has an obligation to award course grades on the basis of standards set at the beginning of the course. The following process will guide the university’s response to allegations that a faculty member acted arbitrarily and capriciously in assigning course grades. The procedure does not apply to mathematical errors in calculating the grade, academic dismissals from the university, or questions of professional judgment concerning course content, instructional methods and appropriateness of performance standards.

Seattle University's policy and procedures for Academic Grading Grievances (2004-7)";
https://www.seattleu.edu/academic-records/grading/

Seattle University Student & Professional Conduct
As a Catholic and Jesuit university, Seattle University is a learning community that values the dignity and worth of persons. Consistent with its values, the University fosters the respect needed for students to live, work, study, and socialize together as a community. All members of the University community are
expected to observe standards that reflect personal accountability and responsibility for the common
good; demonstrate regard for the safety, security and health of others; maintain the atmosphere
needed for study and reflection; show respect for individuals; and value truthfulness and personal
integrity. This policy is referred to as the “Code of Student Conduct” or “Code.” The entire Code of
Student Conduct including Standards of Contact can be found at

Seattle University Professional Conduct Appeals
In preparation for their chosen professions, Seattle University students may work in direct contact with
clients or patients as a part of their practice, clinical or field experiences. Due to the obligation to
protect clients and patients, students in practice and other professional settings must demonstrate the
requisite knowledge, skills, and judgment needed to be a competent practitioner. Additionally, students
in practice and other professional settings must at all times conform to conduct that demonstrates the
appropriate ethical, professional and social (behavioral) attributes expected of professionals in that
practice. Professional conduct is, therefore, determined by the professional standards and codes of
ethics of the profession for which the student is being prepared and educated.

These procedures apply to student violations of a school, college and/or program’s professional
standards of conduct that are considered to be so egregious by the school or college as to warrant
dismissal from a professional program and/or denial of a certificate, licensure or degree for violation of
professional standards.

Seattle University's “Professional Conduct: Appeals Policy 2011-2) can be found at:
https://www.seattleu.edu/academic-records/academic-and-professional-performance/

Seattle University Academic Integrity Policy
Seattle University asserts that academic honesty and integrity are important values in the educational
process. Academic dishonesty in any form is a serious offense against the academic community. Acts of
academic dishonesty or fraud will be addressed according to the Academic Integrity Policy.

Seattle University’s policy on “Academic Integrity Policy (2011-3): https://www.seattleu.edu/academic-
records/academic-and-professional-performance/

Graduation
A minimum 3.25 cumulative grade point average is required for graduation with a Doctor of Nursing
Practice degree.
Seattle University’s policy on “Grade Point Average Requirements for Degree Completion (75-2):
https://www.seattleu.edu/academic-records/grading/

College of Nursing Policies and Procedures

Communication
The major means of communicating with students is through the Seattle University e-mail system. If
you are new to Seattle University, you must establish your campus e-mail address as soon as you
matriculate. It is the Seattle University e-mail address, not your personal server address that faculty
and staff will use to communicate with you. You can have your Seattle University e-mail forwarded to
your personal address if that is most convenient for you.
Each student is provided a Seattle University e-mail address free of charge. It is set up through the Information Services office at (206) 296-5571 after receiving a Seattle University Student I.D. Card (Campus Card) at (206) 296-2273. One major advantage of using your Seattle University e-mail account is that, while your mailing address may change throughout the course of your enrollment, your e-mail account may always be accessed via the “Current Students” page on the Seattle University website.

List-serves are established to inform you of class activities, employment opportunities, scholarships, class meetings, and special events. When your health record requires an update, notification will be sent to you by e-mail. In addition, faculty directs course information, assignments, discussions, and clarifications to you through e-mail. Remember to check your Seattle University e-mail account daily, as you are responsible and accountable for messages and information sent to you through this means.

Because the need to communicate with you may occur outside of classroom hours, we request that your current address, telephone number and Seattle University e-mail address be available on file with the Registrar’s Office. An emergency contact phone number is also helpful. The confidentiality of this information will be respected according to your instructions.

To contact faculty, students should use instructor office telephone number/voicemail or e-mail to leave messages. Faculty will supply you with additional contact info, such cell phone number or Skype moniker.

**Professional Behavior**

Students are expected to maintain professional behavior at all times while participating in the CON programs. Consistent with the College of Nursing’s mission, respect for clients, faculty, staff, and student colleagues is expected. Agreement with expressed opinions and facts may not always be possible or even desirable; however, respect for individuals to express those thoughts is the basis for professionalism. As we strive to work in cooperative teams, communication and evaluation of our behaviors and practice by others is inherent for growth. Therefore, willingness to listen to critique and to modify behaviors accordingly are expectations of the CON community. Goals of the CON are to nurture an atmosphere of collegiality among students, students and faculty in order to foster a positive learning environment.

**Professional Appearance**

Advanced practice nurses are professionals, and professional clothing and behavior is expected at all times when representing the nursing profession or the College of Nursing to the public. Individual faculty has the right to set standards for professional appearance in their courses, but general guidelines follow.

In DNP Internship Rotations, students are expected to present a neat, clean, professional appearance at all times. A lab coat may be required in some settings, especially in primary care clinics. Guidelines for hair, jewelry, fragrances, and accessories should follow clinic or agency standards. Jeans, stretch pants, and sweats are never appropriate. Tops do not require collars, but low-cut tops and those that expose the midriff are inappropriate for women. T-shirts should not be worn as outerwear in clinical settings.

**Taping in class**
Students who wish to audio tape, record or videotape lectures or other classroom activities must obtain permission of the instructor. Instructors may require signed assurance that the taping is for personal student use only. Instructors have the right to refuse to permit taping in the classroom.

**American Psychological Association Format for Papers**

Formal papers submitted for all doctoral nursing courses should follow the writing and documentation guidelines of the *Publication Manual of the American Psychological Association* (6th ed., 2009). The manual can be purchased at the Seattle University Bookstore. An orientation to APA format will be offered each fall quarter. Students are encouraged to take advantage of this helpful offering to familiarize themselves with the basics of APA format. There are also several helpful websites with information about APA format.

**Student Name Pin**

Ensuring safety and security in clinical settings is of critical importance to health care agencies. Therefore, students wear a name pin identifying them as Seattle University students in all clinical settings. Name pins are ordered from the Customer Service Representative in the Seattle University Bookstore, and should be obtained prior to beginning DNP Internships. Name pins should have the following information: Name (first and last), and the appropriate credentials such as MSN, ARNP or RN, Doctoral Student, and Seattle University College of Nursing. It is helpful if you order two name pins so you have an extra in case you lose one.

**Technology Recommendations**

Drug and other reference books are increasingly large and heavy. Due to the continually updating of this critical information, these books are also often out-of-date at the time of their publication, so consider investing early in a smart phone. The Graduate Curriculum & Evaluation Committee recommends the purchase of an iPhone, android, or other smart phone/Wi-Fi-enabled device, if you do not have one already. A wide variety of nursing and medical references are already available for download, including nursing and medical drug references, Taber’s Medical Dictionary, ePocrates, Up-to-Date, and a number of additional diagnostic and disease reference tools as supplemental resources for advanced practice.

It is also advisable for doctoral students to have a laptop computer with Wi-Fi that they are able to bring to and from class, as well as enable them to access course materials online. Software and Hardware may be purchased at a discounted rate through the SU ITS Technical Purchasing program if desired. The ITS Technical Purchasing website is: [https://www.seattleu.edu/its/technical-purchasing/personal-purchasing/](https://www.seattleu.edu/its/technical-purchasing/personal-purchasing/). Microsoft Office is strongly recommended and is available at a discount to students. Additionally the Seattle University Bookstore sells computers and some software.

It is suggested that computers have the latest version of the following free software:

- Mozilla Firefox ([http://www.getfirefox.com](http://www.getfirefox.com)) and/or Google Chrome ([https://www.google.com/chrome](https://www.google.com/chrome))
- Adobe Flash ([http://get.adobe.com/flashplayer](http://get.adobe.com/flashplayer))
- Java ([http://java.com](http://java.com))
- Microsoft Silverlight ([http://www.microsoft.com/getsilverlight](http://www.microsoft.com/getsilverlight))
- VLC Media Player ([http://www.videolan.org/vlc](http://www.videolan.org/vlc))
Although the Information Technology Services (SU ITS) HelpDesk and nearly all software we use is supported by both Mac and PC operating systems, the College office computers and faculty are overwhelmingly PC-based.

You will need a reliable Broadband connection. You will be able to access your SU e-mail, course webpages, and SU Library search from home. In addition, some of the DNP courses will be offered in a hybrid format (online and on campus) and you will need to access course materials online or skype into class from your distant location. You may also find a personal USB thumb drive handy for moving files from one computer to another and a printer.

Expectations for student computer skills
- Ability to input data via mouse and keyboard
- Ability to open, close, save, print, copy, cut and paste, and make attachments to files
- Ability to access and search the internet, send and receive e-mail, download, install and handle files and graphics.
- Ability to install programs and manage files
- Ability to word process documents and search databases
- Ability to use PowerPoint
- Ability to use Microsoft Excel program at a basic level

College of Nursing Social Media Policy
(Policy for use of social media by faculty, staff, and students)

Background
Seattle University and the College of Nursing recognize that social media sites like Facebook, Twitter, YouTube, and Flickr have become important and influential communication channels for our community (Seattle University, nd). Organizations, including healthcare and educational institutions, are integrating use of social media into their education, outreach, and marketing strategies, as well as to investigate potential employees. Individuals are using them to keep abreast of the lives of friends, family members, and public personalities, as well as to research organizations for job opportunities.

Although there are many benefits to using social media, there are a number of risks associated with this practice in the context of healthcare practice and employment. The purpose of this policy is to provide direction for the use of social media by faculty, staff, and students in the College of Nursing.

What is Considered Social Media?
Social media includes text, images, audio and video communicated via such tools as:

- Blogs, and micro-blogs such as Twitter
- Social networks, such as Facebook
- Professional networks, such as LinkedIn
- Video sharing, such as YouTube and vlogs (video weblogs)
- Audio sharing, such as podcasts
- Photo sharing, such as Flickr and Photobucket
- Social bookmarking, such as Digg and Redditt
- Public comment sections on webpages (such as those for online news sites)
• User created web pages such as Wikis and Wikipedia, and
• Any other internet-based social media application similar in purpose or function to those applications described above.

(The above list is taken verbatim from the UW School of Nursing Social Networking Policy and Guidelines, 2011)

Social networks are “web-based services that allow individuals to 1) construct a public or semi-public profile within a bounded system, 2) articulate a list of other users with whom they share a connection, and 3) view and traverse their lists of connections and those made by others within the system” (Boyd & Ellison, 2007, cited in ANA, 2011a).

General Considerations

• When engaging in the use of social media, it is important to consider the Seattle University Social Media Policy & Guidelines to ensure that you are appropriately representing the University.  [https://www.seattleu.edu/marcom/social-media/guidelines/](https://www.seattleu.edu/marcom/social-media/guidelines/). Remember that, unless you are an official spokesperson for the University and/or the College of Nursing, you must have permission from your supervisor as appointed by your department head and notify Marketing Communications prior to engaging in any form of social media involving the University.

• Confidentiality and Privacy: Students, faculty, and staff must always uphold confidentiality and privacy standards and adhere to HIPAA and FERPA regulations during all interactions, including online communication, whether via E-mail or social media platforms. Remember that HIPAA violations are serious and may have serious consequences, including dismissal from the University, as well as civil and criminal penalties, including fines and jail time. HIPAA information is accessible at [http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html). FERPA protects student information and information can be accessed at [https://www.seattleu.edu/academic-records/ferpa/](https://www.seattleu.edu/academic-records/ferpa/).

Patient privacy and confidentiality can be breached inadvertently on social media in a variety of circumstances. Examples include comments in which patients are described with sufficient detail to be identified by someone reading the post, referring to patients in a degrading or demeaning manner, or posting videos or photos of patients (NCSBN, 2011). Any breach of privacy could undermine the College’s relationship with the clinical site, damage the College and University reputations, and damage patients’ trust in nurses.

Student privacy and confidentiality can be breached inadvertently on social media as well. Examples include referring to students in a degrading or demeaning manner or comments in which student information is shared regarding class performance. FERPA violations may result in loss of federal funding to the University, as well as termination of employment.

• The information you post online is NOT confidential. Even if you later delete it, the information stays in cyberspace and may be retrieved. Assume anything you post is visible to the public, and it may affect your professional reputation forever. Today, many employers and academic institutions search potential candidates’ online presence. (University of Pennsylvania, nd)
Be aware that all postings can potentially be viewed by your colleagues, patients, University and College administration, other institutions, employers, professional contacts, and the general public. Even “private” conversations or postings can be forwarded, copied, or disseminated without the sender’s knowledge. Screen-shots of private conversations often appear on public internet sites.

Policy

1. Confidential or proprietary information about Seattle University College of Nursing or its affiliates, students, employees, or alumni may not be posted on any social media site. As stated in the Seattle University Social Media Policy & Guidelines, “Seattle University logos and/or visual identity cannot be used for personal social media without university permission.” [https://www.seattleu.edu/marcom/social-media/guidelines/](https://www.seattleu.edu/marcom/social-media/guidelines/). If you need assistance or guidance with respect to this restriction, please do not hesitate to contact the Marketing Manager in the College of Nursing at (206) 296-2168.

2. Patient privacy must be maintained in all communications, whether by faculty or students. Do not share any information that may be used to identify patients or their health conditions and remember that, even de-identified information may be recognized by patients, their families, or their employers.

3. Students, faculty, and staff must uphold Seattle University and the College of Nursing standards for professional and ethical conduct while using social media sites.

4. Affiliates may not harass, libel, slander, or embarrass anyone. Do not post any material that is obscene, defamatory, profane, libelous, threatening, harassing, abusive, hateful, or embarrassing to another person or entity.

5. Unless you are serving as an approved, official spokesperson for Seattle University College of Nursing, online communications are your personal opinions and do not reflect the opinion of Seattle University College of Nursing or its affiliated entities. Each individual is personally responsible for his/her posts (written, audio, video or otherwise).

6. Faculty and students may not communicate over social media with patients, patients’ family members or patients’ legally appointed decision-makers.

7. When posting on a social media site, affiliates are advised to use disclaimer language. If you acknowledge your SU College of Nursing affiliation or you may be otherwise known or presumed to be affiliated with SU College of Nursing, include disclaimers in your online communications that indicate you are not speaking officially on behalf of the organization. (i.e., “The postings on this site are my own and do not represent the positions, strategies or opinions of my employer/school,” or “This is a personal web site, produced in my own time and solely reflecting my personal opinions. Statements on this site do not represent the views or policies of my employer/school, past or present, or any other organization with which I may be affiliated. All content is copyrighted.”)

References


College of Nursing Policy on Abortion

Because Seattle University is a Catholic University, faculty and students do not participate in elective termination of pregnancy procedures. Caring for a client before or after an abortion is not regarded as participating in an abortional act (rev. 1989).

Academic Advising

Seattle University Graduate Advising Mission Statement
Seattle University recognizes that academic advising is integral to the achievement of our educational mission. Academic advising at Seattle University is guided by our values: care, academic excellence, diversity, faith, justice, and leadership. Seattle University Mission Statement for Advising: https://www.seattleu.edu/about/mission/

All DNP students are initially assigned a faculty member as an academic advisor. The advisor is a resource for program information and advice. Students should meet with their advisor at least once a quarter.

**Advisor’s Role/Context of Advising Relationship**

An advisor’s role is consultative in nature and is not one of granting or denying administrative approval to students for particular procedures or actions. The advisor assumes the following responsibilities, including, but not limited to:

- Faculty advisors will serve in the primary role as advocates for student welfare
- Assist students with the adjustment to school and maintain regular contact for the remainder of their academic career
- It is the advisor’s responsibility to make the initial contact with their assigned student(s)
- Provide guidance in helping students identify and address academic and non-academic problems early
- Provide initial guidance and evaluation of the DNP Portfolio
- Serve as or provide guidance in identifying an appropriate chair for the student’s DNP Project Committee
- Direct advisees to resources in the University including other faculty
- Address student issues in a confidential manner except in cases where there is concern about the welfare of the student or others
- Provide students with a positive professional role model
- Inform the Graduate Program Coordinator and Associate Dean by completing Form C (found in Appendix H) if a student desires to change advisors

Questions to discuss with your advisor:

1. What, if anything, worries you about your doctoral program?
2. How can an advisor help you the most?
3. Policies
4. DNP Project and IRB guidance, if also serving as the DNP Project Chair
5. Problems – personal, academic, financial
6. Information
7. Do you have concerns about adjusting to the program of study?
8. Are you aware of the resources available to you? (tutoring, writing center, counseling, career planning, etc.)
9. Are there special situations that may affect your participation in your program of study? For example, your job, family responsibilities, special provisions, or military obligations.

The advising process should move beyond directive practices to a more consultative approach. Such advising encourages student reflection upon and analysis of his/her DNP Project. The resulting advisor-advisee relationship would be implemented through a mentoring process featuring interactive communication, socialization into the academic community, and sponsorship into the profession.
Selection of a DNP Project Chair

Chair’s Role
In addition to the responsibilities listed below, the DNP Project Chair will step in to fill the advisor role for the remainder of the student’s program.

