### College of Nursing Policies and Procedures

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WELCOME

We look forward to having you as students and hope that graduate 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 MSN 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 graduate 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*All information found in this handbook is superseded by information contained in the Seattle University Graduate Catalog of Information 2016-2017.

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 Streets 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 2012, 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.


**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/statement-on-diversity/](https://www.seattleu.edu/diversity/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. [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

Administration: Phone (206) Email

Kristen Swanson
Dean and Professor

Danuta Wojnar 296-2544 wojnard@seattleu.edu
Associate Dean for Undergraduate Education

Anne Hirsch 296-5665 hirscha@seattleu.edu
Associate Dean for Graduate Education

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

Faculty Biographical Sketches (This section will be updated again in Fall quarter)

Bonnie Bowie, PhD, MBA, RN is an Associate Professor in the College of Nursing. Her clinical expertise is in perinatal/neonatal nursing, including pregnant and parenting women who use drugs. Her area of research is risk factors for early substance use initiation in preadolescent girls. Her doctoral work examined the association between emotion regulation and relational aggression as a pathway to deviant social behaviors. Her most recent research has included a community based research project at Yesler Terrace with a multidisciplinary team of faculty focusing on the challenges of Somali refugee families. Dr. Bowie has joint 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 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 and the use of computer distributed learning, as well as other innovative technologies in teaching and learning. Dr. Carr has a special interest in cervical cancer screening for 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. 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 joined the College of Nursing in 2010 as Associate Dean of Graduate Education. 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.

Jennifer Fricas, RN, MPH is an Instructor focusing on community/public health and global health with additional interests in health policy, community-based participatory approaches, population health and the environment, and minority rights advocacy.

Anne Hirsch, PhD, ARNP, FAANP, FAAN joined the college in 2011 as the Associate Dean for Graduate Education. Prior to coming to Seattle University, she was the Senior Associate Dean at Washington State University and the Associate Dean at Pacific Lutheran University. She earned her PhD at Indiana University in Nursing Synthesis with a minor in Physiology and her Master’s in Nursing Degree at the University of Washington in Physiological Nursing. She is currently a Family Nurse Practitioner with a post-Master’s certification from Pacific Lutheran University. Dr. Hirsch is interested in nursing workforce issues, the provision of primary care for vulnerable populations, advanced practice nursing and quality nursing education.

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 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.

**Bev Johnson, PhD, RN** has been teaching at the College since 2001. Prior to coming to SU, she has taught family and community health nursing at universities in the Seattle area. She earned her PHD in Nursing at the University of Texas at Austin (Focus: Adult Health) and her MN in Nursing at Emory University in Atlanta (Focus: Family and Community Health Nursing). She currently teaches Community Health Nursing in the College’s undergraduate and graduate programs. Dr Johnson is interested in health promotion, aging, sexuality, and aspects of community health and population health.

**Lauren Valk Lawson, MN, 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.

**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, conducted through the SU CoN Center for Vulnerable Populations, 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 18 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.

Mo-Kyung Sin, DSN, 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 immigrants. 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, Ph.D., RNC, 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 whose teaching and clinical interests focus on women’s health and non-traditional families’ maternal child health care, as well as, education of advanced practice nurses. Her scholarship focuses on gaining understanding of unexpected pregnancy loss and the experience of expectancy and transition.
to parenthood of non-traditional families. As an experienced obstetrical nurse and IBCLC she is also prepared as an international consultant and assessor to assist hospitals and communities with achieving “Baby Friendly” designation.
PROGRAM OVERVIEW

The Master of Science in Nursing (MSN) program at Seattle University College of Nursing provides opportunities for both experienced professional nurses and students new to nursing with the knowledge and skills needed to thrive in a rapidly changing health care environment that demands new and innovative approaches to nursing and health care delivery. Graduates are prepared for advanced practice nursing in Advanced Community Public Health Nursing (ACPHN) or in Nurse Practitioner (NP) tracks. The Nurse Practitioner track has four specialties: Family Primary Care (FNP), Adult/Gerontological Nurse Practitioner (AGNP), Family Psychiatric Mental Health Nurse Practitioner (FPMHNP) and Certified Nurse-Midwifery (CNM). The Advanced Practice Nursing Immersion (APNI) for non-nurses holding bachelor’s degrees is an innovative curriculum option leading to the RN, the MSN and national certification in all of the specialties listed above.

College of Nursing Mission and Vision

Vision
A community of scholars, educating nursing leaders committed to service and social justice.

Values
We embody the Jesuit values of service to others; a commitment to social justice, and life-long learning. Additionally, our values embrace the global community, humanitarian emphasis, leadership, scholarship, clinical competence and collegiality.

Mission
Seattle University College of Nursing is a learning community comprised of students, faculty, staff, and health care professionals who support each other in providing quality educational programs and pursuing scholarly endeavors.

We actively work to assure the provision of quality nursing care to vulnerable and underserved populations.

We sustain a dynamic educational process that responds to changes in the health care needs of the community.

We employ creative teaching strategies for the promotion of critical thinking and ethical individual skills and talents.

We seek diversity in our students and faculty and value diversity in our community.

We are committed to the advancement of nursing knowledge through scholarship, research and publication.
We promote nursing leadership by graduating students who are competent and confident in their abilities and who recognize a responsibility to use their Seattle University education for the health and welfare of their communities.

**Special Features of the Graduate Nursing Program**
Students bring their basic educational preparation and previous experiences to the classroom as the foundation for learning. Exploration of nursing theory and education in research methods lead to new knowledge and alternative perspectives that can be applied to clinical practice and health care delivery system problems. The scholarly project or thesis is an opportunity to critically examine current practice, develop innovative ideas and approaches, or generate new knowledge through research or in-depth study.

**Program Objectives**
After completing the MSN program graduates will:
- Synthesize knowledge from nursing and related disciplines for advanced nursing practice.
- Utilize problem solving strategies to provide care and to enable groups of clients to manage and cope with alterations in health and to attain higher levels of wellness.
- Embody values essential to advanced nursing practice
- Evaluate one's beliefs, values and ways of knowing to foster personal growth and professional practice.
- Analyze health care systems and policies that influence health care for vulnerable populations.
- Practice advanced nursing roles in collaboration with clients, health professionals, and community organizations to ensure quality care.
- Advance the health of vulnerable populations through scholarship, leadership, and delivery of quality nursing care.

**Certification**
The Nurse Practitioner track offers specialties in family, adult/gerontological, nurse-midwifery or family psychiatric mental health. Graduates are eligible for national certification exams in the area of specialization: Family Nurse Practitioner, Adult/Gerontological Nurse Practitioner, Certified Nurse-Midwifery, and Family Psychiatric Mental Health Nurse Practitioner. All of the nurse practitioner specialties require more than 500 hours of supervised clinical practice for program completion.
ADMISSION REQUIREMENTS

RN-MSN Nurse Applicants

- Bachelor’s degree in nursing or an associate’s degree in nursing and a bachelor’s degree in another discipline. The nursing program must be accredited by a nationally recognized nursing accrediting agency.
- A 3.00 minimum undergraduate grade point average (GPA) on a 4.0 scale. Individuals who have less than a 3.00 GPA may be considered, given evidence of other accomplishments.
- A résumé indicating relevant nursing experience. Two years of clinical nursing experience is preferred. Well-qualified new graduates will be considered on an individual basis.
- Letter of intent, including choice of a particular specialty, as well as describing fit with the mission and values of Seattle University and the College of Nursing.
- Graduate Record Exam (GRE) taken within the past five years. Not required for applicants holding a graduate degree from a U.S. regionally accredited institution, including medicine and law.
- Two recommendations on Seattle University forms that speak to the applicant’s clinical and academic abilities.
- Screened applicants will be invited for an interview with faculty.

Applicants who do not meet all of the admission requirements will be considered on an individual basis.

Advanced Practice Nursing Immersion Applicants

- Non-nursing Bachelor's degree from a regionally accredited university or college.
- College cumulative grade point average of 3.0 or greater on a 4.0 scale.
- A résumé indicating relevant work and other experience.
- Letter of intent describing professional and personal goals including rationale for choosing nursing and Seattle University, as well as describing fit with the mission and values of Seattle University and the College of Nursing.
- Graduate Record Exam (GRE) taken within the past five years. Not required for applicants holding a graduate degree from a U.S. regionally accredited institution, including medicine and law.
- Completion of prerequisite requirements or plan to complete prior to program start date.
- Two recommendations on Seattle University forms addressing applicants’ academic abilities and commitment to nursing.
- Screened applicants will be invited for an interview with faculty.

