

BLOOMSBURG UNIVERSITY

D.

N.

P.

Department of Nursing

**Doctor of Nursing
Practice Program
(Post Masters DNP &
BSN-DNP Nurse Anesthesia)**

**STUDENT HANDBOOK
2021-2022**

GEISINGER



The provisions of this handbook are not to be regarded as an irrevocable contract between the department and the student. The Department of Nursing reserves the right to amend any academic, administrative, or disciplinary policy or regulation (or fee) described in this handbook. A notice will be provided to students affected.

Requirements for graduation, as well as curricula, may change throughout the student's matriculation. Such changes will not be retroactively required.

Exceptions may be necessary when changes in professional certification or licensure standards mandate revisions in academic requirements.

LETTER TO INCOMING STUDENTS

Congratulations!

Your admission into the Department of Nursing is the first step toward a challenging and fulfilling professional career. The faculty and staff welcome you and hope that you will be successful in completing the degree requirements.

This handbook is given to each student upon admission to the Department of Nursing in order to provide vital information about the program and encourage you to refer to its content throughout your program of study. You will be notified of any revisions made to the handbook or to any policies. An updated version of the handbook can be found at www.bloomu.edu/nursing.

The Department of Nursing is accredited by the Commission on Collegiate Nursing Education.

**CCNE can be reached at
655 K Street, NW, Suite 750
Washington, DC 20001
P: (202) 887-6791
F: (202) 887-8476**

On behalf of the faculty and staff, congratulations and best wishes for a successful academic career at Bloomsburg University

Sincerely,

**Lori Metzger, PhD, RN
Chairperson
Department of Nursing**

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SECTION I

DOCTOR OF NURSING PRACTICE PROGRAM

STRUCTURE AND GOVERNANCE

BLOOMSBURG UNIVERSITY

University Mission Statement

- Bloomsburg University of Pennsylvania is an inclusive comprehensive public university that prepares students for personal and professional success in an increasingly complex global environment.

Value Statement

- Bloomsburg University of Pennsylvania students, faculty, and staff value:
 - Collaboration
 - Community
 - Critical thinking
 - Diversity
 - Excellence
 - Integrity
 - Knowledge
 - Opportunity
 - Personal and professional growth
 - Respect

Vision Statement

Bloomsburg University aspires to:

- be a premier public comprehensive university, recognized as a center of thinking, learning and academic excellence.
- anticipate and address the changing needs of the Commonwealth.
- be a diverse community that produces positive change.
- provide resources to maximize opportunities for success.
- be a good steward of our resources and the environment.
- develop individuals to be contributing citizens.

College of Science and Technology (COST) MISSION STATEMENT

The College of Science and Technology is committed to providing high quality undergraduate and graduate programs for all students. To that end, the faculty provides the best ~instruction and academic experience for their students. Further, the College of Science and Technology is committed to being a community of scholars who teach, learn, engage in research, disseminate latest findings in science, technology, and health sciences. Faculty share their knowledge with scholars nationally and internationally. Also, faculty aggressively seek grants to acquire and maintain state-of-the art facilities and equipment which enhances teaching and learning. The college serves as a resource of knowledge for the community and welcomes partnerships with industrial, educational and governmental entities.

DEPARTMENTAL MISSION STATEMENT

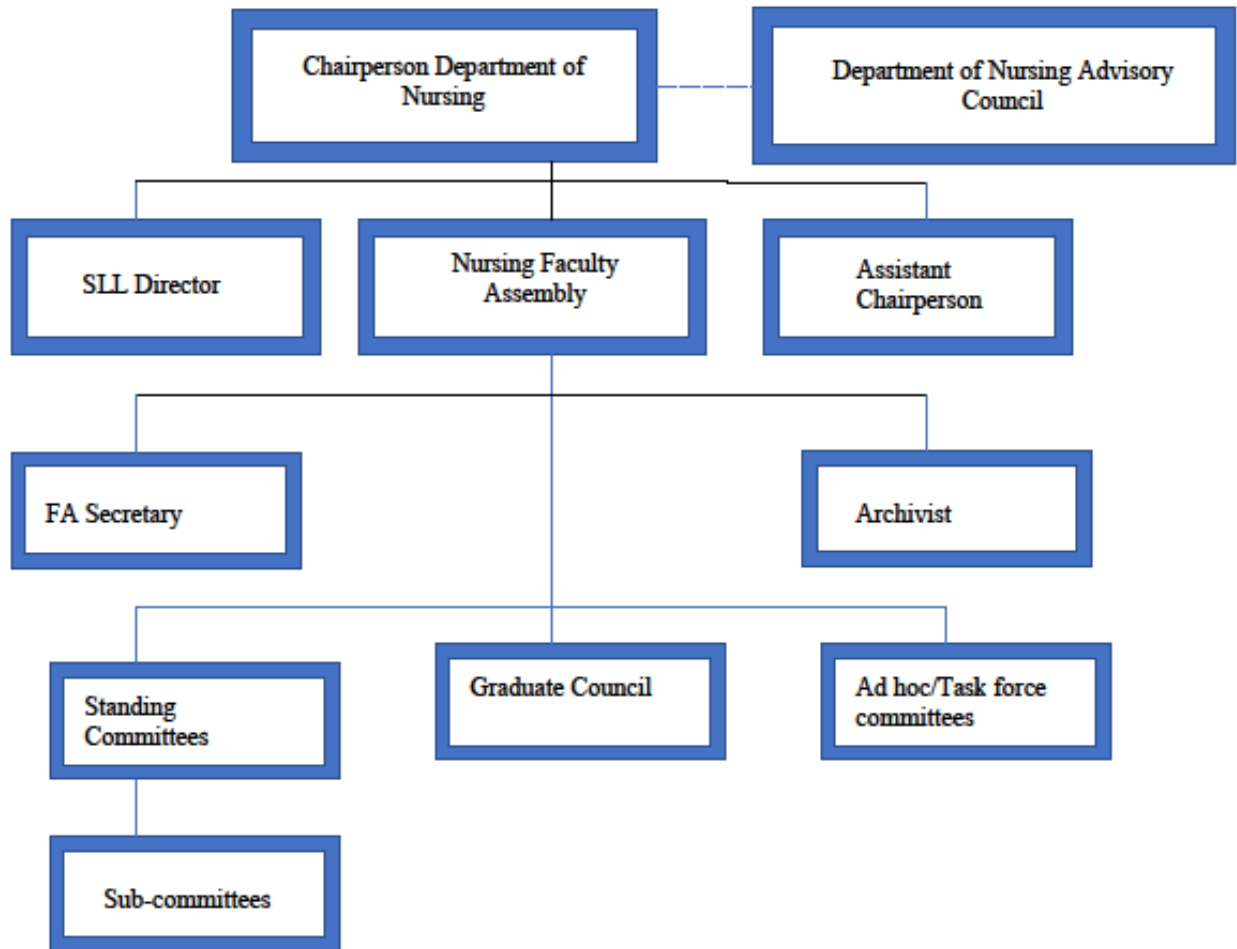
The faculty of the Department of Nursing accepts as its own the mission of Bloomsburg University and recognizes education for professional nursing as an integral part of higher education. The educational process integrates concepts drawn from the liberal arts and sciences into the baccalaureate, masters, and doctoral programs in nursing to assist students in acquiring the knowledge, skills, attitudes, and professional behaviors essential to beginning or advanced practitioners of professional nursing.

Effective May 1992

Revised June 2011

Revised October 2020

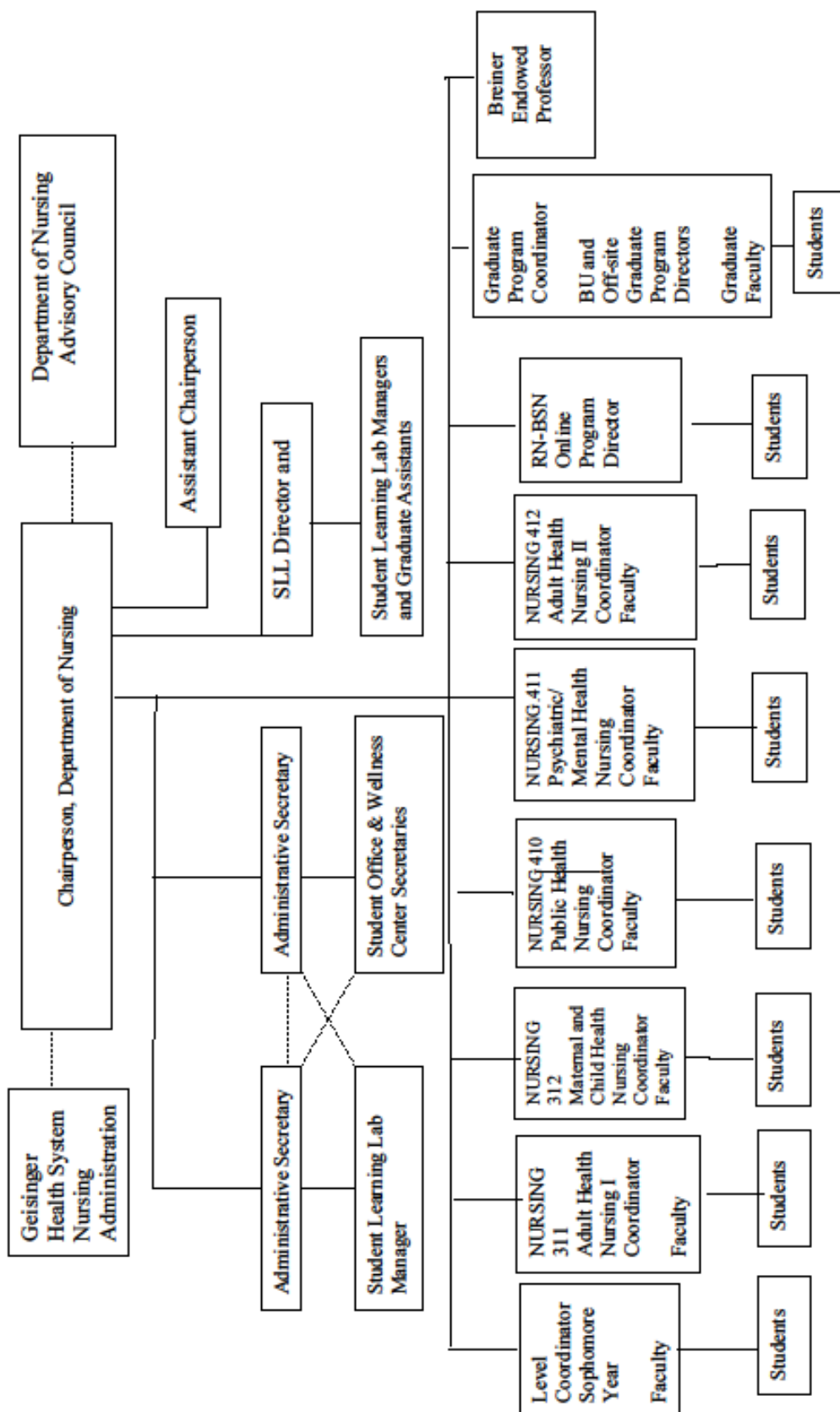
BLOOMSBURG UNIVERSITY
DEPARTMENT OF NURSING
FACULTY ASSEMBLY ORGANIZATIONAL CHART



----- Communication relationship
 _____ Line relationship

Revised CJ 1/17
 Faculty Assembly Approval April 28, 2017

BLOOMSBURG UNIVERSITY
 Bloomsburg, Pennsylvania 17815
 Department of Nursing



____ Communication Relationship
 ____ Line Relationships

Approved Faculty Assembly April 21, 1992
 Revised June 2008
 Approved Faculty Assembly February 19, 2010
 Approved Faculty Assembly September 5, 2014
 Faculty Assembly Approval March 6, 2015
 Faculty Assembly Approval September 26, 2016

SECTION II

DOCTOR OF NURSING PRACTICE PROGRAM

CURRICULUM DESIGN

DEPARTMENTAL PHILOSOPHY

PERSON

The faculty believe that the person is an open system interacting with other systems – family, group and community. The person is a holistic being with biopsychosocial spiritual and cultural needs. As an open system, the person is in continuous and dynamic interaction with the environment. The person adapts to changes in this environment and grows throughout the life span. The faculty believe in the inherent worth and uniqueness of individuals and populations. Each person possesses human sameness yet reveals unique cultural, racial, religious, gender, lifestyle, genetic, and age-related characteristics. Each person has the right to be treated with dignity and respect in a nondiscriminatory manner.

ENVIRONMENT

The faculty believe that the environment is multidimensional, global, dynamic, and integral to persons and their biopsychosocial, spiritual, and cultural needs. Environment encompasses diverse sociocultural, psychological, technological, and physiological elements. These elements influence and are influenced by the interaction of legal, ethical, physical, economic, sociological, and political forces. People experience the environment as individuals, families, and communities who share common beliefs and values. Given the dynamic and reciprocal relationship between the person and the environment, nursing must be responsive to lifestyle and environmental factors that are major determinants of population health.

HEALTH

The faculty believe that health is a dynamic process across the life span, up to and including end-of-life. Individual and population-based health is defined and influenced by the health/illness beliefs, values, attitudes, and practices of individuals, families, communities, and populations. Health is defined by the individual. Dynamic relationships among evolving individuals, families, and communities and changing social and environmental contexts are critical determinants of health.

NURSING

The faculty believe that nursing is a professional discipline that is both an art and a science. Nursing focuses on the person as individuals, families, communities, and populations in a caring and holistic manner. Nursing is a process of simultaneous, purposeful actions that are theory-based, contextual and grounded in critical thinking, clinical reasoning, and the scientific method. The goal of nursing is to promote optimal health and prevent disease and injury at individual and population levels. As practitioner, teacher, leader/manager, and consumer of research, the baccalaureate nurse values a sense of inquiry and participates in the process of retrieval, appraisal, and synthesis of evidence in collaboration with the person and other inter-professionals to guide practice - and improve patient outcomes. At the master's level, the advanced practice nurse assumes leadership as a practitioner, educator, manager/administrator, consultant, and researcher in specialized areas of nursing practice. The faculty believe that it is essential to educate nurses who view the profession as a scientific discipline possessing a belief system reflecting ethical values, practice according to professional standards, demonstrate concern for humankind, and commit to life-long learning, self-reflection and ongoing self-awareness development.

Effective May 1992

Revised May 1996; December 1999; December 9, 2005; April 17, 2009

ORGANIZING FRAMEWORK

The graduate program builds on the tenets of the undergraduate curriculum. The knowledge and competencies acquired in the generalist preparation of the baccalaureate graduate provide the foundation for the students' application of an expanded scientific knowledge base and refined skills for advanced nursing practice in accord with ANA Standards of Clinical Practice. Through the development of competence in the multifaceted roles of advanced nursing practice, the students employ leadership behaviors as they engage in responsible, accountable, and autonomous practice designed to meet the changing needs of society.

The core concepts identified in the departmental philosophy and developed in the undergraduate framework-i.e., client, environment, health, nursing, and role development provide the structure for the organization of content and experiences at the graduate level. At the graduate level, the concepts of nursing, health, person, and environment are intergraded within each course across the curriculum. Students demonstrate competence in the use of advanced knowledge, critical thinking, and communication in advanced nursing practice. Students are expected to apply evidence-based knowledge and skills in the use of therapeutic interventions to facilitate clients' progress toward a goal of optimal wellness within their environment and to impact the delivery of health care.

The core concept of role development is developed progressively within each course in the curriculum with students developing increased competence in multifaceted roles of advanced nursing as practitioner, educator, researcher, and leader/manager. The students consistently incorporate historical, personal, legal, political, ethical, cultural, spiritual, economical, developmental, and technological components of nursing and health care as they implement these multifaceted nursing roles in accord with ANA Standards at an advanced level of professional practice. In the implementation of these roles, the students are accountable to the client and work both autonomously and collaboratively with the client, support systems, and a variety of providers in diverse settings to promote, restore and maintain health. As advanced practitioners of nursing, students assume responsibility for coordination and expanding upon caregiving designed to impact the delivery of health care and facilitate the client's progress toward a goal of optimal wellness.

As students progress across the curriculum, they expand upon their knowledge, skills, values, and professional behaviors through the advanced interpretation and application of the concepts of teaching-learning, research, management, leadership, and consultation to their clinical practice role. Students develop competence in their roles as they collaborate with others who influence the health environment to provide complex nursing care for clients of diverse cultures in a variety of settings.

PRACTITIONER

In the role of practitioner, students synthesize advanced knowledge of nursing and related disciplines as they seek to improve the practice of professional nursing. The students select a model for practice based on their own philosophy and evaluate their professional practice outcomes in relation to identified standards and definitions set forth in the ANA Social Policy Statement, Standards of Practice, Nurse Practice Act, and the ANA Code of Conduct. Students employ critical thinking when they make advanced clinical decisions which reflect established evidence-based knowledge and practice trends. Students incorporate historical, personal, legal, political, ethical, cultural, spiritual, economical, and technological components of nursing and health care as they plan care to enhance the optimal wellness of diverse client populations. Students take a comprehensive approach to advanced nursing practice, demonstrating the ability to foresee and discuss care options and potential short-range consequences of their care. Students progressively demonstrate advanced clinical competence in the use of critical thinking, clinical decision making, effective communication, and nursing intervention. They perform

interprofessional collaboration, consult with clients and others in formulating clinical decisions, designing, implementing, and evaluating practice interventions as they provide direct and indirect care to clients in diverse settings.

EDUCATOR

In the role of educator, students apply advanced knowledge of the teaching/learning process to define the learning needs of clients related to health. They appropriately intervene, using effective communication skills, to promote an optimal level of wellness. The students use their expertise to provide information when there is a knowledge deficit and when new information is needed to resolve a health problem or improve the quality of care within systems and organizations. They progressively assume increased responsibility for the design, development, implementation, and evaluation of curriculum/programs designed to meet the needs of designated populations.