- Guides process, works closely with student to establish timeline, assists student to access needed resources
- Acts as liaison between student, the agency where the DNP project is implemented, and the CON, seeking both formal and informal feedback on the student’s performance and progress; making at least one site visit (preferably during the first quarter) and one phone/skype contact each of the other 3 quarters. (site visits with out of the region agencies may take place via Skype or phone)
- Reviews and comments on drafts of written material
- Reviews and comments on the DNP Portfolio submissions
- Works with DNP Internship Coordinator to ensure student has and follows plan to complete required number of clinical experience hours
- Ensures project quality sufficient to meet CON and University standards
- Decides when material should be submitted to other committee members
- Approve, with committee, the proposal and the final product
- Writes letter of commendation for the student file when the project is rated as “outstanding”

Students will identify a DNP Project Committee Chair no later than the end of NURS 6015, Critical Inquiry II. Once students have identified a DNP project chair, who may or may not be the originally assigned advisor, that faculty person will take over the role of academic advising for the student and guide the student through the DNP project development. Students should complete FORM C – the DNP project Committee Declaration Form in Appendix H no later than the end of NURS 6015 and submit it to the Graduate Program Coordinator.

Please review Appendix D of this Handbook on the DNP Project Guidelines for information about choosing a supervisory committee for your DNP Project experience. To learn about faculty areas of interest, see the faculty biosketches in Appendix A of this Handbook or the CON website. Production deadlines preclude inclusion of all current faculty biosketches in this Handbook. Consult with your academic advisor, faculty for NURS 6015, the DNP Lead and/or the DNP Internship Coordinator for assistance in identifying faculty whose scholarly interests are similar to yours.

Overview of the DNP Project

Demonstration of scholarship is an important difference between undergraduate and graduate education. A key outcome of the DNP program at Seattle University College of Nursing is completion of a DNP project. The DNP project should provide evidence of the student’s critical thinking and ability to translate research into practice through problem identification, proposal development, implementation, and evaluation. The project also incorporates a systematic review and analysis of the literature on a topic of relevance to advanced nursing practice and vulnerable populations. The DNP project requires supervision by a faculty committee and involves in-depth exploration of a topic with the expectation that the quality of the student work is at a level suitable for submission for publication.
in the scientific literature. A detailed description of the DNP project requirements is found at the end of this Handbook in Appendix D.

**DNP Internships and Clinical Practica**

**Clinical Practica Sites for Advanced Practice Nurse Specialty Hours**

Clinical placements for all students in the advanced practice rotations are made by the Clinical Placement Coordinator in collaboration with the Associate Dean of Graduate Education and the coordinating faculty for the specialty tracks. Students may not contact clinical agencies directly to arrange clinical practice sites. We understand that some of you may have a personal connection with or referral to a provider. We welcome the discussion of these opportunities and advise you to contact the Clinical Placement Coordinator to make a formal request. We have many agreements in place with affiliated agencies and may already have a contract with these sites. Other sites may not have an active affiliation agreement in place with Seattle University and may take up to 8 weeks to establish. Do not call any agency as a potential clinical practice site unless you have been given permission to move forward with establishing a placement opportunity with a personal or professional contact or a referral through a personal or professional relationship with a specific provider. “Cold calls” are strongly discouraged. You may provide contact information for a clinical agency or a specific provider to the Clinical Placement Coordinator for follow-up. These requests will be taken into consideration, but this does not guarantee that you will be placed at that site. The Clinical Placement Coordinator will be the liaison between Seattle University and the potential clinical agency and work directly with the clinical faculty to make the best decision for your learning needs.

Many clinics prefer or require fluency in Spanish, Vietnamese, Mandarin, or other languages. Please inform the Clinical Placement Coordinator and your faculty of your language competency to facilitate appropriate placements. Students will be surveyed regarding language skills, areas of interest, location desired, and a brief description of other work experience prior to advanced practice clinical rotations. This enables the Clinical Placement Coordinator and faculty to obtain the best possible match for students and clinical sites/preceptors.

When considering offers for clinical placement from people you know personally, or meet in the health care community, please review the requirements for preceptors found in the Appendix to this Handbook.

- Student clinical placement locations are widespread geographically and will require travel.
  - Students can typically anticipate travel up to 1.5 hours one-way to a clinical site placement location.
  - Situations may arise when travel one-way may be up to 2 hours or longer.
  - Students are responsible for their own transportation to clinical sites and should consider this factor when calculating and planning for their educational expenses and scheduling demands.

A clinical site may be able to provide only a portion of the necessary clinical hours. In those cases, students will have clinical experiences at two different clinical sites during the same quarter (up to 3 different clinical sites during a major DNP Project course).

**DNP Internship (DNP Project Experience) Hours**
DNP project internships for all students in the DNP program are made by the Graduate Program Coordinator in collaboration with the student, DNP Internship Coordinator and the Associate Dean. **Post master’s DNP students are expected to enter the program with firm options for internship placements and mentors.** Students will provide contact information for a clinical agency and a specific preceptor or site mentor and complete FORM A: DNP Project Preparatory Information in Appendix H and submit the form to the Graduate Program Coordinator for follow-up.

Students complete the majority of their internship experiences when they are enrolled in the DNP Project Seminar and Internship courses (NURS 6701, 6702 and 6703) as well as the optional internship course (NURS 6700) for students needing more than 500 hours.

Practice hours toward the required 1000 hours may include any of the following experiences (as many as 500 hours may be counted from supervised clinical hours from Master’s preparation):

- DNP project planning meetings
- Working with clients, administrators, other clinicians with a DNP project focus
- Community meetings
- Application of analysis and synthesis of the literature in a specific clinical context or with a patient population
- Collecting data
- Program evaluation or quality improvement activities within a clinical environment
- Working with your committee
- Policy Analysis and advocacy within a legislative or political action forum
- Interviews and in depth work with other professionals in the practice environment

Internship hours and activities for each quarter should be tracked using the online DNP Internship Tracker spreadsheet on Google Docs and submitted quarterly to the DNP E-Portfolio. A minimum of 350 (maximum 550) internship hours must be completed during the DNP project internship course sequence, including NURS 6701, 6702 and 6703 (NURS 6901, 6902 and 6903 in the new curriculum). NURS 6700 (NURS 6904 in the new curriculum) may be taken if student needs additional internship hours.

**Clinical Hours**
Students may not engage in clinical practice hours with preceptors over quarter breaks, holidays, or on any day on which coverage by the clinical faculty cannot be assured, except by specific approval from the Associate Dean and the agreement for faculty coverage.

**Transportation**
Most didactic courses are held on campus or in the learning lab. The Clinical Performance Lab (CPL), which is within walking distance from campus, is located at the James Tower of the Swedish-Providence Cherry Hill campus and is used for simulation practice, some classes and skills practice. Many of the clinical facilities are some distance away from the College of Nursing. Although the Seattle bus system offers convenient access, you may prefer to use a personal vehicle. However, if you choose to use a personal vehicle for transportation, the University assumes no responsibility of liability.

**Protection of Patient Health and Safety by Acting on Questionable Practice**
As an SU CON student you are also obliged and responsible to document and report an impaired health professional’s behavior to the employer or designated supervisor and to notify your nursing instructor.
“Nurses must be alert to and must take appropriate action in all instances of incompetent, unethical, illegal, or impaired practice or actions that place the rights or best interests of the patient in jeopardy. To function effectively, nurses must be knowledgeable about ANA’s Code of Ethics for Nurses with Interpretive Statements; standards of practice for the profession; relevant federal, state, and local laws; regulations; and the employing organization’s policies and procedures.

When nurses become aware of inappropriate or questionable practice, the concern must be expressed to the person involved, focusing on the patient’s best interests as well as on the integrity of nursing practice. When the practices in the healthcare delivery system or organization threaten the welfare of the patient, nurses should express their concern to the responsible manager or administrator or, if indicated, to an appropriate higher authority within the institution or agency or to an appropriate external authority.

When incompetent, unethical, illegal, or impaired practice is not corrected and continues to jeopardize patient well-being and safety, nurses must report the problem to appropriate external authorities such as practice committees of professional organizations, licensing boards, and regulatory quality assurance agencies. Some situations are sufficiently egregious as to warrant the notification and involvement of all such groups and/or law enforcement.

Nurses should use established processes for reporting and handling questionable practices. All nurses have a responsibility to assist whistleblowers who identify potentially questionable practices that are factually supported in order to reduce the risk of reprisal against the reporting nurse. State nurses’ associations should be prepared to provide their members with advice and support in the development and evaluation of such processes and reporting procedures. Factual documentation and accurate reporting are essential for all such actions. When a nurse chooses to engage in the act of responsible reporting about situations that are perceived as unethical, incompetent, illegal, or impaired, the professional organization has a responsibility to protect the practice of nurses who choose to report their concerns through formal channels. Reporting questionable practice, even when done appropriately, may present substantial risk to the nurse; however, such risk does not eliminate the obligation to address threats to patient safety” (ANA, 2015).

**Patient Protection and Impaired Practice**

“Nurses must protect the patient, the public, and the profession from potential harm when practice appears to be impaired. The nurse’s duty is to take action to protect and to ensure that the impaired individual receives assistance. This process begins with consulting supervisory personnel, followed by approaching the individual in a clear and supportive manner and by helping the individual access appropriate resources. The Nurse should extend compassion and caring to colleagues throughout the processes of identification, remediation, and recovery. Care must also be taken in identifying any impairment in one’s own practice and in seeking immediate assistance.

Nurse must follow policies of the employing organization, guidelines outlined by the profession, and relevant laws to assist colleagues whose job performance may be adversely affected by mental or physical illness, fatigue, substance abuse, or personal circumstances. In instances of impaired practice, nurses within all professional relationships must advocate for appropriate assistance, treatment, and access to fair institutional and legal processes. Advocacy includes supporting the return to practice of individuals who have sought assistance and, after recovery, are ready to resume professional duties.
If impaired practice poses a threat or danger to patients, self, or others, regardless of whether the individual has sought help, a nurse must report the practice persons authorized to address the problem. Nurses who report those who job performance creates risk should be protected from retaliation or other negative consequences. If workplace policies for the protection of impaired nurses do not exist or are inappropriate—that is, they deny the nurse who is reported access to due legal process or they demand resignation—nurses may obtain guidance from professional associations, state peer assistance programs, employee assistance programs, or similar resources” (ANA, 2015).

**Technical Standards**

Seattle University College of Nursing (SUCON) is committed to preparing values-based, compassionate nursing professionals who will serve the health care needs of our community, especially the frail, vulnerable, and underserved.

The SUCON Technical Standards for Core Professional Nursing Competency Performance (Technical Standards) are an integral component of SUCON academic requirements identifying core professional nursing competencies in five specific domains: Communication, Observation, Cognition, Motor, and Behavioral and Social Attributes. In addition, nursing students are required to adhere to professional conduct mandates as listed below. Nursing students must meet all of the requirements of the Technical Standards, with or without reasonable accommodations, in order to successfully progress through and graduate from their respective curricula.

Individuals seeking admission to SUCON are encouraged to review the Technical Standards to become familiar with the skills, abilities, and behavioral characteristics required to complete the programs as well as the related policies.

All SUCON students must review the Technical Standards, sign and date the acknowledgement on the last page of the PDF form, and return the document to SUCON Administration Office, Garrand 200.

**TECHNICAL STANDARDS COMPETENCY DOMAINS**

1. **COMMUNICATION Competencies:** The Technical Standards include the ability to communicate effectively with a wide variety of individuals.

   **Rationale:** Communication competencies include knowledge, attitude, and skills necessary to provide quality and safe patient care in all healthcare settings. Examples of communication competencies include, without limitation, the ability to:
   a. Communicate effectively and sensitively with other students, faculty, staff, patients, family, and other professionals; express ideas and feelings clearly; and demonstrate a willingness and ability to give and receive feedback.
   b. Convey or exchange information at a level allowing development of a health history; identify problems presented; explain alternative solutions; and give directions during treatment and post-treatment.
   c. Communicate effectively in oral and written forms.
   d. Process and communicate information on the patient’s status with accuracy in a timely manner to members of the health care team.
   e. Use appropriate judgement in seeking supervision and consultation in a timely manner.
f. Read and translate information from written documents, visual and/or oral presentations, and patient/client computer information systems in order to carry out the nursing process.

2. **OBSERVATION Competencies:** The Technical Standards include the ability to make observations in connection with other identified professional nursing student competencies.

   **Rationale:** Nursing student observation competencies include the knowledge, attitude, and skills necessary to provide quality and safe patient care to patients in all healthcare settings. Examples of observation competencies include, without limitation, the ability to:
   
   a. Acquire the information presented through demonstrations and experiences in basic and nursing sciences.
   
   b. Observe a patient/client accurately during the course of a comprehensive or focused physical assessment to determine signs and symptoms of disease, pain, and infection.
   
   c. Observe and interpret a patient’s/client’s heart and body sounds, body language, behavior, color of wounds, drainage, urine, feces, expectoration, and sensitivity to heat, cold, pain, and pressure.

3. **COGNITIVE Competencies:** The Technical Standards include the ability to demonstrate cognitive abilities in connection with other identified professional nursing student competencies. **Rationale:** Nursing student cognitive competencies include demonstrating the knowledge, attitude, and skills necessary to provide quality and safe patient care to patients in all healthcare settings. Examples of cognitive competencies include, without limitation, the ability to:
   
   a. Demonstrate cognitive abilities related to course and program outcomes, which include intellectual, conceptual, integrative, quantitative, critical thinking, and comprehension skills that indicate the student is able to carry out the nursing process in the care of patients/clients.
   
   b. Measure, calculate, reason, analyze, and synthesize subjective and objective data to carry out the nursing process in relation to patient/client assessment, diagnosis, goals, plan of care/interventions, and evaluation.
   
   c. Retrieve and critically appraise patient/client related research to determine the best available research evidence to use in a patient’s/client’s nursing plan of care.
   
   d. Comprehend extensive information from written documents, visual and/or oral presentations, and patient/client computer information systems in order to carry out the nursing process.
e. Analyze and prioritize all aspects of patient/client care in a prompt and timely fashion.

f. Synthesize objective and subjective findings and diagnostic studies in order to formulate nursing diagnoses.

g. Synthesize data to initiate a nursing plan of care which appropriately integrates patient/client preferences in order to provide appropriate, quality, and safe patient/client care.

h. Accurately follow course syllabi, assignment directions, patient/client protocols, and any action plan(s) developed by deans, faculty, administrators, or health care agency staff.

4. **MOTOR Competencies:** The Technical Standards include the ability to perform or assist with nursing interventions to provide comprehensive general nursing care and treatment in connection with the other identified professional nursing student competencies.

Rationale: Nursing student motor competencies include the knowledge, attitude, and skills necessary to provide quality and safe patient/client care to patients in all healthcare settings. Examples of motor competencies include, without limitation, the ability to:

a. Execute movements required to provide nursing care and treatment to patients/clients in all health care settings.

b. Perform and/or assist with expected nursing procedures, treatments, and medication administration, using sterile or clean techniques appropriate to the type of procedure, treatment, or medication administration (e.g., drawing medications into syringes in precise measurements; giving a medication IV, IM, or subcutaneously using the appropriate syringe or apparatus; performing tracheotomy care and suctioning; inserting urinary catheters; creating sterile fields; sterile and clean dressing changes) and administering basic life support (BLS) cardiopulmonary resuscitation.

c. Appropriately move, transfer, and position patients/clients or equipment under a variety of circumstances with or without a lift team or assistive devices during the delivery of general nursing care or in emergency situations.

d. Have the endurance to complete all required tasks during the assigned period of clinical practice in order to carry out the nursing process in the context of patient/client care delivery.

e. Physically navigate patients’/clients’ rooms, work spaces, and treatment areas with appropriate precision and speed to carry out the nursing process during the delivery of general nursing care or in emergency situations.
5. **BEHAVIORAL AND SOCIAL ATTRIBUTES Competencies:** The Technical Standards include the ability to demonstrate behavioral and social attributes in academic and in on-campus clinical and off-campus clinical settings in connection with other identified professional nursing student competencies included in the AACN’s Essentials of Baccalaureate, Master’s and Doctoral Education for Professional Nursing Practice, the National Student Nurses’ Association, Inc. ® Code of Ethics: Part II Code of Academic and Clinical Conduct and Interpretive Statements, and SU/SUCON’s student academic integrity policy.

**Rationale:** Nursing student behavioral and social attributes competencies include the knowledge, attitude, and skills necessary to provide quality and safe patient/client care in all healthcare settings. Examples of behavioral and social attributes competencies include, without limitation, the ability to:

- **a.** Conform to all requirements set forth by SU/health care agency’s affiliation agreements as well as any additional requirements of any clinical setting.
- **b.** Uphold professional nursing standards related to the student’s scope of practice.
- **c.** Conform to SUCON’s attendance and clinical dress code/professional appearance requirements for all clinical simulation and all clinical learning sessions, whether on or off campus.
- **d.** Communicate in a mature, professional, culturally sensitive, therapeutic, accurate, and effective manner with patients/clients, patients’/clients’ family members/significant others, members of the health care team faculty, staff, and peers.
- **e.** Maintain effective, appropriate, and sensitive relationships with patients/clients, patients’/clients’ family members/significant others, peers, faculty, staff, and other health care professionals.
- **f.** Work cooperatively and with honesty and integrity with peers, faculty, and members of the healthcare team.
- **g.** Adapt to changing environments and exhibit flexibility and composure in the face of uncertainties inherent in the clinical problems of diverse patients/clients.
- **h.** Use conflict resolution strategies effectively in clinical simulation, and clinical learning settings; integrate constructive criticism received in any academic or clinical setting to correct and improve nursing care and conduct.
- **i.** Correctly judge when a nursing intervention requires additional assistance and seek help in a timely fashion from the SUCON clinical instructor, preceptor, or appropriate agency healthcare team member. For urgent or emergent situations, additional assistance must be sought immediately using approved methods.