For all applicants: If English is not the native language, English proficiency must be established through examination including the TOEFL (Test of English as a Foreign Language) with a
minimum 227/567 computer/paper, IELT (International English Language Test) minimum 6.5 or the Institutional MELAB (Michigan English Language Assessment Battery) minimum 86%.

**Prerequisites to Enrollment**

**RN-MSN Nurse Applicants**
Satisfactory completion (grade of B- or better) of the following undergraduate course:
- Basic statistics course that includes descriptive and inferential statistics with computer application (5 quarter credit or equivalent) taken within the past 5 years.

Provision of the following information to the College of Nursing prior to enrollment in the first MSN clinical course:
- Washington State RN License
- Professional Liability Insurance
- Current immunizations required in clinical sites, other Occupational Safety and Health Administration (OSHA) and state requirements. A list of all requirements will be sent after admission to the program and are included in the Policies and Procedures Section of this Handbook.

**Advanced Practice Nursing Immersion Applicants**
Satisfactory completion with a grade of “C” or better from accredited university or college within the last 5 or 10 years prior to enrollment.
Within 5 years:
- BIOL 2200-2210: Anatomy and Physiology I & II with lab 10 credits
- BIOL 2220: Microbiology with lab 5 credits
- STAT XXXX Statistics 5 credits

Within 10 years:
- MATH 1020 or higher Functions & Algebraic Methods 5 credits
- PSYC 1200: Introduction to Psychology 5 credits
- PSYC 3220: Growth and Development 5 credits

No time limit:
- One Quarter of College Chemistry or one year of High School Chemistry 5 credits

**Post-Master Certificate**
- A Master’s degree in nursing from an NLN/CCNE accredited program.
- A résumé indicating relevant nursing experience
- A successful interview with faculty
- Letter of intent describing professional and personal goals and reasons for choosing the PCNP post-master’s certificate program, as well as the fit with Seattle University and the College of nursing mission and values.
- Two recommendations on Seattle University forms that speak to the applicant’s clinical and academic abilities.
Master of Science in Nursing Program Requirements

The following documents form the basis for the MSN curriculum requirements and policies.

1. Seattle University Graduate Student Learning Objectives – MSN Student Handbook
2. Seattle University Master of Science in Nursing Program Objectives and requirements for programs of study – MSN Student Handbook and SU Graduate Catalog – Year of entry
3. AACN Essentials for Master’s Education in Nursing – embedded in the curriculum foundational courses
   - Research
   - Role development
   - Theoretical foundations (Nursing Theory)
   - Health Promotion and disease prevention
   - Effective oral and written communication
   - Healthcare ethics
   - Human diversity and social issues
   - Health policy
4. NONPF Competencies for Advanced Practice Nursing – embedded in the PCNP tracks for all specialties

Domain 1: Management of patient health/illness status.
   - health promotion, health protection, disease prevention
   - management of patient illness

Domain 2: The nurse-practitioner relationship

Domain 3: The teaching-coaching function

Domain 4: Professional role
   - Develops role
   - Directs Care
   - Provides leadership

Domain 5: Managing and negotiating healthcare delivery
   - Managing
   - Negotiating

Domain 6: Monitoring and ensuring the quality of health care practice
   - Ensuring quality: accepts personal responsibility for professional development and the maintenance of professional competence and credentials
   - Acts ethically to meet the needs of patients
   - Monitoring quality: monitors research to improve quality care

Domain 7: Cultural competence
● Spiritual competencies

**NURSING GRADUATE COURSE CREDITS**

**Clinical Practica**
Clinical hours: Three contact hours are required for each credit hour for clinical courses/field work in the advanced practice portion of the MSN program for 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 MSN 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 MSN 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.

**Typical Programs of Study**
See Appendix E.
SEATTLE UNIVERSITY ACADEMIC POLICIES FOR GRADUATE STUDENTS

Please refer to the current Seattle University Graduate Catalog year for information regarding the following policies:

- Degree Requirements
- Time Limits for Completing Degree
- Credits for Courses Taken as an Undergraduate
- 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. In addition, the College of Nursing academic policies for graduate students are found on the pages that follow.

Graduate nursing students are subject to all of the academic policies set forth in the Seattle University Graduate Catalog and the University’s Academic Probation, Dismissal, and Appeal Policies and Procedures for Graduate Programs. The College of Nursing policy describes specific conditions for admission, progression, probation, and dismissal for the MSN program.

Seattle University’s policies on Academic Probation, Dismissal and Appeal Policies and Procedures can be found at: https://www.seattleu.edu/academic-records/academic-and-professional-performance/

Seattle University Grading Policy and Repeating Courses

Seattle University Grade Point Average Requirements for Degree Completion (75-2) https://www.seattleu.edu/academic-records/grading/

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>GPA</th>
<th>Score Range</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>90-93</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>
</tbody>
</table>
C+ 2.3 76-79
C 2.0 73-75
C- 1.7 70-72
D+ 1.3 67-69
D 1.0 63-66
D- .7 60-62
F 0 below 60

“C” is the minimum passing grade in the College of Nursing pre-licensure year of the program. “B minus” is the minimum passing grade for all other graduate courses.

Admission

Regular and Transfer Graduate Admission for Registered Nurses*: Applicants to the MSN program must have a cumulative undergraduate grade point average (GPA) of at least 3.00 (on a 4.00 scale**). Applicants with less than a 3.00 may be considered on an individual basis given evidence of other achievements. Such applicants are admitted on academic probation and are subject to conditions relating to academic probation listed below. All applicants must have completed a 5 quarter credit undergraduate statistics course in the past 5 years with a grade of B- (2.75) or above.

Graduate Admission for Non-Nurses in the Advanced Practice Nursing Immersion: Applicants to the Advanced Practice Nursing Immersion must meet all of the conditions named in #1 above. See the Seattle University Graduate Catalog for immersion prerequisite courses.

*Throughout this policy, registered nurse students are referred to as “regular MSN students,” and students in the Advanced Practice Nursing Immersion (APNI) are referred to as “immersion students”.

**All grade criteria cited in this policy are based on a 4.00 point scale.

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/

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 graduate 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.

Seattle University Transfer Credit Policy can be found at: 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 student’s chair and 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 2.

3. 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 MSN course. For some courses faculty may also require 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. The reviewing faculty submits the “Petition for an Exception to Policy” and a letter to the Assistant Dean for Graduate Studies. The letter summarizes:
   1) The materials that were reviewed
   2) A statement of equivalency of depth and scope of content or deficiencies are noted. If the course is deemed equivalent, it must still meet the acceptability criteria.
   3) Number of credits to be transferred.
   4) Where and when the graduate course was taken.
   5) If a test of knowledge or skill is deemed necessary, faculty should include a description of this in the letter, as well as the outcome.

5. When a course is determined to be equivalent and is acceptable for credit transfer according to the criteria listed below, the Associate Dean will then sign the “Petition for Exception to Policy” and send it, along with the letter, to the Office of the Registrar for further evaluation.
6. The requesting student sends an official transcript to the Office of the Registrar prior to the posting of the transfer credit. 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 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:
There is a 10 credit limit for transfer credits towards the master’s degree.

Note: The purpose of the scholarly project is to demonstrate scholarship in the research of a topic of relevance to advanced nursing practice and vulnerable populations. Therefore, it is not possible for students to transfer master’s thesis or doctoral dissertations as a substitute for the SUCON master’s scholarly project.

Progression
Prerequisite courses must be completed as per graduate admission requirements before an accepted student may enroll in any graduate nursing course. Graduate admission requirements include receipt by the Seattle University Admissions Office, by the end of the second quarter in the academic program, of an official transcript showing completion of prerequisite courses. If transcripts are not received, the student may not register for the second quarter of classes.

Non-matriculated students may take graduate nursing courses open to such students, but must have completed prerequisites required for individual courses. Non-matriculated courses are open only to registered nurses holding a bachelor’s degree and a registered nurse license.