RESEARCHER

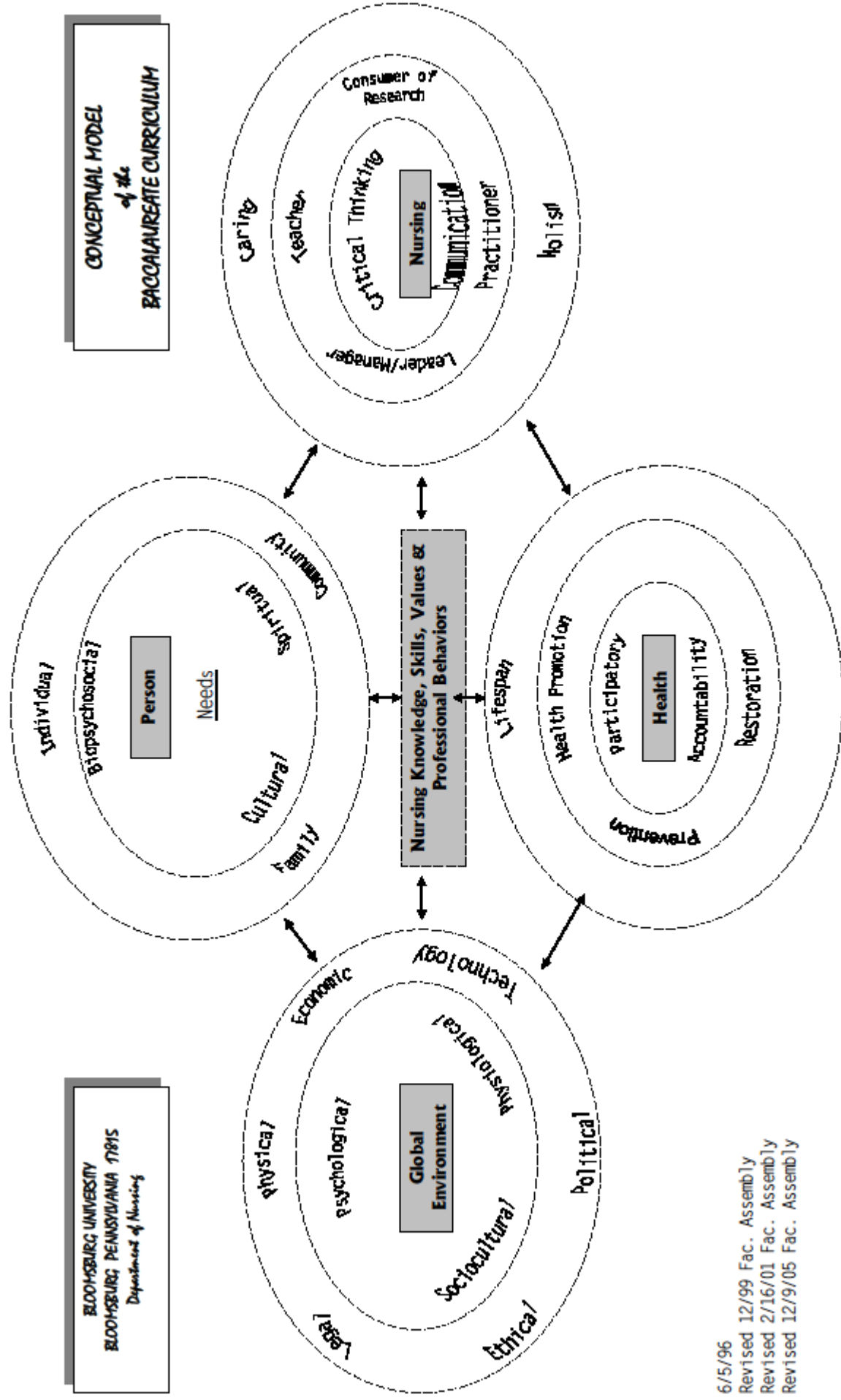
In the role of the researcher, students critically analyze, apply, and assist others to apply scientific knowledge and relevant evidence-based research findings to improve the quality of professional nursing practice. As students' progress in their clinical courses, they incorporate relevant evidence-based research findings in advanced nursing practice and other sciences, and function as change agents to resolve practice problems and disseminate results.

LEADER/MANAGER

In the role of leader/manager, the students use knowledge of organizational and systems leadership management, and consultation theories as they assume leadership and managerial roles to assist clients to meet their health care needs. Through ethical and clinical decision making, effective working relationships, and a systems-perspective student employ advocacy strategy within their practice settings; guide quality improvement activities and serve as an advisor for administrators on clinical issues. Students evaluate the impact of organizational structure and function on the health care delivery system and subsequently use technological systems and a variety of strategies to enhance positive change processes and effectiveness in the delivery of health care and the attainment of client goals within their practice setting. Students collaborate with clients, support systems, and other health care professionals to influence the health care environment in managing and coordinating care for clients. They assume responsibility for the coordination of interdisciplinary services designed to improve the quality of health care, provide for continuity of care and assist clients to effectively interface with the health care system. As one means of achieving these outcomes, students develop, implement, and evaluate health care programs designed to meet the changing needs of clients. In initiating these programs, students develop an understanding of, and familiarity with, health care financing and economics. As advanced practitioners, students also assume an active role in evaluating social and health care policies in their area of specialization. Through social and political action, students accept a leadership and client advocacy role as they seek to effect change in health care and influence social and political systems at local, state, national, and international levels.

Note: Client refers to individuals, families, communities, and aggregate/clinical populations

DON/1983; 2/2000; 6/2013



DOCTOR OF NURSING PRACTICE (DNP)

Program Description

The Doctor of Nursing Practice (DNP) program prepares nurse leaders to apply advanced practice skills at the highest level of clinical practice. Students will be prepared to assume a higher level of responsibility and leadership in nursing and health care with the goal of improving the health care delivery system of the nation. The focus of the program is practice-oriented research in private and/or public sector careers to include clinical practice, health education, leadership, research application, and analysis of health care outcomes. The program will prepare nurses for leadership in advanced practice roles and as clinical scholars' skills in patient centered care, intra-professional collaboration, evidence-based practice, quality improvement, policy advocacy, and improved use of informatics and technology.

This post-master's program is 2 years in length and is offered online.

Student Learning Outcomes of the Doctor of Nursing Practice Program

1. Synthesize and appraise current scientific evidence and theories to enhance the practice of nursing and health care (Essential 1)
2. Create leadership roles to advance clinical practice and health care delivery at the organizational and systems level and to improve health outcomes of individuals and populations (Essential 2)
3. Utilize health care informatics and an evidenced-based approach in clinical scholarship to critically evaluate, design, and implement health care delivery for diverse populations, settings, and systems (Essential 3)
4. Integrate knowledge of and evaluate current and emerging information systems and patient care technology, considering related ethical, regulatory, and legal issues, to improve care delivery and organizational systems (Essential 4)
5. Develop and advocate for health care policy change in response to social, political, economic, and ethical issues in all health care arenas (Essential 5)
6. Engage in intra-professional collaboration to facilitate change, improve communication, enhance patient outcomes, improve desired health outcomes, and advance high quality, safe, patient centered care in complex health care delivery systems (Essential 6)
7. Translate epidemiological, bio statistical, occupational, environmental, and cultural principles into clinical prevention and population health (Essential 7)
8. Demonstrate advanced levels of clinical judgment and professional values as an advanced practice nurse (Essential 8)

Required Courses Include:

Nursing 600	DNP Immersion: Role Transition (1 cr)
Nursing 601	Informatics & Technology as Applied to Advance Practice Nursing (2 cr)
Nursing 602	Economics of Health Care and Health Policy (3cr, 50 hour practicum)
Nursing 603	Translating Evidence into Clinical Practice (3 cr)
Nursing 604	Leadership in Complex Health Care Systems (3 cr, 50 hour practicum)
Nursing 605	Theoretical Perspectives of Teaching/Learning (3 cr)
Nursing 606	Biomedical Ethics and Vulnerable Populations (3 cr, 25 hour practicum)
Nursing 607	Program Development and Evaluation (3 cr)
Nursing 608	Evidence-Based Clinical Project I: Development (4 cr, 125 hour practicum)
Nursing 609	Evidence-Based Clinical Project II: Implementation (4 cr, 125 hour practicum)
Nursing 610	Evidence-Based Clinical Project III: Outcome Analysis & Dissemination (4 cr, 125 hour practicum)

This 33-credit post-master's program is designed for part-time study to accommodate the working advanced practice nurse. Classes are scheduled online with synchronous and asynchronous modalities. Clinical experiences are arranged individually between course faculty and students. Courses are offered sequentially with the culminating activity a clinically based project.

Graduation Requirements

Upon fulfillment of the following, the student is awarded a Doctor of Nursing practice degree:

- Completion of all coursework, attaining the grades required and maintaining a minimum cumulative QPA 3.0
- Completion and plans for dissemination of an evidence-based clinical project.
- A comprehensive program assessment exit interview with the program coordinator to provide student input to facilitate program evaluation.

DNP Course Descriptions

NURSING 600 - DNP Immersion: Role Transition (1 Credit)

Explores the role of the DNP in clinical practice. Provides opportunity for personal reflection and identification of clinical strengths and professional interests. Examines best practice approaches and consequences and begins to identify barriers that interfere with the delivery of equitable evidenced-based care in their population area. Introduction to the online learning platform and information research techniques.

NURSING 601 – Informatics & Technology as Applied to Advance Practice Nursing (2 Credits)

Introduces and explores information technology resources in varied settings, which are intended to improve the quality of patient care and the health systems in which care is delivered. The examination of the role of technology in ethical implications for patients, evidenced-based practice, the advanced practice nurse as a technology leader, and the use of technology in clinical decision-making will occur. Students will acquire skills in the management of individual and aggregate level information utilizing advanced technology in the health care arena, and then generate evidence for practice and monitor health and population outcomes in their area of specialized practice. Emphasis will be placed on technologies that assist in planning and evaluating health programs and interventions that improve patient outcomes.

NURSING 602 – Economics of Health Care and Health Policy (3 Credits – 50 hours practicum)

Examines health care trends in terms of influence of social and financial factors and their effects on organizations and providers who supply health care and the consumers of health care. This course will require the student to spend time with those persons or groups who formulate health care policy, including legislators or agents of professional or consumer organizations. 50 hours of applied practicum.

NURSING 603 – Translating Evidence into Clinical Practice (3 Credits)

Provides an emphasis on a scholarly approach to problem solving based on translation and application of research evidence. Emphasizes the relationship between nursing interventions and patient outcomes and enables the student to synthesize clinical nursing knowledge and research findings into complex health systems.

NURSING 604 – Leadership in Complex Health Care Systems (3 Credits – 50 hours practicum)

Addresses the major approaches in organization theory with application to clinical and academic environments. Focuses on organizational structure, resource dependence, strategy, symbols, institutional theory, organizational culture, socialization, leadership, and decision-making. 50 hours of applied practicum. Practicum hours require interaction with individuals in leadership positions in healthcare organizations.

NURSING 605 – Theoretical Perspectives of Teaching/Learning (3 Credits)

Introduces the graduate student to the role of educator by reviewing the theory, process, and elements of program/curriculum development. Curriculum frameworks, objectives, and course content essential to health care education will be explored, designed, and evaluated. Theories of program development will be assessed and analyzed as they relate to health education for individuals, populations, and communities.

NURSING 606 – Biomedical Ethics and Vulnerable Populations (3 Credits, 25 hours practicum)

Examines moral dilemmas created or intensified by recent scientific advances in medicine and study ways of analyzing those dilemmas to make them more tractable. Emphasis will be placed on how ethical dilemmas impact those most vulnerable in the general population. Students will identify vulnerable populations and analyze multiple factors that contribute to vulnerability. Field experience and seminar discussions will focus on strategies to promote wellness in families, communities, and populations.

NURSING 607 – Program Development and Evaluation (3 Credits)

Emphasizes the analysis and evaluation of program outcomes within a variety of settings. Emphasis will be placed on the identification of appropriate evaluation instruments to the context of the organization. An overview of the process will include the use of models; selection of instruments; data collection procedures; cost effectiveness; and the means to interpret, report, and utilize findings. Application of results is stressed.

NURSING 608 – Evidence-Based Clinical Project I: Development (4 Credits, 125 hours practicum)

Focuses on the development of an evidence-based DNP clinical project proposal. The project is to address an identified need in the student's area of advanced nursing practice in order to benefit a group, population, or community; and serves to demonstrate the application of advanced clinical and evidenced-based practice. 125 hours of applied practicum focusing on development and refinement of leadership skills.

NURSING 609 – Evidence-Based Clinical Project II: Implementation (4 Credits, 125 hours practicum)

Focuses on the continued refinement of an evidence-based clinical project. The student obtains final departmental and IRB approval. Implementation of an approved clinical project utilizing current evidenced-based practice. Particular attention will be directed at the analysis and evaluation of the transformation of the student's practice. Course enhances student's ability to translate evidence-based research and clinical scholarship to decrease risk and improve patient outcomes. 125 hours of applied practicum hours.

NURSING 610 – Evidence-Based Clinical Project III: Outcome Analysis and Dissemination (4 Credits, 125 hours practicum)

Focuses on analysis of data and evaluation of project outcomes with a plan for sustainability. Public dissemination of project to academic community and group, population or community involved in project as deemed appropriate. Identification of future clinical practice scholarship. Dissemination can occur in a variety of ways such as publication, poster or podium presentation. 125 hours of applied practicum hours.

SECTION III

DOCTOR OF NURSING PRACTICE PROGRAM

ADMISSION AND PROGRAM PLANNING

DEPARTMENT OF NURSING ADMISSION POLICIES/PROCEDURES

For current information pertaining to Bloomsburg University's admission policies and procedures refer to Bloomsburg University Graduate Studies catalogue online at www.bloomu.edu.

ADMISSION REQUIREMENTS

All application materials should be submitted directly to the Office of Graduate Studies.

1. Cumulative grade point average (GPA) of 3.0 or higher from an accredited MSN program.
2. Official transcripts from all previously attended institutions of higher education.
3. Completion of graduate level advanced health assessment, advanced pharmacology, and advanced pathophysiology courses.
4. Three letters of recommendation addressing applicant's practice and ability for doctoral study.
5. Current resume
6. Copy of certification/license as an advanced practice nurse.
7. Copy of unencumbered RN license.
8. Description and total number of clinical hours/cases completed in MSN program with verification from program director.
9. Completion of Graduate Studies Admission Application and fee.

PROGRAM PLANNING SESSION

Prior to beginning coursework, the director of the program option will help the student to plan a sequence of study that will enable the student to complete the program in a timely manner. This plan will be used by the student as a guide for scheduling courses each semester.

TRANSFER OF CREDITS

A maximum of nine semester hours in graduate courses taken at other approved colleges or universities may be transferred and credited toward the program if they are applicable to the requirements and are approved by the specialty area advisor and the Dean of Graduate Studies and Research. Courses being transferred must have been taken in residence; must have been assigned a grade of B or higher; and must have covered content which is required.

Once formally accepted into the program all required courses must be taken at Bloomsburg University. Courses taken before acceptance will transfer according to University policy.

REQUEST FOR TRANSFER OF GRADUATE COURSES BLOOMSBURG UNIVERSITY:

https://intranet.bloomu.edu/forms/graduate/grad_trf.pdf

**Department of Nursing
Bloomsburg University
Bloomsburg, PA 17815**

**Doctor of Nursing Practice Program
Post-Masters Admission Requirements**

Student: _____

Date of Application: _____

Phone: _____

Semester Applying: _____

Email: _____

Criteria:

Met

Unmet

1. Graduate of accredited MSN program

School: _____

Program of Study: _____

2. GPA 3.0 or higher

3. Completion of graduate level courses in

Health Assessment

Pathophysiology

Pharmacology

4. Certification/license as APN

5. Unencumbered RN license

6. Resume

7. Verification of clinical hours

8. Three letters of recommendation

a. _____

b. _____

c. _____

9. Interview

BLOOMSBURG UNIVERSITY

Bloomsburg, PA 17815

Department of Nursing

DOCTOR OF NURSING PRACTICE (DNP)

Post Masters Course Sequence

Summer 1	Fall	Winter	Spring
<p>Nursing 600 DNP Immersion: Role Transition (1 credit)</p> <p>Nursing 601 Informatics & Technology as Applied to Advance Practice Nursing (2 credits)</p>	<p>Nursing 602 Economics of Health Care and Health Policy (3 credits, 50 hours practicum)</p> <p>Nursing 603 Translating Evidence into Clinical Practice (3 credits)</p>	<p>Nursing 605 Theoretical Perspectives of Teaching/Learning (3 credits)</p>	<p>Nursing 604 Leadership in Complex Health Care Systems (3 credits, 50 hours practicum)</p> <p>Nursing 607 Program Development and Evaluation (3 credits)</p>
Summer 2	Fall	Winter	Spring
<p>Nursing 608 Evidence- Based Clinical Project I: Development (4 credits, 125 hours practicum)</p>	<p>Nursing 609 Evidence- Based Clinical Project II: Implementation (4 credits, 125 hours practicum)</p>	<p>Nursing 606 Biomedical Ethics and Vulnerable Populations (3 credits, 25 hours practicum)</p>	<p>Nursing 610 Evidence- Based Clinical Project III: Outcome Analysis and Dissemination (4 credits, 125 hours practicum)</p>

BLOOMSBURG UNIVERSITY
Bloomsburg, Pennsylvania
Department of Nursing

**Post Masters DNP PROGRAM
Course Planning Sheet**

STUDENT: _____

ADVISOR: _____

DATE BEGAN: _____

COURSES	Date Taken
NURSING 600 DNP Immersion: Role Transition (1 credit)	_____
NURSING 601 Informatics & Technology as Applied to Advance Practice Nursing (2 credits)	_____
NURSING 602 Economics of Health Care & Health Policy (3 credits)	_____
NURSING 603 Translating Evidence into Clinical Practice (3 credits)	_____
NURSING 604 Leadership in Complex Health Care Systems (3 credits)	_____
NURSING 605 Theoretical Perspectives of Teaching/Learning (3 credits)	_____
NURSING 606 Biomedical Ethics and Vulnerable Populations (3 credits)	_____
NURSING 607 Program Development and Evaluation (3 credits)	_____
NURSING 608 Evidence-Based Clinical Project I: Development (4 credits)	_____
NURSING 609 Evidence-Based Clinical Project II: Implementation (4 credits)	_____
NURSING 610 Evidence-Based Clinical Project III: Outcome Analysis and Dissemination (4 credits)	_____

TOTAL CREDITS = 33

NURSE ANESTHESIA

BSN-DNP FULL-TIME SEQUENCE OF STUDY

SUMMER YEAR 1	CREDITS
NURSING 520, Community Assessment and Planning	3
NURSING 601, Informatics & Technology as Applied to Advanced Practice Nursing	2
NURSING 600, DNP Immersion: Role Transition	1
FALL YEAR 1	CREDITS
NURSING 501, Theoretical Bases for Role Development in Advanced Nursing Practice	3
NURSING 503, Bases of Research for Advanced Nursing Practice	3
NURSING 504, Pathophysiology across the Lifespan for the Advanced Nursing Practice	3
NURSING 602, Economics of Health Care and Health Policy	3
WINTER YEAR 1	CREDITS
NURSING 605, Theoretical Perspectives of Teaching/Learning	3
SPRING YEAR 1	CREDITS
NURSING 507, Pharmacology across the Lifespan for the Advanced Nursing Practice	3
NURSING 508, Advanced Health Assessment and Promotion	6
NURSING 607, Program Development and Evaluation	3
SUMMER YEAR 2	CREDITS
NURSING 502, Epidemiology: Concepts for Advanced Nursing Practice	3
NURSING 523, Scientific Foundations of Anesthesia Nursing I	4
NURSING 535, Anesthesia Nursing Practicum and Clinical Conference I	3
FALL YEAR 2	CREDITS
NURSING 518, Theoretical Foundations of Anesthesia Nursing I	3
NURSING 525, Pharmacology for Anesthesia	3
NURSING 536, Anesthesia Nursing Practicum and Clinical Conference II	4
NURSING 603, Translating Evidence into Clinical Practice	3
WINTER YEAR 2	CREDITS
NURSING 606, Biomedical Ethics and Vulnerable Populations	3
SPRING YEAR 2	CREDITS
NURSING 604, Leadership in Complex Health Care Systems (50 hrs practicum)	3
NURSING 624, Scientific Foundations of Anesthesia Nursing II	3
NURSING 626, Advanced Physiology for Anesthesia Nursing I	4
NURSING 637, Anesthesia Nursing Practicum and Clinical Conference III	3
SUMMER YEAR 3	CREDITS
NURSING 608, Evidence Based Clinical Project I: Development (125 hrs practicum)	4
NURSING 627, Advanced Physiology for Anesthesia Nursing I	3
NURSING 638, Advanced Anesthesia Nursing Practicum and Clinical Conference I	4
FALL YEAR 3	CREDITS
NURSING 609, Evidence Based Clinical Project II: Implementation (125 hrs practicum)	4
NURSING 639, Advanced Anesthesia Nursing Practicum and Clinical Conference II	5
SPRING YEAR 1	CREDITS
NURSING 610, Evidence Based Clinical Project: Outcome Analysis and Dissemination (125 hrs practicum)	4
NURSING 640, Advanced Anesthesia Nursing Practicum and Clinical Conference III	5

TOTAL CREDITS = 101

SECTION IV

DOCTOR OF NURSING PRACTICE PROGRAM

ACADEMIC POLICIES, GUIDELINES, AND FORMS

ROLE OF THE GRADUATE COORDINATOR

The role of the Graduate Coordinator is to:

1. Arranges for orientation of newly approved faculty members to the graduate program.
2. Plans and conducts at least monthly Graduate Council meetings with involved graduate faculty.
3. Serves as liaison between the Department of Nursing and the university's Graduate Council.
4. Facilitates ongoing evaluation and revision of all graduate masters and doctorate program and course materials.
5. Assists the Department Chairperson in assigning graduate faculty teaching load.
6. Develops marketing brochures and advertisements for the graduate program.
7. Assists the Department Chairperson in serving as a liaison to external agencies for graduate students, especially to GHS for the nurse anesthesia program.
8. Attends and/or represents the department at community forums related to advanced practice nurses and the graduate program.
9. Assists with outcome data and information related to the graduate program.
10. Assists in the preparation of accreditation (CCNE) and regulatory documents (PA SBN)/self-study requirements related to the graduate program.
11. Completes all questionnaires and surveys from internal and external sources related to the graduate program.
12. Revises annually the *MSN Student Handbook*

Approved 1986

Reviewed June 1993

Approved by Graduate Council – Feb. 12, 2010

Review and approved by Graduate Council - 4/2017

ROLE OF DNP PROGRAM DIRECTOR

The role of the DNP Program Director includes:

1. Advising students with the option
2. Providing DNP students with information on policies, protocol, and procedures of the Department of Nursing, as well as, university-at-large.
3. Familiarizing DNP students with the program requirements for the DNP degree.
4. Assisting students in the scheduling of courses.
5. Assisting DNP students in the selection of appropriate sites for the DNP project.
6. Conducting admission interviews for prospective DNP student candidates.
7. Recommending students for admission to the DNP program.