**PROFESSIONAL CONDUCT:** In addition to meeting the professional nursing competencies in the five identified domains, nursing students must:
1. Possess the ability to reason morally and practice nursing in an ethical manner as outlined in the ANA Code of Ethics for Nurses (2015).
2. Be willing to learn and abide by professional standards of practice.
4. Possess attributes that include compassion, empathy, altruism, integrity, honesty, responsibility, and tolerance.
5. Be able to deliver care to all patient/client populations including, but not limited to neonates, infants, children, adolescents, adults, developmentally disabled persons, persons with physical and/or mental disabilities, medically compromised patients, and vulnerable adults.

REASONABLE ACCOMMODATIONS FOR QUALIFIED INDIVIDUALS WITH DISABILITIES
SUCon is committed to providing educational opportunities to otherwise qualified students with disabilities to afford such students an opportunity equal to that provided to non-disabled students to achieve a desired educational outcome. A “qualified individual” with a disability is one who, with or without reasonable accommodations, meets SUCon’s academic requirements and Technical Standards. Students with disabilities are not required to disclose their disability to SUCon. However, students wishing to request reasonable accommodations must register with SU’s Disabilities Services Office to initiate the process.

Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act define a person with a disability as someone who: (1) has a physical or mental impairment that substantially limits one or more major life activities; OR (2) has a record of such an impairment; OR (3) is regarded as having such an impairment. Students are encouraged to meet with a Disabilities Services Office representative when unsure if a condition qualifies as a disability. The Disabilities Services Office determines qualified disability status and assists students in obtaining appropriate accommodations and services. Decisions regarding reasonable accommodation are determined on a case-by-case basis taking into consideration each student’s disability-related needs, disability documentation, and program requirements. While started at any time, reasonable accommodations may not be implemented retroactively. It is therefore important that students allow ample time for their accommodation requests to be processed. While SUCon will make every effort to work with students with disabilities to accommodate their disability-related needs, SUCon is not required to provide accommodations that fundamentally alter or waive essential program requirements.

Students should review the information found on the Disabilities Services Office website (https://www.seattleu.edu/disabilities-services/) or contact the Disabilities Services Office directly at 901 12th Avenue, Loyola 100, P.O. Box 222000, Seattle, WA 98122-1090, Phone: (206)296-5740, Fax: (206)296-5747; e-mail: DisabilitiesServices@seattleu.edu.
References


HEALTH REQUIREMENTS FOR THE COLLEGE OF NURSING

ALL nursing students must have current and up-to-date documentation of meeting ALL health and safety requirements for their Clinical Passport on file with the online CastleBranch.com MyCB Tracker (formerly CertifiedBackground). All requirements must be met prior to participation in patient care/clinical experience and in order to maintain a status of good standing. Students will place their background check order on CastleBranch.com and then set up their MyCB Tracker. Students will be able to view all the requirements mandated by the College of Nursing for their online tracker and Clinical Passport. Upon completion of each requirement, students are able to upload, fax or mail in their documentation to their MyCB Tracker. Once completed the requirements will be reviewed and verified online. Failure to meet the requirements and specified College of Nursing deadlines will prevent a student from entering or continuing in any nursing courses and thereby alter progression in the program.

As a nursing student, the requirements of the College of Nursing take precedence over any travel arrangements (including study abroad), job requirements, etc. In order to be eligible to participate in nursing courses, students must have a completed MyCB Tracker and Clinical Passport, be in good standing and meet all other nursing requirements and deadlines. Out of sequence students who may have completed a health packet previously, will need to complete a new packet to align with their new cohort. Prior to their return to the program of study, they should contact the Manager of Compliance to see which documents and immunizations are transferable, and which must be renewed.

Students are to keep all health records current and up to date in their online MyCB Tracker for CON Compliance and in order to complete their Clinical Passport. These documents must be available at all times in order to provide immediate verification to clinical agencies, employers and other parties as required. Students have 24/7 access to their online MyCB Tracker for convenient management. Agencies conduct zero tolerance compliance audits throughout the program and will not accept records that expire during a quarter. As a result, students are required to renew requirements months in advance of any mid-quarter expiration dates. Failure to meet the requirements and specified College of Nursing deadlines will prevent a student from entering or continuing in any nursing courses and thereby alter progression in the program and their good standing.

Washington State Registered Nursing License

RN-DNP students are required to have an unencumbered current Washington State Registered Nursing License for online verification by the College of Nursing prior to participation in clinical experiences. APNI-DNP students must have a current Washington State Registered Nursing License for online verification by the College of Nursing upon receipt of licensure and prior to entrance into the advanced practice portion of the curriculum. Annual RN License updates are verified online.

DNP students are required to have an unencumbered current Washington State Registered Nursing License, Washington State Advance Registered Nurse Practitioner License, and certification in their area of specialty as appropriate for online verification by the College of Nursing prior to participation in clinical experiences.

Professional Liability Insurance

Registered Nurses in the DNP program are required to carry Professional Liability Insurance. Students
enrolled in the Primary Care Nurse Practitioner track must carry professional liability insurance as a Nurse Practitioner Student. Students in the PSYCH track must carry liability insurance at the NP level. Students in the AGNP track need to select the Adult NP category. Students in the ACPHN track are allowed to obtain the required liability insurance at the RN level. Students enrolled in the Nurse-Midwifery track must carry professional liability insurance through Contemporary Insurance Services. APNI students must obtain such insurance upon licensure and entrance into the advanced practice portion of the curriculum. Evidence of current coverage must be on file with the online CastleBranch MyCB Tracker.

**Background Check**

You will be expected to undergo a background check through CastleBranch.com and Washington State Patrol and provide the report results before you are accepted for assignment to a clinical training site. In addition, your clinical site will require you to provide it with a satisfactory criminal background check before you begin your clinical assignment or may require you to undergo a criminal background check of the agency’s choice prior to beginning a clinical experience in that agency. It is the student’s responsibility to meet all deadline requirements specified by the College of Nursing in order to participate in any nursing courses and remain in good standing.

**CPR Certification**

Students must hold current certification in: American Heart Association - Healthcare Professional BLS Course (2 year certification). Other CPR courses are not accepted.

The AHA Healthcare Professional BLS Course is designed to teach the skills of CPR for victims of all ages (including ventilation with a barrier device, a bag-mask device, and oxygen); use of an automated external defibrillator (AED); and relief of foreign-body airway obstruction (FBAO). It is intended for participants who provide health care to patients in a wide variety of settings, including in-hospital and out-of-hospital.

Students must show evidence of proper certification prior to starting clinical practice. Any lapse in coverage will render the student ineligible for participation in classes and in clinical nursing courses. It is the student’s responsibility to meet all deadline requirements specified by the College of Nursing in order to participate in any nursing courses and remain in good standing.

**Health Assessment/Physical Examination**

Each student is required to obtain a physical examination from a licensed health care provider who, in turn, is requested to verify the student’s health status based on professional judgment as to the student’s eligibility to fully participate in the educational program of study with clients of all ages, stages of development, and who present many varied conditions/diagnoses. The clinical assignments require color recognition by testing as well as corrected vision and hearing to normal range. The extent of the physical examination is the responsibility of the health care provider. The history and physical examination report may be submitted on a form utilized by the provider, and attached to the completed health assessment / physical examination form required by the College of Nursing. Any condition which may interfere with the provision of care in the clinical setting should be discussed with the student’s clinical instructor(s) and the Associate Dean. (See Policy 90 in this Handbook for further elaboration). In most instances, this physical examination will fulfill requirements through graduation or for two calendar years. Under no circumstances will a student be allowed to progress into clinical nursing courses without meeting this requirement.
Health and Accident Insurance

Students are required to carry comprehensive health and accident insurance. Information on the Seattle University student insurance plan is available through the Seattle University Student Health Center. Students must show evidence of current health insurance coverage by providing a copy of their current health insurance card.

Students are expected to maintain continuous insurance coverage data. Evidence of current coverage can be required at any time during the program of study. Lapse of insurance coverage will restrict clinical participation, the consequences of which are the sole responsibility of the student.

NOTE: The College of Nursing is required by clinical agencies to provide evidence of coverage by a comprehensive health and accident plan which will provide continuous coverage during participation in clinical.
Immunization / Testing Requirements

This information outlines the immunizations and testing requirements while in the nursing program of study. All records must have student name, full date of birth and agency name with address or agency signature. Students will place their background check order on CastleBranch.com and then set up their online MyCB Tracker. Students will be able to view all the requirements mandated by the College of Nursing. Upon completion of each requirement, students are able to upload, fax or mail in their documentation to the online CastleBranch.com MyCB Tracker. Once completed the requirements will be reviewed and verified online.

Students are to keep all health records current and up to date in their online CastleBranch MyCB Tracker for CON Compliance and their Clinical Passport. These documents must be available at all times in order to provide immediate verification to clinical agencies, employers and other parties as required. Students have 24/7 access to their online CastleBranch MyCB Tracker for convenient management. Agencies conduct zero tolerance compliance audits throughout the program. Failure to meet the Clinical Passport requirements, specified College of Nursing deadlines or agency audits will prevent a student from participating in patient care/clinical experience and thereby alter their good standing and progression in the nursing program.

1. **TUBERCULOSIS SCREENING**

<table>
<thead>
<tr>
<th>REQUIRED RECORDS:</th>
<th>DATES OF ADMINISTRATION AND INTERPRETATION, RESULT OF TESTING WITH SPECIFIC INDURATION FINDINGS; AGENCY NAME OR HEALTH CARE PROVIDER SIGNATURE IS REQUIRED AS WELL AS STUDENT NAME AND BIRTH DATE.</th>
</tr>
</thead>
</table>

Must be completed annually by the specified College of Nursing deadline. 2 step TB Skin test: **Two** TB skin tests (each test involves two visits – one for the placement of the test and one to have the results read 48-72 hours later) within the past year OR QuantiFERON TB Gold test required. Measurement of induration, if present, must be reported in millimeters along with the lapsed time between test and reading, usually 48-72 hours. The reading must be done by the same Health Care Provider (HCP). If the student’s history or physical condition indicates the need to retest, despite negative results, a second test should be done within three weeks. If a student tests positive, a follow-up examination, chest x-ray and treatment are indicated. Reports of treatment plan and use of prophylactic drug therapy, if prescribed, must be documented. Absence of clinical disease must be verified by HCP with Annual Review and Education on symptoms of active TB form updated and kept on file.

2. **HEPATITIS B VACCINE**

<table>
<thead>
<tr>
<th>REQUIRED RECORDS:</th>
<th>DATES OF EACH INJECTION AND POSITIVE ANTIBODY TITER RESULTS; AGENCY NAME OR HEALTH CARE PROVIDER SIGNATURE IS REQUIRED AS WELL AS STUDENT NAME AND BIRTH DATE.</th>
</tr>
</thead>
</table>

Both of the following are required: 3 vaccinations AND a positive antibody titer (lab report required). The series of three injections must be spaced as follows: Dose one and two, one month apart; dose three, six months after dose one. A positive titer is required after all three doses (lab report required). If the titer is negative or equivocal, you must repeat series and provide a 2nd titer. If you cannot provide vaccination documentation and can demonstrate a positive antibody titer, a negative surface Antigen Titer is required IN LIEU of vaccination documentation.
3. **TETANUS-DIPHTHERIA-PERTUSSIS (TDAP)**

   **REQUIRED RECORDS:** Date of immunization; Agency name or health care provider signature is required as well as student name and birth date.

   Tdap immunization or booster within the last 10 years. (Td is not accepted.)

4. **MEASLES / MUMPS / RUBELLA (MMR)**

   **REQUIRED RECORDS:** Date of two immunizations or positive antibody titer for all three components; Agency name or health care provider signature is required as well as student name and birth date.

   One of the following is required: 2 vaccinations OR positive antibody titer for all 3 components (lab report required). If any titer is negative or equivocal, you must receive 1 booster shot and provide a 2nd titer.

5. **CHICKENPOX / VARICELLA**

   **REQUIRED RECORDS:** Date of two immunizations or positive antibody titer; Agency name or health care provider signature is required as well as student name and birth date.

   One of the following is required: 2 vaccinations OR positive antibody titer (lab report required). If the titer is negative or equivocal, you must receive 1 booster shot and provide a 2nd titer. (History of disease is not accepted.)

6. **INFLUENZA**

   **REQUIRED RECORDS:** Date of immunizations or approved declination waiver; Agency name or health care provider signature is required as well as student name and birth date.

   One of the following is required: documentation of a flu shot administered during the current flu season OR a declination waiver. Declination waiver must be completed on school form. Flu Declination Forms are available by permission only.

7. **ADDITIONAL IMMUNIZATIONS**

   Additional immunizations may be required based on the agency or program of study. It is the student’s responsibility to meet all requirements specified by the clinical agency as well as the College of Nursing in order to participate in any nursing courses and remain in good standing. If students participate in international field experiences, additional immunizations may be required. The Center for Disease Control and Prevention Travel Advisory Guidelines for the specific region or country will be used to determine requirements.
Seattle University and College of Nursing Resources

College of Nursing Clinical Performance Lab

Student Orientation to the Clinical Performance Lab

Background:
Located at James Tower on the Swedish Medical Center Providence Campus, the College of Nursing has an extensive facility housing a basic skills, advanced skills, practice, simulation, community, and computer labs. Lab hours are posted at the front desk in the lab. The facility is typically open 7:45 am - 4:30 pm Monday through Friday, but this is subject to change based on course schedules. Students are expected to comply with the Clinical Performance Lab student expectations.

The CPL is a state-of-the-art student-centered environment with specific learning spaces to meet the changing needs of nursing students. Each space in the CPL is carefully designed to create realistic simulated learning environments. Students are expected to come to the CPL professionally dressed and prepared.

Student Information and Expectations

Appearance
- Students are expected to dress in general professional attire while at the CPL. The CPL is in a professional outpatient care facility and students entering our lab are representatives of Seattle University.
- Professional attire is defined as no low-cut tops, miniskirts, sweatpants, or bare midriffs. Professional denim (no rips or holes) is allowed.
- If working in a clinical area of the lab where sharps are present (e.g. Ellipse, Outpatient Clinic, Practice lab, and Simulation Suites) closed toed shoes are required for student safety.

The CPL is a “Scent Free Zone.” In order to prepare our students for the clinical setting, we ask that no colognes, perfumes, or scented lotions be worn to the CPL. We hope to provide healthy, fragrance free air for those who have allergies, asthma and sensitivities. Students are expected to maintain personal hygiene and be well-groomed.

Computer Lab
- The computer lab is open for students to use for research, email, etc when not in use by a scheduled class. There is no food or drinks allowed in the computer lab.
- There is a print-release station by the front desk area that can be used with your student ID.
- Students are to log-off the computer when finished.

Equipment & Supplies
- Healthcare equipment and supplies may be checked out from the lab for use on community and scholarly projects by filling out the CPL Proposal for Obtaining Equipment and Supplies (see Appendix G). A variety of healthcare equipment and supplies are also available for student use in the CPL and can be reserved for on-site use by requesting them at the front desk, calling 206-296-2394, or by email CPL@seattleu.edu

Late & Lost Items
- Items checked out from the CPL must be returned by the due date specified during the check-out procedure. Due to high demand, some items may be checked out for only 24
hours and others may be checked out for a week. Grades are held for individual students at the end of the quarter until ALL items are turned back in to the CPL.

**Food and Drink**
- Eating or drinking is **freely permitted** in the student lounge, conference room, Bistro area, and the classrooms.
- For the Practice lab and Outpatient clinic, students are welcome to have food and drink, but all items must be kept at the table and away from all clinical equipment.
- In the simulation suites and computer lab, no food or drinks are allowed, including bottled water.
- When in the ellipse, students are expected to have a secure, screw top lid to any drink items. No disposable drink containers...including Starbuck disposable drink cups. No food items are permitted in the Ellipse.
- Students are expected to exercise care to prevent spills or stains on the furniture and carpet, and are to dispose of their garbage appropriately.
- The Swedish Medical Center cafeteria and a Starbucks are located on the first floor of the hospital and are open to all Seattle University Students. Microwaves are available for use.

**Maintaining the Environment**
- Students are expected to:
  - Clean up after themselves when finished working in the lab
    - Dispose of garbage
    - Return supplies and equipment to the table or designated location
    - Straighten up lab section area including lower beds, straighten out bed linens, assure one over-bed table and stool are at each bedside station, and replace paper on exam tables.
    - Remove all personal items
  - Return furniture that is rearranged or moved to the original set up and location.
  - Report broken or non-functioning equipment and furniture to a faculty member so the items can be pulled out of service for repair.
  - Use bulletin boards to post materials that have been approved by the Administrative Assistant. Nothing is to be posted or attached to the walls in the CPL or James Tower.

**Restrooms & Lactation Room**
- Restrooms for student use are located by the elevators outside of the Lab. There is a private bathroom on site within the CPL that is open to all.
- Right next to the bathroom is a dedicated lactation room for pumping and human milk storage. The lactation room has a chair, sink, storage cabinets, and dedicated refrigerator for human milk storage.

**Safety**
- No invasive procedures (except injections) are to be performed on students or faculty. This includes no peripheral IV insertions, nasogastric tube insertions, or other invasive devices or procedures.
- Standardized patients are to complete the appropriate consent forms.
- Students may practice using sharps only under the direct supervision of a faculty or simulation lab staff member.
- Sharps are to be disposed of immediately after use in the approved sharps container.
- Infectious waste (Blood, body fluids and materials contaminated with blood or body fluids) is to be disposed of according to OSHA and WISHA standards.
• Students will comply with all Emergency (Fire, Disaster, Evacuation, etc) Policies and Procedures.