Progression through the nursing program of study is assured only when the student:
   a) Achieves a grade of at least C (2.00) in all pre-licensure courses and achieves a grade of at least B- (2.7) or greater in all graduate courses required for graduation.
   b) Maintains a cumulative GPA of at least 3.00.
   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 for Graduate Studies.
The student who takes fewer than the required nursing credits for the specified program of study will be considered ‘out of sequence’. Students who are out of sequence must realize that courses are not offered every quarter, and this affects the timing of re-entry and program completion. Further, out of sequence students will be admitted to graduate nursing courses on a space-available basis. Students should be aware that some courses are only offered once per year.

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 MSN program, and as a condition of placement in clinical 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.

**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 Dean for Undergraduate and the Associate Dean of Graduate Education 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 Dean for Undergraduate Studies, the Associate Dean for Graduate Studies. 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.

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.

Graduation
A minimum 3.00 cumulative grade point average is required for graduation with a Master of Science in nursing degree.

Seattle University’s policy on Grade Point Average Requirements for Degree Completion (75-2): https://www.seattleu.edu/academic-records/grading/

Academic Probation
1. A student will be placed on academic probation in any of the following circumstances:
2. The student enters the University with a GPA of less than 3.00.
3. The student’s cumulative GPA falls below 3.00.
4. The student achieves a grade lower than C (2.00) in any pre-licensure or a grade lower than B- (2.75) in a graduate course required for the program of study.
5. The student withdraws from one required graduate nursing course.
6. The student is found to have engaged in unsafe, unethical, or unprofessional conduct.

Serious violations may warrant academic suspension or dismissal rather than probation.

When a student is placed on probation, the Associate Dean or Progression Committee may establish conditions for the student’s continuing progression in the MSN 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 C (2.00) in an pre-licensure course, lower than B- (2.7) in a graduate course or a W (withdrawal) 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 C (2.00) in a pre-licensure course, lower than B- (2.7) in a graduate course or a W.
2. A student who fails, withdraws or drops from either the theory or lab/clinical portion of a combined theory-clinical nursing course, must repeat the entire combined course. The course will be taken for the number of credits of the combined course.
3. A student who fails, withdraws or drops from a stand-alone clinical course must repeat the clinical course for a grade and audit the related theory course concurrently. Awarding of a passing grade in the clinical course being repeated is contingent upon meeting the attendance requirement of the audited theory class. Students must earn a B- or better in a stand-alone clinical course.
4. The student will be permitted to register for a course being repeated only on a space-available basis.
5. 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.
6. A student may repeat only one (1) graduate nursing course without special permission.
7. 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/

Grading Grievance — 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/

**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 graduate program except in cases of hardship withdrawal.

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

**Dismissal from the College of Nursing**

**Academic Dismissal** may result from any of the following:

- 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.
- Achievement of a grade lower than C (2.00) in a pre-licensure course or a grade lower than B- (2.7) in a graduate course being repeated.
- Two (2) withdrawals from the same nursing course.
- Withdrawal from more than one (1) nursing courses.
- Any combination of grades lower than C (2.00) in a pre-licensure course or a grade lower than B- (2.7) in a graduate course and a withdrawal, totaling two (2) for the entire graduate program.
- Unsafe, unethical, or unprofessional conduct or behavior.

Violation of the Seattle University Academic Integrity Policy 2011-03 (See below and SU Student Handbook).

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

Seattle University’s policy on Academic Probation Dismissal Appeal GR (2005-3):
https://www.seattleu.edu/academic-records/academic-and-professional-performance/

**Disciplinary Dismissal** may result from any of the following:

- Violation of the **Seattle University Code of Student Conduct** (see Section 3 below and SU Student Handbook).
- 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.
• Students may be suspended from the clinical setting and/or the MSN 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.

Seattle University Student Code of 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 https://www.seattleu.edu/deanofstudents/integrity-formation-process/code-of-conduct/

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/

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 You Tube 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


Seattle University College of Nursing Global Nursing Committee (2014). *Policy for use of social media on nursing education abroad trips*. 


**Appeals**

1. An appeal of an 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 Code 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 C (2.00) in all pre-licensure courses, a grade of at least B- (2.7) in all graduate courses and a cumulative GPA of at least 3.0. 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, and 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.

If the student does not agree to, or accept the conditions for readmission, then 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.

2. 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 of Graduate Education in collaboration with course faculty and the Progression Committee as a condition of readmission.

3. Following readmission after an appeal of dismissal, a student must achieve a grade of at least C (2.00) in all pre-licensure courses, a grade of at least B- (2.7) in all graduate courses and maintain a cumulative GPA of at least 3.00. No withdrawals will be accepted, nor will there be any further probationary period.

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

**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 or licensure for violation of professional standards.
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.

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 direct 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 as pager or cell phone number, when you are in clinical sites.

Orientation to the Graduate Program

Orientation will be held on campus in the summer for new immersion students and in the fall for new RN-MSN students. The orientation will be designed and coordinated by the Associate Dean of Graduate Education and/or the coordinator of the pre-licensure immersion year curriculum.

ACADEMIC ADVISING

All new students are assigned a graduate faculty member as an academic advisor. Although most programs of study offer few options and you may have few questions about academic
progression, advisors are good sources of other school and career-related information and advice. Use your advisor as a resource for success in the graduate program.

Students meet with their advisor a minimum of once a year usually during Fall quarter. Students may not be able to register for Winter quarter until they have met with their academic advisor.

The academic advisor is not usually the same person as your scholarly project or thesis advisor. Please see the sections of this Handbook on the scholarly project and thesis for information about choosing a committee for your capstone experience. To learn about faculty areas of interest, see the faculty biosketches in this Handbook or on the website. Production deadlines preclude inclusion of all current faculty biosketches in this Handbook. Ask your academic advisor, the faculty, or the Associate Dean of Graduate Education for assistance in identifying faculty whose scholarly interests are similar to yours.

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/

Description of Academic Advising in the College of Nursing

Assignment of Advisors
Each student will be assigned an advisor by the Associate Dean for Graduate Education. The assignment of an advisor will take place at the time a student registers for their first class.

Advisor’s Role/ Context of Advising Relationship
The advising process should move beyond directive practices to a more comprehensive approach. Such advising encourages student reflection upon and analysis of academic, career and personal goals. 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.

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 early adjustment to school and maintain regular contact for the remainder of their school career.
• It is the advisors 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.
• Direct advisees to resources in the University.
• Address student issues in a confidential manner except in cases where there is concern about the welfare of the student or others.
• Provide occasional assistance to students working through curricular or career decision issues.
• Provide students with an occasional social outlet from studies (conversation over a cup of coffee or a sandwich, etc.).
• Provide students with a positive professional role model.
• Inform the Associate Dean of Graduate Education and complete the appropriate form if a student desires to change advisors.

Questions to discuss with your advisor:
• What if anything, worries you about your graduate program?
• How can an advisor help you the most?
  o Policies
  o Scheduling/Academic calendar
  o Career guidance
  o Problems – personal, academic, financial
  o Information
• Do you have concerns about adjusting to the university?
• Are you aware of the resources available to you? (tutoring, counseling, career planning, etc)
• Are there special situations that we need to consider in planning your educational program? For example, do you have a job? Are you responsible for your family? Do you require special provisions? Do you have military obligations? Are you an athlete?
• What are your long-term career plans?

Changing Advisors
A change of advisor may be initiated by faculty or student by completing the Graduate Change of Advisor Form, and submitting to the Associate Dean for Graduate Education.
Seattle University College of Nursing
Change of Graduate Advisor Form

Date: _______________________

Name: _________________________________________________________

MSN Program Track: ______________________________________________

Current Advisor: _________________________________________________

Requested Advisor: _______________________________________________

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

Student signature: ________________________________________________

Advisor Signature: _________________________________________________

Requested New Advisor Signature: ________________________________

Return this form to the Associate Dean for Graduate Education

Associate Dean for Graduate Education Signature: ________________________________

Date: _______________________

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**Absenteeism**

Students are expected to attend all classes. Absences from classes or clinical are viewed as a serious matter by faculty. Unexcused absences may result in a lower course grade, additional assignments to make up for the absence or failure of a course, if requirements are not completed. If you expect to be absent from a class or clinical you need to call the respective faculty and inform her or him of your absence. Please ask each respective faculty member the course policy regarding absenteeism, if this is not mentioned in a course syllabus.