Reviewed and Approved Graduate Council – 4/2017

ACADEMIC ADVISEMENT PROCEDURE

The DNP director is also considered the academic advisor and assists doctoral students in scheduling classes for the coming semester and assisting students in course planning. About the middle of each semester, students must preregister for the next semester. You will:

1. Check on-line www.bloomu.edu to determine availability of courses.
2. Consult your DNP Student Handbook (Course Requirements: DNP Program) and DNP Program Planning Sheet and determine what courses you still need to progress.
3. Contact your option director for assistance in the registration process.
4. Check on-line for details regarding scheduling, registration, withdrawals, fees, and general information.

STUDENT RESPONSIBILITIES

In accord with the DNP Student Handbook, it is the student's responsibility to know and observe the academic policies and regulations of the university. It is also the student's responsibility to cooperate with the advisor to gain the maximum benefit from the process. To facilitate this process, students are expected to:

1. Arrange advising sessions which are convenient to both the student and director.
2. Be actively involved in the decisions.
3. Be aware of academic deadlines and academic policy changes.
4. Make effective use of the resources available.
5. Follow through on suggestions and/or recommendations made by the option director.

STUDENT PORTFOLIOS

Students will be required to keep copies of all papers, logs, clinical write-ups, presentations and other projects in a "portfolio" as they progress through the program. Portfolios will be collected by faculty at the end of Nursing 608, 609, and 610. They may be requested periodically by site visitors for the purpose of evaluating the Department of Nursing's eligibility for maintaining national and state accreditation. Also, such materials are extremely useful in documenting to a future employer the level of expertise gained during the program.

CONFIDENTIALITY of STUDENT RECORDS and INFORMATION

In compliance with the Family Rights and Privacy Act of 1974, <https://www.bloomu.edu/ferpa> be advised of the following:

1. Contents of student records
 - a. Admissions materials – applications, transcripts, references, copy of license, correspondence, interview records.
 - b. Grade reports
 - c. Overview of student/faculty meetings
 - d. Materials germane to student matriculation
2. Students may review the contents of their record upon written request to the specific Program Director.
3. Students can expect that any information regarding their academic performance is to be treated as confidential and that no one associated with the DNP program has a right to share personal and confidential information with anyone else.
4. Records of enrolled students remain confidential unless the student waives the right in writing to share information. The waiver will be kept in the student's record.

LEAVE OF ABSENCE

Students may not extend any leave of absence beyond 1 year. Reapplication to the program will be required for any leave extending beyond 1 year. The student is required to inform the DNP Program Director and write a formal request for the leave of absence delineating the dates for the leave of absence. This letter will become a part of their permanent record.

PROGRAM WITHDRAWAL

Prior to withdrawal from the DNP program, students are required to meet with the Graduate Coordinator and the Director of the program to discuss rationale for withdrawal.

CHANGE IN COURSES

Information for drop/add and withdrawal from courses is online at <https://www.bloomu.edu/registrar-resources>

INDIVIDUALIZED STUDY GUIDELINES

Under unusual circumstances, graduate students can request a required scheduled course be taken as individualized instruction outside the routine scheduled course time. Individualized instruction is not encouraged at the graduate level. Approval is not automatic; it is based on student's need, justification for the course, budgetary aspects and faculty consent. Appropriate forms are available from the Graduate Office or the Registrar at <https://www.bloomu.edu/offices-directory/registrar-office>

DNP PROGRESSION POLICY

Progression and Retention

In order to progress within the program, students must receive a minimum grade of B in clinical courses. A grade of B must be achieved in a majority of theory courses to maintain the GPA of 3.0 specified by the university.

Dismissal

A student will be recommended for dismissal from the program if at any time the following factors occur:

1. Initial occurrence of a critical incident during practicum hours.
2. Unable to complete the course of study within six years or within an extended time frame granted by the Assistant Vice president and Dean of Graduate Studies and Research.
3. Unable to demonstrate academic and/or professional progress required of an advanced practice nurse.
4. A student will be recommended for dismissal from the program if at any time the QPA falls below a 3.0.

Approved April 20, 1990 – Faculty Assembly

Approved May 7, 1990 – University Graduate Council

Clarified 2007 – Department Graduate Council

Approved 2009 – Graduate Council

Approved 2012, 2013

DNP Program Grading Policy

Grading Scale used in all graduate courses.

A	=	93-100
A-	=	90-92
B+	=	87-89
B	=	83-86
B-	=	80-82
C+	=	77-79
C	=	73-76
C-	=	70-72
D+	=	67-69
D	=	63-66
D-	=	60-62
F	=	<60

Approved by Graduate Council – Spring, 2002; Spring 2007; Fall 2015

PRP 3463 - Graduate Admissions, Withdrawal, Course Repeat, Transfers, and Graduation Requirements:

<https://www.bloomu.edu/prp-3463-graduate-admissions-withdrawal-course-repeat-transfers-and-graduation-requirements>

PRP 3565 - Graduate Academic Progress, Probation, and Dismissal:

<https://www.bloomu.edu/prp-3565-graduate-academic-progress-probation-and-dismissal>

PRP 3512 - Academic Integrity Policy:

<https://www.bloomu.edu/prp-3512-academic-integrity-policy>

PRP 3881 – Student Disruptive Behavior Policy:

<https://www.bloomu.edu/prp-3881-student-disruptive-behavior-policy>

PRP 3592 Academic Grievance Procedure

<https://www.bloomu.edu/prp-3592-academic-grievance-procedure>

Minimal Essential Performance Standards for Admission, Progression, and Graduation in the Doctoral Nursing Program

Applicants and students enrolled in the Department of Nursing must possess the necessary intellectual, physical, emotional, social and communication skills to provide nursing care that is safe for the client, themselves and other health care providers. They must be able to provide safe nursing care in a wide variety of settings with diverse clientele. Student must consistently meet these standards to qualify for and remain in the program.

Students requesting accommodations under section 504 of the Rehabilitative Act of 1973/or the Americans with Disabilities Act must provide the Office of Accommodative Services for Students with Disabilities (“Office of Accommodative Services”) the required documentation and notify the Department of. Reasonable accommodations will be provided to those individuals with disabilities, where possible, to enable them to meet these standards and ensure that students are not denied the benefits of, excluded from participation in, or otherwise subjected to discrimination in this program. If the student does not provide the instructor with written documentation from the Office of Accommodative Services, the instructor will refer the request for accommodation to the Office of Accommodative Services. The instructor has no obligation to provide an accommodation to the student without written documentation from the Office of Accommodative Services. A reasonable accommodation is one that does not require a fundamental alteration in the program or lower academic and/or clinical standards. Students who consistently do not meet these standards with reasonable accommodation will be unable to progress in the nursing program and will be dismissed from the nursing program per the Departmental Student Code of Academic and Professional Conduct.

The core minimal essential performance standards for this program are identified below along with examples of these standards. These examples are not inclusive of all expected abilities and should be used only for simple comparative purposes by applicants to and students currently enrolled in this program.

Issue	Standard	Examples of Nursing Activities (Not all inclusive)
Cognitive	Ongoing capacity to learn new information and skills to provide safe nursing care. This includes the ability to read, comprehend, measure, calculate, analyze, synthesize, and evaluate diverse forms of information in increasingly complex and fast paced environments.	<ul style="list-style-type: none">• Learn new skills and rationales for nursing care in a timely manner• Learn and adopt new methods of providing nursing care to reflect the dynamic nature of health care provision• Manage information from multiple sources• Perform correctly mathematical Calculations• Must be able to make decisions often in an urgent environment that reflect consistent and thoughtful deliberation and sound clinical judgment.

Issue	Standard	Examples of Nursing Activities (Not all inclusive)
Critical thinking	Critical thinking sufficient for sound clinical judgment	<ul style="list-style-type: none"> • Competent assessment of clients in a timely manner • Correct interpretation of assessment data • Identify cause and effect relationships in clinical data and situations • Identification of appropriately necessary nursing interventions • Design of appropriate nursing care plans • Problem solve effectively to manage multiple priorities • Evaluation of the effectiveness of interventions • Revision of planned interventions • Must be able to meet the standards of care required for safe patient care as described by the accrediting bodies and scopes and standards of specialty practice.
Visual, auditory, and tactile	Visual ability sufficient for observation and assessment. Hearing ability sufficient to monitor and assess health needs. Tactile ability sufficient for physical assessment.	<ul style="list-style-type: none"> • Ability to obtain information from a variety of sources (digital, analog, and waveform) of physiological measurement in order to determine a client's health status Ability to observe diagnostic specimens, perform health assessments and interventions within a variety of settings (perform palpation, sense subtle temperature and moisture changes; detect changes in color and texture of skin, nails, sclera, and body fluids) • Ability to identify non-verbal cues such as grimacing and movement Ability to identify and differentiate sounds related to heart, lung, or other bodily functions Ability to identify and respond to life saving alarms used to monitor client's changing health status, client's cries for help and emergency signals. • Ability to prepare and draw up the correct quantity of medication for use in a variety of administration methods. • Ability to perform CPR if necessary. • Ability to perceive pain, pressure, temperature, vibration, position equilibrium, movement that are important to the student's ability to effectively evaluate the patient.

Issue	Standard	Examples of Nursing Activities (Not all inclusive)
Mobility	<p>Physical abilities sufficient to move oneself from room to room, along hallways, and in small or confined spaces. The physical stamina sufficient to perform all care activities for entire timeframe and length of work role.</p> <p>Gross and fine motor movements with sufficient coordination needed to perform complete physical examinations using the techniques of inspection, palpation, percussion, auscultation, and other diagnostic maneuvers to provide safe and effective nursing care.</p>	<ul style="list-style-type: none"> • Lifting, moving, carrying, pushing, pulling, positioning, and supporting clients, equipment and other objects independently. • Standing, bending, squatting, reaching overhead, walking, sitting while working directly with clients and coworkers and documenting care. • Ability to grasp and manipulate a variety of small and large objects • Calibrate accurately and use equipment and maintain sterile technique • Must possess sufficient levels of neuromuscular control and eye to hand coordination as well as the physical and mental stamina associated with long periods of standing. • Maintain manual dexterity to perform certain activities such as providing airway management and intubation, insertion of venous and arterial lines, administering a regional anesthetic, suturing, etc.
Interpersonal	<p>Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, spiritual, and intellectual backgrounds.</p>	<ul style="list-style-type: none"> • Establish rapport and relate effectively with clients, their families, and colleagues. • Work effectively with these individuals when they are stressed physically and/or emotionally. • Provide care socially, culturally, and spiritually acceptable to clients. • Negotiate interpersonal conflicts in a professionally appropriate manner. • Must possess verbal and written communication skills that permit effective communication with instructors and students in both the classroom and clinical setting, including professionalism and civility.
Communication	<p>Communication abilities sufficient for clear and effective interaction with others in verbal and written form.</p> <p>Comprehension and accurate recall of verbal and written communication.</p> <p>Each student must have the ability to read, write, comprehend, and speak the English language to facilitate communication with patients, their family members, and other professionals in health care settings.</p>	<ul style="list-style-type: none"> • Follow verbal and written instructions • Clearly communicate with other health care providers by appropriately documenting assessment findings, interactions with client/family and other health care professionals, and nursing interventions provided and the client's responses • Document clearly, accurately, efficiently, and legally within regulatory mandates and guidelines. Be able to document in both written and electronic format. • Provide effective therapeutic communication and client teaching. Consult with other health care providers in a professional manner.

Issue	Standard	Examples of Nursing Activities (Not all inclusive)
Emotional Stability	Emotional stability sufficient to assume responsibility and accountability for actions. Function effectively under stress.	<ul style="list-style-type: none"> • Establish therapeutic boundaries • Demonstrate flexibility and adaptability to changing environment • Provide client with emotional support • Deal effectively with the unexpected. • Focus attention on task and client • Perform multiple responsibilities and tasks concurrently • Handle effectively strong emotions in self and others, e.g. grief, anger. • Students may be required to take timed online and/or other types of examinations in a proctored secure setting that is acceptable to the program.
Personal Behaviors	Maintains personal behaviors consistent with the American Nurses' Association Code for Nurses. Conduct behaviors in accordance with the standards of good citizenship, honesty, propriety, and with regard for the rights of others. Obey the federal, state, and local laws.	<ul style="list-style-type: none"> • Demonstrate integrity and honesty • Respects clients and their rights • Avoid behavior inconsistent with professional standards, such as: chemical use, abuse, dependency; engaging in or supporting criminal behavior. • Follow all state and federal laws, and university, Department of Nursing, clinical agency policies. • Abide by judicial and disciplinary decisions of court, university, Department of Nursing, and clinical agencies. • Adhere to the codes of conduct and code of ethics as described in each specialty.

Adapted from:

Core Performance Standards Required for Nursing, Board of Directors of the Southern Council on College Education for Nursing (SCCEN) 1993.

Yocom, C. J. (1996). Validation study: Fundamental abilities essential for nursing practice. National Council of State Boards of Nursing, Inc.

Accepted by Faculty Assembly November 1995

Revised June 2001; Revised October 2002

Revised May 2010; Approved by Faculty Assembly 9/17/10.

Revised for Graduate Level April 2015: Approved by Graduate Faculty 5/2015

Departmental Code of Academic and Professional Conduct

Nursing students are required to make a commitment to professionalism and acknowledge this requirement by signing the Departmental Code of Academic and Professional Conduct Agreement. Professional nurses assume responsibility for the life and welfare of other human beings; therefore, every nursing student is expected to demonstrate competence and patterns of behavior that are consistent with level of educational preparation, professional responsibilities, and the public's trust. All students are expected to uphold the highest standards of honesty and integrity and to know and comply with the guidelines provided in this Departmental Code of Academic and Professional Conduct ("Code"). Students (and faculty) are expected to report to the faculty member of the course or to the Department of Nursing chairperson any unethical or proscribed conduct that violates this Code.

Because of the nature of nursing, the nursing faculty reserves the right to counsel, discipline, suspend, or dismiss those students who, in their judgment, do not satisfy the requirements of scholarship, health, and personal conduct for nursing and national licensure. A student may be removed from classroom or clinical experiences at any time for unsafe or unprofessional behavior which violates the Departmental Code of Academic and Professional Conduct. Students may be dismissed from the program or a clinical site for a violation of agency policy. Academic dismissal from the Department of Nursing does not necessarily mean dismissal from the university.

The Departmental Code of Academic and Professional Conduct identifies that the education of nursing students is based on the concept that integrity, sense of responsibility, and self-discipline are inherent to the profession of nursing. The responsibility of the individual student to sustain high ethical standards is parallel to the concept that the professional nurse must be accountable for professional standards in the practice of nursing (published in the American Nurses Association Code of Ethics for Nurses, 2015; Nursing's Social Policy Statement, 2015; Nursing Scope and Standards of Practice, 2015). Misconduct of any type will not be tolerated as it lowers the standards of Professional Nursing Practice, and ultimately jeopardizes the safety and well-being of the public.

The provisions of the Departmental Code of Academic and Professional Conduct apply to all student activities on University owned property, any location affiliated with Bloomsburg University, or in the community at large. The Code will be applied without regard to age, ethnicity, gender, race, disability, religion, political affiliation, sexual orientation, or any other basis protected by state, local, or federal law. Nursing students have a responsibility to uphold the local, state, and federal laws associated with citizenry of the United States of America. The Departmental Code of Academic and Professional Conduct is in addition to and does not relieve the requirements of the University Code of Conduct (PRP #4802) or the requirements of civil or criminal law.

CONDUCT PROHIBITED

1. Academic Integrity Policy – any violation of the University Academic Integrity Policy (PRP 3512).

Academic Dishonesty

- *Plagiarism* - Taking credit for someone else's work or ideas regardless of the media, stealing others' results or methods, copying the writing of others without acknowledgment, or otherwise taking credit falsely.
 - *Cheating* - Using unauthorized notes, study aids, and/or information from another person on an examination, report, paper, or other evaluative document; unauthorized altering of a graded work after it has been returned, then submitting the work for re-grading; and allowing another person to do all or part of one's work and to submit the work under one's own name; performing academic assignments (including assignments such as: tests, and papers) for other persons, buying or selling course assignments, papers, or examinations.
- *Assignments* – Submitting work that is not the student's independent, original work. Although independent study is recognized as a primary method of effective learning, at times students benefit from studying together and discussing assignments and laboratory work. When any material is to be turned in for inspection, grading or evaluation, it is the responsibility of the student to ascertain what cooperation, if any, between or among students, is permitted by the instructor.
- *Falsification of Data* - Dishonesty in reporting results, ranging from sheer fabrication of data, improper adjustment of results, and gross negligence in collecting and analyzing data, to selective reporting or omission of conflicting data for deceptive purposes.

2. Falsification of Academic Records and Official Documents

Without proper authorization, altering documents affecting academic records, forging signatures of authorization, or falsifying information on an official academic document, election form, grade report, letter of permission, petition, clinical record or any other official University document.

3. Aiding and Abetting Dishonesty

Providing material, information or assistance to another person with the knowledge or reasonable expectation that the material, information or assistance will be used to commit an act that would be prohibited by this Code, University policy, or that is prohibited by law or another applicable agency policy.

4. Use of Computers, equipment, materials, or property

Violating the University's Information Technology Policies and Guidelines, which define proper and ethical use of computers. Violation of nursing course and SLL policies for use of computers, software, other electronic learning materials, and any lab equipment or property. Likewise, students must not violate any affiliating agency policies related to equipment, materials, food, medication, or patient property.

5. Professional Nurse Conduct

Exhibiting behavior unacceptable to the profession of nursing.

Students must assume personal responsibility for being in physical and mental condition to give safe nursing care and for the knowledge and skills necessary to give this care.