**Shuttle Service**

• Students can use the Swedish Shuttle (space available) to travel between the Swedish Medical Center First Hill campus and Swedish Medical Center-Cherry Hill. The shuttle service is primarily for patients. Students may only use if there is room available.
• The Shuttle schedule including departure/arrival locations is available under the Student Tab on the College of Nursing public website (http://www.seattleu.edu/nursing/).

**Student Accessible Space**

Students may reserve any of the following areas by contacting CPL@seattleu.edu:

- Student Lounge
- Ellipse – Basic Skills Labs
- Practice Lab
- Computer Lab
- Reflection Area
- Conference Room
- Classrooms-Redhawk and Mountain
- Outpatient Clinic

Students have **restricted** access to the following areas:

- Simulation rooms – Pediatric and Adult simulation suites, and Community Apartment

**No** student access to the following areas:

- Faculty and Administrative Area
- Supply and Equipment Storage Rooms

---

**Clinical Performance Lab – Emergency Procedures**

**CPL Emergency Procedures:**

Background: The College of Nursing Clinical Performance Lab (CON CPL) is a part of the Seattle University (SU) campus, although it is located six blocks east of the main campus in the James Tower at Swedish—Cherry Hill. In an emergency, the tenants in James Tower follow the emergency procedures of Sabey (the building property manager) which coordinates with the City of Seattle public emergency services. For any emergency, Seattle University Public Safety should also be notified (206-296-5911). The following sections outline emergency procedures that should be followed by all staff, faculty, students, and visitors to the CON CPL. These emergency procedures have also been submitted for inclusion in the CON Handbooks: the BSN Handbook, the MSN Handbook, the DNP Handbook, and the Faculty Handbook. The emergency point of contact for the CON CPL is the Operations Coordinator or CPL Director. The emergency point of contact for the CON (Garrand and in general) is the Director of Budget and Operations.

Emergency Phone Numbers

From land lines inside the CPL, DIAL 9-911 from any phone to summon emergency services (fire, rescue, police, etc.). If you call 911, please also call the front desk or the Operations Coordinator to inform the
lab. This will facilitate other notifications and allow us to send someone to wait downstairs to direct emergency personnel.

Emergency Exits
The CPL is equipped with three exits, all suitable for use in an emergency:

- **The front (glass) doors.** (Note there is an emergency exit button on the wall (a) to the right of the front door while facing them from the inside, and (b) on the wall behind the reception desk. The door is equipped with a motion sensor which releases it when locked once a person activates the motion detector. If this mechanism fails, press one of the emergency exit buttons to release the door.)
- **The Computer Lab emergency exit.** Located at the back of the room.
- **The Bathroom/Lactation Room hallway emergency exit.** Located at the end of the short hall between the Outpatient Clinic and the Computer Lab.

The only exit used on a regular, non-emergency basis is the front door.

Evacuation Routes

**From the front (glass) doors:** Proceed straight ahead to the elevator banks, turn right before the elevators and go down the stairwell to the first floor. Exit the building through the lobby.

**From the Computer Lab emergency exit:**
1) Proceed straight ahead, past the Neurology Clinic entrance (Suite 400), turn left and pass the elevator bank, turn left immediately after passing the elevators and go down the stairwell to the first floor. Once on the first floor, head outside to 18th and Cherry Street.

OR

2) Turn 180-degrees and proceed down the long corridor, past the Swedish Center for Nursing Excellence and enter through the double doors into Swedish Medical Center. Continue walking straight ahead, through the nursing unit, until it dead-ends at a corridor. Turn right or left at this corridor; there are emergency exits at either end.

**From the Bathroom/Lactation room hallway emergency exit:**
Turn right and proceed down the long corridor, past the Swedish Center for Nursing Excellence and enter through the double doors into Swedish Medical Center. Continue walking straight ahead, through the nursing unit, until it dead-ends at a corridor. Turn right or left at this corridor; there are emergency exits at either end.

**For non-ambulatory** employees, students, or visitors: Exit as from the Bathroom/Lactation Room to Swedish Medical Center to await assistance from emergency personnel.

Additional Emergency Exit:
If the main stairwell is blocked or otherwise compromised, there is an additional exit stairwell inside the Neurology Clinic office in Suite 400. Their Safety Officer will assist in accessing this stairwell in an emergency.

Earthquakes and other shelter in place emergencies:
In the event of an earthquake, immediately take cover under a sturdy table, desk, or other available shelter and hold on. Stay away from windows and glass. Protect your head and upper torso as much as
possible. Danger from an earthquake in a modern building is from breaking glass or falling debris from ceilings or cupboards. Do your best to take shelter away from these hazards. When the shaking has stopped, slowly count to 10 to give time to assess your safety and the safety of the area around you. After-shocks are to be expected. Stay as quiet as possible to facilitate communication of further directions. After an earthquake or other shelter in place emergency, do not exit the building until the all clear has sounded.

**Safe Room:**
In a shelter-in-place or violent intruder situation, the Computer Lab, or designated space, should be utilized as a “safe room”. If a situation arises that requires the faculty, staff, and students to shelter in place, a CPL team member will walk through the lab and announce “Shelter in Place”. This will not be repeated, please immediately move to the safe room (our computer lab). Faculty should make sure all students have heard the announcement. If you hear a disturbance that warrants safety measures to commence, do not wait for the announcement and begin moving you and your group to the safe room as quietly and quickly as possible. The Computer Lab door locks from the inside and there is an emergency exit at the rear of the room (see Emergency Exits and Evacuation Routes above). This room is also equipped with basic emergency supplies, to minimally include a fire extinguisher and flashlight.

**Emergency Equipment:**
The SU Campus Emergency Kit (issued by Public Safety) is a large red backpack stored in the Electrical Closet by the front entrance. The kit contains basic emergency response supplies and will be brought by the Operations Coordinator or designee to the “Safe Room” or evacuation site in an emergency.

Fire extinguishers are located:
- Outside the Student Lounge
- Outside the Mountain classroom, across from the “Bistro” area
- Immediately outside the entrance to the Faculty/Administrative Office Area
- In the Practice Lab, at the hand sink
- In the hallway alcove between the Computer Lab and the Supply Closet entrances
- At the Lab Tech Desk

Eye Wash stations are located in each examination room in the Outpatient clinic area and in the Lactation room.

A Public Safety two-way radio (and charging station) is located at the first faculty touchdown space in the Faculty/Administrative Office Area (first desk on your left upon entering). This radio is to be used during an emergency only and connects only with the SU Public Safety Office.

First aid kits are located:
- At the faculty touchdown space in the Faculty/Administrative Office Area
- In the Student Lounge

If you have any questions or concerns about CPL emergency procedures, please contact the Operations Coordinator at 206-296-2384.
For general information about Seattle University’s Campus Public Safety please see: [http://www.seattleu.edu/safety/](http://www.seattleu.edu/safety/)
Seattle University Computer Labs and Services

Please check the ITS website for current hours of on-campus computer labs:
https://www.seattleu.edu/its/

James Tower Computer Lab:
- Monday-Friday: 7:45am – 4:30pm
- Saturday: Closed
- Sunday: Closed

HELP DESK
(206) 296-5571 or e-mail: helpdesk@seattleu.edu

Lemieux Library
The library supports the DNP program with its collection of printed materials and computer databases. The print collection of more than 200,000 volumes has a strong concentration of nursing and related disciplines. The library may be accessed from the CON computers, the library computer workstations, the campus network, or from off-campus by modem. The library homepage is:
https://www.seattleu.edu/library/. The library has access to many databases and inter-library loan systems, as well as computer access to other libraries. A tutorial on the libraries services is also available on the website. The new, renovated library opened fall 2010.

Copy Machines
Coin operated copy machines are available for student use in the Library, the Student Union Building, and Reprographics. There are also student ID card print stations on campus, and in the CPL by the Reception area.

The McGoldrick Collegium
The McGoldrick is the home for graduate, non-traditional, undergraduates (25 years and older), and military veteran students from all academic programs.

The McGoldrick is a space that offers a quiet, comfortable, engaging, and fun location for our members. It is located on the first floor of the Hunthausen building.

Members of the McGoldrick Collegium can enjoy an outdoor patio, and proximity to shops and restaurants on 12th Ave such as The Chatterbox Café (perfect for some bubble tea), Café Presse (for some yummy French cuisine) and Stumptown (for a quality cup of java).

The McGoldrick Collegium is open Monday – Thursday 7:30AM – 7:30PM, Friday 7:30AM – 4:00PM

Counseling & Psychological Services
The counseling center offers individual, couple and group counseling for those students who may be experiencing issues such as anxiety reactions, depression, relationship stress or life changes. Various workshops are offered during the academic year on subjects related to issues such as self-esteem, conflict and assertiveness. Counseling is free of charge to enrolled students and confidentiality is maintained except by written consent or if required by law. Call (206) 296-6090 for an appointment.
**Student Health Center**
Staff at the Seattle University Student Health Center offer primary care services to graduate students Monday through Friday during regular business hours. Most services are free, although nominal fees are charged for physical examinations and laboratory tests. Appointments are required, and are usually available on a same-day basis. The Student Health Center is open during Fall, Winter, and Spring quarters. Hours are limited during summer quarter. For an appointment, call (206) 296-6300.

**Learning Assistance Center/Writing Center**
The Learning Center offers academic support to all Seattle University students. Opportunities are provided to refine strategies so that study and learning are more effective. Workshops on test taking and study techniques are offered quarterly. Peer tutoring and critique of term papers are available for no charge through the Writing Center. Telephone # is (206) 296-5740.
http://www.seattleu.edu/learning-assistance/

**Sigma Theta Tau**
Sigma Theta Tau is the International Nursing Honorary Society, with chapters in universities and colleges throughout the world. Acceptance for membership is based upon the individual's record of scholarship, excellence in clinical practice, and potential for leadership in nursing. Eligibility for doctoral student membership is based on the by-laws and addresses scholarship and completed credits in your specific program of study. For membership in the Alpha Sigma Chapter, Sigma Theta Tau, contact the assigned faculty counselor within the College of Nursing. Doctoral students are eligible to apply for the Eileen Ridgeway Scholarship awarded each year by Alpha Sigma Chapter.

**Scholarships and Financial Aid**
Financial assistance is available to new and continuing students to help with education and living expenses. To qualify for financial aid, students must file a Financial Aid Form with the College Scholarship Service each year. There are essentially four types of financial aid given to students: scholarships, grants, loans, and work-study opportunities. Details for all financial aid can be obtained through the University Financial Aid and Student Employment Office and online at Student Financial Services. All scholarship options sent to the College of Nursing are forwarded to Financial Aid for access.
https://www.seattleu.edu/financial-aid/

**Campus Store**
The Campus Store is located in the University Services Building. Here you will find textbooks, supplies, snacks, greeting cards, and Seattle University logo items, such as lab coats, sweatshirts and bumper stickers. It is open until 7:00 p.m. several nights per week to accommodate graduate students. Check the bookstore door for current hours of operation. http://www.bkstr.com/seattleucampusstore/home

**Campus Assistance Center**
The center’s primary goal is linking people with information and resources. Conveniently located in the Student Center, the CAC is accessible to day and evening students.
**Dining**
Food service is provided on campus in the Student Center through our caterer Bon Appetit. Café service is available in the Pigott Atrium and in the Law School. A variety of other establishments are within walking distance.

**International Student Center**
The International Student Center coordinates student clubs, international dinners and other special events. It also provides emergency assistance, immigration information, counseling and much more. International students are responsible for maintaining contact with the ISC (206) 296-6260.

**Office of Multicultural Student Affairs**
The Office of Multicultural Student Affairs promotes an understanding and appreciation for cultural diversity in the university community. It advocates for the personal, academic and social success of American ethnic students. In addition, the office sponsors programs such as Martin Luther King, Jr. Week, Cinco de Mayo celebrations, and a Native American Powwow. Telephone (206) 296-6070.

**Campus Ministry**
The Campus Ministry team develops faith community, provides pastoral care, reaches out to serve others, promotes social justice, and celebrates God’s presence through worship and fellowship. Campus Ministers foster opportunities for personal and spiritual growth through educational offerings, international service experiences, and a variety of retreat programs. Telephone (206) 296-6075.

The Chapel of Saint Ignatius provides a spiritual home for the university’s Catholic faith community, with daily and Sunday liturgies.

**Recreation / Sports**
All graduate students are invited to use the Connolly Center, a comprehensive recreation facility with two full gymnasiums, two swimming pools, a complete fitness center and weight room, an astrogym for indoor tennis and soccer, racquetball courts, and two squash courts. [http://www.seattleu.edu/recreation/](http://www.seattleu.edu/recreation/)

**Parking**
Fees are charged for use of on-campus parking facilities at Seattle University. Parking permits can be purchased each quarter from the Department of Public Safety in the University Services Building (206) 296-5990. It is possible to purchase a five day pass which can be used for dates of your choice. Permits are generally sold the first week of classes. [https://www.seattleu.edu/transportation/parking/](https://www.seattleu.edu/transportation/parking/)

**University Services Building**
This centrally located building houses the Bookstore, Registrar, Department of Public Safety, and Student Financial Services.
Public Safety Department
The Public Safety Department located in the University Services Building, provides 24 hour security for the University campus community and its facilities. The staff are trained professionals who are available to assist the community in a variety of safety and security related areas, including:

- CPR/First Aid
- Safety Escort Services
- Crime Prevention Information
- Crime Statistics
- Hazardous Materials Communication
- General/Occupational Safety Information
- Criminal Incident Reporting and Investigation
- Personal Property Identification
- Bicycle Registration
- Lost and Found
- Other Areas of General Assistance to the Campus Community

PUBLIC SAFETY DEPARTMENT COMMUNICATION CENTER: (206) 296-5990
PUBLIC SAFETY DEPARTMENT EMERGENCY: (206) 296-5911
Appendix A

Faculty Biographical Sketches
Bonnie Bowie, PhD, MBA, MSN, RN is an Associate Professor in the College of Nursing. Her areas of research include precursors that may put children and/or adolescents at risk, creating community partnerships to build healthier communities and management of health systems. Her doctoral work examined the association between emotion regulation and relational aggression as a pathway to deviant social behaviors. Dr. Bowie has duel Master’s degrees in business and nursing administration from the University of San Diego (1986) and has spent a large portion of her nursing career in administrative roles. She received her PhD in nursing from the University of Washington in 2007.

Brenda Broussard, PhD, RN, IBCLC is an Associate Professor who specializes in women’s health, maternal-child health, eating disorders, lactation and breastfeeding, community health, and qualitative research methods. Dr. Broussard's most recent scholarship focuses on eating disorders in the maternal population and examines pregnancy and neonatal outcomes. She is also interested in childhood obesity and community-based research.

Katherine Camacho Carr, PhD, ARNP, CNM, FACNM, FAAN is a Professor and the DNP Internship Coordinator, whose interests focus on women’s health, maternal child health care and education of advanced practice nurses, especially nurse practitioners and nurse-midwives. Her scholarly work focuses on instructional design, pedagogical strategies, and the use of computer distributed learning, as well as other innovative strategies in teaching and learning. Dr. Carr has a special interest in cervical cancer screening and maternal child health care in low resource settings. As an experienced nurse-midwife she is also prepared as an international consultant to assist developing communities with safe motherhood and child survival training.

Terri Clark, PhD, CNM, ARNP, RN, FACNM is an Associate Professor in the College of Nursing and the lead faculty for the nurse-midwifery track. Her clinical expertise is in nurse-midwifery and global health, including HIV care. Her areas of research expertise include sociolinguistics, social control and ethics in society. She also has done perinatal outcome database development for global health settings. She has a BA in Philosophy from Yale College, an MSN in Nurse-Midwifery and Newborn Health from Yale University School of Nursing, and a PhD in Sociology from the University of California, San Diego.

Janiece DeSocio, PhD RN, ARNP, PMHNP-BC, FAAN is an Associate Professor and the Track Lead of the Doctor of Nursing Practice Program. Prior to her time at SU, she was program director and faculty for the University of Rochester and Oregon Health and Sciences University. She earned her Ph.D. in Nursing from the University of Rochester and is a Psychiatric Mental Health Nurse Practitioner. Her practice specialty is with children and families. Dr. DeSocio publishes and conducts research in the area of childhood-onset eating disorders.

Michael L. Huggins, EdD, PhDc, ARNP, (GNP-BC; FNP-BC), FAANP joined the college in 2013 as the Associate Professor and Adult/Gerontological Advanced Practice Nursing track lead. Prior to coming to Seattle University, he was Associate Professor and FNP Program Director at Bellarmine University in Louisville, Kentucky. He earned his EdD at Spalding University in Louisville, KY. He is also a PhD candidate at the University of Kentucky, where his research explores the impact of impediments experienced by gay men in health care environments. He is a Gerontological Advanced Practice Nurse (Vanderbilt University, 1997) with a post-master’s certification as a Family Nurse Practitioner (Northern Kentucky University, 2004). Dr. Huggins’ program of research explores the phenomenon of stigma, and how it affects health
care resource delivery to vulnerable populations. Dr. Huggins is a Fellow in the American Academy of Nurse Practitioners, inducted in 2012.

Anita Jablonski, PhD, RN, CNE is an Associate Professor, who joined the College of Nursing faculty in 2004 following completion of her PhD at Michigan State University. While at MSU, she worked for a time as a research assistant at the End of Life Center. This work fostered an interest in palliative care and symptom management. Her dissertation examined the symptoms experienced by patients with end-stage renal disease on hemodialysis. She is currently co-investigator of a NINR funded randomized controlled study focusing on management of pain in elderly residents of nursing homes.