Seattle University Academic Year Calendars are published online and available at least one year in advance. These include final exam weeks. Nursing students are to make plans for work, travel, weddings, other social events, etc. based on the SU Academic Calendar. Travel arrangements should be made to depart after the final exam schedule and at least the day before the first day of classes. Students should not ask faculty for exceptions.

**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.

**Student Signature**

During the course of your program at Seattle University, your role as a student will change. During the first year of the program you are considered a nursing student and your signature should be consistently signed as Jane Doe, SUNS or John Smith SU Nursing Student. After completing your NCLEX examination and possessing an RN license, your title will change to Jane Doe RN, FNP-student or John Smith RN, FNP-S. You will substitute your individual specialty track in place of the FNP i.e. AGNP, CNM, PMHNP.

**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.
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 clinical courses, but general guidelines follow.

APNI First-Year Clinical Courses

These courses provide the equivalent of the undergraduate nursing clinical experience, and a standard uniform is required unless prohibited by the clinical agency or inappropriate to the setting (such as the community or psychiatry rotations). The uniform includes dark blue scrubs (top and bottom) with the Seattle University Logo. No jeans, stretch pants, sweats, tights, or other non-nursing uniform pants or tops are to be worn. A short white lab coat and white shoes with closed toes and heels are also required. Uniform scrubs and lab coats are available in the bookstore. White athletic shoes are permitted but not required. All shoes must be clean and not used for purposes other than clinical.

Other guidelines include:
- Clean hair that is short, pulled back, or off the collar to stay out of wounds, bedpans, or otherwise interfere with patient care
- Jewelry that poses no risk of infection or injury to nurse or client (no dangling earrings or necklaces; simple wedding band only)
- No strong fragrances, since many clients and other personnel are sensitive to these
- No baseball caps or other accessories that are not part of the uniform. A solid white turtle neck or t-shirt may be worn under the scrub top.
- Wear your name pin and bring your stethoscope

When first-year APNI students are in clinical settings that prohibit or do not require uniforms, they should follow the guidelines below for appropriate appearance.

Regular MSN Students and APNI Second-Year Clinical Courses

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 are the same as those listed above. Jeans, stretch pants, sweats, and scrubs are never appropriate. Tops do not require collars, but low-cut tops and those that expose the midriff are inappropriate. T-shirts should not be worn as outerwear in clinical settings.

Helpful Accessories for Clinical Experiences

Because of space limitations in clinical settings, it is often wise to minimize what you carry to the agency or clinic. For the greatest efficiency and safety of your personal belongings, consider leaving large packs or bags at home, and carry your valuables in a fanny pack or miniature back pack. A fanny pack holds a wallet, stethoscope, pens, paper, cell phone, and a PDA (see next paragraph).
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.

Retrieved text from American Nurses Association Code of Ethics for Nurses

“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
Retrieved text from American Nurses Association Code of Ethics for Nurses

“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).

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. The Graduate Curriculum & Evaluation Committee recommends the purchase of an iPhone, iPod Touch, or other smart phone or WiFi-enabled PDA, if you do not have one already. A wide variety of nursing and medical references are available for smart phones, including nursing and medical drug references, Taber’s Medical Dictionary, ePocrates and a number of additional diagnostic and disease reference tools useful for advanced practice nurses. During the first week of the program, you will receive information on recommended software purchases (e.g. a medical dictionary) and information on any available purchasing discounts. Similar to textbooks, there are many good programs available and your faculty may recommend or require you to purchase additional ones for subsequent courses. Wait until you are in class to make these software purchases.

It is also advisable for graduate students to have a laptop computer. Software and Hardware may be purchased at a discounted rate through the SU ITS Technical Purchasing program at this website: https://www.seattleu.edu/its/technical-purchasing/personal-purchasing/. Additionally, you can purchase hardware and software from the Seattle University Bookstore.

Although the Information Technology Services (SU ITS) HelpDesk and nearly all software used is supported by both Mac and PC operating systems, the College of Nursing office computers and faculty are overwhelmingly PC-based. Although many students successfully use Macs and are very happy with them, PC computers are recommended.
You will be able to access your SU email, Instructure Canvas, course website, and SU Library resources from home, if you have an internet connection.

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.

*If you’d like to improve your computer skills, SeattleU has a site license to the incredible online technology teaching website Lynda.com. Please login using your SU email and password at this website:  [http://www.seattleu.edu/lynda](http://www.seattleu.edu/lynda).

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 graduate students in all clinical settings. Name pins are ordered from the Customer Service Representative in the Seattle University Bookstore, and should be obtained at the beginning of the first quarter of study (Summer for APNI students, Fall for regular MSN students). Name pins for first-year APNI students must include the following information: Name (first name only, or first and last), Graduate Student, Seattle University College of Nursing. Name pins for regular MSN students and second-year APNI students must include the following information: Name (first and last), RN, Graduate Student, Seattle University College of Nursing.

Overview of Scholarly Project or Thesis

Demonstration of scholarship is an important difference between undergraduate and graduate education. **A key outcome of the graduate program at Seattle University College of Nursing is completion of either a thesis or a scholarly project.** Both options require systematic review and analysis of the literature on a topic of relevance to advanced nursing practice and vulnerable populations. Both options require supervision by a faculty committee and both options involve 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. Although there are similarities, the two are quite different in several respects. A detailed description of the scholarly project and thesis requirements is found at the end of this Handbook.

- The purpose of the scholarly project is to demonstrate scholarship in the investigation of a topic of relevance to advanced nursing practice and vulnerable populations. While the
thesis will also be relevant to advanced nursing practice and vulnerable populations, the purpose of the thesis is to demonstrate scholarship in investigation of a research problem.

- The thesis is always research, while the scholarly project may be small-scale research but usually is not. (Review the Seattle University Institutional Review Board policy for the definition of research.) Examples of research and scholarly projects are given later in this Handbook in the section detailing the guidelines, timelines, and evaluation criteria for scholarly projects. The number of credits required varies: students register for 6 credits to complete a thesis and 3 to complete a scholarly project.
- The graduate committee includes 3 members for a thesis and 2 members for a scholarly project.
- Both the thesis and the scholarly project require a public presentation of the completed work to the University community. Applications to most doctoral programs no longer require a master’s thesis. However, students who wish to pursue doctoral study are encouraged to begin to learn the research process by completing a thesis.

**American Psychological Association Format for Papers**

Formal papers submitted for all graduate nursing courses should follow the writing and documentation guidelines of the Publication Manual of the American Psychological Association (7th Edition). The manual can be purchased at the Seattle University Bookstore. Previous editions are not acceptable.

**Clinical Practica**

**Process for finding clinical sites**

First-year APNI students do clinical rotations in local area hospitals, nursing homes, and community agencies in small groups. Students sometimes, but not always, have choices about which of the available clinical sites they are assigned to for clinical rotations.

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 guaranteed 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.
  - 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 semester (up to 3 different clinical sites during a major capstone course).

**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.
As noted above, clinical sites may be far from Seattle. Therefore, access to a car may be required. Some sites require a ferry ride, though a car may or may not be required for these sites.

A student without a vehicle is not guaranteed a clinical placement within walking distance of campus. Students who carpool are not guaranteed clinical placements at the same clinical agency or on the same shift. The College of Nursing reserves the right to change a student’s assigned clinical placement and campus lab assignment at any time.

**College of Nursing Policy on Abortion**

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

**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 CastleBranch 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 CastleBranch Tracker. Students will be able to view all the requirements mandated by the College of Nursing for their Clinical Passport. Upon completion of each requirement, students are able to upload, fax or mail in their documentation to their CastleBranch 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 Clinical Passport, be in good standing and meet all other nursing requirements and deadlines.

Students are to keep all health records current and up to date in their online CastleBranch 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 Tracker for convenient management. Agencies conduct zero tolerance compliance audits throughout the program and will not accept records that expire during a quarter. 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**

MSN 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 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.

**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 - Health Care Provider Course** (2 year certification). **Other CPR courses are not accepted.**

The BLS Healthcare Provider 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.