Unacceptable behavior includes, but is not limited to, the following:

- A. Providing nursing care in a predictably unsafe or harmful manner:
 - Failing to meet the Minimal Essential Performance Standards for Admission and Progression
 - Failing to meet the Standards of Nursing Conduct as specific in Pennsylvania Code, Title 49. Professional and Vocational Standards; Chapter 21. State Board of Nursing.
 - Committing boundary violations. Professional boundaries must be maintained between student and patient, instructor, and agency personnel (Pennsylvania Code, Title 49. Professional and Vocational Standards; Chapter 21. State Board of Nursing).
 - Refusing to comply with policies and guidelines required by affiliating agencies.
 - B. Violating confidentiality, privacy, or security standards as presented in the Health Insurance Portability and Accountability Act (HIPAA).
 - Using the full name or personal identifiers of a client in any assignment.
 - Removing any Medical Record forms from the clinical area.
 - Discussing confidential information in inappropriate areas, such as elevators/hallways/ lunchroom.
 - Discussing confidential information about a client with third parties who do not have a clear and legitimate need to know.
 - C. Falsifying client records or fabricating experiences
 - D. Using profanities or inappropriate gestures, treating others in disrespectful ways, thus not understanding that society, which sanctions nursing as a profession, is globally diverse and must be respected.
6. Commission of a Crime
Engaging in illegal activity that would impact the student's ability to obtain or maintain a professional license or employment in the nursing profession. The results of criminal proceedings will not be determinative of proceedings under this Code.
7. Committing Behavior Making One Ineligible for Licensure
The State Board of Nursing may refuse, suspend, or revoke any license in any case where the Board shall find that the applicant:
- Has been convicted or has pleaded guilty or entered a plea of nolo contendere or has been found guilty by a judge or jury of a felony or a crime of moral turpitude, or has received probation without verdict, disposition in lieu of trial or an Accelerated Rehabilitative Disposition in the disposition of felony charges, in the courts of this Commonwealth, the United States, or any other state, territory or country;
 - Has committed fraud or deceit in securing his or her admission to the practice of nursing or to nursing school.
 - Is unable to practice professional nursing with reasonable skill and safety to patients by reason of mental or physical illness or condition or physiological or psychological dependence upon alcohol, hallucinogenic or narcotic drugs or other drugs which tend to impair judgment or coordination, so long as such dependence shall continue.

Students ineligible for licensure by the Pennsylvania State Board of Nursing will be dismissed immediately from the program. [Refer to section 14 of the Professional Nursing Law, (63 P.S. §224) and the Standards of Nursing Conduct (Pennsylvania Code, Title 49, 21.18) for licensure eligibility criteria.]

- A student whose criminal background check shows a conviction of a prohibited offence will be ineligible for licensure and will be automatically dismissed from the nursing program (See Section 5 of Graduate Nursing Handbook, Clinical Policies Requirements and Guidelines).

8. Drug and Alcohol

Using, possessing, selling or distributing illicit drugs;

Illegally using, selling, possessing, or distributing any drugs or alcohol at any time in any situation.

Using prescribed, over the counter or illicit substances in such a manner as to impair one's judgment or performance.

Alcohol and Substance Abuse Policy

The Department of Nursing expects that all students within the department will fully comply with the university's policies related to alcoholic beverages and drugs. These policies are found in the The Pilot. The student is fully responsible for knowledge of stated policies.

Students will comply with the drug and alcohol policies and drug testing procedures, which may include random drug testing, as required by agencies affiliated with the Department of Nursing. These agencies have the final decision regarding any violation of said policies.

Additionally, the Department of Nursing acknowledges that individuals seeking initial or renewal of nursing licensure within the Commonwealth of Pennsylvania and other jurisdictions must document that they have not been found guilty of any misdemeanors or felonies, including those associated with alcohol or other drugs. As noted previously, the State Board of Nursing must deny opportunity to attempt licensure to any individual who has been found guilty of violating "The Controlled Substance, Drug, Device and Cosmetic Act" (P.L. 233, No. 64).

The disciplinary actions will be initiated for a student in the nursing program who has a suspected violation of university, department, clinical agency alcohol/substance use and abuse policies, or any Commonwealth or other jurisdiction's laws regarding the use, sale, exchange, consumption or possession of alcoholic beverages, including the motor vehicle code, as exemplified by driving under the influence. Departmental sanctions may be rendered as a result of the review process.

Departmental sanctions will be rendered for a student in the nursing program who

- (1) demonstrates chemical impairment in the classroom or clinical setting
- (2) refuses to comply with affiliated agencies drug and alcohol policies and drug screening policies and procedures, or
- (3) has been found guilty of violating the university's drug policy, or
- (4) has been convicted of, pleaded guilty to or entered a plea of nolo contendere to a felonious act prohibited by "The Controlled Substance, Drug, Device and Cosmetic Act," or the conviction of a felonious act related to a controlled substance in a court of law of the United States or any other state, territory or country, or
- (5) has been found guilty of violating the university's alcohol beverage policy, or any Commonwealth or other jurisdiction's laws regarding the use, sale, exchange, consumption or possession of alcoholic beverages, including the motor vehicle code, as exemplified by driving under the influence.

9. Other Unprofessional Conduct

- Failing to cooperate with review procedures related to a violation of the Departmental Code of Academic and Professional Conduct.
 - Possessing or using firearms, explosives, dangerous chemicals, or other dangerous instruments in contravention of the law, University, or affiliating agency policies
 - Violating classroom and clinical policies including but not limited to: Obstructing or disrupting teaching, research, administration, disciplinary procedures, or other institutional activities, or disruptive behavior in the community; not attending class or clinical; fabricating reasons for lack of attendance
 - Violating University Policy PRP 4802 Code of Conduct
- **Evaluation of other behaviors will occur as needed based on the violation.

Bloomsburg University
Department of Nursing

Position Statement on the use of Medical Marijuana

The following is a position statement for undergraduate nursing students at Bloomsburg University who are seeking to enroll in or who are already enrolled in a Medical Marijuana Program in the state of Pennsylvania. This position statement has been developed to ensure all undergraduate nursing students adhere to federal laws regarding the use of marijuana as well as to the established policy “Minimal Essential Performance Standards for Admission and Progression” in the Department of Nursing at Bloomsburg University.

While the medical use of marijuana is legal in the state of Pennsylvania, United States federal law deems any use of marijuana, medical or recreational, to be **illegal**. Additionally, the Department of Nursing Minimal Essential Performance Standards for Admission and Progression policy, located in the Undergraduate Nursing Student handbook, mandates that all undergraduate nursing students must obey all federal, state and local laws as well as Department of Nursing and clinical agency policies. Furthermore, the Minimal Essential Performance Standards for Admission and Progression policy states students must consistently meet all standards to qualify for and remain in the program. Failure to adhere to the Minimal Essential Performance Standards for Admission and Progression policy would result in the student being dismissed from the program. Additionally, students must successfully complete and pass all annual clearances, which includes an annual drug screen, and are required by the Department of Nursing in order to enter clinical agencies and complete required clinical courses. Clinical agencies affiliated with the Department of Nursing at Bloomsburg University have zero tolerance policies for use of illegal substances.

United States federal law deems the use of marijuana, medical and/or recreational, as illegal and the Minimal Essential Performance Standards for Admission and Progression policy requires all undergraduate nursing students adhere to, not only state and local laws, but also federal law and departmental and clinical agency policies. To this end, the use of marijuana, medical or recreational, by undergraduate nursing students is strictly prohibited to ensure compliance with federal law, departmental policies for admission and progression, clinical agency policies and to ensure protection of the public sector as undergraduate nursing students interact with and provide care for a large population of patients in a variety of health care settings.

Social Media Statement

Supported by the Code of Conduct and Department Code of Professional Conduct

Purpose: To educate students on the impact and implications of social media use on their current and future career as a professional nurse.

Use of social media including but not limited to Facebook, Twitter, Instagram, group texts, Google Docs and the internet, in general, is very clearly an opportunity to communicate with family and friends in your personal life. However, as part of Bloomsburg University, the Department of Nursing and in preparing for a professional, licensed role of a registered nurse it is necessary to be mindful of what you share publicly. The need to be respectful regarding the department, university, affiliated clinical sites and potential future employers is required.

As a student seeking licensure, the nursing student is held to a higher standard as a professional healthcare provider who will protect and care for the public. Just as nursing students are held to the standards of the Health Information Portability and Accountability Act (HIPAA), so too, the laws of illegal substance, underage drinking and public defamation* apply to the nursing student. This is not intended, in any way, to punish the nursing student but rather prepare students for the professional role that they will assume upon graduation. Should any healthcare organization conduct a review of any candidate they seek to employ and find unfavorable postings in social media, the student may compromise his/her potential employment directly following graduation or in the distant future. Nurses, as well as nursing students, should understand that patients, colleagues, organizations, and employers may view postings: recent or from the past. Therefore, as recommended by the American Nurse Association (ANA): do not make disparaging remarks in any social media format, about patients, employers, or co-workers, even if they are not specifically identified.

Therefore, as a student of the nursing department at Bloomsburg University, inappropriate use of social media may result in disciplinary action and/or dismissal from the program or university. Internet communication allows for embellishment and magnification to “go viral” and personal intentions become irrelevant. Therefore, it is necessary for education in this area and the prevention of said activity.

*Defamation is defined as an act of communication that causes someone to be shamed, ridiculed, held in contempt, or lowered in the estimation of the community: it refers to the damage done to a person’s reputation. (Glasgow, Dreher and Oxholm, 2012).

Resources:

- American Nurses Association (2019). <https://www.nursingworld.org/social>
- Glasgow, M., Dreher, H. M., Oxholm, C. (2012). Legal issues confronting today’s nursing faculty. FA. Davis: Philadelphia, PA.
- Yoder v. University of Louisville, No. 32009cv00205 (W.D. Ky. 2009)
- Byrnes V. University Johnson County Community College, (D. Kan. 2010)
- McGuire, Tom, Director, Media Relations, Bloomsburg University; personal communication, October 2018 and February 2019.

REPORTING, REVIEW, and RESOLUTION PROCEDURE

The following procedure will be followed when a student is considered for review as a result of charges of violation of the Departmental Code of Academic and Professional Conduct.

I. Reporting Suspected Violations

Students, faculty, staff, and preceptors are expected to report any suspected violations of the Code after the event takes place. The Department faculty or chairperson may be notified by an official from the university, any police department, or any other information source of student actions that violate the Code. These incidents are reviewed through this procedural process as well. Students must self report any violation to the Code of Conduct to the Program Director or Department Chairperson.

- A. *Reporting by Students/Staff/Preceptors:* Suspected infractions of the Departmental Code of Academic and Professional Conduct must be reported by students/staff/preceptors to the course faculty and/or Department Chairperson, as appropriate, depending on the circumstances. If the student elects to first contact the faculty, that faculty member will inform the Department Chairperson.
- B. *Reporting by Faculty or Department Chairperson:* The faculty(s)/chairperson initiating this action must notify, in writing, the student, Department Chairperson, and the Graduate Coordinator of the intention to formally report the violation of the Code. The student charged with violating the Code will be provided with a copy of the report.

The faculty(s) is/are responsible for gathering data and written anecdotal information documenting the student's performance, skills, behaviors, legal documentation, etc. which substantiate violation of the Code. This documentation must be submitted to the Department Chairperson within one month of notification of Code violation.

Depending on the nature of the violation and the recommendation of the Chairperson, the student may or may not attend class or clinical.

II. Review Process

- A. The Chairperson of Department of Nursing will meet with the student and investigate the violation of the Departmental Code of Academic and Professional Conduct complaint to determine if there are reasonable grounds to believe the student has engaged in conduct proscribed by this code. If reasonable grounds are not found, the Department of Nursing Chairperson will dismiss the charges. The exception is a violation of affiliating agency's policy; if the agency refuses to allow the student access to the agency based on a violation of policy then that decision is final and the student is dismissed from the program.
- B. If reasonable grounds are found or if the student accepts responsibility for the conduct, the student will be directed to the University Grievance Policy.

Approved Faculty Assembly, May 10, 2010

Implementation Date: August, 2010

Revised and Approved Graduate Council, February 2011, September 2013

ACADEMIC INTEGRITY

Plagiarism or cheating of any type will not be tolerated. The course professor will establish consequences for any form of academic dishonesty and may include a zero for the assignment, failure of the course, and consideration for program dismissal. Please refer to the PRP 3512 of the University Graduate Handbook on the policy for Academic Integrity as well.

GRADUATION REQUIREMENTS AND GUIDELINES

In accord with Bloomsburg University's graduation requirements, the Doctor of Nursing Practice degree has a six (6) year limitation for coursework completion. The university's graduation policy and fees are outlined in the School of Graduate Studies online at www.bloomu.edu. Students in the DNP program must meet the graduation requirements of the university and the Department of Nursing. Graduate students must apply for graduation via the office of Graduate Studies during the anticipated semester of completion of all program requirements.

University's Guidelines and Application for Graduation

1. Graduate students must have a cumulative QPA of 3.0 or higher.
2. Graduate students must review deadlines for submission of application and fees for graduation as set forth in the calendar in each semester's class schedule booklet. The application for graduation may be obtained from the School of Graduate Studies or online.

Departmental Graduation Requirements

1. Dissemination of Evidence-Based Clinical Project

An oral presentation of the process and outcomes of the evidence-based clinical project is required of all students. This presentation will take place on campus/virtually, open to all faculty, and will provide the student with the opportunity to defend the project. In addition, students are expected to create a poster presentation and encouraged to submit their project for publication in a peer-reviewed journal.

2. Exit Interviews and Program Assessment

Throughout the program, students evaluate each graduate nursing course (Appendix A) to provide feedback to assist faculty in improving these courses. In addition, students are asked to complete an evaluation of the clinical site/mentor form (See Appendix B) as well as the entire program. Exit interviews are held at the end of the student's final semester of graduate study.

This interview is a professional responsibility of the graduate student and is a requirement for graduation.

ALUMNI SURVEYS

Graduates from the DNP program are requested to complete an alumni survey one year and three years post graduation. This survey allows the graduate faculty to review and evaluate the effectiveness of our program in regard to role development, job expectations of the employer and role/job satisfaction. The results are tabulated and reviewed by the graduate faculty for potential program revisions

BLOOMSBURG UNIVERSITY
Bloomsburg, PA 17815
Department of Nursing

Graduate Course Evaluation

Please indicate whether you agree or disagree with each of the following:

Criteria	Agree	Disagree	Not Applicable
1. The course syllabus provided clear objectives and grading criteria.			
2. Course assignments and activities are related to the course objectives.			
3. Course assignments and discussion/questions helped me to meet the course objectives.			
4. The sequence of course topics provided a smooth flow of material.			
5. The amount of time designated for each topic was adequate.			
6. Learning activities are at a higher level than previously experienced.			
7. I had the prerequisite knowledge for this course.			
8. The textbook(s) was/were helpful.			
9. I was able to access the library and other online resources to help me complete assignments.			
10. Technology support for online courses was available 24/7 and was valuable to me.			
11. I believe that the online learning environment was conducive to developing the knowledge necessary for the advanced practice role.			

Now, please answer the following questions:

12. Which topics in the course were the most interesting to you? Why?

13. Which topics in the course were the least interesting to you? Why?

14. What changes in the course would you suggest to make it better?

Approved: DON 2007

Revised: May, 2009; October 2009; Reviewed June 2013

APPLICATION FOR GRADUATION

<https://intranet.bloomu.edu/documents/myhusky/GraduateGraduationApplication.pdf>

SECTION V

DOCTOR OF NURSING PRACTICE PROGRAM

ALIGNMENT OF DNP ESSENTIALS
&
DNP CLINICAL PROJECT INFORMATION

Alignment of DNP Essentials with Program Objectives and Courses

DNP Essentials	Program Outcomes	DNP Courses
Essential 1	Synthesize and appraise current scientific evidence and theories to enhance the practice of nursing and health care	600, 601, 302, 603, 604, 605, 606, 607, 608, 609, 610
Essential 2	Create leadership roles to advance clinical practice and health care delivery at the organizational and systems level and to improve health outcomes of individuals and populations	602, 604, 605, 607, 608, 609, 610
Essential 3	Utilize health care information and an evidenced based approach in clinical scholarship to critically evaluate, design, and implement health care delivery for diverse populations, settings, and system.	600, 603, 604, 605, 607, 608, 609, 610
Essential 4	Integrate knowledge of and evaluate current and emerging information systems and patient care technology, considering related ethical, regulatory, and legal issues, to improve care delivery and organizational systems	600, 601, 604, 608, 609, 610
Essential 5	Develop and advocate for health care policy change in response to social, political, economic, and ethical issues in all health care	602, 608, 609, 610
Essential 6	Engage in intra-professional collaboration to facilitate change, improve communication, enhance patient outcomes, improve desired health outcomes, and advance high quality, safe, patient centered care in complex health care delivery systems	600, 602, 605, 606, 608, 609, 610
Essential 7	Translate epidemiological, bio statistical, occupational, environmental, and cultural principles into clinical prevention and population health	601, 602, 606, 608, 609, 610
Essential 8	Demonstrate advanced levels of clinical judgment and professional values as an advanced practice nurse	600, 602, 603, 604, 605, 606, 608, 609, 610

DNP CLINICAL PROJECT

The Doctor of Nursing Practice DNP clinical project represents the culmination of your doctoral studies and an opportunity to translate your knowledge into practice. You will begin developing your project in Nursing 603 *Translating Evidence into Clinical Practice* and complete the project with dissemination of results in Nursing 610 *Evidence-Based Clinical Project: Outcome Analysis and Dissemination*.

According to the AACN White Paper on the DNP: Current Issues and Clarifying Recommendations (2015):

- Elements of the project should be the same for all students and include **planning, implementation, and evaluation** components.
- The DNP project may take on various final forms.
- All DNP projects should:
 - Focus on a change that **impacts healthcare outcomes** either through direct or indirect care
 - Have a **systems** or **population/aggregate** focus
 - **Demonstrate implementation** in the appropriate area of practice
 - Include a plan for **sustainability**
 - Include an **evaluation of processes and/or outcomes**
 - Be designed so that processes and/or outcomes will be evaluated to guide practice and/or policy
- Should include a product that describes the purpose, planning, implementation, and evaluation components of the project, and should be required for each project.
- Dissemination of the project outcomes is essential and may include a variety of forms depending upon the focus and area of advanced nursing practice and should be targeted to appropriate audiences to ensure impact.

DNP Project Outcomes

- ❖ Demonstrate an inquisitiveness toward clinical practice
- ❖ Adhere to ethical and human subject guidelines
- ❖ Design and implement a project that provides confirmation of translating evidence into practice
- ❖ Analyze results and make recommendations for adoption into clinical practice
- ❖ Disseminate results

Requirements of the DNP Project

As a DNP student you will be expected to develop your evidence-based project through the following process:

1. Formulate a well-developed question using the PICO format
2. Critically appraise the literature related to your question
3. Collect data using appropriate methodology
4. Implement a supported strategy
5. Analyze results
6. Make recommendations

7. Disseminate results

DNP Project Process

- Students identify a topic of interest and begin their formal literature review in Nursing 603 *Translating Evidence into Clinical Practice*. Students obtain approval from faculty in the DNP program for topic of interest and clinical site for the project. The Clinical Expert for this project will also be identified and approved in this course. The project will follow the Squire format (Permission was obtained by U. of Arizona. Gregg, S.R., Dupont, L., & Burns, M. (2019) A format template – SQUIRE & APA 7th Edition guidelines. University of Arizona, Department of Nursing, DNP Program.
- As much as possible course assignments should build on selected topic.
- In Nursing 604 *Leadership in Complex Health Care Systems* students will identify a clinical expert to assist in guiding the project.
- In Nursing 608 *Evidence Based Clinical Project I: Development* students will submit the proposal for the project, complete CITI training, and orally defend their proposal. 125 hours of practicum hours will support this process.
- In Nursing 609 *Evidence Based Clinical Project II: Implementation* students will submit for IRB approval and implement their project. 125 hours of practicum hours will support this process.
- In Nursing 610 *Evidence Based Clinical Project III: Outcome Analysis and Dissemination* students will analyze findings, draw conclusions, make recommendations, and disseminate the findings. Dissemination will consist of an oral defense, and a poster presentation. 125 hours of practicum hours will support this process.