Lauren Valk Lawson, DNP, RN is a Clinical Instructor and Professor who holds a Master of Nursing in Community Health with a specialty in Cross Cultural Nursing. Her areas of interest include Public Health, community assessment, program planning and implementation, maternal/infant health and lactation, health care issues of vulnerable populations in particularly related to immigration. She is currently working with a faith-based organization on a scholarly project to complete an assessment and implementation of services to a homeless population in Lake City.

Susan B. Matt, PhD, JD, MN, RN, CNE is an Associate Professor in the College of Nursing. Her clinical background is in neurological and rehabilitation nursing and she is also an attorney whose practice focuses on disability law. Her research is on nurses with disabilities and disability climate in hospital workplaces. She also has a strong interest in legal and ethical issues in health care.

Benjamin Miller PhD, ARNP, FNP, ACNP joined the college of nursing as lecturer in 2012 and was promoted to assistant professor in 2013. Currently Dr. Miller is the track lead for the Family Nurse Practitioner program. Prior to coming to Seattle University, Dr. Miller completed his PhD from Washington State University in 2013, while conducting his research in Tanzania examining the prevalence of Type 2 Diabetes and the involvement of globalization on chronic disease. He completed a dual focus Master’s degree from Washington State with a focus as a Family Nurse Practitioner and Acute Care Nurse Practitioner. Dr. Miller has extensive clinical experience in Emergency Nursing, critical care, Cardiology, and family practice. His research interests are chronic diseases in underserved populations and advance practice nursing education & clinical practice.

Carrie Westmoreland Miller, PhD, RN, CHSE, CNE, IBCLC is the Clinical Performance Lab Director. Dr. Carrie Miller has received her PhD in Nursing from Washington State University in 2013. She has over twenty-five years of clinical experience in maternal child nursing and has held positions as clinician and educator in maternal child and simulation at Washington State University and the University of Montana. Dr. Miller has research interests in the use of simulation in nursing education, clinical education, infant feeding, and breastfeeding.

Patrick Murphy, PhD is an Associate Professor whose research interests focus on pharmacological aspects of patient care. His ongoing work funded through the National Institutes of Health includes translational research spanning from laboratory bench to patient bedside and involves elucidating the molecular mechanisms of glucocorticoid-mediated cellular signaling and its clinical implications. A second program of study involves advancing health literacy among health disparity populations in Washington State using educational participatory action research. Recent student projects include ones identifying the cardioprotective effects of molecular chaperones during ischemia-reperfusion injury; exploring potential
ARNP roles in obtaining and utilizing pharmacogenetic information in primary care settings; and developing highly accessible educational information on health effects of illicit drugs.

Steven J. Palazzo, PhD, MN, RN, CNE, joined the College of Nursing as an Assistant Professor in 2011. Dr. Palazzo earned an Associate in Nursing (ADN) from Shoreline Community College, a Bachelor of Science in Nursing (BSN), a Master in Nursing (MN), and a PhD in Nursing Science from the University of Washington. He has eight years of clinical experience in critical care. Dr. Palazzo’s current research and scholarship focuses on developing and implementing a sustainable interdisciplinary program of cardiovascular health promotion and disease prevention aimed at creating a culture of wellness in adolescents from underserved communities. Teen Take Heart (TTH) www.teentakeheart.org was developed in partnership with the Hope Heart Institute. Dr. Palazzo is keenly interested in establishing multidimensional service-learning opportunities for faculty and students interested in improving adolescent health literacy. Dr. Palazzo is one of just 12 nursing educators from across the United States to win a highly competitive grant from the Robert Wood Johnson Foundation (RWJF) Nurse Faculty Scholars program (2013-16). His other noteworthy achievements include recognition as the Sauvage Fellow with the Hope Heart Institute, Nurse Faculty Leadership Academy Fellow for Sigma Theta Tau International, and the 2013 recipient of the Hope Heart Endowed Fellowship.

Maria Pettinato, PhD, RN is an Associate Professor and an experienced faculty member teaching Pathophysiology, Neurobiology, and Med/Surg nursing in both undergraduate and graduate programs on the east and west coast of the United States for the past 21 years. Her research interests focus on sexual minority health issues. Her scholarly work focuses on addiction, substance abuse, and mental health issues within the lesbian community. Dr. Pettinato is an expert in Grounded Theory research methodology.

Mo-Kyung Sin, PhD, RN, is an Associate Professor in the College of Nursing whose interests focus adult/older adult health and research methodology. Her research interests include health promotion, cardiovascular disease, exercise, depression, biophysical measures, and Korean immigrant health. She has done several studies to promote cardiovascular health in minority communities in Washington. She has taught research methodology, health assessment, and clinical practicum.

Toni M. Vezeau, PhD, RNC, IBCLC is an Associate Professor whose clinical interests include maternal-child populations, health care for Hispanic and Latino populations, and lactation. She has researched and published on theories of caring, legal and ethical issues in maternal-child care, illicit drug use and literacy issues within maternal-child populations. She previously has worked at the University of Colorado, combining practice, teaching and research.

Danuta M. Wojnar, PhD, RN, MED, IBCLC, FAAN is an Associate Professor and a Robert Wood Johnson Nurse Executive Fellow, whose program of research and clinical interests focus on vulnerable and underserved populations’ health and health care, as well as, excellence of advanced practice nurses. Teaching interests include research, conceptual frameworks, as well as, culture and vulnerability. As an experienced obstetrical nurse and IBCLC Dr. Wojnar is prepared as an international consultant and assessor to assist hospitals and communities with achieving “Baby Friendly” designation.
Appendix B

Progression Committee Description
Progression Committee

I Purpose

A. To facilitate undergraduate and graduate students’ successful completion of their academic program.
B. To provide consultation to faculty on issues related to student progression.
C. To implement programs and policies related to student progression.

II Functions

A. Reviews at risk forms forwarded by the Undergraduate and Graduate faculty and/or Associate Deans for Undergraduate, Graduate and DNP Programs to identify patterns of unethical, unprofessional, or unsafe conduct and/or unsatisfactory academic performance that puts student at risk for non-progression.
B. Assists faculty, advisors, and students to plan for academic success.
C. Makes recommendations regarding progression, dismissal and readmission of students with academic and/or conduct difficulties to the Dean. Deans have the final dismissal authority.
D. Makes recommendations to the Faculty Assembly regarding programs and policies that promote students’ academic success and professional behaviors.
E. Develops and implements a systematic process for review of students-at-risk for failure to progress, and periodically evaluates the process for effectiveness and efficiency.
F. Writes committee report at the end of the year.

III Membership

A. Three faculty members, representing both undergraduate and graduate programs, and ex officio members including the Associate Deans. All members must have at least two years of full-time teaching experience.
B. Committee members elect the Chair.
C. Faculty and students will be invited to meet with the committee as deemed appropriate. Invited faculty will be considered non-voting consultants.

IV Meetings

A. Chair calls the meetings
B. Meetings are held monthly or as needed.
C. Voted Action is based on a simple majority (quorum must be present)
D. Minutes are recorded, distributed and filed according to the procedural guidelines in the CON Faculty Handbook.
Appendix C

DNP Portfolio Guidelines
Portfolio Requirements and Guidelines

I Introduction

The DNP E-Portfolio is a required deliverable within the DNP program. The DNP E-Portfolio is an electronic compilation of student accomplishments throughout the program of study, an account of the internship experiences, the final DNP project, as well as the student’s own reflections of their academic experience. Students should be saving an electronic version of all coursework completed during the DNP program and uploading final products to their portfolio, especially if they are claiming internship hours for completing key assignments.

II Purpose of the DNP Portfolio

The DNP Portfolio is used as a comprehensive, competency-based assessment for DNP students that follows their academic progress. The DNP Portfolio objectively documents and demonstrates the student’s accomplishment of program objectives, Seattle University Graduate Learning Outcomes and the attainment of the DNP Essentials (American Association of Colleges of Nursing, 2006).

III Contents of the DNP Portfolio

Students should initiate the electronic portfolio at the beginning of the DNP Program. Documents and other entries should be made continuously by the student in each course. The portfolio will be complete at the end of the program. The portfolio may include:

- Introductory page with photo brief bio and any other pertinent information
- Curriculum Vitae or Resume
- Development Plan
- Scholarly papers, presentations or deliverables from each course that meet one or more of the program learning outcomes and/or the DNP Essentials (see approved list of DNP Internship Hours in DNP Courses below)
- Final approved DNP project proposal; final DNP project paper and oral presentation/powerpoint or poster in digital form
- Summary of all internship experiences and hours on the DNP Internship Template, downloaded from Google docs and uploaded into the Pathbrite DNP E-Portfolio.
- Reflective, narrative of your scholarly and clinical practice growth related to the Seattle University DNP Program Learning Outcomes and the DNP Essentials for Advanced Practice Nursing periodically throughout the program.

See FORM B for specific portfolio content.

IV Formative & Summative Evaluation of the DNP Portfolio

- The student’s advisor/committee chair and the DNP internship coordinator will provide formative evaluation of the DNP Portfolio each quarter at midterm and end of the quarter, while course faculty will evaluate individual scholarly papers, presentations or course deliverables.
- A draft DNP Project Proposal is jointly approved by the faculty and the DNP Project Committee Chair but it is not finalized and approved by the entire DNP Project Committee until NURS 6701 (and then orally presented).
- The student’s DNP Project Committee will provide formative and summative evaluation of the DNP project proposal and the final DNP Project Paper and Presentation.
- The DNP internship coordinator, along with the DNP Lead Faculty, will assess the DNP Portfolio and transcripts for evidence of satisfactory completion of program and degree requirements and make a recommendation for final approval to the Associate Dean for Graduate Studies.
Pathbrite Step-by-Step Directions to Create an e-Portfolio

1) Log into Canvas with your SU username and password

![Seattle University Canvas login page]

2) On the top left you will see your photo with the word “Account,” click that button
3) After you click “Account” a side window will appear like below. Click the “ePortfolios” option.

4) The window below will appear then click the “Pathbrite Portfolio” option.

What’s an ePortfolio?

ePortfolios are a place where you can display and discuss the significant submissions and experiences that are happening during your learning process. You can use an ePortfolio to:

- Display the papers you’re proud of for more than just your instructor to see
- Talk about all the thought and work that went into your class submissions
- Gather an overview of your educational experience as a whole
- Share your work with friends, future employers, etc.

ePortfolios can be public for everyone to see, or private so only those you allow can see, and you can change that setting at any time.

Ready to get started? Click the button.

Create an ePortfolio
5) You will then be lead to this page. Click the “Create Your First Portfolio” button

6) Click the “Create New Portfolio” button, then name/describe the type of portfolio, then click “next”
7) **Add Work Tab**: Once you click next, you will then be prompted to upload any kind of document that is relatable to your portfolio on this page. **NOTE**: Pathbrite supports many different file types including standard JPEG, PNG, PDF, Word Document, etc. in addition to YouTube videos, Facebook images, LinkedIn profile, etc.

**Options include:**
- Images
- Text
- Video
- Documents
- Web Link
- Miscellaneous

**You may also simply “drag & drop” (drag a file directly from computer desktop and drop to upload site) files into the center box to upload a file.**
8) Once you have selected a file to be uploaded, hover over the uploaded file to access editing/adjusting options for the file. Then, name/describe the file as necessary.

****** Edit Item: this is to add title, description, and items into the specific file
Adjust Image: this is change the adjustment and presentation of the visual image used for the document
9) **Style & Setting Tab**: Before completing your portfolio, this step will aid you in finalizing appearance, privacy, and linking settings necessary for your preference. NOTE: There are tabs designated for different types of settings.

- **Layout**: Change the layout (visual organization appearance of portfolio) between Patchwork, Bricks, Pyramid, and Grid appearance
- **Theme**: Change overall approach for how your portfolio is viewed between Light, Dark, and Resume theme
- **Categories**: Organize which files (applicable to multiple files) in your portfolio will appear under between Highlights, Skills & Experience, Knowledge, and Passions **also to note: there is an option to add even more categories for preference**
- **Portfolio Settings**: change the privacy, link sharing, and activity of viewers. Portfolio Visibility allows access to either public or private viewers (indicated by portfolio creator). Allow Comments allows comment activity and how it will be viewed between creator and viewers of portfolio. Show Download Link allows for access to a download link of specific portfolio.
- **Contact Links**: Adding personal contact information for viewers of the portfolio to get in touch with creator. Hit “save” if information is added.
10) Click “Done Editing” to confirm all uploads and settings for your portfolio. The portfolio will always be editable—this just ends the current production session. Your portfolio is done!
Pathbrite Step-By-Step Directions to Share Your Profile

1) Log into Canvas with your SU username and password.

2) On the top left you will see your photo with the word “Account,” click that button
3) After you click “Account” a side window will appear like below. Click the ePortfolios option.

4) The window below appears, click the Pathbrite Portfolio Option.

5) The next window will have your name, please click the button next to your picture, highlighted in the picture below.
6) A new window will appear prompting you to share your profile. Type in the “Email Address” box the email you would like to share with. Then click the orange “Share” button.
## DNP Internship Hours in DNP Courses

<table>
<thead>
<tr>
<th>New (Old) Course Number</th>
<th>New (Old) Course Title</th>
<th>Portfolio Key Deliverable</th>
<th>Internship Hours</th>
<th>Program Objectives</th>
<th>DNP Essentials</th>
</tr>
</thead>
<tbody>
<tr>
<td>N6130 (6130)</td>
<td>Foundations of Nursing Knowledge (Philosophy of Science)</td>
<td>Philosophy of Science /Philosophy of Nursing paper anticipating DNP Project design or conceptual framework</td>
<td>Max 10 hrs.</td>
<td>1, 4 &amp; 8</td>
<td>I, V</td>
</tr>
<tr>
<td>N6017 (6017)</td>
<td>Finance &amp; Healthcare (Healthcare Economics &amp; Finance)</td>
<td>Use an appropriate financial tool to perform a financial analysis for a clinical solution (related to the DNP Project)</td>
<td>Max 30 hrs.</td>
<td>1 &amp; 5</td>
<td>II.1, II.2, V.6</td>
</tr>
</tbody>
</table>
| N6111 (6011)            | Informatics (Introduction to Nursing Informatics)           | Information Systems Project Proposal  
Document activities related to project development | Max 20 hrs.     | 1,2,5 & 6          | II, IV & VI      |
| N6015 (6015)            | Critical Inquiry II (Critical Inquiry II)                   | Draft DNP Project Proposal completed  
Max 50 hrs.     | 1,4,5 & 8          | I, II, III, VII & VIII |
| N6120 (6120)            | Population Based Health Care (Population Based Health Care) | Population based health paper, presentation and reflection  
Max 20 hrs.     | 1,5 & 8            | I, III & VII       |
| N6110 (6010)            | Ethical Care & Social Justice                               | Ethical Case Analysis Paper  
Max 10 hrs.     | 5,7 & 8            | III, V, VI, VII    |
<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Activity Description</th>
<th>Hours</th>
<th>Related Modules</th>
</tr>
</thead>
<tbody>
<tr>
<td>N6010</td>
<td>Healthcare Policy (Ethical Considerations &amp; Health Policy)</td>
<td>Health Policy Analysis Paper</td>
<td>Max 10 hrs.</td>
<td>5,7 &amp; 8</td>
</tr>
<tr>
<td>N6018</td>
<td>Program Design &amp; Evaluation (Health Program Planning &amp; Development)</td>
<td>Conduct a focus group session to gather input from expert stakeholders (staff at the facility or similar group) to assist you in the design of your evaluation method. DNP students may also get credit for other program evaluation activities that will assist with the development of DNP projects. Check with instructor.</td>
<td>Max 30 hrs.</td>
<td>1, 4, 5 &amp; 6</td>
</tr>
<tr>
<td>N6160</td>
<td>Leadership in Health Systems (Leadership in Health Care Systems)</td>
<td>1) Self-Assessment and Development Paper: 20 hrs. - Participate in a “talent review” process by completing a self-assessment of your leadership qualities and enlisting feedback from a mentor and at least three co-workers who have had the opportunity to observe your communication and behavior within a team or group. Write an analysis and self-reflection, and create a leadership development plan for yourself based on this feedback. 2) Philosophy of Leadership Paper: 10 Hours -</td>
<td>Max 30 hrs.</td>
<td>1,4,5,6 &amp; 7</td>
</tr>
</tbody>
</table>
Articulate your philosophy of leadership and substantiate the merits of this philosophy by citing evidence from the literature. Relate your philosophy to one or more leadership theories covered in this course.