**Professional Liability Insurance**

Registered Nurses in the MSN 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 ACPHN track are allowed to obtain the required liability insurance at the RN level, Students in the AGNP track need to select the Adult NP category. Students enrolled in the Nurse-Midwifery track must carry professional liability insurance.
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 Tracker.

**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 second quarter 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 agency signatures and list the agency name and address. Students will place their background check order on CastleBranch.com and then set up their online CastleBranch 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 CastleBranch 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 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 Tracker for convenient management. Agencies conduct compliance audits throughout the program. Failure to meet the Clinical Passport requirements and specified College of Nursing deadlines 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**

| REQUIRED RECORDS: | 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. |

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**

   **REQUIRED RECORDS:** 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.

   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.

**Infection Control Guidelines**

Please read the infection control guidelines carefully and retain for future reference. Students will also be required to complete the Seattle University OSHA / WISHA / HIPAA form as part of their clinical paperwork. This form must be completed through Seattle University in order for students to engage in patient care and must be updated annually. Additional OSHA requirements may be assigned throughout the program of study.

**Policy and Procedure for Follow-Up to Occupational Exposure to Blood Borne 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-Exposed 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 post-exposure 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 post-exposure 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 SU CON 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 – Post-exposure 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 post-exposure 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 SUCon 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 post-exposure 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 source’s: 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:

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

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

FOLLOW-UP INVESTIGATION AND SUGGESTIONS FOR IMPROVEMENT:


ADDITIONAL COMMENTS:


Signature of Associate Dean
College of Nursing, Seattle University

Date
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/preceptor 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 206-296-5665 within 24 hours of the incident.

The agency may also request its own incident form be completed. Notify the CON Associate Dean or Graduate Program Coordinator of incident by calling 206-296-5660. 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.
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 ______________
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:
Student Orientation to the Clinical Performance Lab

Background: The College of Nursing Clinical Performance Lab (CPL) is an expansive, state-of-the-art learning commons. The CPL Team wants every student who is new to the Lab to feel comfortable with the Lab’s policies, procedures, and resources. As such, the following outlines the plan for nursing student orientation to the CPL.

Procedure
Student orientation to the CPL will take place during the first lab meeting of the following classes:

- Undergraduates = NURS 3405 – Health Assessment and Intervention I
- Graduates = NURS 5001 – Advanced Health Assessment and Health Promotion
- APNI Students = NURS 5041 – Foundational Concepts and Skills in Nursing

Student orientation to the CPL will consist of the following components:

- Review of CPL Student Expectations (~20-30 minutes)
- Brief tour of the CPL (~10-15 minutes)

Organization of student orientation to the CPL:

- CPL staff will coordinate with the course coordinator for each of the courses listed above. This coordination generally happens as part of the pre-quarter planning meeting, which is approximately one-half to two-thirds of the way through each quarter in preparation for the following quarter.
- Course coordinators for NURS 5001, and NURS 0541 should build 30-45 minutes of time into their course schedule for the first lab day of class to allow for the CPL student orientation to take place.
- All lab courses should include the CPL Student Expectations document (found on the t-drive) in their course syllabus and faculty teaching in the Lab, as well as CPL staff, should hold students accountable to these expectations.

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. This facility is open only to nursing students. Lab hours will be posted on the College of Nursing website and at the Lab Tech desk in the lab. Currently the facility is open 8:00 am - 4:30 pm Monday through Friday, but this is subject to change. Students are expected to comply with the Clinical Performance Lab student expectations.

Student Information and Expectations

Appearance: Students are to look professional during lab and simulation sections
scheduled in the Simulation Rooms, Ellipse – Basic Skills Lab area, Graduate Exam Room area, and Practice Lab:

- **Attire**
  - Wear clinical-setting appropriate clothing (no jeans)
  - Wear a lab coat with name tag during lab and simulation
  - Wear closed toe and heeled shoes

- **Hair**
  - Hair is to be off the collar while in the lab
  - Long hair needs to be secured

- Students who do not meet the appearance expectations may be restricted from participating in the lab class or simulation session.

- Loaner lab coats are available from the Administrative Assistant for a $5.00 per use fee.

**Computer Lab**

- Students are to log-off the computer when finished.
- Students are to supply their own paper for the computer lab printer.
- Paper is available for purchase from the Administrative Assistant (10 sheets for $.10).

**DVDs**

- Students are to supply their own DVDs for recording lab sessions.
- **DVD-R** is the type of DVD recommended for use.
- DVDs are available for purchase from the Administrative Assistant ($.50 each).

**Food**

- Eating or drinking is **only permitted** in the Student Lounge. Students are expected to exercise care to prevent spills or stains on the furniture and carpet, and are to dispose of their garbage appropriately.
- Water bottles are permitted at the tables but not at the bedsides or in the Computer Lab.
- There are two sinks in the large basic skills lab that can be operated by foot pedal; the cold hand control on these sinks dispenses filtered water.
- The Swedish Medical Center cafeteria is on the first floor of the hospital and is 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 overbed table and stool are at each bedside

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station, and replace paper on exam tables.
  o Remove all personal items
• Return furniture that is rearranged or moved to the original set up and location.
• Exercise care to avoid bumping into the walls with backpacks.
• Report broken or non-functioning equipment and furniture to a faculty member so the items can be pulled out of service for repair.
• Treat the furniture, equipment and environment respectfully.
• 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

Restrooms for student use are located by the elevators outside of the Lab.

Safety

• No invasive procedures (except injections) are to be performed on students and faculty.
• 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 main campus and James Tower
• The Shuttle schedule including departure/arrival locations is available under the Student Tab on the College of Nursing public website (https://seattleu.edu/nursing/)

Simulation

• Simulation is an integral part of the curriculum.
• Preparation for simulation should be equal to the student’s preparation for clinical.
• Backpacks are not allowed in the simulation rooms due to space constraints.
• Students are to maintain a log of simulation experiences.

Student Accessible Space

Students have unlimited access to the following lab areas if not in use (check the Daily Lab Schedule):
• Student Lounge
• Ellipse – Basic Skills Labs
• Practice Lab
• Computer Lab
• Reflection Area
• Conference Room
• Classroom
• Interview Room
• Graduate Lab and Diagnostic Lab (Graduate students only)

Students have **restricted** access to the following areas:
• Simulation rooms - BabyRyan, Adult, Community Apartment (Faculty or TA supervision required)
• Graduate Lab (Undergraduates must have permission and supervision)
• Handicap-accessible Restroom (For lab session learning only; not for restroom use)

**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, and the Faculty Handbook. The emergency point of contact for the CON CPL is the Operations Coordinator. The emergency point of contact for the CON (Garrand and in general) is the Manager 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:
o 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.)

o The Computer Lab emergency exit. Located at the back of the room.

o The Bathroom/Diagnostic Lab hallway emergency exit. Located at the end of the short hall between the Graduate Lab 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:

o (1) Proceed straight ahead, past the Polyclinic entrance, turn left and pass the elevator bank, turn left immediately after passing the elevators and go down the stairwell to the first floor.

OR

o 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/Diagnostic Lab 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/Diagnostic Lab 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 PolyClinic 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.

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 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 that 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, flashlight(s), and first aid kit.
Emergency Equipment
The SU Campus Emergency Kit (issued by Public Safety) is a large red backpack stored in the Operations Coordinator’s office. 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 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

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 first faculty touchdown space in the Faculty/Administrative Office Area (first desk on your left upon entering).
  - At the Lab Tech Desk in the Ellipse.
  - At the reception desk
  - In the Computer Lab

Resources
If you have any questions or concerns about CPL emergency procedures, please contact the Operations Manager at 296-2384.

For general information about Seattle University’s Campus Public Safety please see:
http://www.seattleu.edu/safety/
SEATTLE UNIVERSITY SERVICES

**Computer Labs**
Please check the ITS website for current hours of on-campus computer labs: [https://www.seattleu.edu/its/](https://www.seattleu.edu/its/)

**James Tower Computer Lab:**
- Monday-Friday: 8:00am – 4:30pm
- Saturday: Closed
- Sunday: Closed

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

**Lemieux Library**
The library supports the MSN 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/](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.