Types of DNP Projects

All projects must have a clinical practice change. Some examples are:

- A problem has been identified (increase in medication errors; decreased patient satisfaction; increase in infection rates; increase in patient waiting time, etc.).
- There is a published clinical practice guideline that indicates something should be done differently than what is done in practice.
- There is a new method or technology with better patient outcomes and sufficient evidence to support adoption.
- The need for a program is identified through assessment.

**DEPARTMENT OF NURSING
BLOOMSBURG UNIVERSITY**

**DNP Project
Approval of Topic and Site**

Student Name: _____

Project Topic: _____

Project Site: _____

Approval Documentation:

Faculty Signature: _____

Date: _____

DEPARTMENT OF NURSING
BLOOMSBURG UNIVERSITY

Description of the DNP Project Team

The DNP Project is guided by the DNP Project Team which consists of a graduate faculty member and a clinical expert. The student is responsible for selecting the clinical expert and completing the commitment form when beginning Nursing 608. The clinical expert must be from the practice area where the project will be implemented.

The DNP Project Team is responsible for:

- Guiding the student through planning, implementation, and evaluation of the project
- Assisting the student in preparation of the oral defense and determining successful completion of the project
- The faculty member has the ultimate responsibility for grading the student and verifying that the student met requirements of the program

The DNP Project Team will meet virtually a minimum of three times per project course (Nursing 608, 609, and 610). The DNP student will arrange for a virtual meeting at a mutually agreeable time at the beginning of the course, mid-term (approximately week 7), and at the end of the course to discuss project progress. These meetings will be documented by the Faculty Project Manager (Appendix C) and placed in the student's file in the Nursing Office. Additional meetings can be scheduled at the request of anyone in the project team.

Description of the DNP Nurse Anesthesia Program Project Team

Each student will have a DNP Project Team of at least two persons: Graduate Faculty Project Manager & Clinical Expert.

The role of the project team is:

- Guide the student through planning, implementation, and evaluation of the project
- Assist the student in preparation of the written DNP Proposal and oral defense
- Mentor the student during the implementation and evaluation phases of the project
- Assist the student in finalizing the overall project paper, written defense, and project dissemination.

The Graduate Faculty Project Manager (FPM)/Faculty Expert will be doctorally prepared tenured or tenure-track Bloomsburg University faculty member or an appointed doctorally prepared nurse anesthesia program faculty. The FPM is selected by the Program Director to match the scholarly interest and/or method of the inquiry identified by the student and will supervise the student's project and culminating experience (DNP Final Doctoral Project and oral defense). The FPM will work with the assigned faculty for the Project Courses (Nursing 608, 609, 610) to ensure the student's successful completion of the clinical project and meeting requirements for graduation.

The Clinical Expert will be a CRNA knowledgeable in the nursing specialization or specific project topic*. The student is responsible for selecting this individual, discussing project requirements (CITI training completion etc.) completing, and returning the DNP Clinical Expert Form to their Bloomsburg University faculty member.

*A CRNA must be involved in the process of planning, formation, and evaluation of each scholarly project for students enrolled in the nurse anesthesia program.

BLOOMSBURG UNIVERSITY
Department of Nursing
Bloomsburg, Pennsylvania 17815

Doctor of Nursing Practice Program

DNP Project Clinical Expert Commitment

I, _____, agree to serve as the DNP project clinical expert for
(Name)
_____ in the development of a DNP clinical project as the
(Student Name)
culminating activity for the DNP program in the Department of Nursing at Bloomsburg University, Bloomsburg,
Pennsylvania. The student has shared the expectations for this role and the guidelines for the project.

Signature: _____ Date: _____

Address: _____

Institution/Agency Name:

Telephone Number:

Email Address:

****Please attach an updated CV/resume and copy of license and/or certification.**

Department of Nursing
Bloomsburg University
DNP Project Proposal Approval

Student Name:

Project Title:

PROJECT CRITERIA	ORAL DEFENSE		WRITTEN PROPOSAL	
	Approval Status	Comments	Approval Status	Comments
DNP Project Topic Summary is concise, accurate, and provides topic overview				
Problem/change clearly identified in PICO format				
Background Information: Description of population Data support Environment for change Review of literature to support project				
Conceptual framework described				
Objectives/outcomes outlined				
Evaluation measures identified and linked to outcomes				
Implementation plan appropriate for outcomes				
Tools/measures fully described				
Appropriate evaluation plan				
Scope of proposed change realistic and appropriate				
Timeframe reasonable for completions				
APA format correct, writing clear and well organized				

Approval Status Legend: S=Satisfactory; NR=Needs Revision; U=Unsatisfactory; NA=Not Applicable

Department of Nursing
Bloomsburg University
DNP Project Final Defense

Student Name:

Project Title:

PROJECT CRITERIA	ORAL PRESENTATION		WRITTEN DOCUMENT	
	Approval Status	Comments	Approval Status	Comments
Introduction: Concise, accurate, and provides topic overview				
Background Information: Description of population Data to support need Environment for change				
Problem/change clearly identified in PICO format				
Key terms defined				
Review of Literature: Current and supportive to the project				
Theoretical and Conceptual framework described				
Methodology: Project plan defined				
Organizational setting defined				
Patient participation selection defined				
Project implementation				
Ethical considerations				
Timeline defined				
Project stakeholders defined				
Tools/Measurement instruments				

Data collection procedures outlined				
Data analysis				
Results: Findings organized and linked to problem statement				
Conclusion: Described the extent objectives were met				
Discussed interpretation of results				
Project limitations				
Plan for addressing the problem in the practice setting and discussion on sustainability				
Provided recommendations/implications for practice				
Future steps/plans for dissemination				
APA format correct, writing clear and well organized				

Approval Status Legend: S=Satisfactory; NR=Needs Revision; U=Unsatisfactory; NA=Not Applicable

Evaluation of DNP Project Defense:

- ☐ Approved as Presented
☐ Approved with Recommendations
☐ Not Approved

Comments:

Project Team Faculty: _____ Date: _____

Clinical Expert: _____ Date: _____

SECTION VI

DOCTOR OF NURSING PRACTICE PROGRAM

CLINICAL POLICIES/REQUIREMENTS GUIDELINES

CLINICAL POLICIES/REQUIREMENTS FOR DNP

As set forth in the contractual agreements with agencies serving as clinical practicum sites for graduate student experiences, all students, prior to Nursing 608, must present the following if conducting their clinical project in a site other than where they are currently employed:

1. Complete and submit PA State Police criminal background check.
2. Complete and submit child abuse background check.
3. Complete and submit FBI fingerprints through the Department of Human Services.

If the DNP project will take place in a site other than where the student is employed other pre-clinical requirements are necessary.

Failure to fulfill clinical pre-expectations will require graduate students to withdraw from the clinical course. Refer any questions concerning these guidelines/policies to the DNP director or the Graduate Program Coordinator.

Criminal Background Checks

The Commonwealth of Pennsylvania has enacted legislation to ensure that educational and health care systems provide a safe environment for children and provision of services safeguarding the rights of older adults while protecting them from abuse.

Procedure

In accord with the agency contracts:

1. A student may not be permitted to continue in his/her field of study which requires Act 34 Criminal History or Act 151 Pennsylvania Child Abuse History Clearances if the report comes back with any incidents.
2. If additional similar clearances are required in the future for licensure or certification in Pennsylvania, any documentation of incidents on such clearances may stop the student from progressing in the major.

Prior to the first clinical course and yearly, **all students must** provide evidence of criminal background clearances. The process is as follows:

1. Obtain forms from the Department of Nursing Office
 - a. Pennsylvania State Police Request for Criminal Record Check (Form SP4-164) - Cost \$10
 - b. Pennsylvania Child Abuse History Clearance - Cost \$10
2. Submit the appropriate forms and fees to the identified agencies on the application.
3. Submit the **original** letters obtained from the Child Line and Child Abuse Registry, Pennsylvania State Police Repository, and the FBI clearance to the Nursing Office by **July 15**. These clearances will be kept in a file at the secretary's desk. ****A student will not be allowed into the clinical agency if this requirement is not met.**

****A student whose record indicate a criminal conviction of a prohibited offence (listed below) will be dismissed automatically from the nursing program.**

Pennsylvania State Police Request for Criminal Record Check (Form SP4-164)

This form is used for: **Act 24 Clearance - (Child Protective Services Law of 1990)**

Act 169; 35 P.S. Clearance (Older Adults Protective Services Act)

The applicable offenses under **Act 24** are as follows:

- (1) Title 18 of the Pennsylvania Consolidated Statutes (Crimes Code)

Chapter 25	Criminal Homicide
Section 2702	Aggravated Assault
Section 2709	Harassment and Stalking
Section 2901	Kidnapping
Section 2902	Unlawful restraint
Section 3121	Rape
Section 3122.1	Statutory Sexual Assault
Section 3123	Involuntary Deviate Sexual Intercourse
Section 3124.1	Sexual Assault
Section 3125	Aggravated Indecent Assault
Section 3126	Indecent Assault
Section 3127	Indecent Exposure
Section 4302	Incest

Section 4303	Concealing Death of Child
Section 4304	Endangering Welfare of Children
Section 4305	Dealing in Infant Children
Section 5902(b)	Prostitution and Other related Offenses
Section 5903 (c), (d)	Obscene & Other sexual Materials and Performances
Section 6301	Corruption of Minors
Section 6312	Sexual Abuse of Children

(2) A felony under The Controlled Substance, Drug, Device and Cosmetic Act, 35 P.S. 780-101 et.seq.

(3) An out-of-state or Federal offense similar to those listed in (1) and (2) above.

The prohibitive offenses contained in **Act 169** are as follows:

CC 2500	Criminal Homicide	CC 4302	Incest
CC 2502A	Murder I	CC 4303	Concealing Death of Child
CC2502B	Murder II	CC 4304	Endangering Welfare of Children
CC 2502C	Murder III	CC 4305	Dealing in Infant Children
CC 2503	Voluntary Manslaughter	CC 4952	Intimidation of Witnesses or Victims
CC 2504	Involuntary Manslaughter	CC 4953	Retaliation Against Witness or Victim
CC 2505	Causing or Aiding Suicide	CC 5902 (b)	Prostitution and Other Related Offenses
CC 2506	Drug Delivery Resulting in Death	CC 5903 (c), (d)	Obscene & Other sexual Materials and Performances
CC 2702	Aggravated Assault	CC 6301	Corruption of Minors
CC 2901	Kidnapping	CC 6312	Sexual Abuse of Children
CC 3121	Unlawful restraint	CC 13A12	Acquisition of Controlled Substance by Fraud
CC 3122.1	Statutory Sexual Assault	CC 13A14	Delivery of Practitioner
CC 3123	Involuntary Deviate Sexual Intercourse	CC 13A30	Possession with Intent to Deliver
CC 3124.1	Sexual Assault	CS 13A36	Illegal Sale of Non-Controlled Substance
CC 3125	Aggravated Indecent Assault	CS13A37	Designer Drugs
CC 3126	Indecent Assault	CC 3929	Retail Theft
CC3127	Indecent Exposure	CC 3929.1	Library Theft
CC 3301	Arson and Related Offenses	CC 3930	Theft of Trade Secrets
CC 3502	Burglary	CC 3931	Theft of Unpublished Dramas or Musicals
CC 3701	Robbery	CC3932	Theft of Leased Properties
CC 3901	Theft	CC 3933	Unlawful use of a Computer
CC 3921	Theft by Unlawful Taking	CC 4101	Forgery
CC 3922	Theft by Deception	CC 4114	Securing Documents by Deception
CC 3923	Theft by Extortion		
CC 3924	Theft by Property Loss		
CC 3925	Receiving Stolen Property		
CC 3926	Theft of Services		
CC 3927	Theft by Failure to Deposit		
CC 3928	Unauthorized Use of a Motor Vehicle		

Pennsylvania Child Abuse History Clearance

This form is used for: **Act 151 Clearance (Child Protective Services Law of 1990)**

Any arrest and/or conviction of child abuse laws



Obtain a Criminal History Record

1. Online Request

The Pennsylvania State Police has also established a web-based computer application called "Pennsylvania Access To Criminal History," (PATCH) Using this system, a requestor can apply for a criminal background check on an individual. Eighty-five percent of the time, "No Record" certificates are returned immediately through the Internet to the requestor.

▷ [Pennsylvania Access to Criminal History \(PATCH\) Web Site](https://epatch.state.pa.us/)

<https://epatch.state.pa.us/>

Any Technical Problems can be reported to: Pennsylvania State Police Help Desk - Toll Free at: 1-888-783-7972.



CHILD ABUSE CLEARANCE INSTRUCTIONS

<https://www.compass.state.pa.us/CWIS/Public/Home>

ABOUT THIS WEBSITE

This secure website is provided for individuals who want to have their **Pennsylvania Child Abuse History Clearance** processed online. The Pennsylvania Child Abuse History Clearance Check will provide the applicant information as to whether or not they are listed in the Pennsylvania statewide database as a perpetrator of child abuse.

DISCLOSURE OF PERSONAL INFORMATION

Public Disclosure

As a general rule, the Commonwealth does not disclose any personally identifiable information (PII) collected online except where you have given us permission, or where the information is public information under the Pennsylvania Right to Know Act 65 P.S. 66.1 et seq., or other applicable laws. Visitors should be aware that information collected by the Commonwealth on its websites may be subject to examination and inspection, if such information is a public record and not otherwise protected from disclosure.

Social Security Number Disclosure

You are consenting to a verification of your Social Security number through the Social Security Administration. Your Social Security number is also being sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to Information in statewide central register), 6344 (relating to Information relating to prospective child care personnel), 6344.1 (relating to Information relating to family day-care home residents), and 6344.2 (relating to Information relating to other persons having contact with children). The department will use your Social Security number to search the statewide central register to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse. However, please note that disclosure of your Social Security number is voluntary and therefore, if you do not consent to having your Social Security number verified or used for checking your child abuse history, we will still process your request without your Social Security number.

WARNING

You are entering a secure government website for the purpose of requesting a **Pennsylvania Child Abuse History Clearance**. By entering this site, you certify that you have read and understand the above guidelines and legislation.

Note

If your web browser prompts you to accept a security certificate, you must accept it to proceed.

WARNING!

US GOVERNMENT SYSTEM and DEPARTMENT OF PUBLIC WELFARE SYSTEM.

Unauthorized access prohibited by Public Law 99-474 "The Computer Fraud and Abuse Act of 1986". Use of this system constitutes CONSENT TO MONITORING AT ALL TIMES and is not subject to ANY expectation of privacy.



Welcome to the Pennsylvania Department of Human Services Federal Bureau of Investigation (FBI) Background Clearance Page

FEDERAL (FBI) CRIMINAL HISTORY REPORT

Fee: \$25.75 Payment may be made online at www.pa.cogentid.com The fingerprint-based background check is a multiple-step process:

- The applicant must register prior to going to the fingerprint site. Walk in service without prior registration will not be provided at any fingerprinting location. Registration is available online 24 hours/day, seven days per week at www.pa.cogentid.com. Telephonic registration is available at 1-888-439-2486 Monday through Friday, 8am to 6pm EST. During the registration process, all demographic data for the applicant is collected (name, address, SSN, etc.) there is no data entry required at the fingerprint collection site. This registration will remain open for 90 days. If the registration is not used within 90 days, it will be automatically cancelled and the fee refunded as needed.
- The applicant will pay a fee of \$25.75 for the fingerprint service and to secure the Criminal History Record. Applicants may make their payment online at www.pa.cogentid.com using a credit card or debit card.
- The applicant proceeds to the fingerprint site of their choice for fingerprinting. The location of the fingerprint sites and days and hours of operation for each site will be posted on 3M Cogent's website at www.pa.cogentid.com. The location of fingerprint sites may change over time so applicants are encouraged to confirm the site location nearest to their location.
- At the fingerprint site the Applicant Livescan Operators (ALO) manage the fingerprint collection process.
- The fingerprint transaction begins when the ALO reviews the applicant's qualified State or Federal photo ID before processing the applicant's transaction. A list of approved ID types may be found on the 3M Cogent's website at www.pa.cogentid.com. Applicants will not be processed if they cannot produce an acceptable photo ID.
- After the identity of the applicant has been established, all ten fingers are scanned to complete the process. The entire fingerprint capture process should take no more than three to five minutes.
- The applicant's scanned fingerprints will be electronically transmitted to the FBI as required by federal statute.
- DHS will receive the Federal Criminal History Record from the FBI. DHS's Background Check Unit through ChildLine and Abuse Registry will return the Federal Criminal History Record to the applicant. The Record will be printed on standard letter sized paper that when copied will reveal **Void if Copied**. This does not prohibit an employer from copying the applicant results letter, it is solely a means to verify that it is an official record.
- **Do not contact 3M Cogent or the fingerprint site after your fingerprints have been submitted. 3M Cogent does not have the means to give the applicant the status of their background check. Complete processing of their results should take no longer than 4 to 6 weeks. If the applicant does not receive their results from DHS in this time frame, they should call (877) 371-5422.**
- The applicant will then provide the Federal Criminal History Record to their prospective employer.

SECTION VII

DOCTOR OF NURSING PRACTICE PROGRAM

**STUDENT ACTIVITIES AND
GENERAL INFORMATION**

UNIVERSITY COMMITTEES WHICH INCLUDE STUDENT MEMBERSHIP

Full time graduate students can be elected by the graduate study body for committee membership on the University Graduate Council, University Forum, Kehr Union Board and Library Committee, and Graduate Student Council.

The Dean of Graduate Studies and Research notifies the student body as to time and location of the meeting for nominations and subsequent vote on membership.

BLOOMSBURG UNIVERSITY THETA ZETA CHAPTER OF SIGMA THETA TAU

The Department of Nursing at Bloomsburg University has a chapter of the International Honor Society of Nursing, Sigma Theta Tau. Induction into Sigma Theta Tau is both a privilege and an honor. Students should be aware that there are several criteria which must be met for eligibility.

Criteria for Membership in Sigma Theta Tau as a Graduate Student

A combination of the following is required for a successful endorsement:

1. Superior academic achievement, QPA of 3.5.
2. Development of leadership qualities.
3. Demonstration of high professional standards.
4. Demonstration of a strong commitment to the ideals and purposes of the profession.
5. Completion of a quarter of the graduate program.

Sigma theta Tau hopes that each student will strive to achieve these standards for eligibility into the organization. Students must submit a completed application to the chapter's Eligibility Officer at the appropriate time.

DEPARTMENTAL GRADUATE COUNCIL

The Graduate Council meets every month. Student participation is encouraged. Any graduate student wishing to bring an issue to the attention of the Council is encouraged to attend any scheduled meeting by emailing the Graduation Program Coordinator to learn the date, time, and place of the next scheduled meeting. **ADDITIONALLY, ANY STUDENT WITH SUGGESTIONS OR CONCERNS FOR THE COUNCIL MAY EMAIL THE COORDINATOR AT ANY TIME.**

SIGMA THETA TAU – THETA ZETA CHAPTER
GRADUATE STUDENT RECOGNITION AWARD

The Theta Zeta Chapter, Graduate Student Recognition Award is given to a graduate student who is a member of Sigma Theta Tau and displays superior achievement, leadership development, high nursing standards, creative work, professionalism, and commitment to the ideals of the profession. This award is given in honor of the Lambda Nu Chapter, Lycoming College.

Eligibility

Any graduate student of Sigma Theta Tau – Theta Zeta Chapter who is eligible for graduation in the calendar year.

Supporting Data

1. Evidence of current membership in Sigma Theta Tau – Theta Zeta Chapter
2. Maintains a grade point average of 3.75 or above
3. Membership in Theta Zeta Chapter
4. Endorsement from Graduate Council
5. The name of the graduate student will be forwarded to the Award Committee Chairperson

Confirmation and Notification

1. The Awards Committee will confirm membership status with the secretary of the Theta Zeta Chapter.
2. The grade point average will be confirmed by Graduate Council.
3. The successful recipient will be notified by phone, letter, and/or email prior to the award presentations.
4. The Awards Chairperson will notify the chapter's faculty counselor about the student acceptance of the award so that information about attendance at the induction ceremony is sent to the student.