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Description</th>
<th>Hours</th>
<th>Prerequisites</th>
</tr>
</thead>
<tbody>
<tr>
<td>N6190 (6190)</td>
<td>Quality Improvement Processes</td>
<td>Creating change across a system – examining a clinical practice issue and propose a strategy for introducing change into an organization.</td>
<td>Max 30 hrs.</td>
<td>2, 4, 5 &amp; 6, II, III, IV, VII</td>
</tr>
<tr>
<td>N6901 (6701)</td>
<td>DNP Internship I</td>
<td>Oral presentation of final DNP Project Proposal &amp; approval by DNP Project Committee IRB application submitted</td>
<td>Max 150 hrs. (50 hrs. per credit hr.)</td>
<td>I, II, III, VI, VIII</td>
</tr>
<tr>
<td>N6903 (6702)</td>
<td>DNP Internship II</td>
<td>Documented activities and hours related to the implementation of the DNP Project.</td>
<td>Max 200 hrs. (50 hrs. per credit hr.)</td>
<td>I, II, III, VI, VIII</td>
</tr>
<tr>
<td>N6905 (6703)</td>
<td>DNP Internship III</td>
<td>Documented activities and hours related to the implementation and completion of the DNP Project and Scholarly Paper. Oral presentation of the DNP Project.</td>
<td>Max 200 hrs. (50 hrs. per credit hr.)</td>
<td>I, II, III, VI, VIII</td>
</tr>
<tr>
<td>N6907 (6700)</td>
<td>DNP Internship IV (optional course)</td>
<td>Documented activities and hours related to the development, implementation or completion of the DNP Project.</td>
<td>50 internship hours per credit hr.</td>
<td>I, II, III, VI, VIII</td>
</tr>
</tbody>
</table>
Program Learning Outcomes for Reference

Graduates of the Seattle University College of Nursing DNP Program will demonstrate the following in the care of individuals, families, and/or communities within culturally diverse and vulnerable populations:

1. Synthesize knowledge from nursing and other disciplines in the provision of evidence-based advanced practice nursing care.
2. Utilize information systems technology to improve health care access, quality, and outcomes.
3. Demonstrate competence in an advanced nursing practice specialty.
4. Exercise leadership through scholarship, advocacy, and community engagement to achieve just and equitable health care systems that improve health potential and reduce health disparities of vulnerable populations.
5. Evaluate and influence health care systems and health policy at local, state, federal, and global levels.
6. Demonstrate effective communication and inter-professional collaboration in the promotion of health care access, quality, and outcomes.
7. Evaluate beliefs, values, and ways of knowing to foster lifelong personal and professional development.
8. Apply principles of ethical decision-making in complex clinical situations.

DNP Essentials for Reference

I. Scientific Underpinnings for Practice

II. Organizational and Systems Leadership for Quality Improvement and Systems Thinking

III. Clinical Scholarship and Analytical Methods for Evidence-Based Practice

IV. Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care

V. Health Care Policy for Advocacy in Health Care

VI. Interprofessional Collaboration for Improving Patient and Population Health Outcomes

VII. Clinical Prevention and Population Health for Improving the Nation’s Health

VIII. Advanced Nursing Practice

Google Docs DNP Internship Tracker

To access the DNP Internship Tracker, follow these steps.

- Go to https://docs.google.com/document/u/0/
- Search for DNP Internship Tracker 2017-2018 and the spreadsheet should open
➢ Go to File and select copy – rename the spreadsheet as Yourname.DNP Internship Tracker 17-18
➢ You can then enter data on your tracker
➢ In order to share it with faculty – click on the share button in the upper right hand corner and enter the e-mail of the person(s) you wish to share it with.
➢ Your DNP Internship Tracker can be uploaded into the Pathbrite e-portfolio.

To add your DNP Internship Hour Tracker to Pathbrite e-portfolio, follow these steps.
➢ Create a new portfolio (steps to create a new portfolio listed in previous instructions above) and when prompted to “Add Work Items” click “Web Link”.
➢ Copy and paste the Google docs URL of your DNP Internship Tracker spreadsheet to the “Web Link” option. You can either grab this URL from address bar itself or in share button in the upper right hand corner also provides a “shareable link” that will work as well. The latter option will allow anyone with the link to access your Google Sheets, eliminating the step of having to share your sheet with others.
➢ Save portfolio. When you/faculty review your Google Docs DNP Internship Tracker on Pathbrite, they will click the web link and be redirected to your active Google Docs spreadsheet.
Appendix D

DNP Project Guidelines
DNP Project Requirements and Guidelines

I Introduction

The DNP Project is a self-directed and faculty-guided scholarly experience that provides evidence of the student’s critical thinking and ability to translate research into practice through problem identification, proposal development, project implementation, and evaluation. The DNP Project requires the integration of both academic coursework and clinical practice application. The DNP Project should focus on translation of evidence to improve health, health care or the health care system. Dissemination modes include a final scholarly paper, a public oral presentation and inclusion of the paper, oral presentation (in whatever format is used such as PowerPoint, poster, video, etc.) in the DNP E-Portfolio. Preparation of a manuscript for consideration for publication in a peer reviewed journal is suggested, but not required. DNP projects will vary, but should relate to the student’s advanced practice nursing specialty.

DNP students are asked to identify a potential area of inquiry at application to the program. Students are encouraged to work with faculty in their initial courses, as well as with their advisor or chair, to begin exploring concepts related to the inquiry, identify evidence related to the problem or need identified, and to identify a chair and committee members. Students should take every opportunity to refine their thinking about the area of inquiry. The inquiry will be further developed into a DNP Project proposal in NURS 6015 Critical Inquiry II. The DNP Project Proposal must be approved by course faculty and the advisor/committee chair prior to an oral presentation of the proposal and application to the Institutional Review Board (IRB).

During the DNP Project Seminar and Internship Courses I-III (NURS 6701, 6702, and 6703) the DNP Project Proposal will be refined, implemented and evaluated under the mentorship of the course faculty, advisor/committee chair and committee members. Throughout the 3 DNP Project Seminar and Internship courses, students are expected to complete a minimum of 350 internship hours in the area related to their practice inquiry.

Expectations for NURS 6701 – DNP Project Seminar and Internship I (3 credits/150 internship hours)

- Refine/revise DNP Project Proposal and identify Committee member(s), if not already identified. Forms, including the DNP Project Proposal Form and the Internship Work Plan, should be completed and filed with the Graduate Program Coordinator if not already completed.
- Identify clinical agency or organization for the DNP Project/internship and coordinate with Graduate Program Coordinator to establish any needed contractual agreement, if not already completed.
- Present DNP Project Proposal to DNP Project Committee for approval, if not already approved; deliver oral presentation of the proposal to College of Nursing faculty and interested students. Upload a signed, completed copy of the DNP Project Proposal on to the E-Portfolio. Upload the oral presentation, if available in digital form, to the E-Portfolio.
- Develop and submit Institutional Review Board Documents once proposal and IRB application are approved by the DNP Project Committee
- Continue to work with course faculty, Advisor/Committee Chair and members on logistics related to implementation of the DNP project.
- Begin implementation of the DNP project upon IRB approval
• Continue to document DNP competencies, hours/activities and reflections in the electronic DNP Portfolio

**Expectations for NURS 6702 – DNP Project Seminar and Internship II (2-4 credits/100-200 internship hours)**

• Begin/continue implementation of the DNP project after IRB approval and under the guidance of the course faculty, DNP Project Chair and Committee member(s)
• Continue to document DNP competencies, hours/activities and reflections in the electronic DNP Portfolio

**Expectations for NURS 6703 – DNP Project Seminar and Internship III (2-4 credits/100-200 internship hours)**

• Complete DNP Project and final paper, approved by DNP Project Chair and Committee Member(s) – no later than 2 weeks before the expected graduation date.
• Complete oral presentation of the DNP Project
• Complete documentation of DNP competencies, internship hours/activities and reflections on learning in the electronic DNP Portfolio.
• Post final paper and presentation in the electronic DNP Portfolio
• Update CV as needed.
• Submit completed portfolio to the DNP Internship Coordinator and Associate Dean for review.

**II Purpose of the DNP Project**

The final DNP project produces a tangible and deliverable academic product that is derived from the practice immersion experience and is reviewed and evaluated by an academic committee. The final DNP product documents outcomes of the student’s educational experiences, provides a measurable medium for evaluating the internship experience, and summarizes the student’s growth in knowledge and expertise.

DNP projects are systematic investigations of questions about practice, therapies, programs or policies that evaluate and translate all forms of evidence into practice. Each student collaborates with an agency to address a real-world clinical health issue. Agencies may include clinical agencies, health departments, government agencies, veteran’s organizations, or community groups.

**III Types of DNP Projects**

For all projects, the student first identifies a clinical problem/issue in an area of interest, then reviews and summarizes the literature dealing with this problem/issue area, and refines the problem/issue statement. Once problem/issue has been identified the student may:

• 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 and recommend strategies for indicated change.

• Design, implement and evaluate new evidence-based interventions that are designed to improve the quality of patient or system centered care.

**NONPF Recommended Criteria for NP Scholarly Projects in the Practice Doctorate Program**
Types of scholarly projects include but are not limited to:

(This list reflects a range of types of scholarly projects. This is a sample list and is not exhaustive.)

• Translate research into practice
• Quality improvement (Care processes, Patient outcomes)
• Implement and evaluate evidence based practice guidelines
• Analyze policy: Develop, implement, evaluate, or revise policy
• Design and use databases to retrieve information for decision making, planning, evaluation
• Conduct financial analyses to compare care models and potential cost savings, etc.
• Implement and evaluate innovative uses of technology to enhance/evaluate care
• Design and evaluate new models of care
• Design and evaluate programs
• Provide leadership of interprofessional and or intra-professional collaborative projects to implement policy, evaluate care models, transitions, etc.
• Collaborate with researchers to answer clinical questions
• Collaborate on legislative change using evidence
• Work with lay and or professional coalitions to develop, implement or evaluate health programs (such as health promotion and disease prevention programs for vulnerable patients, groups or communities).

The scope of the DNP scholarly project is designed to benefit a group, population and/or a community, rather than an individual patient. Specific examples are included to illustrate how these projects might be applied in different settings, for various populations and by different nurse practitioner specialties. Some projects focus on existing programs while others address the creation of new programs. The scope of the project would be determined by the university’s guidelines, feasibility given time devoted to projects in the curriculum, faculty, funding, and other resources, etc.

In some programs the project may evolve through course work in courses on policy and inquiry eventually culminating in the final design of the proposed project before it is launched. By providing opportunity over a longer duration in which to explore and develop aspects of the projects, students receive feedback regarding alternatives and strategies before project implementation.

Examples of Projects Undertaken in Practice Doctorate Programs

The following includes a list of general topics and the grouping of projects by category. This is not an exhaustive list of projects or of categories.
• Evaluate interventions, innovations in care techniques
• Obtain baseline data, design an evidence based intervention and plan and evaluate
• Collaborate with other NPs or other professional colleagues to compare/evaluate group visits
• Capture data on common problems and effectiveness of treatments with recommendations for change
• Evaluate management of psychiatric patients (protocols, meds, metabolic monitoring)
• Evaluate peer led support groups and their impact
• Evaluate pain control in palliative care
• Promote patient safety by reducing errors in medications
• Evaluate home care comparing satisfaction with physician and NP care

Health Promotion & Community Health: Epidemiology and Continuity of Care
• Compare strategies for health promotion / disease prevention (community, schools, churches, etc.)
• Identify trends in patient visits, outreach programs
• Launch collaborative new health promotion program in vulnerable community population and evaluate it
• Develop and evaluate monitoring tools or screening programs
• Evaluate screening protocols
• Evaluate programs (care, training volunteers, education)
• Evaluate community responses to disasters
• Develop and evaluate the impact of self-care models
• Develop and test transition protocols to promote continuity of care across settings
• Evaluate high risk patients and develop approaches for risk reduction (child and elder abuse) for policy or care improvement

Policy-Related Scholarly Projects
• Implement new policy collaboratively by designing and evaluating HPV vaccination for 6th grade girls to prevent cancer (partnering with School/ Health Dept., etc.)
• Evaluate or compare nursing home policies for treating chronic pain
• Evaluate students at risk (school dropouts, depressed, substance users, pregnant) and recommend policy change, programs
• Evaluate employer policies regarding health and potential cost savings of new policies
• Evaluate the effect of evidence based policy in NICU
• Evaluate inconsistencies in scope of practice issues and use evidence based knowledge and to recommend changes

Integration of Technology in Care and Informatics Related Projects
• Create a database for monitoring childhood injuries in urgent care and evaluate its impact
• Use technology to improve care (telehealth consultation, interactive “home” visits, etc.) and evaluate results
• Evaluate technology’s impact on care (information transfer to point of care, etc)
• Establish protocols that integrate use of technology in patient assessment in urgent care and evaluate their impact

Acknowledgment: The above examples were developed and generalized from several sources including publications, websites, and information shared by deans of various nursing practice doctorate programs. Some examples were common to several schools and others were unique to specific programs. NONPF would like to acknowledge the following schools whose projects are reflected in the list above: Medical College of Georgia; Rush University; Oregon Health and Science University; University of Tennessee, Memphis; University of Arizona; University of Kentucky; and University of Washington.
We encourage other programs to share examples of scholarly projects that can be added to the list. We hope that this list will be a useful list maintained in the Practice Doctorate Resource Center on the NONPF Web site. Please send examples to nonpf@nonpf.org

Projects may involve the collaboration with inter-professional groups, for example: researchers working to answer clinical questions; coalitions working toward legislative change based on evidence; or lay or professional groups working to develop, implement or evaluate health programs.

Evaluation of the intervention will involve analysis of collected data and examination of the intervention’s impact on clinical practice or systems.

**Final Products**

- A single comprehensive paper of publishable quality
- A public oral presentation

*(Adapted with permission from the University of Illinois, Chicago DNP synthesis guidelines)*
IV  The Project Committee

It is recommended that full time students identify a DNP project chairperson early in the spring quarter while taking Critical Inquiry II. The student’s advisor may be helpful in this process. Students may also wish to consult Appendix A which summarizes most of the CON faculty areas of research and expertise.

Students should consult with the DNP project chairperson for assistance in selection of one other committee member/reader. The additional member can be a CON faculty member or may be an outside member, who has either expertise in the subject matter of the project, or who can contribute to the project.

Interdisciplinary committee members are encouraged. All outside members must submit a CV, a letter of commitment to support the DNP students, and be approved by the Associate Dean. Since there are considerably more students than faculty, students may find that a faculty member they have “chosen” has already reached her/his quota of project advisees. The student should be prepared to seek alternatives.

Qualifications of the Clinical Mentor

The Clinical Mentor may serve as a member of the students DNP Project Committee. The overall purpose of the clinical mentors’ relationship to the student and the Committee is to: facilitate the student’s integration within the teams and structures of the agency necessary for successful completion of the DNP Project; act as a professional role model for the student; provide feedback to the student regarding his/her performance; act as a liaison between the clinical agency, the student and the committee; and communicate regularly with the Advisor/Committee Chair regarding the student’s practice and the course requirements.

Selection of appropriate clinical mentors is based on the considerations below, and Considerations for students in identifying clinical mentors:
- The mentors’ knowledge and areas of expertise related to the students clinical objectives in fulfillment of course and program outcomes.
- The mentors’ role within the agency and ability to facilitate key relationships for the fulfillment of the DNP project
- The mentors’ ability to connect with resources within the agency

Once a clinical mentor has been selected, he or she must be approved by the Associate Dean. In order to do so, he or she should submit an up-to-date CV along with a letter of commitment to work with the student. Both documents should be submitted to the Graduate Program Coordinator prior to the DNP Project Seminar and Internship series.

Committee Member Roles

1. Chairperson
   a. Doctorally prepared faculty from CON
   b. Responsibilities:
      • Guides process, works closely with student to establish timeline, assists student to access needed resources
      • Acts as liaison between student, the agency where the DNP project is implemented, and the CON, seeking both formal and informal feedback on the student’s performance and progress; making at least one site visit (preferably during the first
quarter) and one phone/skype contact each of the other 3 quarters. (site visits with out of the region agencies may take place via Skype or phone)

- Reviews and comments on drafts of written material
- Reviews and comments on the DNP Portfolio submissions
- Works with DNP Internship Coordinator to ensure student remains on track to completing required number of clinical experience hours
- Ensures project quality sufficient to meet CON and University standards
- Decides when material should be submitted to other committee members
- Approve, with committee, the proposal and the final product
- Writes letter of commendation for the student file when the project is rated as “outstanding”

2. Reader
   a. Doctoral preparation preferred
   b. Reader may be from CON or may be external, minimum of MS degree and eligible for faculty appointment at university or college. External readers may hold an MS degree if their unique qualifications and expertise contribute to the student’s DNP project.
   c. Responsibilities:
      - May serve as a methodology and/or systems expert (particularly if the reader is from the agency where DNP project is situated)
      - Read early draft and provide feedback to student and chair
      - Read final draft and provide feedback to student and chair
      - Approves with chair the DNP project proposal and final product

V DNP Project Proposal

Each student will develop and submit a DNP Project proposal to his or her course faculty and the DNP Project Committee. The student will also complete appropriate IRB submissions for the project prior to embarking on project implementation. The student will meet with the Capstone Project Chair throughout this process to obtain advice and consultation.

Note: The DNP Project Seminars and Internships I through III are designed to guide and move students through the DNP project process, however, it is possible that students may progress at a slightly faster or slower pace at times. If students require an extension to complete the course requirements beyond the quarter, the “N” grade (no grade) in the course will be considered incomplete until all requirements are met. Additionally, enrollment in NURS 6700 is required when students are approved to complete clinical experiences other than those defined in program courses.

At a minimum, the proposal should contain the following elements:

a) Title and student’s name, credentials (see sample Title Page)
b) Problem identification and significance. The problem or issue to be addressed should be identified and its significance substantiated by key (rather than exhaustive) resources reflecting the current evidence base.
c) Purpose Statement of purpose, including the problem/issue, intervention, and expected outcomes (approved using FORM D)
d) Review of the literature and theoretical framework (when applicable)
e) Design and Methodology
VI Submission of Final DNP Project

The format of the final project is agreed upon by the committee but all projects must provide evidence in the final project that the student has reviewed and interpreted the relevant literature, included the required elements and has the appropriate format. The standard format requirements for APA should be used. However, the student may use other formats if required for a manuscript for publication or patient or professional education material. Student and committee should identify a professional journal appropriate for the project and topic and develop a manuscript according to journal guidelines.

The student should be first author of a manuscript for publication. The student may agree to have faculty who make significant contributions as co-authors. For guidelines on the requirements for co-authorship, see author guidelines for the peer reviewed journal selected. It is recommended that the chair assist in making these decisions and that they be made early in the process.