**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.

McGoldrick Collegium is located on the first floor of 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 7:30am-7:30pm Monday-Thursday, 7:30am-4:00pm Fridays. The McGoldrick Collegium homepage is: [https://www.seattleu.edu/cotp/collegia-program/mcgoldrick-collegium/](https://www.seattleu.edu/cotp/collegia-program/mcgoldrick-collegium/)

**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. The CAPS homepage is: [https://www.seattleu.edu/caps/](https://www.seattleu.edu/caps/)
Student Health Center

Nurse Practitioners 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 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.

https://www.seattleu.edu/learning-assistance/

Copy Machines

Coin operated copy machines are available for student use in the Library, the Student Union Building, and Reprographics.

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 graduate 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. Graduate 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/

College of Nursing Scholarships

The College of Nursing offers several scholarships to current students. Applications are generally distributed via email to all students at the beginning of fall quarter.
Graduate Teaching Assistant

MSN students (who are RNs) may work as teaching assistants in the undergraduate program, supervising students in health assessment, basic skills, or communication labs. Teaching assistants may receive a scholarship and/or a stipend to support graduate study.

Reserve Officer Training Corps Scholarships

Students who will be younger than age 31 upon graduation are eligible to apply for Army ROTC scholarships. Consult the Department of Military Science for information (206 296-6430).

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. Check online for current quarter hours of operation.

https://www.seattleu.edu/campus-store/

Campus Assistance Center

The center's primary goal is linking people with information and resources. Conveniently located on the first floor of the Student Center, the CAC is accessible to day and evening students.

Dining

Food service is provided on campus in the Student Center. 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 Affairs

The Office of Multicultural 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.

**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. Permits are generally sold the first week of classes.

**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 and weight room, the Astro Gym for indoor tennis and soccer, and racquetball courts.

**University Services Building**

This centrally located building houses the Campus Store, 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 staffs 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

Qualifications of the Clinical Preceptor

QUALIFICATIONS OF CLINICAL PRECEPTORS
The overall purpose of the clinical preceptor is to: facilitate the student’s integration of knowledge and skills in advanced practice roles in a clinical setting; act as a professional role model for the student; evaluate the student’s performance; act as a liaison between the clinical agency and Seattle University College of Nursing; and to communicate regularly with the clinical course faculty regarding the student’s practice and the course requirements.

In all specialties, selection of appropriate clinical preceptors is based on the specific criteria below, and ability of the preceptors’ knowledge and experience to facilitate student achievement of the course and program objectives.

Requirements for preceptors in each specialty are as follows:

**Family Nurse Practitioner**
1. A Master’s degree in nursing or a related field (PA) or educational preparation as an MD/DO from an accredited and state approved program
2. Licensed to practice in the State of Washington or the jurisdiction in which they are located.
3. Certified as an advanced practice nurse, physician assistant or medical doctor
4. Minimum of two years of clinical experience in family practice or area of specialization
5. Willingness to supervise and mentor an MSN student

**Special considerations.**
In certain situations, physician or nurse practitioner preceptors may be certified in specialties other than family practice. For example, internal medicine specialists may serve as preceptors for adult or geriatric care; women’s health practitioners or obstetric-gynecologic physicians may serve as preceptors for women’s health care; and pediatric nurse practitioners and physicians may serve as preceptors for pediatric care.

In rare circumstances, the Associate Dean of Graduate Education can make exceptions to these guidelines. Guiding principles for appropriate preceptors are found in the National Organization of Nurse Practitioner Faculties Criteria for Evaluation of Nurse Practitioner Programs (2012).

**Family Psychiatric Mental Health Nurse Practitioner**
1. A Master’s degree in nursing or a related field or educational preparation as an MD from an accredited and state approved program
2. Licensed to practice in the State of Washington or the jurisdiction in which they are located.
3. Certified as an advanced practice nurse or medical doctor
4. Minimum of five years of psychiatric mental health practice experience
5. Willingness to supervise and mentor an MSN student

Special considerations.
In rare circumstances, the Associate Dean of Graduate Education can make exceptions to these guidelines. Guiding principles for appropriate preceptors are found in the National Organization of Nurse Practitioner Faculties Criteria for Evaluation of Nurse Practitioner Programs (2002).

**Adult Gerontological Nurse Practitioner**
1. A Master’s degree in nursing or a related field or educational preparation an MD from an accredited and state approved program
2. Licensed to practice in the State of Washington or the jurisdiction in which they are located.
3. Certified as an advanced practice nurse, physician assistant or medical doctor.
4. Minimum of two years of clinical experience in family practice or area of specialization
5. Willingness to supervise and mentor an MSN student

Special considerations.
In certain situations, physician or nurse practitioner preceptors may be certified in specialties other than geriatrics. For example, internal medicine specialists who work with elders may serve as preceptors.

In rare circumstances, the Associate Dean of Graduate Education can make exceptions to these guidelines. Guiding principles for appropriate preceptors are found in the National Organization of Nurse Practitioner Faculties Criteria for Evaluation of Nurse Practitioner Programs (2012).

**Nurse-Midwifery**
1. A Master’s degree in nursing or a related field or educational preparation an Advanced Registered Nurse Practitioner or MD from an accredited and state approved program.
2. Midwifery preceptors must be certified by the American Midwifery Certification Board (AMCB) or the American College of Nurse-Midwives (ACNM).
3. Licensed to practice in the State of Washington or the jurisdiction in which they are located and certified as an advanced practice nurse or medical doctor.
4. Minimum of two years of clinical experience in midwifery or area of specialization
5. Willingness to supervise and mentor an MSN student

Special considerations.
In certain situations, physician or nurse practitioner preceptors may be certified in specialties other than obstetrics and gynecology. For example, women's health nurse practitioners or family nurse practitioners may serve as preceptors for women’s health care or primary care and pediatric nurse practitioners and physicians may serve as preceptors for neonatal and infant care.
Advanced Community Public Health Nursing
1. A Master’s degree in nursing or a related field from an accredited and state approved program
2. Licensed to practice in the State of Washington in her/his field or the jurisdiction in which they are located.
3. Certified by a professional organization in a specialty or practice area preferred
4. Minimum of two years of experience in community health, public health or population health planning
5. Willingness to supervise and mentor an MSN student

A master’s degree in nursing is preferred. In some settings where master’s prepared nurses are not available, community health professionals with a graduate degree in a related field (e.g., public health, health services administration, informatics, business administration, medical social work, or divinity) may be appropriate.
APPENDIX B

Scholarly Project & Thesis Guidelines

SEATTLE UNIVERSITY COLLEGE OF NURSING
MSN PROGRAM

Scholarly Project Guidelines

I. Purposes of the Scholarly Project

A. To demonstrate a student’s academic scholarship skills in the investigation of a topic related to advanced nursing practice among vulnerable clients.
B. To provide a capstone learning experience directed toward the student’s total professional growth through the application of knowledge from all areas of the MSN program of study.
C. To produce scholarship that contributes to advanced practice nursing and health care.
D. To provide a foundation for a scholarly approach to advanced nursing practice

II. Topic Areas

A. The scholarly project should emphasize a scholarly approach to advanced practice concerns related to the student’s MSN program focus and specialty area. For example, issues dealing with vulnerable populations, primary health care, mental health care, adult/geriatric care, community/public health issues or midwifery care are appropriate. Each project should include a critical review of the literature and some aspect of the research process. The scholarly project should result in a product that can be disseminated, such as a manuscript, grant proposal, evaluation report, educational material, video, film, or website. The scholarly project will be in a written form such as a scholarly paper or a written summary of the development of other media, evaluations, reports or grants. Scholarly projects may be individual or involve group collaboration of 2-3 graduate students

B. The following are examples of scholarly projects:

- State-of-the-art critical literature review – manuscript for publication.
- Investigation of a problem (i.e. small research project, secondary analysis of faculty research project)
- Evaluation of a program or project
- Development of a research or evaluation instrument or tool
- Development of a quality improvement project
- Health needs assessment (i.e. community, vulnerable group)
- Development of a manual, website, film, CD, video
• Curriculum development or redesign
• Development or update of an Evidence-Based Practice Guideline
• Development of Patient Education or Professional Continuing Education (i.e. video, web, manuscript, workshop)

III. How does the scholarly project fit into the MSN Program?

The scholarly project (NURS 5990 – 3 credits) is considered to be the program capstone, demonstrating student scholarship, mastery of a focused content area in advanced practice, as well as a focus on a vulnerable population. Preliminary ideas for the project are developed in collaboration with faculty in the first NURS 5990 course (1 credit). Scholarly project proposals are then more fully developed throughout subsequent quarters in consultation with a project committee chair and additional committee members. Students complete the Scholarly Project Proposal Form and obtain the signatures of their Committee Members as soon as committee members are identified. The Supervisory Committee approves the final project plan, timeline, final written paper or report, and final oral presentation. Continued guidance for the project is provided by the Supervisory Committee, although the chairperson serves as the key contact person for the student throughout the second year and through completion of the MSN.