Revised 1/08 SQH

Revised/Approved Graduate Council 2/2016

DNP FACULTY

The following faculty members have been approved, in accordance with the university's Graduate Council Faculty Credentials Policy, to teach in the graduate program.

Kim Olszewski, DNP, CRNP, Associate Professor; adult nurse practitioner
DNP Program Coordinator
Graduate Program Coordinator
Email: kolszews@bloomu.edu

Lori Metzger, PhD, RN, Associate Professor
MSN/MBA Program Coordinator
Email: lmetzger@bloomu.edu

Melinda Barrett, PhD, Assistant Professor
Public Health Coordinator
Email: mbarrett@bloomu.edu

Cheryl Jackson, DNP, CRNP, Assistant Professor; family nurse practitioner
Email: cjackso2@bloomu.edu

Debra Minzola, PhD, MSN, MBA, CRNA, Associate Professor, nurse anesthesia
Nurse Anesthesia Program Director
Phone: 1-570-271-6763
E-mail: dminzola@bloomu.edu

Lynn Painter, PhD, RN, Assistant Professor, nursing education
Email: lpainter@bloomu.edu

Debbie Stayer, PhD, CPN, RN-BC, CCRN-K, Assistant Professor; pediatric palliative care
Email: dstayer@bloomu.edu

Rebecca Toothaker, PhD, RN, Associate Professor; nursing education
Email: rtoothak@bloomu.edu

Peggy Shipley, PhD, RN, Assistant Professor
Email: pshipley@bloomu.edu

Dennis Tanner, PhD, RN, Assistant Professor
Email: dtanner@bloomu.edu

Elisabeth Culver, PhD, RN, Associate Professor, Certified Nurse Midwife
Email: eculver@bloomu.edu

Lori Parke, DNP, CRNP, Assistant Professor, Family Nurse Practitioner
Email: lpinke@bloomu.edu

Ted Ambrose, DNP, CRNA
Email: tambrose@bloomu.edu

Student Agreement

I, _____, the undersigned student, hereby understand and agree that as a condition of my enrollment in the Bloomsburg University Doctorate of Nursing Practice (DNP) Program, I must fulfill the requirements of the entire program.

I further indicate by my signature below, that I have received a copy of the Student Handbook and will review all of the policies and procedures contained in this Handbook at my earliest convenience. Failure to do so will not excuse me from being held accountable for them.

If for any reason I consider withdrawal from the DNP Program before completion of the course of study, I agree to make such considerations known to the DNP Director, without delay, and agree to keep an appointment with him/her before I carry out any of the steps of withdrawal. All financial obligations must be met before leaving.

Signature of Student

Student Print

Date

Signature of Witness

Witness Print

Date

APPENDIX A

Bloomsburg University Graduate Course Evaluation

BLOOMSBURG UNIVERSITY
Bloomsburg, PA 17815

Department of Nursing

Graduate Course Evaluation NURSING ##

Please indicate whether you agree or disagree with each of the following:

Criteria	Agree	Disagree	Not Applicable
1. The course syllabus provided clear objectives and grading criteria.			
2. Course assignments and activities are related to the course objectives.			
3. Course assignments and discussion/questions helped me to meet the course objectives.			
4. The sequence of course topics provided a smooth flow of material.			
5. The amount of time designated for each topic was adequate.			
6. Learning activities are at a higher level than previously experienced.			
7. I had the prerequisite knowledge for this course.			
8. The textbook(s) was/were helpful.			
9. I was able to access the library and other online resources to help me complete assignments.			
10. Technology support for online courses was available 24/7 and was valuable to me.			
11. I believe that the online learning environment was conducive to developing the knowledge necessary for the advanced practice role.			

Now, please answer the following questions:

12. Which topics in the course were the most interesting to you? Why?

13. Which topics in the course were the least interesting to you? Why?

14. What changes in the course would you suggest to make it better?

Approved: DON 2007

Revised: May, 2009; October 2009; Reviewed June 2013

APPENDIX B

Bloomsburg University DNP Program Clinical Site & Preceptor Evaluation

**Bloomsburg University Doctorate
in Nursing Practice (DNP) Program
Clinical Site and Preceptor
Evaluation**

(To be completed by student)
Nursing 608, 609, 610

Name: _____ Preceptor: _____
Site: _____ Course: _____
Semester / Year: _____

Overall Quality of Experience

- 1.) Rate overall quality of the **CLINICAL SITE**
 _____excellent _____very good_____good_____fair _____poor
 _____too variable to give an overall rating
- 2.) Rate overall quality of the assistance by the **CLINICAL EXPERT**
 _____excellent _____very good_____good_____fair _____poor
 _____too variable to give an overall rating

Clinical Site Evaluation

1. Adequate representation of client population being studied.	Yes	No
2. Has adequate resources for project	Yes	No
3. Ancillary staff cooperative and supportive of the student role.	Yes	No

COMMENTS:

The positive aspect(s) of this clinical site were:

The negative aspect(s) of this clinical site were:

APPENDIX C

DNP Project Manager & Clinical Expert Meeting Log

DNP Project Faculty Mentor and Clinical Expert Meeting Log
Bloomsburg University
Bloomsburg, PA 17815

The DNP Project is guided by the DNP Project Team which consists of a faculty project mentor and a clinical expert. The student is responsible for selecting the clinical expert and completing the commitment form when beginning Nursing 608. The clinical expert must be from the practice area where the project will be implemented.

The DNP Project Team is responsible for:

- Guiding the student through planning, implementation, and evaluation of the project
- Assisting the student in preparation of the oral defense and determining successful completion of the project
- The faculty project mentor has the ultimate responsibility for grading the student and verifying that the student met requirements of the program

The DNP Project Team will meet virtually a minimum of three times per project course (Nursing 608, 609, and 610). The Bloomsburg University DNP student will arrange for a virtual meeting at a mutually agreeable time with the clinical expert and BU faculty project mentor at the beginning of the course, mid-term (approximately week 7), and at the end of the course to discuss student and project progress. These meetings will be documented by the faculty project mentor and placed in the student's file in the Nursing Office. Additional meetings can be scheduled at the request of anyone in the project team.

Date of Meeting	Topic of Meeting	Members Present	Course Objectives	Comments
			Selection of clinical expert and practice site approval. (NUR 608)	
			CITI training completed by expert and student (NUR 608)	
			Project submission to BU IRB (NUR 608)	
			Approval by IRB at BU & approval from project site facility (NUR 609)	

			Initiation of project implementation (NUR 609)	
			Initiation of data collection (NUR 609)	
			Analysis of data initiated (NUR 610)	
			Dissemination of findings to clinical site (NUR 610)	
			Completion of project to include plan for sustainability (NUR 610)	

The student is satisfactorily meeting course requirements as documented:

NUR 608 _____

NUR 609 _____

NUR 610 _____

Student

Clinical Expert

Faculty

Developed: 9/2020 RT, Updated 7/2021 JS

Approved: Grad Council 9/2020, 7/2021

APPENDIX D

DNP Project Template

DEPARTMENT OF NURSING
BLOOMSBURG UNIVERSITY

DNP Project Template

Abstract

Chapter 1: Introduction

Background and Significance

Problem Statement

Definition of Terms

Chapter II: Review of the Literature

Chapter III: Methodology

Project Plan

Organizational Setting

Patient Participation/Selection

Project Implementation

Ethical Considerations

Timeline of Activities

Stakeholders Involved

Measurement Instruments

Data Collection Procedures

Data Analysis

Resources Used for Project Completion

Chapter IV: Results

Chapter V: Conclusion

****Adapted from California State University (Southern CA) DNP Consortium with verbal permission.***

Revised Standards for Quality Improvement Reporting Excellence (SQUIRE 2.0)
September 15, 2015

Text Section and Item Name	Section or Item Description	As you review the manuscript, place a checkmark in this column for each SQUIRE item that is appropriately addressed in the manuscript. Remember that not every item is necessary in every manuscript.
Notes to authors	<ul style="list-style-type: none"> • The SQUIRE guidelines provide a framework for reporting new knowledge about how to improve healthcare • The SQUIRE guidelines are intended for reports that describe system level work to improve the quality, safety, and value of healthcare, and used methods to establish that observed outcomes were due to the intervention(s). • A range of approaches exists for improving healthcare. SQUIRE may be adapted for reporting any of these. • Authors should consider every SQUIRE item, but it may be inappropriate or unnecessary to include every SQUIRE element in a particular manuscript. • The SQUIRE Glossary contains definitions of many of the key words in SQUIRE. • The Explanation and Elaboration document provides specific examples of well-written SQUIRE items, and an in-depth explanation of each item. • Please cite SQUIRE when it is used to write a manuscript. 	
Title and Abstract	<p>Indicate that the manuscript concerns an initiative to improve healthcare (broadly defined to include the quality, safety, effectiveness, patient-centeredness, timeliness, cost, efficiency, and equity of healthcare)</p> <p>a. Provide adequate information to aid in searching and indexing</p> <p>b. Summarize all key information from various sections of the text using the abstract format of the intended publication or a structured summary such as: background, local problem, methods, interventions, results, conclusions</p>	
1. Title		
2. Abstract		
Introduction	<p><i>Why did you start?</i></p> <p>Nature and significance of the local problem</p>	
3. Problem Description		
4. Available knowledge	<p>Summary of what is currently known about the problem, including relevant previous studies</p>	

5. Rationale	Informal or formal frameworks, models, concepts, and/or theories used to explain the problem, any reasons or assumptions that were used to develop the intervention(s), and reasons why the intervention(s) was expected to work
6. Specific aims	Purpose of the project and of this report
Methods	<i>What did you do?</i>
7. Context	Contextual elements considered important at the outset of introducing the interventions(s)
8. Intervention(s)	<ul style="list-style-type: none"> a. Description of the intervention(s) in sufficient detail that others could reproduce it b. Specifics of the team involved in the work
9. Study of the Intervention(s)	<ul style="list-style-type: none"> a. Approach chosen for assessing the impact of the intervention(s) b. Approach used to establish whether the observed outcomes were due to the intervention(s)
10. Measures	<ul style="list-style-type: none"> a. Measures chosen for studying processes and outcomes of the intervention(s), including rationale for choosing them, their operational definitions, and their validity and reliability b. Description of the approach to the ongoing assessment of contextual elements that contributed to the success, failure, efficiency, and cost c. Methods employed for assessing completeness and accuracy of data
11. Analysis	<ul style="list-style-type: none"> a. Qualitative and quantitative methods used to draw inferences from the data b. Methods for understanding variation within the data, including the effects of time as a variable
12. Ethical Considerations	Ethical aspects of implementing and studying the intervention(s) and how they were addressed, including, but not limited to, formal ethics review and potential conflict(s) of interest
Results	<i>What did you find?</i>
13. Results	<ul style="list-style-type: none"> a. Initial steps of the intervention(s) and their evolution over time (e.g., time-line diagram, flow chart, or table), including modifications made to the intervention during the project b. Details of the process measures and outcome c. Contextual elements that interacted with the intervention(s) d. Observed associations between outcomes,

	<p>interventions, and relevant contextual elements</p> <p>e. Unintended consequences such as unexpected benefits, problems, failures, or costs associated with the intervention(s)</p> <p>f. Details about missing data</p>
Discussion	<i>What does it mean?</i>
14. Summary	<p>a. Key findings, including relevance to the rationale and specific aims</p> <p>b. Particular strengths of the project</p>
15. Interpretation	<p>a. Nature of the association between the intervention(s) and the outcomes</p> <p>b. Comparison of results with findings from other publications</p> <p>c. Impact of the project on people and systems</p> <p>d. Reasons for any differences between observed and anticipated outcomes, including the influence of context</p> <p>e. Costs and strategic trade-offs, including opportunity costs</p>
16. Limitations	<p>a. Limits to the generalizability of the work</p> <p>b. Factors that might have limited internal validity such as confounding, bias, or imprecision in the design, methods, measurement, or analysis</p> <p>c. Efforts made to minimize and adjust for limitations</p>
17. Conclusions	<p>a. Usefulness of the work</p> <p>b. Sustainability</p> <p>c. Potential for spread to other contexts</p> <p>d. Implications for practice and for further study in the field</p> <p>e. Suggested next steps</p>
Other information	
18. Funding	<p>Sourced of funding that supported this work. Role, if any, of the funding organization in the design, implementation, interpretation, and reporting</p>

Table 2. Glossary of key terms used in SQUIRE 2.0. This Glossary provides the intended meaning of selected words and phrases as they are used in the SQUIRE 2.0 Guidelines. They may, and often do, have different meanings in other disciplines, situations, and settings.

Assumptions

Reasons for choosing the activities and tools used to bring about changes in healthcare services at the system level.

Context

Physical and sociocultural makeup of the local environment (for example, external environmental factors, organizational dynamics, collaboration, resources, leadership, and the like), and the interpretation of these factors (“sense-making”) by the healthcare delivery professionals, patients, and caregivers that can affect the effectiveness and generalizability of intervention(s).

Ethical aspects

The value of system-level initiatives relative to their potential for harm, burden, and cost to the stakeholders. Potential harms particularly associated with efforts to improve the quality, safety, and value of healthcare services include opportunity costs, invasion of privacy, and staff distress resulting from disclosure of poor performance.

Generalizability

The likelihood that the intervention(s) in a particular report would produce similar results in other settings, situations, or environments (also referred to as external validity).

Healthcare improvement

Any systematic effort intended to raise the quality, safety, and value of healthcare services, usually done at the system level. We encourage the use of this phrase rather than “quality improvement,” which often refers to more narrowly defined approaches.

Inferences

The meaning of findings or data, as interpreted by the stakeholders in healthcare services – improvers, healthcare delivery professionals, and/or patients and families.

Initiative

A broad term that can refer to organization-wide programs, narrowly focused projects, or the details of specific interventions (for example, planning, execution, and assessment).

Internal validity

Demonstrable, credible evidence for efficacy (meaningful impact or change) resulting from introduction of a specific intervention into a particular healthcare system.

Intervention(s)

The specific activities and tools introduced into a healthcare system with the aim of changing its performance for the better. Complete description of an intervention includes its inputs,

internal activities, and outputs (in the form of a logic model, for example), and the mechanism(s) by which these components are expected to produce changes in a system's performance.

Opportunity costs

Loss of the ability to perform other tasks or meet other responsibilities resulting from the diversion of resources needed to introduce, test, or sustain a particular improvement initiative

Problem

Meaningful disruption, failure, inadequacy, distress, confusion or other dysfunction in a healthcare service delivery system that adversely affects patients, staff, or the system as a whole, or that prevents care from reaching its full potential

Process

The routines and other activities through which healthcare services are delivered

Rationale

Explanation of why particular intervention(s) were chosen and why it was expected to work, be sustainable, and be replicable elsewhere

Systems

The interrelated structures, people, processes, and activities that together create healthcare services for and with individual patients and populations. For example, systems exist from the personal self-care system of a patient, to the individual provider-patient dyad system, to the microsystem, to the macrosystem, and all the way to the market/social/insurance system. These levels are nested within each other.

Theory or theories

Any "reason-giving" account that asserts causal relationships between variables (causal theory) or that makes sense of an otherwise obscure process or situation (explanatory theory). Theories come in many forms, and serve different purposes in the phases of improvement work. It is important to be explicit and well-founded about any informal and formal theory (or theories) that are used.

APPENDIX E

BSN-DNP Nurse Anesthesia Program Student Handbook Addendum & GMC Handbook

**GEISINGER /
BLOOMSBURG UNIVERSITY OF PENNSYLVANIA**

NURSE ANESTHESIA PROGRAM

DNP STUDENT HANDBOOK ADDENDUM

POLICIES

2021-2022

This policy manual is supplemental to the Bloomsburg University DNP Student Handbook. Students must follow both Bloomsburg University academic policies and the policies for Geisinger.

The provisions of this handbook are not to be regarded as an irrevocable contract between the Nurse Anesthesia Program and the student. The Nurse Anesthesia Program reserves the right to amend any policy or regulation described in this handbook with full disclosure to the student.

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GEISINGER/BLOOMSBURG UNIVERSITY NURSE ANESTHESIA PROGRAM Philosophy/Mission

Education is a process through which a learner acquires knowledge, gains insight and understanding, and develops attitudes and skills for meeting life's goals. Learning occurs when there is a change in knowledge, skills, values, and professional behaviors. The mission of the nurse anesthesia program is to support and foster individual growth through continual guidance; prepare each student to become a competent Certified Registered Nurse Anesthetist, and develop personal and professional integrity to contribute to the welfare of the community.

PROGRAM POLICIES

Application Procedure

School of Graduate Studies – How to Apply

Application information can be found on the Bloomsburg University website:

<https://www.bloomu.edu/academics/programs/nurse-anesthesia-bsn-dnp>

and Bloomsburg University Department of Nursing DNP handbook:

https://intranet.bloomu.edu/documents/nursing/DNP_Handbook.pdf

Admission Requirements

The Joint Admissions Committee consisting of individuals from Bloomsburg University Department of Nursing and the Geisinger Nurse Anesthesia Program will review all applications.

Admission requirements found in the Bloomsburg University Department of Nursing DNP handbook, page 22 and the Bloomsburg University website:

https://intranet.bloomu.edu/documents/nursing/DNP_Handbook.pdf

<https://www.bloomu.edu/academics/programs/nurse-anesthesia-bsn-dnp>

Tuition (Basic Fee)/Fees/Tuition Refunds

Tuition covers the cost of courses but does not cover books and supplies. Tuition is established annually by the State System of Higher Education board of governors, usually in July, after the state legislature determines support level in Commonwealth.

Students are referred to the University catalog for a description of the current fees schedule:

<https://www.bloomu.edu/admissions-aid/tuition-and-fees>

Tuition and fee for the Clinical Core Courses part of the Program will be at the same rate as those charged at the University. Additional costs may be accrued by the nurse anesthesia clinical component requirements.

Additional Fees

Additional fees required by the student may include but is not limited to:

- Self Evaluation Exam (SEE) approximately \$250.00
- National Certification Exam (NCE) approximately \$995.00
- A Review Course: approximately \$775.00
- Medatrax 2/yr approximately \$180.00
- Mid-Year Assembly \$150.00 (registration fee) and lodging and travel expense.
- Professional meeting approximately \$150-\$250 Registration fee and lodging and travel expense.

Refunds

Refunds for Clinical Core Courses will be consistent, and would only occur if the student withdraws, with the University's policy as stated in the University handbook:

<https://www.bloomu.edu/fees-refund-policy>

Health Insurance

Students are required to have private health insurance and retain it throughout the duration of the Program. Evidence will be required on the first day of school and will be periodically verified throughout the duration of the Program. Non-compliance with this policy will result in initiation of the disciplinary process.

Clinical Injury

In the event of a clinical injury (ie. needle stick, blood contact, etc.), the student must contact the school and report to the emergency room department. The student must alert the ER that he/she is a non-employee and the student is responsible for all fees associated with the visit.

Liability Insurance

As required by the contractual agreements with clinical agencies providing clinical sites for graduate nursing courses, graduate students entering practicum nursing courses must verify possession of liability/malpractice insurance of a minimum of \$1,000,000 to \$6,000,000.

1. By August 1 or December 1, students must provide a photocopy of a -front sheet of the liability/malpractice insurance before entering nursing clinical course.
2. Students will need to purchase liability/malpractice insurance and renew annually from any licensed carrier.
3. Students without this coverage cannot continue in the clinical course and must withdraw from the course.