Note: A publication-quality manuscript is the goal. Acceptance of the manuscript for publication is not a requirement of the program.

Final Product Components
- Abstract or Executive summary of the project
- Introduction to the project
- Description of the problem and how it is defined, the clinical setting or environment and the target population
- Data supporting the existence of the problem
- Development/description of a creative approach to resolving the problem (business plan if appropriate)
- Analysis of the fiscal and systems impact of the project itself (optional)
- Methods/procedures including processes, data collection, use of consultants
Oral Presentation of Completed DNP Project

The College of Nursing faculty look upon the oral presentation of the DNP Project as an opportunity for the student to explain and discuss his/her completed project. The oral presentation is scheduled only after the written scholarly paper or product is approved by the student’s committee and turned into the Graduate Program Coordinator. The committee should have the “final” scholarly project draft two weeks prior to the scheduled presentation to allow time for review and final processing.

- Scheduling the Oral Presentation:
  The date for the oral presentation of the DNP project is determined either by the Associate Dean or by the Supervisory Committee chair and student, but no later than the last class day of Spring quarter in the year in which the student plans to graduate. The oral presentation is open to the public and normally the NURS 6701 Internship faculty, Associate Dean and/or chair invites members of the College of Nursing and university community to attend.

- Presentation Process:
  a. The student presents the project, a synopsis of the literature review and significance and a discussion of project for approximately 20-minutes. An additional 10 minutes is available for questions from the audience.
  b. During and following the presentation, at least one and preferably more, faculty members present, including the committee members, whenever possible, evaluate the presentation using the DNP Project Oral Presentation Rubric (FORM G).

Posting of the Completed DNP Project in the DNP Portfolio

Once the DNP project paper and presentation are completed, students may post their work in the DNP Portfolio.

VII Miscellaneous

A. Grading:

See Evaluation Rubric in NURS 6703 DNP Project Seminar and Internship III.
Students will receive a final grad for NURS 6703 when the final DNP Project paper is approved by the DNP Project Supervisory Committee, a hard copy and an electronic copy is submitted to the Graduate Program Coordinator, the oral presentation is successfully completed and the DNP Portfolio is completed. The Supervisory Committee members communicate completion of the written DNP Project paper to the NURS 6703 faculty, noting any exemplary work.

B. Incomplete DNP projects:
If a student is unable to complete their DNP project by the end of Spring quarter of the final year, s/he may work with the committee chair and NURS 6703 faculty to request an ‘N’ grade for NURS 6703. Students must follow University Academic Policy: ‘N’ Grade Statute of Limitations (75-19).

Students receiving an ‘N’ grade for NURS 6703 must complete their DNP project requirements within the following four consecutive quarters per Seattle University Academic Policy 75-19. “Once this twelve month allowance has elapsed, the ‘N’ grade becomes permanent and re-registration for the course and the payment of regular tuition is required in order to obtain credit for the work completed."

In addition, students receiving an ‘N’ grade for NURS 6703, will be required to enroll in NURS 6700 or NURS 6990 for at least one credit each quarter, for a maximum of 3 quarters, or until the DNP project is complete and the ‘N’ grade for NURS 6703 is removed.

C. Copies of the Final Paper
   1. One electronic copy of the project paper is required by the college. The electronic copy should be given to the Graduate Program Coordinator for archiving. A PDF format is preferred, although a word file is acceptable and will be converted to PDF. It is customary to provide the chair of the DNP Project Committee with a hard copy of the final paper. Ask your chair if s/he would like a hard, bound copy of the final paper. Spiral or coil binding methods are acceptable.

   2. Any product produced (videotape, film, CD, brochure, manual, other) is submitted with the final copy of the project.
Sample of a Title Page for a DNP Project to Meet
Program Requirements

Phyllis Student Author, MSN, RN

A DNP project submitted in partial fulfillment of the
Requirements for the degree of

Doctor of Nursing Practice

Seattle University

2014

Approved by: _______________________________ Date ____________
Chairperson: Fran Faculty, PhD, ARNP

Approved by: _______________________________ Date ____________
Reader: Roger Reader, PhD, RN
# DNP PROJECT/INTERNSHIP TIMELINE

<table>
<thead>
<tr>
<th>Assignment</th>
<th>Deadline/Due Date</th>
<th>Documents to be Submitted</th>
<th>Submitted to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify site and contact person for DNP project/internship</td>
<td>Yr 1 - Fall quarter</td>
<td>Name of organization/institution &amp; contact person for contract initiation <em>(FORM A)</em></td>
<td>Graduate Program Coordinator</td>
</tr>
<tr>
<td>Initiate use of DNP E-Portfolio*</td>
<td>Yr 1 – Fall quarter</td>
<td>CV &amp; personal goal statement Key Deliverables from NURS 6130 &amp; 6017 &amp; 6160 <em>(FORM B)</em></td>
<td>Advisor &amp; Faculty</td>
</tr>
<tr>
<td>Confirm DNP Project Chair &amp; Reader</td>
<td>Yr 1 - Early in Spring Quarter (NURS 6015)</td>
<td>DNP Committee Chair &amp; Member Declaration+ <em>(FORM C)</em></td>
<td>Graduate Program Coordinator &amp; Associate Dean Faculty NURS 6015</td>
</tr>
<tr>
<td>DNP Project Proposal Drafted</td>
<td>Yr 1 - End of NURS 6015</td>
<td>DNP Project Focus Approval Form <em>(FORM D)</em></td>
<td>NURS 6015 Faculty &amp; Committee Chair</td>
</tr>
<tr>
<td>Internship Workplan Drafted</td>
<td>Yr 1- End of NURS 6015</td>
<td>Internship Workplan Form <em>(FORM E)</em></td>
<td>DNP Internship Coordinator &amp; Graduate Program Coordinator</td>
</tr>
<tr>
<td>DNP Project Proposal to Committee for review/Revision</td>
<td>End of NURS 6015 &amp; early in Fall quarter in NURS 6701</td>
<td>Drafts of DNP Project Proposal</td>
<td>DNP Project Chair &amp; Committee Members</td>
</tr>
<tr>
<td>DNP Project Proposal Complete, approved by Committee &amp; oral presentation completed</td>
<td>Yr 2 – by mid quarter in fall for NURS 6701</td>
<td>Approved DNP Project Proposal uploaded to digital file; DNP Proposal Approval Form signed and submitted <em>(FORM F)</em></td>
<td>DNP E-Portfolio for review by Associate Dean Form submitted to Graduate Program Coordinator</td>
</tr>
<tr>
<td>IRB application completed and submitted</td>
<td>Yr 2 - Following proposal approval and oral presentation during NURS 6701</td>
<td>CITI Certificate &amp; IRB approval uploaded</td>
<td>DNP E-Portfolio for review by faculty &amp; P Chair</td>
</tr>
<tr>
<td>DNP Project Complete; paper approved by committee</td>
<td>Yr 2 – Submit paper to committee at least 2 weeks in advance of planned DNP Project presentation. Date set for DNP Scholarship Day by the Associate Dean</td>
<td>Submit signed hard copy of DNP Project Paper; upload final paper into digital file.</td>
<td>Associate Dean &amp; Graduate Program Coordinator</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>DNP Project presentation</td>
<td>Yr 2 – by the end of NURS 6703 Date set for DNP Project Scholarship Day by the Associate Dean (no later than the last day of the quarter)</td>
<td>Committee members &amp; faculty submit evaluations of oral presentation.</td>
<td>Hard, signed copy and e-copy to Graduate Program Coordinator DNP E-Portfolio for review by Graduate Program Coordinator</td>
</tr>
<tr>
<td>DNP Portfolio Completed with Final DNP Paper, Self-Reflection &amp; Internship Hours/Activity tracking completed</td>
<td>Yr 2 – by the end of NURS 6703</td>
<td>Complete digital files</td>
<td>DNP E-Portfolio for Review by DNP Project Internship Coordinator &amp; Associate Dean</td>
</tr>
</tbody>
</table>

*Create a digital file to include items listed in Form B.
+If your chair is not your assigned advisor, your chair will become your advisor at this point.*
APPENDIX E

Human Subjects Review Committee & Seattle University Institutional Review Board
The applicant should read through the entire set of guidelines before beginning the application process. Students are expected to work closely with their DNP project chair in this application process. Students and faculty members submitting proposals to the HSRC or the SU Institutional Review Board (IRB) should have CITI certification.

**WHO NEEDS TO SUBMIT FOR HUMAN SUBJECTS APPROVAL?**

All research projects involving human subjects need to be submitted to the SUCON HSRC for approval. Thesis research that falls under one of the following two categories should be submitted to the College of Nursing Human Subjects Review Committee even if Institutional Review Board approval has been obtained through another agency per University policy:

- Projects that are Exempt from Human Subject Review according to Federal policy. See Section III of the Seattle University IRB Policies and Procedures for a description of these categories. Although these projects do not need University review, they require review by the school’s committee to ensure criteria for exemption are met.

- Projects funded by outside agencies and those projects carrying more than minimal risk will be reviewed by both the school committee and the Seattle University IRB.

**WHY DOES ONE NEED HUMAN SUBJECTS REVIEW?**

Research and projects that use humans as the subject of inquiry have the potential for harm. An external review is needed to validate that the scientific merit of study outweighs potential risks to human subjects, and that the study will be carried out ethically.

**WHO APPLIES FOR HUMAN SUBJECTS APPROVAL?**

The primary investigator is responsible for the application process. If the primary investigator is a student, he/she is required to work closely with the faculty chair. Approval of the faculty chair is necessary to ensure that the submitted application has all the necessary components, effectively presents the project, and is ready for review.

**WHERE ARE THE SUBMISSION FORMS?**

The applicant can obtain the forms from the Seattle University Institutional Review Board website: [https://www.seattleu.edu/irb/protocol-forms/](https://www.seattleu.edu/irb/protocol-forms/)

**HOW DOES ONE APPLY FOR HUMAN SUBJECTS REVIEW?**

After obtaining the submission forms and reading through them in their entirety, the applicant completes the forms. If the applicant is a student, all aspects of the submission form must be approved and signed by the faculty chair. Three copies of the submission form are given to the SUCON HSRC Chair.

The CON HSRC will reply to the request within three weeks of submission date. The applicant should be aware that most applications require some revision. The applicant should plan for the HSRC application process of at least six weeks. It is likely that if the project involves a large facility, the applicant will have to submit for Human Subjects approval from that facility, as well as the SUCON HSRC. If the project involves more than minimal risk or involves a vulnerable population, the project will have to be reviewed by the University Institutional Review Board.
**WHAT IS THE REVIEW PROCESS?**  
The project is reviewed for adequacy of procedures to safeguard the rights of human subjects and to minimize any potential harm to their health and well-being. The HSRC will follow guidelines as outlined in Title 45, part 46 of the Code of Federal Regulations (45-CFR-46).

The results of the review will be sent to the applicant by the SUCON HSRC Chair. Often there are needs for revision or clarification of sections of the proposal. These changes must be made to the satisfaction of the committee before approval is granted. The applicant must keep a copy of the approval from the SUCON with other project materials. At the discretion of the student's committee chair, this HSRC approval can be included as an appendix to the written portion of the project/thesis. If the project is not completed within one year, the applicant is expected to send a brief summary of the project’s activities to the HSRC Chair.

**WHEN DOES ONE APPLY FOR HUMAN SUBJECTS REVIEW?**  
The project needs to be submitted to the SUCON HSRC as soon as it’s approved by the DNP project Committee and the oral presentation is completed. This should allow for a reply from the original review as well as time to make changes and submit for a second review with the HSRC.

Once HSRC approval has been received, the student must apply for review by the University Institutional Review Board, as soon as possible. Please keep an eye on the IRB website for specific full board review submission deadlines.

**SEATTLE UNIVERSITY**

**Institutional Review Board**

“The Seattle University Institutional Review Board (IRB) serves two important roles: it insures that the University is complying with federal requirements for research involving human subjects, and assists the University achieve its goal of academic excellence.” As a result, the Seattle University IRB reviews all research and project protocols to ensure protection of human subjects in research conducted by faculty and students. IRB policies and procedures must be followed for all projects involving human subjects.

“The policies and procedures were established to guide the conduct of research involving human subjects, to protect the rights, well-being, and personal privacy of individuals, to assure a favorable climate for the conduct of scientific inquiry, and to protect the interests of Seattle University. They are in complete compliance with federal regulations and also reflect sensitivity to the structure and policies of Seattle University. The goal of the Seattle University Institutional Review Board (IRB) is to assist, as quickly as possible, the conduct of research involving human subjects while at the same time protecting those subjects and the university. Adherence to the guidelines is necessary to help promote this goal.” (Seattle University IRB, 2011)

Seattle University IRB website: [http://www.seattleu.edu/irb/](http://www.seattleu.edu/irb/)

Seattle University IRB Human Subjects Training is available online at [https://www.seattleu.edu/irb/human-subjects-training/](https://www.seattleu.edu/irb/human-subjects-training/)

Seattle University policies and procedures are available at [https://www.seattleu.edu/irb/policies-and-procedures/](https://www.seattleu.edu/irb/policies-and-procedures/)

Students are directed to Section III of the manual to determine the level of review required for their proposal.
Students work closely with their DNP project chair in completing the necessary forms. All DNP project proposals should be submitted to either the HSRC or the SU IRB, even those identified as possibly exempt. Forms to be completed for IRB review, including tips for writing consent forms, are available at: https://www.seattleu.edu/irb/protocol-forms/
APPENDIX F

Policy and Procedure for Follow-Up to Occupational Exposure to Bloodborne Pathogens
Policy and Procedure for Follow-Up to Occupational Exposure to Bloodborne Pathogens


Synopsis (selected, from the MMWR Recommendation):

“Recommendations for HBV postexposure management include initiation of the hepatitis B vaccine series to any susceptible, unvaccinated person who sustains an occupational blood or body fluid exposure. Postexposure prophylaxis (PEP) with hepatitis B immune globulin (HBIG) and/or hepatitis B vaccine series should be considered for occupational exposures after evaluation of the hepatitis B surface antigen status of the source and the vaccination and vaccine-response status of the exposed person.

Immune globulin and antiviral agents are not recommended for PEP of hepatitis C. For HCV postexposure management, the HCV status of the source and the exposed person should be determined, and for HCP exposed to an HCV positive source, follow-up HCV testing should be performed to determine if infection develops.

Recommendations for HIV PEP include a basic 4-week regimen of two drugs (zidovudine [ZDV] and lamivudine [3TC]; 3TC and stavudine [d4T]; or didanosine [ddl] and d4T) for most HIV exposures and an expanded regimen that includes the addition of a third drug for HIV exposures that pose an increased risk for transmission.

In addition, this report outlines several special circumstances (e.g., delayed exposure report, unknown source person, pregnancy in the exposed person, resistance of the source virus to antiretroviral agents, or toxicity of the PEP regimen) when consultation with local experts and/or the National Clinicians' Post-Exposure Prophylaxis Hotline is advised.

Occupational exposures should be considered urgent medical concerns to ensure timely postexposure management and administration of HBIG, hepatitis B vaccine, and/or HIV PEP” (CDC, 2001).

Summary of Actions:
According to the CDC, “avoiding occupational blood exposures is the primary way to prevent transmission of hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV) in health-care settings. However, hepatitis B immunization and postexposure management are integral components of a complete program to prevent infection following bloodborne pathogen exposure and are important elements of workplace safety” (CDC, 2001).

Occupational exposure is an urgent medical condition and should be dealt with immediately after each occurrence. For some types of prophylaxis, treatment must begin within four (4) hours of the exposure. As a part of facility/course orientation, faculty members must talk with students about the need to
report bloodborne pathogen exposures (and other incidents) immediately when they happen. The same urgency applies for faculty (and staff) exposures – ALL exposures should be dealt with immediately.

For all exposures, the exposed person should IMMEDIATELY remove soiled clothing and wash the affected area with soap and water.

When made aware of an exposure incident, the faculty member should immediately initiate the procedures outlined below and complete the attached form, whether for a student or their own exposure incident.

1. Complete attached form entitled Report Form for Occupational Exposure to Bloodborne Pathogens. Every question is important, as the answers will help determine the best course of postexposure follow-up for the exposed individual. Please make every effort to be thorough.

2. Link to institution/agency system for immediate management of exposure by one of the following agency designates: unit manager, infection control coordinator, or other designated manager of OSHA Standards compliance. The procedures and regulations of the hospital, clinic, or health care agency will prevail.

3. Immediately provide copies of report form to the exposed person, the facility contact (as above), and the SUCON Associate Dean for the relevant program level (undergraduate or graduate).

4. Give informed consent to have your own blood drawn as soon as possible after the exposure for baseline information. (Note – you may postpone consent to HIV serologic testing, but it is vitally important that you consent to the immediate blood draw so that the option for later serologic testing is preserved.)

5. Link to your primary health care provider as soon as possible. If you do not have immediate access to your private health care provider, you may identify yourself as SUCON faculty/student with a possible HIV/HBV exposure and access
   a. The emergency services at the site of incident.
   b. SU Student Health Center (SHC). Notification of the exposure needs to be as soon as possible if the student has SU health insurance or if it is decided to seek care at the SHC. If the SHC is not the primary care provider, there will be an out-of-pocket expense.