IV. Scholarly Project Guidelines

Scholarly project guidelines should be negotiated with the student’s committee. The final product will vary with the type of project selected but the following elements are essential to all projects.

A. Abstract
   A brief summary of the project, limited to 250 words, is placed at the beginning of the proposal.

B. Statement of Purpose/Significance of the Project
   Clearly describe why topic/project is of interest and significance to advanced practice nursing and/or vulnerable clients, and what the project is intended to accomplish. Start with a broad national and/or international overview of the issue, then narrow it to the population of interest, then state the purpose of your project. If relevant, describe conceptual framework, assumptions, and definitions in the next section.

C. Literature Review and/or Background
   A critical review of the literature should demonstrate knowledge of what other authors have written concerning the topic/project. It is expected that students will thoroughly review the literature using regional libraries and search engines and databases, such as PubMed, Up-to-Date, Cochrane Reviews, etc. in preparation for writing a focused literature review on the topic. The citation of current primary sources is expected.

D. Planning/Discussion/Conclusions/Implications for Advanced Practice
Description of: the project, the educational material, report, manual, film, website, evidence-based protocol, etc. and its application or implications for advanced practice nursing and/or vulnerable populations. Include project evaluation if appropriate.

E. References
Complete list of references in APA format or in the format required by a peer reviewed journal for manuscript submission.

V. Process
The following steps are intended to clarify how students go about scholarly project work. Students work closely with their committee during this process, particularly the chair.

A. Topic
1. The student begins to formulate a topic of interest early in the program of study with faculty guidance as needed. Students should consult with their advisor or other faculty as needed to refine their topic and/or to obtain guidance.
2. Students should use regional libraries and other resources to explore ideas. Explore your idea in course readings and assignments whenever possible.
3. Students should contact faculty early and other knowledgeable individuals to help refine ideas. Many of the faculty list their areas of expertise in the MSN Student Handbook and on the College of Nursing website.
4. Student should negotiate with faculty member to chair her/his committee and finalize topic and approach. The scholarly project proposal is not finalized until approved by the chair.
5. Student and chair identify potential committee member/reader and establish a timeline.
6. It is expected that students will make significant progress toward topic selection during NURS 5014 (Critical Inquiry I for Advanced Practice Nursing).

B. Scholarly Project Development
In conjunction with the committee chair, the student will develop the selected topic into a project proposal, refining or building upon work done in NURS 5990 and/or NURS 5014. It is recommended that all graduate students develop the project proposal no later than the middle of the second quarter or NURS 5990. Students register a total of 3 credits of NURS 5990 over the course of their studies. Students may elect to do a 2-3 person team project if individual areas of scholarly pursuit in the project are clearly identified and approved by the chair. It is recommended that students involved in a team scholarly project have one chair, at least one reader overseeing the project and clearly identify what each student plans to contribute to the scholarly project. (For some projects, a larger group of students may be possible. This situation requires review by the Associate Dean for exception to policy.)

C. Project Committee
Students should consult with the scholarly 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. All outside members must submit a vita and be approved by the Associate Dean of Graduate Education. 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.

D. Time Frame
Determined by the chair and student. The recommended timeline is shown in the Sample Timeline in these guidelines.

E. Submission of Final 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 as 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(s) should be first on any manuscripts submitted 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 JAMA or another journal. It is recommended that the chair assist in making these decisions and that they be made early in the process.

F. Oral Presentation of Scholarly Project
The College of Nursing faculty look upon the oral presentation of the scholarly 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 Associate Dean of Graduate Education. The committee should have the “final” scholarly project draft two weeks prior to the scheduled presentation to allow time for review and final processing.

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

2. Presentation Process:
The student presents the project, a synopsis of the literature review and significance and a discussion of project for approximately 20-minutes. An additional 5 minutes is available for questions from the audience.
During and following the presentation, with at least one and preferably more, faculty members present, including the committee members, evaluate the presentation using the Verbal Communication Evaluation Form.

VII. Miscellaneous
A. Grading: Credit/Fail. See Evaluation Criteria at the end of this section.*
   1. If the committee finds that the project is outstanding, it is suggested that the committee write a letter to this effect for the student’s file and to be given to the student.
   2. The grade of N is entered for NURS 5990 courses until the scholarly project is completed, the written report is approved by the Supervisory Committee and the oral presentation is completed. N Grades are then changed to CR or Fail. The Associate Dean submits a change of grade form (Petition for an Exception to Policy to Registrar’s office) when project is complete, paper is submitted as outlined in Section E above and oral presentation is completed.

B. Copies
   1. Paper. One electronic and one bound copies of the project are required by the college. The electronic copy should be given to the Graduate Program Coordinator for archiving. A PDF format is required. One bound, clean, signed copies should be given to the Graduate Program Coordinator for the Associate Dean for Graduate Education. Spiral or coil binding methods are acceptable. In addition, it is a courtesy to provide a bound copy of the project to the committee chair and members.
   2. Any product produced (videotape, film, CD, brochure, manual, other) is submitted with the final bound copy of the project.

C. Committee Members: Roles may be negotiated among chair, member, and student.
   1. Chairperson: Doctorally prepared faculty from CON. Responsibilities include:
      • Guide process, work closely with student to establish timeline, assist student to access needed resources
      • Review and comment on drafts of written material
      • Ensure project quality sufficient to meet CON and University standards
      • Decide when material should be submitted to other committee members
      • Approve, with committee, the proposal and the final product
      • Use the evaluation criteria (on page XX) to evaluate the student’s final written product and submits this rubric with comments to the Graduate Program Coordinator.
      • Work with student on preparing for the final oral presentation, reviewing slides, etc.
      • Write letter of commendation for the student file when the project is rated as “outstanding”
   2. Reader: MS or Doctoral preparation-Reader may be from CON or may be external; minimum of MS degree and eligible for faculty appointment at university or college. Responsibilities include:
      • Read early draft and provide feedback to student and chair
      • Read final draft and provide feedback to student and chair
      • Approve with chair the final product
• Use the evaluation criteria to evaluate the student’s final written product and submits this rubric with comments to the Graduate Program Coordinator.
SEATTLE UNIVERSITY COLLEGE OF NURSING
MSN PROGRAM

Scholarly Project Proposal Form

(Please print)

Name:_________________________________________________   Date:___________

Year of Matriculation: __________   Year and quarter of Expected Graduation: ______

Year and Quarter of Expected Oral Presentation:______________________________

1. Brief description of Scholarly Project Activity.

2. Please give a tentative title to your Scholarly Project Proposal:

3. Is approval being sought from:
   CON Human Subjects Committee?    Yes____ No ___
   SU Institutional Review Board?    Yes ___  No  ___
   Community agencies?     Yes ___  No ___
   If yes, which agencies?  ___________________________________________

4. Name of Committee Chair: _______________________________________

   Committee Chair Signature: _______________________________________

5. Name of Reader:  _____________________________________

   Reader Signature: _______________________________________

Please return signed form to Associate Dean of Graduate Education by the end of your second fall quarter.
Sample of a Title Page for a Scholarly Project to Meet