Sick Leave and Loss of Time

In the event that a student becomes ill before coming in for either class or clinical time, the following process must be followed:

1. Call the Surgical Suite Control Desk at 570-271-6511 and notify either the Charge CRNA or OR charge Nurse that you will not be in due to illness. (Clinical Practicum only)

2. Call the Nurse Anesthesia Program (NAP) office at 570-271-6763 and notify the Administrative Assistant (either personally or voice mail) that you will not be in due to illness. (Clinical & Classroom time)
3. Students are NOT required to call/notify the assigned CRNA Clinical Preceptor unless provisions have been made and agreed to previously.
4. Call or send a text message to the Program Director or the Assistant Program Director and notify that you will not be in due to illness.

Students are granted a total of three (3) days of sick leave per year while enrolled starting June 1st thru May 31st of the following year. Unused sick days may not be carried over to the next year.

Students are required to visit their personal physician in order to document any illness or injury lasting 3 days or more. A note verifying the visit has occurred and the student is well, is required prior to return to the classroom or clinical area. Failure to comply will result in the student being assessed a personal/vacation day for each day of unauthorized absence.

If the student exceeds the allotted number of sick days, then personal or vacation days will be used. If all time (sick, personal, vacation) is utilized and the student is found to be in a deficit, time will be made up before the student is allowed to graduate. This time may need to be completed after the scheduled completion date of the Program.

- All make-up days will be approved by either the Program Director or Assistant Program Director.
- If patterned sick time is observed (every Monday, every Friday, etc.) the student will be counseled.
- Hours missed in the classroom must be made up to the satisfaction of the instructor.
- Adjustment in the student's rotation plan necessitated by excessive loss of time in the classroom or clinical environment will be handled on an individual basis by the Program and Assistant Program Directors.

Vacation/Personal Days/Holidays

Students will receive a vacation break in December and one (1) week vacation during the summer months of each year, during the Clinical Core Course part of the Program. Students beginning the clinical core portion of the program will have already received time off prior to their arrival at GMC and are not eligible for time off in the summer months of their first year.

Students will receive three (3) Personal Days per year starting June 1st thru May 31st of the following year during the clinical core course portion of the program. Personal days are not carried over from one year to the next.

Geisinger Health System recognizes six (6) holidays each calendar year for which students will be scheduled off during the Clinical Core Course portion of the Program:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

Leave of Absence

Please refer to the Bloomsburg University Department of Nursing DNP Handbook for reference, page number 30:

https://intranet.bloomu.edu/documents/nursing/DNP_Handbook.pdf

The student is reminded that all clinical time taken will be made up prior to becoming eligible to take the National Certification Exam. Students in the Nurse Anesthesia tract option may not extend any leave of absence beyond one (1) year. Reapplication to the Nurse Anesthesia Program will be required for any leave extending beyond one year.

Jury Duty -

A student may request a leave of absence for jury duty. If the student is called to serve as a juror, the jury duty notice must be submitted to the Program Director, Nurse Anesthesia Program.

Funeral Leave -

In the event of a death in the immediate family (parent, spouse, child, grandparent, spouse's parent), up to three (3) days of funeral leave may be granted. Requests for funeral leave for other than immediate family will be dealt with on an individual basis and may only be granted up to one (1) day.

Withdrawal from the Nurse Anesthesia Program

<https://www.bloomu.edu/prp-3463-graduate-admissions-withdrawal-course-repeat-transfers-and-graduation-requirements>

If a student wishes to withdraw from the Nurse Anesthesia Program, the following procedure must be followed:

A. Student Responsibilities

1. Discuss plans with the Program Director, Nurse Anesthesia Program.
2. Submit a letter of withdrawal to the Program Director, Nurse Anesthesia Program
3. Financial Aid obligations should be followed according to the Bloomsburg University website:
<https://www.bloomu.edu/admissions-aid/financial-aid-guide>
4. Return all Geisinger property including ID Badge and Prox Tag. Failure to return any Geisinger property listed in this section will result in the student being assessed a lost/missing fee as determined by Human Resources or any other responsible office.

Student Agreement

Students are responsible for reading and reviewing Bloomsburg University's Academic Integrity Policy, located <https://www.bloomu.edu/prp-3512-academic-integrity-policy>

Students are responsible to read and review the Student Handbook addendum, in particular, the Policies and Procedures that are contained within. They will be held accountable for the contents of the Handbook and no excuses will be accepted if the student fails to abide by the policies and procedures contained herein. A copy of the agreement is appended to this page and will be signed and dated by each student and will be placed in the Student's Program personnel file.

Geisinger/ Bloomsburg University of PA

Nurse Anesthesia Program

Student Agreement

I, the undersigned student, hereby understand and agree that as a condition of my enrollment in the Geisinger/Bloomsburg University Nurse Anesthesia Program, I must fulfill the requirements of the entire program.

I further indicate by my signature below, that I have received a copy of the Student Handbook and will review all of the policies and procedures contained in this Handbook at my earliest convenience. Failure to do so will not excuse me from being held accountable for them.

If for any reason I consider withdrawal from the Nurse Anesthesia Program before completion of the course of study, I agree to make such considerations known to the Program Director, Nurse Anesthesia Program without delay, and agree to keep an appointment with him/her before I carry out any of the steps of withdrawal. All financial obligations must be met before leaving.

Signature of Student

Date

Witness

Date

Confidentiality of Student Records & Information

In compliance with the Family Rights and Privacy Act of 1974, <https://www.bloomu.edu/ferpa>

be advised of the following:

1. Contents of Student Records
 - a. Admissions material – application, transcripts, references, copy of license, correspondence, interview records.
 - b. Clinical evaluations
 - c. Grade reports
 - d. Counseling reports
 - e. Materials germane to student matriculation
2. Students may review the contents of their record upon written request to the Program Director, Nurse Anesthesia Program.
3. Students can expect that any information regarding their academic and clinical performance is to be treated as confidential and that no one associated with the Nurse Anesthesia Program has a right to share personal and confidential information with anyone else. This applies to all students, Program Director, Assistant Program Director, Simulation and Clinical Coordinator, and Administrative Assistant of the Nurse Anesthesia Program, and all persons doing business with the Program in any capacity such as clinical and/or didactic instructors and preceptors.
4. Upon graduation, the student record will be maintained ad infinitum. In the event that the Nurse Anesthesia Program is discontinued, all student records will be forwarded to the office of the Executive Vice President, Chief Nursing Officer, Geisinger or his/her designee for perpetual care.
5. Records of enrolled students remain confidential unless the student waives the right in writing to share the information. The waiver will be kept in the student's record.

Grading System

Academic

Academic grades are calculated on a percentage basis, reported in numerical terms and converted to letter grades/grade points. It is reported in a letter grade on the student's transcript. The Nurse Anesthesia Program grading policy is in alignment with Bloomsburg University's DNP Program Policy found on page 31 in the Bloomsburg University Department of Nursing DNP handbook:

https://intranet.bloomu.edu/documents/nursing/DNP_Handbook.pdf

DNP Program Grading Policy

Grading Scale used in all graduate courses.

A = 93-100

A- = 90-92

B+ = 87-89

B = 83-86

B- = 80-82

C+ = 77-79

C = 73-76

C- = 70-72

D+ = 67-69

D = 63-66

D- = 60-62

F = <60

Clinical Performance

Clinical performance will be graded Satisfactory/Unsatisfactory. Clinical performance MUST be passed with a Satisfactory grade to pass the clinical course. Within the collaborative agreement contract “Geisinger shall have sole authority for recommending dismissal of students for unsafe clinical/patient care performance while in the clinical training portion of the program”. Preceptor and faculty evaluations will be combined for the final grade of Satisfactory/Unsatisfactory. “Students must adhere to all Geisinger policies and procedures. Geisinger shall have sole authority over disposition of students who violate said policies/procedures”.

Test Question Appeal

A process is in place for the appeal of test questions to provide fair and honest review when questions arise following an examination. The test question appeal form is required and needs to be completed and submitted within 2 days of the test for faculty review. Each appeal will be reviewed individually. Please see the Appeal of Test Question Form on the following page.

**Geisinger Health System/Bloomsburg University of Pennsylvania
Nurse Anesthesia Program**

APPEAL OF TEST QUESTION

All inquiries/appeals concerning a disputed answer on an examination must be made on this form. No appeal will be accepted unless received within two (2) days of the examination. All appeals will be evaluated individually by faculty.

Student Name: _____
Exam: _____ Exam Date: _____ Date Submitted: _____
Submitted to: _____

1. Write the test number and question as it was written on the exam: _____

2. What was the correct answer according to the test key? _____

3. What answer did you select? _____

4. What concern do you have regarding the question and answer? _____

Cite three (3) text references on the NBCRNA Website (<https://www.nbcna.com/exams/nce-resources>) that support your rationale for the answer you selected over the answer on the answer key. References cannot be cited from the internet.

- a. _____
b. _____
c. _____

5. Rewrite the test question to reflect the appropriate information from in the provided references in section 5:

Faculty Response to Appeal: _____ Accept _____ Reject _____
Rationale: _____

Faculty Signature: _____ Date: _____

Hours/Call/Clinical Supervision/Dress Code/Nurse Anesthesia Program Committees

A. Normal Hours

Total weekly time commitment MAY EXCEED 50 HOURS PER WEEK depending on didactic or clinical phase and activities. In addition to the clinical cases, students must also reserve time for preoperative and postoperative visits, case planning and independent study or research activities.

Students can expect to be here Monday through Friday, from 0600 hours to at least 1600 hours. This is not an 8-hour day/40-hour week program. Students are expected to demonstrate a deeply motivated interest in the entire educational experience while enrolled. If, during the course of a day, the student is in a situation where there are no additional cases assigned to their room, the student will seek another assignment from either the Program Director, Assistant Program Director, Simulation and Clinical Coordinator or the Charge CRNA.

Activities included during these hours are:

- Direct patient care
- Lecture/conference/study
- Pre and post-anesthesia rounds
- Preparation/case set up

During their assigned times at Geisinger Medical Center only, students will be required to return to the Nurse Anesthesia Program Office for the purpose of signing out at the end of the day. Students may return no sooner than 3:00 pm at which time they may review either clinical or didactic assignments for the following day, study, research information, prepare for Case Study or Journal Club or any other educational activity. Students will sign out on the clipboard located at the Administrative Assistant's desk. No student will be allowed to sign-out for other students. A student who does not sign out as required, will not receive credit for the day's assignment. A record will be kept and students who develop a pattern

of failing to sign out or have accumulated days beyond the allowable days off will be required to make up the time.

B. Call Time

Call time is defined as any time not included in Item A. above.

Beginning in the Summer Term, Year 2, students can expect to be assigned to call experience on a rotating basis. Call time will be twelve (12) hours on Saturday and Sunday. Students can expect to be excused from assignments three (3) days in the following week as post-call time off. It will be at the discretion of the Program Director, Nurse Anesthesia Program as to whether or not students will be assigned to other hours of call experience (1500 – 2300; 2300 – 0700).

If the student knows that he/she will be unable to report for call, the CRNA On-Call must be notified at the start of the scheduled call time. It will be the student's responsibility to discuss the incident with the Program Director, Nurse Anesthesia Program at the earliest possible time (i.e. Monday morning). If a student fails to report for call, he/she will be subject to disciplinary action as outlined in the Code of Conduct.

C. Clinical Supervision

The Nurse Anesthesia Program believes that it is in the best interest of all that the clinical supervision of students will be performed by credentialed experts, a Certified Registered Nurse Anesthetist and/or an Anesthesiologist who are immediately available in all clinical areas and are authorized to assume responsibility for the student. The clinical supervision ratio of students to instructors will be coordinated to insure patient safety by taking into consideration: the student's knowledge and ability, the patient's physical status, the complexity of the procedure and/or anesthetic technique, and the experience of the instructor.

At no time will the ratio of student to instructor be greater than 1:1, nor will students be supervised by a graduate registered nurse anesthetist or a resident physician.

D. Dress code

Please note all SRNAs must adhere to **GHS institutional policies** in addition to the below stated policies.

- Hair must be off the face and well secured in a neat style. Students with long hair must use a hairstyle that keeps their hair secured so as not to come in contact with patients or interfere with nursing care. Only hair dye of natural hair color is acceptable as professional dress. Facial hair, including mustaches and beards must be neat, clean and closely trimmed.
- Makeup and hair styles must be conservative and professional.
- Attendance to personal hygiene is required.
- Fingernails must be short and well groomed.
- Only single ear piercing visible in clinical practice (no tongue/body jewelry/ear gauges)
- All tattoos must be covered when in the clinical areas

In alignment with the professional attire requirements, at no time should offensive or derogatory remarks be present on any article of clothing worn. No jeans, sweatpants/yoga pants, cutoffs, flip-flops, or shorts/tank tops.

E. Nurse Anesthesia Program Class Representative

a. Student Class Representative

- Each class will elect a student to be the class representative for the length of the program. Anonymous ballots will be distributed to the class upon arrival in May. The elected student representative will bring forth class issues, questions, or concerns to the program director for consideration.
- The student representative will also work in collaboration with the student who is responsible for the *House of Care* as the program's community outreach.

Student Employment

THE ANESTHESIA NURSING STUDENT MAY NOT PARTICIPATE IN ANY EMPLOYMENT AS A NURSE ANESTHETIST BY TITLE OR FUNCTION OR RECEIVE PAYMENT FOR NURSE ANESTHESIA SERVICES DURING THE DURATION OF THE ANESTHESIA NURSING PROGRAM. TO DO SO WILL RESULT IN IMMEDIATE DISMISSAL.

Non-Program related Employment

OUTSIDE EMPLOYMENT IS DISCOURAGED because of the intense nature of the program.

A student may work, WITH THE WRITTEN CONSENT OF THE PROGRAM DIRECTOR, when:

- It does not interfere with the educational program.
- Academic and clinical performance is satisfactory.
- The student is not employed during the eight (8) hours prior to any class or clinical assignment/activity.
- The student does not miss class or clinical assignments/activities.

DNP Project

Description of the DNP Nurse Anesthesia Program Project Team

Each student will have a DNP Project Team of at least two persons: Graduate Faculty Project Manager & Clinical Expert.

The role of the project team is:

- Guide the student through planning, implementation, and evaluation of the project.
- Assist the student in preparation of the written DNP Proposal and oral defense.
- Mentor the student during the implementation and evaluation phases of the project.
- Assist the student in finalizing the overall project paper, written defense, and project dissemination.

The Graduate Faculty Project Manager (FPM) will be doctorally prepared tenured or tenure-track Bloomsburg University faculty member or an appointed doctorally prepared nurse anesthesia program faculty. The FPM is selected by the Program Director to match the scholarly interest and/or method of the inquiry identified by the student and will supervise the student's project and culminating experience (DNP Final Doctoral Project and oral defense). The FPM will work with the assigned faculty for the Project Courses (Nursing 608, 609, 610) to ensure the student's successful completion of the clinical project and meeting requirements for graduation.

The Clinical Expert will be a CRNA knowledgeable in the area of the nursing specialization or specific project topic*. The student is responsible for selecting this individual, discussing project requirements (CITI training completion etc.) completing, and returning the DNP Clinical Expert Form to their Bloomsburg University faculty member.

*A CRNA must be involved in the process of planning, formation, and evaluation of each scholarly project for students enrolled in the nurse anesthesia program.

Evaluation of DNP Project

The Evaluation Process for the DNP Project will begin in *NURSING603 Translating Evidence into Clinical Practice* and complete in *NURSING610 Evidence-Based Clinical Project: Outcome Analysis and Dissemination*. Students will meet with their Graduate Faculty Project Manager and Clinical Expert during the Evaluation Process. Evaluations will occur twice, or more a semester, to ensure that their DNP Project remains satisfactory and to address any concerns or discuss options for improvement.

Graduation Criteria

The Faculty has approved the following requirements which the student must satisfy in order to be eligible for graduation in alignment with the Bloomsburg University Department of Nursing DNP Handbook page 18:

https://intranet.bloomu.edu/documents/nursing/DNP_Handbook.pdf

1. Completion of all academic and clinical practicum experiences.
2. Maintain a minimum grade of “B” (3.0 Quality Point Average) in all academic and clinical work.
3. Clinical course component evaluations must be satisfactory.
4. Meet or exceed Council on Accreditation requirements for case numbers, clinical hours, program length.
5. Current, unencumbered professional nursing licensure in Pennsylvania; current BLS, ACLS & PALS
6. Completion of final defense of doctoral project
7. Demonstrated competence, as an independent practitioner, in the administration of anesthesia
8. Maintain professional & ethical standards
9. All financial obligations to the Nurse Anesthesia Program, Geisinger, and Bloomsburg University must have been cleared.
10. All incomplete time as a result of excessive missed or absent time has been satisfactorily made up and approved by the Program Director.
11. Return all Geisinger property including ID Badge and Security Prox Tag. Failure to return any Geisinger property listed in this section will result in the student being assessed a lost/missing fee as determined by Human Resources or any other responsible office.

- Students will not graduate if they fail to meet any of the above criteria.

Code of Conduct/Disciplinary Actions

<https://www.bloomu.edu/prp-4802-student-code-conduct-and-judicial-process>

Warning/Probation/Dismissal

Graduate Academic Progress, Probation, and Dismissal is located at <https://www.bloomu.edu/prp-3565-graduate-academic-progress-probation-and-dismissal>

In addition to the university requirements for disciplinary actions a student may be placed on probation with the removal of clinical privileges. Please see below:

Probation - Removal of Clinical Privileges

A student may be removed from the clinical practicum and placed on clinical probation for a 30 – 60 day period for the following reasons:

- Compromising patient safety
- Poor judgment or application of the accepted standards of anesthesia care
- Failure to demonstrate satisfactory clinical progress

A student will face immediate expulsion if they are involved in actions so egregious that they jeopardize patient safety, are involved in unsafe clinical practice. As such, a single event will warrant immediate probation with suspension of privileges and may be grounds for dismissal by the Program Director and Assistant Program Director.

Dismissal Criteria - Removal from Program

A student may be dismissed from the Nurse Anesthesia Program for the following reasons:

- Employment as a nurse anesthetist by title or function
- Failure to comply with terms for removal of probationary status communicated to the student by the Program Director in writing
- Unsafe clinical practice
- Violation of the Geisinger policy on substance abuse

- Violation of substance abuse laws outside the hospital
- Stealing medications, hospital or departmental property for use or sale
- Failure to comply with the AANA ethical code of conduct
- Failure to maintain current licensure as a Registered Nurse
- Revocation of or ineligibility for licensure as a Registered Nurse
- Conviction of a felony
- Receiving a "U" (Unsatisfactory) in any clinical course
- Receiving any grade less than a "B" (83-86%) in any academic course in the anesthesia curriculum.
- Dismissal from Bloomsburg University of Pennsylvania for any reason.

Grievance Procedure

See PRP 3592 Academic Grievance Procedure <https://www.bloomu.edu/prp-3592-academic-grievance-procedure>

Pre/Post Anesthesia Rounds
Anesthesia Care Plans
Conduct in the Clinical Area

Students will participate in pre and post-anesthesia rounds and will complete an anesthesia care plan on all patients who come under their care. Written care plans will be required each clinical practicum day. Case assignments will be made well in advance so that the student may properly:

1. Perform a chart evaluation
2. Interview the patient
3. Physically assess the patient
4. Plan the anesthesia technique/agents to be utilized
5. Study and research anticipated problems/complications
6. Seek appropriate consultation and advice

Students who arrive in the Surgical Suite without a completely prepared Anesthesia Care Plan on their assigned patients will be asked to leave the clinical area by the Clinical Preceptor and report to the Program Director and the Assistant Program Director in the Nurse Anesthesia Program office.

Students who arrive in the Surgical Suite with a completely prepared Anesthesia Care Plan on their assigned patient, but in the opinion of the Clinical Preceptor, do not appear to have any knowledge or understanding of the proposed surgical procedure and/or planned anesthesia care, will be asked to leave the clinical area and report to Program Director and the Assistant Program Director in the Nurse Anesthesia Program office.