Resources:

- Seattle/King County Public Health HIV/AIDS Control Program – Postexposure Prophylaxis
  o Primary Contact during business hours: 206-296-4649
  o After-hours: Call 206-726-2619 to be directed to the after-hours provider

- National HIV/AIDS Clinicians' Consultant Center (run by UCSF)
  o Post-Exposure Prophylaxis Hotline: 888-448-4911
  o Website: [http://www.nccc.ucsf.edu/](http://www.nccc.ucsf.edu/)

- Clinicians evaluating healthcare workers with occupational exposures will use the detailed guidelines outlined in the full MMWR document to determine appropriate the course(s) of postexposure prophylaxis for the situation, and in consultation with the healthcare worker’s history, medical status, and preferences. See above for full citation.
Report Form for Occupational Exposure to Bloodborne Pathogens

This form accompanies the SU CON Policy on Follow-Up for Occupational Exposure to Bloodborne Pathogens. Occupational exposure is an urgent medical condition and should be dealt with immediately after each occurrence. For some types of prophylaxis, treatment must begin within four (4) hours of the exposure.

The purpose of this form is to document as many details about the exposure incident as possible so that the exposed person and their health care provider may make an informed decision about the nature and extent of postexposure prophylaxis. The form is then signed by the required parties and immediately sent to the Associate Dean of the related program for processing.

Date of exposure ________________________________

Time of exposure ________________________________

Name of exposed person ________________________________

Name of faculty member (if student is exposed) ________________________________

Location (facility name, unit, etc) of exposure ________________________________

Name and phone number of facility contact person ________________________________

Details of procedure being performed at time of exposure:

Type of exposure (select all that apply)

___ Percutaneous injury (amount: ________________________)

___ Mucous membrane exposure (amount: ________________________)

___ Non-intact skin exposure (amount: ________________________)

___ Bites resulting in blood exposure to either person involved

Where and how exposure occurred ____________________________________________

___________________________________________________________________________

If related to sharps device, type and brand of device ________________________________

How and when in course of handling device did the exposure occur

___________________________________________________________________________

___________________________________________________________________________
Details of exposure material and severity:
Type and amount of fluid or material (select all that apply)
___ Blood
___ Fluids containing blood
___ Potentially infectious fluid or tissue (e.g. semen; vaginal secretions; cerebrospinal, synovial, pleural, peritoneal, pericardial, or amniotic fluids)
___ Direct contact with concentrated virus

Severity of exposure (e.g., for percutaneous exposure, depth of injury and whether fluid was injected; for skin or mucous membrane exposure, estimated volume of material and condition of skin [e.g. chapped, abraded, intact])
____________________________________________
______________________________________________________________________________
____________
________________________________________________________________

Details about exposure SOURCE (and immediate actions):
KNOWN SOURCES:
Initiate steps to test source per facility procedures.

Test for HBsAg, anti-HCV, and HIV antibody (Notes: direct virus assays for routine screening of source patients are NOT recommended; consider using rapid HIV-antibody test; do not test discarded needles for bloodborne pathogens; if the source person is NOT infected with a bloodborne pathogen, baseline testing or further follow-up of the exposed person is NOT necessary)

Note here results OR whether steps were initiated and who the contact person is and when results are expected:
HBsAg – _______________________________________
Anti-HCV – _______________________________________
HIV antibody – _______________________________________

If source refuses testing, please document as much as is relevant and known about the sources: such as medical diagnosis, clinical symptoms, history of risk behaviors, immunization status:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

UNKNOWN SOURCES:
Describe/estimate likelihood of bloodborne pathogen infection among patients in the exposure setting (e.g. HIV treatment clinic vs. pediatric oncology unit):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
IF SOURCE IS HIV-INFECTED:
Stage of disease, history of antiretroviral therapy, viral load, and antiretroviral resistance, if known

________________________________________________________________________

Details about EXPOSED PERSON:
Hepatitis B vaccination status (dates): ______________________________________________________________________
Hepatitis B vaccine-response status (if known): ______________________________________________________________________

Referral and Outcome:
Where referred for counseling and post-exposure management: ______________________________________________________________________

Notifications performed (Note: Minimal notifications are agency representative for occupational exposure follow-up –see attached policy – and SUCON Associate Dean for the relevant program level.): ______________________________________________________________________

Other steps taken: ______________________________________________________________________

________________________________________________________________________

SIGNATURES:

Signature of Student Completing Form ___________________________ Date ______________
Signature of Faculty Completing Form ___________________________ Date ______________
Agency Representative Signature ___________________________ Date ______________
(Individual to Whom Incident was Reported)
FOLLOW-UP ACTION REQUIRED:
(This section is to be completed by the appropriate Program Associate Dean or Designee)

☐ Student Interviewed ☐ Reported to Agency’s Risk Management
☐ Faculty Interviewed ☐ Reported to Vice President/University Counsel (SU)
☐ Education/Training Provided ☐ Reported to Dean, College of Nursing
☐ Other

FOLLOW-UP INVESTIGATION AND SUGGESTIONS FOR IMPROVEMENT:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

ADDITIONAL COMMENTS:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature of Associate Dean
College of Nursing, Seattle University

Date
APPENDIX G

Policy and Procedure if a Student is Injured or Becomes Ill
Policy and Procedure If a Student is Injured or Becomes Ill

Students who are injured or become ill in the clinical area should notify the clinical instructor immediately. In the case of a clinical site-related injury, the student should follow the procedure (if one exists) prescribed by the institution or agency for students who are injured. In the case of an unusual occurrence concerning a patient, student does the following:

When a student is involved in an unusual occurrence concerning a patient, during his/her clinical experience in a hospital or public health agency, the following steps must be followed once the immediate needs of the situation have been met:

1. The policy of the agency for reporting an incident will be followed. Send one copy of the agency’s incident report to Seattle University, Risk Management Office.
2. The student and instructor/mentor will complete a CON Student Clinical Incident/Injury Form.
   a. One copy goes to Academic Services
   b. Original goes to the identified primary care provider; such as SU Health Center
   c. Student may retain a copy for personal records
3. The Associate Dean should be notified by phone (206-296-5660) within 24 hours of the incident.

The agency may also request its own incident form be completed. Notify the CON Student Services of the incident by calling 206-296-_______. Do this after you have contacted the clinical site’s employee health office or nearest emergency room for immediate triage.

Students who become ill at the clinical site should, along with their clinical instructor, determine if their illness is communicable and a risk for their patients, or determine if the illness will impair the student’s judgment to safely carry out their responsibilities. Treatment of any illness would be done at the student’s expense.

Health Insurance
All Health Sciences students are required to have personal health insurance, or to join a health care plan, to cover the expenses of their health care, treatments in case of an injury, and/or care for a catastrophic illness or serious chronic condition within or outside the clinical setting.
SEATTLE UNIVERSITY COLLEGE OF NURSING

Student / Faculty Incident Report Form

(Not related to Occupational Exposure to Bloodborne Pathogens)

A student/faculty incident report is completed when any unusual event (such as falls, being struck by a patient, medication error) occurs which may cause harm to a student, faculty member, or client in the clinical setting or during any other course-related activity. The form should be completed as soon as the faculty member has knowledge of the event. The form is then signed by the required parties and immediately sent to the Associate Dean of the related program for processing.

NAME OF STUDENT/FACULTY ____________________________________________
DATE OF INCIDENT _______ TIME OF INCIDENT ____________
NAME OF THE AGENCY ___________________ AGENCY PHONE # ___________
NAME OF AGENCY CONTACT: ___________________________________________
EXACT LOCATION OF INCIDENT _________________________________________

DESCRIPTION OF INCIDENT BY FACULTY/STUDENT (who, what, where, when and how):

NAMES AND TITLES OF ALL INDIVIDUALS INVOLVED IN INCIDENT (i.e. Nurse Manager, Patient, Physician):

DESCRIBE TREATMENT RECEIVED: _______________________________________
__________________________________________________________
__________________________________________________________
DATE OF TREATMENT __________ TREATED AT _____________________________
BY WHOM ___________________________________________________________________
IF NOT TREATED, WHY NOT? _______________________________________________

SIGNATURES:

Signature of Student Completing Form Date
Signature of Faculty Completing Form Date
Agency Representative Signature (Individual to Whom Incident was Reported) Date
FOLLOW-UP ACTION REQUIRED:
(This section is to be completed by the appropriate Program Associate Dean or Designee)

☐ Student Interviewed ☐ Reported to Agency’s Risk Management
☐ Faculty Interviewed ☐ Reported to Vice President/University Counsel (SU)
☐ Education/Training Provided ☐ Reported to Dean, College of Nursing
☐ Other

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

FOLLOW-UP INVESTIGATION AND SUGGESTIONS FOR IMPROVEMENT:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

ADDITIONAL COMMENTS:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Signature of Associate Dean
College of Nursing, Seattle University

Date
APPENDIX H

DNP Forms
SEATTLE UNIVERSITY COLLEGE OF NURSING

DNP FORM A

DNP Project Preparatory Information

Student Name _______________________________ Student # _______________________

Master’s Degree (if applicable): ________________________________

# of Clinical Hours Earned Previously: _________________ Are you a Nurse Practitioner?  Y /  N

Anticipated Internship Site: __________________________________________

Is this your place of employment?  Y /  N

Anticipated Site Mentor/Contact Person: ______________________________

Job Title: _______________________________________________________

Email Address: _______________________________ Phone: ___________________

Clinical Education Site Coordinator: _________________________________

Email Address: _______________________________ Phone: ___________________

Return this form to the Graduate Program Coordinator by the end of Winter Quarter

For Office Use Only:

Current Contract?  Y /  N

New/Revised Contract initiated?  Y /  N ______________________________ Date: ________________

Associate Dean Signature: ______________________________ Date: ________________
SEATTLE UNIVERSITY COLLEGE OF NURSING

DNP FORM C

DNP Project Committee Declaration Form

Student Name ______________________________________ Student # ________________________

Committee Chair: _______________________________________________________________

Is this the Advisor originally assigned to you?  Y /  N

If not: Original Advisor: _________________________________________________________

Student must discuss and have agreement to change from the original advisor, as well as a signature
below verifying this agreement.

Original Advisor Signature: _______________________________________________________________________

New Advisor/Chair Signature: _______________________________________________________________________

Committee Member: _______________________________________________________________

Member Signature: _______________________________________________________________________

Committee Member: Optional __________________________________________________________

Member Signature: _______________________________________________________________________

Return this form to the Graduate Program Coordinator by the 4th week of NURS 6015: Critical Inquiry II

Associate Dean Signature: ___________________________________________________________________

Date: _________________________
SEATTLE UNIVERSITY COLLEGE OF NURSING

DNP FORM D

DNP Project Focus Approval Form

Student Name ______________________________________ Student # ______________________

Year of Matriculation: ________________ Year of Expected Graduation: ________________

Year and Quarter of Expected Oral Presentation: ______________________________

1. Brief description of DNP Project

2. Tentative title to your DNP Project Proposal

3. Is approval being sought from:
   SU Institutional Review Board?       Yes ___ No ___
   Community agencies?                 Yes ___ No ___

If yes, which agencies?

Committee Chair: ______________________________________________________________

Chair Signature: ______________________________________________________________

Name of Reader: ______________________________________________________________

Reader Signature: ______________________________________________________________

Return this form to the Graduate Program Coordinator by the end of the NURS 6015: Critical Inquiry II
The DNP Internship assists students to develop competence in the nursing role at the doctoral level including leadership experiences, interdisciplinary collaborations, advocacy and experience translating clinical evidence into practice. The clinical internship in the DNP does not involve direct patient care, but is directed toward the analysis of contextual factors, current scientific evidence, as well as policies and strategies in place in organizations, institutions and/or communities related to issues affecting patient safety, the quality of health care or the functionality of the health care system.

DNP students individualize the internship work plan to attain a minimum of 1,000 hours across the programs of study. DNP students are expected to complete a DNP Project, designed to improve health, health care processes or the health care system. Students participate in leadership, change agent experiences and collaborative efforts during the internship that relate to their DNP Project.

**Students should complete a draft of the DNP Internship work plan at least one quarter prior to starting the DNP Seminar & Internship courses and seek approval from their faculty advisor or DNP Project Committee Chair, when appropriate.** The DNP Internship work plan can be updated as students’ progress through the program of study. Cumulative DNP Internship hours and activities, across all quarters and courses, should be tracked on the DNP Internship Tracker on Google docs and uploaded to the Pathbrite e-portfolio and shared with faculty and the DNP Internship Coordinator. **Students are responsible for maintaining an up-to-date E-Portfolio on Pathbrite.**

Name:_________________________________________________________ Date__________________

Faculty Advisor/Chair:_____________________________________________

Number of clinical/internship hours completed at the Master’s level__________

(NPs or CNMs - maximum of 500 hours from the Master’s program; other advanced practice nurses are individually assessed)
### QUARTER, Year (Time frame & Course Title and Number of Credits)

<table>
<thead>
<tr>
<th>Development Objectives</th>
<th>Plans for Accomplishment</th>
<th>Deliverables/Outcomes</th>
<th>Preceptors/Faculty/Mentors &amp; Other Resources - include contact information</th>
<th>Days/Times/Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>What areas will you focus on this quarter?</td>
<td>For each objective, what actions will you take that will help you achieve your goals?</td>
<td>For each of the actions you have outlined, what is your measure of success?</td>
<td>What help do you need to be successful?</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SEATTLE UNIVERSITY COLLEGE OF NURSING

DNP FORM F

DNP Project Proposal Approval

Student Name ____________________________________  Student # _______________________

Date of Oral Presentation ________________________

Proposed DNP Project Title:

We approve the above student’s DNP Project Proposal as written and presented:

Committee Chair:  ________________________________________________________________

Chair Signature: __________________________________________ Date: ____________________

Committee Member: ______________________________________________________________

Signature: ______________________________ Date: __________________________

Committee Member: Optional _______________________________________________________

Signature: ______________________________ Date: __________________________

Return this form to the Graduate Program Coordinator by the 5th week of NURS 6701: DNP Project Seminar

Associate Dean Signature: __________________________ Date: __________________________
**SEATTLE UNIVERSITY COLLEGE OF NURSING**

**DNP FORM G**

**DNP Project Oral Presentation Rubric**

<table>
<thead>
<tr>
<th>Presenter Name __________________________________________</th>
<th>Date ____________________________</th>
</tr>
</thead>
</table>

**Title**

<table>
<thead>
<tr>
<th>Categories</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction, Background &amp; Significance</td>
<td>Describes the problem or phenomena, its importance to healthcare, nursing practice, and effects on stakeholders. Includes epidemiological relevance or provides baseline data to support problem/issue and application to practice</td>
<td>Fails to describe the problem or phenomena, its importance to healthcare, nursing practice, and effects on stakeholders. Fails to include epidemiological relevance or provide baseline data to support problem/issue. Unclear regarding application to practice</td>
<td>_____/10</td>
</tr>
<tr>
<td>Purpose Statement</td>
<td>Clearly and concisely states the goal of the project, including objectives or research questions.</td>
<td>Fails to clearly and/or concisely state the goal of the project. Uncertain or unclear objectives or research questions</td>
<td>_____/10</td>
</tr>
<tr>
<td>Review of the Literature</td>
<td>Provides an organized, integrated comprehensive summary of the state of the science including sentinel evidence-based resources.</td>
<td>Provides single source summaries of the literature. Not comprehensive, missing major evidence-based resources</td>
<td>_____/15</td>
</tr>
<tr>
<td><strong>Methodology</strong></td>
<td>Clearly and concisely describes project design and intent of project. Includes EBP model or design of research, stakeholder involvement, population, sample, setting, potential ethical issues, anticipated challenges to plan, sustainability, data collection and plan for analysis</td>
<td>Does not clearly and/or concisely describe the project design, unable to understand intent of project. Methodology unclear, missing information regarding population, ethical considerations, human subject protection, data collection and/or plan for analysis</td>
<td>____/20</td>
</tr>
<tr>
<td><strong>Timeline</strong></td>
<td>Provides realistic timeline for project implementation.</td>
<td>Does not provide an appropriate timeline.</td>
<td>____/5</td>
</tr>
<tr>
<td><strong>Resources Required</strong></td>
<td>Includes anticipated resources and potential costs of project or business plan, if appropriate.</td>
<td>Does not provide required resources and/or anticipated costs.</td>
<td>____/5</td>
</tr>
<tr>
<td><strong>Approvals for Project</strong></td>
<td>Identifies required approvals needed including plan for IRB and HIPAA compliance if indicated, associated agency ethics review committees</td>
<td>Does not identify required approvals.</td>
<td>____/5</td>
</tr>
<tr>
<td><strong>Evaluation Plan</strong></td>
<td>Clearly and concisely summarizes evaluation plan and instruments utilized. Plan clearly relates to objectives or research questions.</td>
<td>Does not clearly and/or concisely summarize key evaluation components.</td>
<td>____/15</td>
</tr>
</tbody>
</table>

**Additional Notes:**
SEATTLE UNIVERSITY COLLEGE OF NURSING

DNP FORM H

Final Approval of DNP Project Paper & Presentation

Student name: __________________________________________________________

Current address: ______________________________________________________________________________________________________

______________________________________________________________________________________________________________________

Student ID #: ________________________ E-mail: ______________________________________________________________

Work phone: ___________________________ Home phone: __________________________________________________________

DNP Project title: __________________________________________________________________________________________

______________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________

APPROVAL SIGNATURES

Chair (signature): ___________________________ Date: __________________________

Printed/Typed name: ______________________________________________________

Reader #1 (signature): ___________________________ Date: __________________________

Printed/Typed name: ______________________________________________________

Reader #2 (signature): ___________________________ Date: __________________________

Printed/Typed name: ______________________________________________________

DNP Internship Coordinator (signature): ___________________________ Date: __________________________

Printed/Typed name: Dr. Kathy Camacho Carr

Associate Dean (signature): ___________________________ Date: __________________________

Printed/Typed name: Dr. Janiece DeSocio