MSN Program Requirements

Allison Marie Author, BS, RN

A scholarly project submitted in partial fulfillment

of the requirements for the degree of

Master of Science in Nursing

Seattle University

2014

Program Concentration _______________________

Approved by: ____________________________
Chairperson (Type Name), Credentials

Date ___________

Approved by: ____________________________
Reader (Type Name), Credentials

Date ___________

Revised 5/21/07; 6-15-09; 2-15-11, 3/18/14, 12/15/14
<table>
<thead>
<tr>
<th>Activity</th>
<th>Deadlines for Completion of Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Select topic and type of projects</td>
<td>During NURS 5014 or first NURS 5990</td>
</tr>
<tr>
<td>2. Recruit chair and committee</td>
<td>By the end of the first NURS 5990 course. File signed thesis or scholarly project proposal form with Associate Dean for Graduate Studies by the end of first NURS 5990 course, but no later than end of second fall quarter.</td>
</tr>
<tr>
<td>3. Submit proposal to chair and committee</td>
<td>No later than middle of second fall quarter.</td>
</tr>
<tr>
<td>4. Submit IRB protocol to College</td>
<td>No later than mid-quarter of second fall quarter. (Students should allow 1-2 weeks for each reading of IRB protocols. Drafts need to be submitted to the student’s committee Chair for approval first, then to the College of Nursing IRB, then to the University committee for final approval. Complex proposals might require several drafts.)</td>
</tr>
<tr>
<td>5. Collect data (if research)</td>
<td>Data collected only after written University IRB approval is obtained. Advertisements may not be placed and data may not be collected prior to IRB approval.</td>
</tr>
<tr>
<td>6. Analyze data if research</td>
<td>Varies widely, depending upon complexity of topic and nature of project, but students should conduct project and write bulk of paper plan to start submitting drafts of final project or thesis during Winter Quarter of the year s/he plans to graduate.</td>
</tr>
<tr>
<td>7. Submit final report to committee</td>
<td>Allow 2 weeks for final project review and comment by the Supervisory Committee. Turn in final written, bound, signed copy to the Associate Dean for Graduate Studies before the oral presentation. Oral presentations are scheduled in spring and summer quarter. <strong>Students need to work with Chair to allow sufficient time for the committee to review drafts of final report.</strong></td>
</tr>
</tbody>
</table>

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1 Assumes full-time study. Unless specified, timeline applies to both traditional and immersion students. Students should allow extra time, particularly for the following conditions: unforeseen problems with IRB approval or data collection, access to committee (many faculty are not available during summer). Students develop their own timelines in consultation with their committee.

2 For all drafts, allow at least 2 weeks for turnaround by faculty.
Students must register for a third quarter of NURS 5990, but do not attend the seminar during that quarter. The student should register for this credit during the quarter during which s/he plans to complete substantive work on the project or thesis.

**SEATTLE UNIVERSITY COLLEGE OF NURSING**

**Evaluation Criteria for Scholarly Project Papers**

Final products of thesis and scholarly project activities may take various forms. However, all such products share a common, underlying scholarly foundation, and evaluation criteria reflect this fact.

<table>
<thead>
<tr>
<th>Statement of purpose/problem statement: interest and significance of topic for advanced practice nursing or vulnerable clients; goal(s) of the project; conceptual framework, assumptions, and definitions.</th>
<th>Outstanding</th>
<th>Satisfactory</th>
<th>Not Satisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clearly stated research question or problem statement. Clear yet succinct explication of all necessary(^1) components supporting the problem statement. Rationale and importance of project is easily understood.</td>
<td>A research question or problem statement is posed. All necessary components supporting the problem statement are present, but some components are not clearly stated, or section does not provide a cogent argument for the project.</td>
<td>Research question or problem statement is not clearly stated. Some necessary components in support of the problem are missing, or explication of rationale and importance is not clear.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Literature review</th>
<th>Outstanding</th>
<th>Satisfactory</th>
<th>Not Satisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive, accurate review of literature in the problem area. Majority of references are scholarly (not clinical or opinion-based), and for thesis are data-based. Rare citations to sources that are not primary. Strong evidence of critical analysis and synthesis of other work. Creativity is evident in literature review.</td>
<td>Adequate but accurate review of major extant works in the problem area. Most references are scholarly, and for thesis are data-based. Most citations are to primary sources. Some evidence of critical analysis and synthesis of other work, and a link is made to the problem to be addressed.</td>
<td>Review omits major extant works in the problem area, or does not report their findings accurately. Imbalance of scholarly or data-based sources and clinical or opinion-based sources. Inadequate citation of primary sources. Little evidence of critical analysis and synthesis. Poor linking of the literature to the problem.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Outstanding</td>
<td>Satisfactory</td>
<td>Not Satisfactory</td>
</tr>
<tr>
<td>--------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Methodology/data analysis/Project plan:</td>
<td>For thesis, includes target population and sample, instruments, procedures, and statistical or qualitative data analysis strategies. For project, includes steps for project activities and the evaluation plan. For any project or thesis for which it is required, includes procedures for protection of human subjects.</td>
<td>Each step or component of study or project design is clearly explicated, and each is supported by strong rationale for selection and relevant literature. Human subjects protection is clearly documented, including procedures for ensuring privacy and confidentiality.</td>
<td>Some steps or components of study or project design are not clear to the reader, or rationale or literature support is inadequate. Documentation of human subjects protection is adequate, but description of some procedures may be unclear or incomplete.</td>
</tr>
<tr>
<td>Results (statistical results, products of qualitative analysis, or project results for non-research activities)/Discussion</td>
<td>Project outcomes are presented systematically, accurately, and succinctly. Comprehensive, lucid discussion of outcomes in relation to previous work or relevant theoretical propositions. Innovative proposals for future work are suggested. Logical, practical application to student’s area of future practice.</td>
<td>Project outcomes are presented systematically and accurately. Adequate discussion of outcomes in relation to previous work or relevant theoretical propositions. Reasonable, but conventional, proposals for future work are suggested. Application to future practice is present, but may lack grounding in the real world.</td>
<td>Project outcomes are unclear or represent inaccurate interpretation of the results. Relationship of results to previous work or relevant theory is unclear, inaccurate, or incomplete. Proposals for application to future work or to practice are overdrawn or inappropriate.</td>
</tr>
<tr>
<td>Language arts</td>
<td>Correct grammar, sentence structure, spelling used</td>
<td>Grammar, sentence structure, and spelling are mostly correct.</td>
<td>Grammar, sentence structure, and spelling are not correct.</td>
</tr>
<tr>
<td></td>
<td>Outstanding</td>
<td>Satisfactory</td>
<td>Not Satisfactory</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Paper quality</td>
<td>throughout. Paper has a scholarly tone suitable for publication. Clear, precise writing style.</td>
<td>Paper has a scholarly tone, but clarity or precision are lacking.</td>
<td>consistently correct. Paper uses a conversational tone, or is imprecise or unclear.</td>
</tr>
<tr>
<td>Format and references</td>
<td>APA format is consistently accurate in all major respects: headings, use of abbreviations and numbers, quotations, in-text references and reference list. Few minor errors are present in the text. Citations and reference list are error-free.</td>
<td>APA format is mostly accurate in all major respects: headings, use of abbreviations and numbers, quotations, in-text references and reference list. Several minor errors are present in the text, but citations and reference list are error-free.</td>
<td>Many minor inaccuracies are present in several aspects, or major inaccuracies are present in one or two aspects of APA format. Citations and reference list errors make it difficult for readers to locate sources (e.g., incomplete or inaccurate citations, use of secondary sources, text citations and reference list do not match, others).</td>
</tr>
</tbody>
</table>

1”Necessary” components are determined by the requirements of the individual project. For example, not every project will have a conceptual framework.

2 The standard in the College of Nursing is the most recent edition of the Publication Manual of the American Psychological Association. Other formats may be used when a paper is to be submitted for publication in a journal that requires another format. In that case, the paper must adhere to the alternative format accurately. Evaluators substitute the appropriate format for APA above.
Human Subjects Review Committee (HSRC)

GUIDELINES FOR HUMAN SUBJECTS REVIEW PROCESS
The applicant should read through the entire set of guidelines before beginning the application process. Students are expected to work closely with their faculty chair in this application process.

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/

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 SU CON 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 SU CON HSRC. If the project involves more than minimal risk, 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 SU CON 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 SU CON 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.

**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/

Seattle University policies and procedures are available at
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 Scholarly Project or Thesis chair in determining the need for
human subjects review of their proposals, and in completing the necessary forms. Forms to be
completed for IRB review, including sample consent forms, are available at:
https://www.seattleu.edu/irb/protocol-forms/
APPENDIX D

Typical Programs of Study