Upon return to the Nurse Anesthesia Program office, the student will discuss the situation with the Program Director and Assistant Program Director and the student will be given an assignment that must be completed before he/she is given any future clinical assignments and allowed to return to the clinical area.

Students are allowed to possess personal cell phones as a means for communication through TigerText with preceptors in the clinical area. However, students are not prohibited to email, play games or read in any anesthetizing area where they are assigned.

If, for some emergent reason, the student needs to have ready access to a personal cell phone, he or she will notify the Program Director and the Assistant Program Director of the emergent situation and it will be up to Program Director and the Assistant Program Director whether or not the student will be allowed this access. Otherwise, students may be contacted through the Nurse Anesthesia Program office at (570) 271-6763 or the Surgical Suite Control Desk at (570) 271-6511. Any violation of this cell phone policy will be cause for Disciplinary Action.

If a student is removed from the clinical area for whatever reason and is found to be in violation of any standing policy of the Nurse Anesthesia Program, the Surgical Suite, the Anesthesiology Department, or Geisinger, he/she will be subject to Disciplinary Action.

Evaluation Criteria

Students in the Nurse Anesthesia Program receive formal evaluations at regular intervals; the results of these evaluations are shared with each student during each semester with the inclusion of daily clinical evaluations and semester summative clinical evaluations. Also, informal counseling is designed throughout the educational program. Students in the program are assessed using a multifactorial evaluation system. Under the multifactorial evaluation system, the performance of a student is in relation to:

- Written and oral exams
- Anesthetic management
- Clinical preparedness

- Courses-meeting all syllabi requirements

Student Self-Evaluation

As part of a continuous program of evaluation and counseling of students to assure their satisfactory accomplishment of program objectives and progression within the program, students will be given the opportunity to perform a self-evaluation in an honest attempt to assess one's status, and determine future goals and methods for achieving them.

The objectives of this program are:

1. Assist the student in identifying his/her strengths and weaknesses of clinical performance.
2. Assist the student in integrating personal objectives and clinical objectives of the Nurse Anesthesia Program.
3. Provide a constructive relationship between the student and faculty.

During the Mid and End of the Fall, Spring, and Summer terms, each student will be given a Student Self-Evaluation Tool for summative evaluation. Sufficient time will be given for completion of the tool and they will be reviewed with the Program Director and the Assistant Program Director at the regularly scheduled evaluation conference.

Drug & Alcohol Policy

Introduction:

In conjunction with Bloomsburg University of Pennsylvania, Department of Nursing and Geisinger, the Nurse Anesthesia Program has set standards for students to comply with the drug and alcohol policies and drug testing procedures as required by both organizations. Students will comply with the drug and alcohol policies and drug testing procedures as required by both organizations.

Please refer to the Bloomsburg University Department of Nursing DNP Handbook:

https://intranet.bloomu.edu/documents/nursing/DNP_Handbook.pdf

Geisinger Health System Policy and Procedure layout listed below:

POLICY:

The purpose of this Drug and Alcohol Policy is to outline Geisinger standards and procedures for dealing with Alcohol and Drug use or abuse by employees, Applicants Conditionally Offered Employment and Contingent Workers.

PURPOSE AND SCOPE:

1. Alcohol and Drug use or abuse may adversely affect the quality of the services provided, pose safety and health risks to Geisinger Health System Employees, patients, and others, have a negative impact on work efficiency and result in injury or loss of life, equipment and/or property.
2. In order to serve our patients, and provide a safe, healthful and efficient work environment, Geisinger Health System requires its employees to report for work fit to perform their jobs. Therefore, all prospective employees, clinical or non-clinical, clinical contracted staff, residents, volunteers, locum tenens and students applying to Geisinger Health System must successfully complete a drug-screening test, per applicable Pennsylvania State law.
3. Geisinger Health System recognizes that it may contract independently with organizations or persons that may impact patient care. In order to serve our patients, and provide a safe, healthful and efficient work environment, Geisinger Health System requires its contractors and their agents, subcontractors and employees to be free from the influence or impairment of drugs and/or alcohol, per applicable

Pennsylvania State law.

4. To this end Geisinger Health System has established the following policies and procedures dealing with Alcohol and Drug use or abuse by employees, Applicants Conditionally Offered Employment and contractors.

PERSONS AFFECTED:

All employees, All regions, Contingent Workers, Applicants Conditionally Offered Employment with Geisinger

DEFINITIONS:

1. **"Alcohol"** means beer, wine and all forms of distilled liquor containing ethyl alcohol. References to use or possession of alcohol include use or possession of any beverage, mixture or preparation containing ethyl alcohol.
2. **"Applicant Conditionally Offered Employment"** means someone who has applied for a position with a Geisinger entity and who has received a conditional offer of employment contingent upon, among other things, successfully completing a drug-screening test (no presence of Drugs).
3. **"Designated Laboratory"** means an available laboratory operated by one of the separate legal entities of the Geisinger Health System Foundation, i.e. Geisinger Medical Center, Geisinger Wyoming Valley Medical Center, or if such utilization is not practicable, a laboratory that is certified and/or accredited to perform such testing.
4. **"Drug"** means any substance (other than Alcohol) that has known mind or function-altering effects on a human subject, specifically including psychoactive substances and including, but not limited to, substances prohibited or controlled by Commonwealth or federal controlled substance laws. Testing for a Drug may involve testing for a metabolite of a Drug.
5. **"Drug Paraphernalia"** means all equipment, products and materials of any kind which are used, intended for use, or designed for use in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, containing, concealing, injecting, ingesting, inhaling or otherwise introducing a Drug into the human body, including, but not limited to all equipment prohibited or controlled by Commonwealth or federal controlled substance laws.
6. **"Geisinger Health System"** refers to the system of health care comprised of the separate legal corporate parent, Geisinger Health System Foundation, and all of its separate legal corporate entities.
7. **"Geisinger Health System Authorized Party"** means the individual(s) in each Geisinger Health System region authorized to render final reasonable suspicion opinions and order Drug and Alcohol testing regarding employees and contractors who appear to be under the influence of Drugs and/or Alcohol.
8. **"Geisinger Health System Contractor"** means any individual or organization who contracts with Geisinger Health System. For purposes of this policy, the term Geisinger Health System Contractor shall include all agents, subcontractors and employees of the Geisinger Health System Contractor. The qualification for the applicability of this policy to a Geisinger Health System Contractor is that the Geisinger Health System Contractor is covered by this Policy only while (i) on Geisinger Health System Premises; or (ii) providing a clinical service for or on behalf of Geisinger Health System.
9. **"Geisinger Health System Employee"** means any individual who uses Geisinger Health System facilities or resources to perform work, including but not limited to salary and wage earners, students, fellows, residents, staff physicians, consultants, and compensated researchers.
10. **"Geisinger Health System Premises"** means all Geisinger Health System owned or leased real estate, including but not limited to the Geisinger Health System Danville campus, including Geisinger Medical

Center, Geisinger Clinic sites, Geisinger Health System Wyoming Valley Medical Center, Marworth, International Shared Services, Inc. corporate and business offices, and all Geisinger Health System owned or leased vehicles.

11. **"Policy"** means this Drug and Alcohol Policy.
12. **"Possess"** means to have on one's person or in one's personal effects or under one's control.
13. **"Successful completion"** of a drug-screening test means the test results of the Applicant Conditionally Offered Employment are negative (i.e. no presence of drugs) and the test was taken within four (4) calendar days after the receipt of the conditional offer of employment.
14. **"Under the influence" or "impaired"** means that an employee or contractor is affected by a Drug or Alcohol or the combination of a Drug and Alcohol. The symptoms of influence and/or impairment are not confined to those consistent with misbehavior, nor to obvious impairment or physical or mental ability such as slurred speech or difficulty in maintaining balance. A determination of use, influence and/or impairment can be established by a professional opinion, urine, blood or any other commonly used scientific valid tests, and in some cases by a lay person's opinion. A Geisinger Health System EMPLOYEE OR CONTRACTOR WILL BE PRESUMED TO BE IMPAIRED AND IN VIOLATION OF THIS POLICY WHENEVER THE PRESENCE OF DRUGS OR ALCOHOL IN ANY AMOUNT WHATSOEVER IS DETECTED IN A SUBSTANCE ABUSE TEST ADMINISTERED UNDER THE TERMS OF THIS POLICY.

RESPONSIBILITIES:

SUMMARY OF DRUG AND ALCOHOL TESTING PROCEDURE AND RESPONSIBILITY OF GEISINGER HEALTH SYSTEM PERSONNEL:

Responsibility	Action
Geisinger Health System Employee	
	Observes Geisinger Health System Drug and Alcohol Policy. Performs assigned Geisinger Health System work free from the influence and/or impairment of Drugs and/or Alcohol. Reports to supervisor or his/her designee observations of any Geisinger Health System Employee who reports to work or appears to be working while under the influence and/or impaired by Drugs and/or Alcohol, or observations of any Geisinger Health System Contractor who appears to be under the influence and/or impairment of Drugs and/or Alcohol.
Geisinger Health System Contractor	
	Observes Geisinger Health System Drug and Alcohol Policy and is not under the influence and/or impairment of Drugs and/or Alcohol while on Geisinger Health System Premises or while providing clinical services on behalf of Geisinger Health System.
Supervisor	
	Monitors Geisinger Health System Employees' performance. Upon observation and development of a reasonable suspicion that a Geisinger Health System Employee who reports to work or appears to be

	working under the influence and/or impairment of Drugs and/or Alcohol, solicits observation and second opinion from a Witness, while at all times ensuring and stressing confidentiality. For purposes of this section, "Witness" means a Geisinger Health System Employee of supervisory grade, or if not available, such other individual as the Geisinger Health System Authorized Party deems appropriate. Monitors Geisinger Health System Contractor's in the same manner.
Witness	
	Observes Geisinger Health System Employee in question and based upon facts and circumstances determines whether he/she has a reasonable suspicion that the employee has reported to work or is working under the influence and/or impairment of Drugs and/or Alcohol. Communicates determination to supervisor. At all times ensures confidentiality regarding such Drug and Alcohol incidents. Documents incident. Observes Geisinger Health System Contractor in question in the same manner.
Supervisor	
	If Witness has a reasonable suspicion the Geisinger Health System Employee in question has reported to work or is working under the influence and/or impairment of Drugs and/or Alcohol, solicits third opinion from Geisinger Health System Authorized Party or his/her designee, while at all times ensuring and stressing confidentiality. Brings similar issues regarding Geisinger Health System Contractors to the attention of the Geisinger Health System Authorized Party or his/her designee in the same manner.
Geisinger Health System Authorized Party	
	Through direct observations of Geisinger Health System Employee in question and/or discussion with Supervisor of behavior of Geisinger Health System Employee in question, based upon facts and circumstances determines whether he/she has a reasonable suspicion that the Geisinger Health System Employee has reported to work or is working under the influence and/or impairment of Drugs and/or Alcohol. Makes similar assessment with regard to a Geisinger Health System Contractor in question. Communicates determination to Supervisor. Assists Supervisor per step 7 below, as appropriate. At all

	times ensures confidentiality regarding such Drug and Alcohol incidents. Documents incident. With regard to Geisinger Health System Contractor, consults with Geisinger Health System Department of Legal Services prior to initiating testing.
Supervisor	
	If the Geisinger Health System Authorized Party has a reasonable suspicion the Geisinger Health System Employee in question has reported to work or is working under the influence and/or impairment of Drugs and/or Alcohol, the Supervisor advises employee (i) to submit to an Alcohol and/or Drug urine/blood test, and (ii) that failure to so submit will result in termination of employment and (iii) that his/her shift is over and the shift balance will be unpaid unless the Alcohol and/or Drug urine/blood test is negative. Documents incident.
	As applicable (i) complies or (ii) refuses to comply with Alcohol and/or Drug urine/blood test.
Supervisor	
	As applicable, takes appropriate action up to and including termination.
Geisinger Health System Management	
	As applicable, takes appropriate action up to and including termination of the contract with Geisinger Health System Contractor.

SUMMARY OF DRUG TESTING PROCEDURE OF APPLICANTS

Responsibility	Action
Management/Human Resources	Makes any offer of employment contingent upon satisfactory completion of a drug-screening test as set forth herein.
Applicant Conditionally Offered Employment	Complies with drug-screening process within four (4) days of receipt of conditional offer of employment.
Management	If test is negative, informs applicant and confirms details of employment.
Human Resources	If test is positive, withdraws conditional offer of employment on behalf of Geisinger Health System and informs applicant of re-application policy.

EQUIPMENT/SUPPLIES:

N/A

PROCEDURE:

COVERAGE, CONSENT AND CONSEQUENCES:

1. All Geisinger Health System Employees and any Geisinger Health System Contractor who performs

clinical services for or on behalf of Geisinger Health System or is otherwise on Geisinger Health System Premises shall be covered by this Policy and shall be deemed to have consented to testing as required by this Policy.

2. Any Geisinger Health System Employee who refuses to cooperate in any aspect of the Drug and/or Alcohol testing process described in this Policy shall be subject to disciplinary action, including termination, for a first refusal or any subsequent refusal.
3. Any Geisinger Health System Employee who violates this Policy's prohibition concerning Drug and/or Alcohol possession and/or use, in any manner whatsoever, shall be subject to disciplinary action, including termination for a first offense or any subsequent offense.
4. Any Geisinger Health System Contractor who refuses to cooperate in any aspect of the Drug and/or Alcohol testing process described in this Policy or who violates this Policy's prohibition concerning Drug and/or Alcohol possession and/or use, in any manner whatsoever, shall be subject to contract termination or suspension of services, and/or removal from Geisinger Health System Premises.
5. Offers of employment shall be withdrawn for an Applicant Conditionally Offered Employment who does not successfully complete a drug-screening test (no presence of Drugs). This applies to all offers of employment where the employment begins after December 31, 2002.
6. Employees should contact their supervisor or Human Resources department with any questions regarding this policy.

ALCOHOL AND DRUG POSSESSION AND USE PROHIBITED:

1. Prohibitions.

1. No Geisinger Health System Employee may use, possess, transport, promote or sell Alcohol, or any Drug or Drug Paraphernalia while performing work for Geisinger Health System, while on Geisinger Health System Premises (which includes being in personal vehicles in Geisinger Health System parking lots), while representing Geisinger Health System on Geisinger Health System business off-site, or while operating their own personal vehicle while on Geisinger Health System business, unless specifically permitted under the *Alcohol and Drug Possession and use Prohibited: Exceptions (2)(A) Alcohol* Section below.
2. No Geisinger Health System Contractor may use, possess, transport, promote or sell Alcohol, any Drug or Drug Paraphernalia while performing clinical work for or on behalf of Geisinger Health System or while on Geisinger Health System Premises (which includes being in personal vehicles in Geisinger Health System parking lots).
3. No Geisinger Health System Employee may report for work, or go or remain on duty while:
 1. under the influence of or impaired by Alcohol; and/or
 2. under the influence of or impaired by any Drug.
4. No Geisinger Health System Contractor may provide clinical services to or on behalf of Geisinger Health System or be on Geisinger Health System Premises while:
 1. under the influence of or impaired by Alcohol; and/or
 2. under the influence of or impaired by any Drug.
5. No Applicant Conditionally Offered Employment, who fails to successfully completes the drug-screening test will be employed.

2. Exceptions

A. *Alcohol.* The purchase of Alcohol with Geisinger Health System monies and the serving of

alcohol at Geisinger Health System sponsored functions within or outside the Geisinger Health System Premises after normal business hours or the consumption of alcohol at a Geisinger Health System sponsored activity or social event held within or outside Geisinger Health System Premises after normal business hours is not prohibited by the Policy if:

1. specifically and expressly permitted by Geisinger Health System Executive Management for reasons such as recruitment or business meals, receptions or other similar business related events, and
2. the consumption of such alcohol is not inconsistent with the safe and efficient performance of the Geisinger Health System Employee's duties.

B. *Prescribed and Over-the-Counter Drugs*. The use of prescribed or over-the-counter Drugs and/or Drug Paraphernalia, or possession incident to such use, is not prohibited by this Policy, if:

1. The Drug and/or Drug Paraphernalia has been legally obtained and is being used for the purpose for which it was prescribed or manufactured; *and*
2. The Drug is being used at the dosage prescribed or authorized; *and*
3. The use of the Drug and/or Drug Paraphernalia is not inconsistent with the safe and efficient performance of the Geisinger Health System Employee's duties or the safe and efficient provision of services by a Geisinger Health System Contractor. (See the *Reporting Requirements - Use of Prescription and/or Over-The-Counter Drugs* Section below for information concerning a Geisinger Health System Employee's obligation to report the use of prescription and over-the-counter Drugs).

C. *Transportation of Alcohol*. The transportation of Alcohol in an unopened untampered manufacturer's container is not prohibited by this Policy if:

1. The Alcohol container is placed in the individual Geisinger Health System Employee's or Geisinger Health System Contractor's personal vehicle upon receipt, or if not upon receipt, as soon as possible; and
2. The Alcohol container is kept wrapped while on Geisinger Health System Premises.
3. *Reasonable Judgment*. Geisinger Health System Employees are expected to use their discretion and exercise reasonable judgment in the consumption of Alcohol or use of prescribed or over-the-counter Drugs while traveling or during normal business hours when representing Geisinger Health System off-site at meetings or conferences for continuing education purposes. While not strictly on Geisinger Health System business, Geisinger Health System employees do represent Geisinger Health System and, in some cases, their presentation and demeanor may be the only experience outside individuals and entities may have with Geisinger Health System. Therefore, Geisinger Health System Employees may rely on the exceptions contained in subsection 2. above while traveling to and from and during normal business hours when attending such meetings provided the qualifications stated in the exceptions are met and the consumption of Alcohol or use of a prescribed or over-the-counter Drug is not inconsistent with the Geisinger Health System Employee's ability to travel in a safe and efficient manner.

EMPLOYEE SUBSTANCE ABUSE TESTS:

1. In order to assure compliance with Geisinger Health System's prohibitions concerning Alcohol and Drug use and as a condition of employment, Geisinger Health System Employees and Geisinger Health System Contractors are required to cooperate in Drug and/or Alcohol substance abuse testing

procedures. Such tests may be administered upon reasonable suspicion of substance abuse, (this may include situations on a case by case basis where HR is made aware of alleged drug/alcohol use and deems it as reasonable cause to test the employee) or after serious on the job accidents which result in (i) injury to a patient, Geisinger Health System Employee, or other person, or (ii) property damage in excess of Five Hundred Dollars (\$500). Blanket testing of groups of Geisinger Health System Employees may be administered upon reasonable suspicion of a drug diversion where circumstances suggest that the Geisinger Health System Employees to be tested had access to the suspected diverted substance(s).

2. Tests shall be accomplished through the use of a breathalyzer, salivary test, analysis of urine and/or blood samples, or other clinically acceptable methods. A negative result on a breathalyzer or salivary test does not require further testing. A positive result must be confirmed by a blood alcohol test.
3. Prior to the testing or the collection of the urine and blood samples, the Geisinger Health System employee shall be notified in writing that the employee is being tested for the presence of Drugs and/or Alcohol. Where samples of blood or urine are used, Geisinger Health System will cause the samples to be identified by number to insure confidentiality.
4. If the test performed by the Designated Laboratory of the samples is positive for any Drug, Drug metabolite(s) or Alcohol, the samples shall be tested a second time by other reliable methods.
5. Geisinger Health System, or the Medical Review Officer (MRO) will notify the Geisinger Health System Employee of the results of any test that is positive for any substance included in the procedure. In the case of a positive result, Geisinger Health System will provide the Geisinger Health System Employee with an opportunity to explain the presence of the identified substance prior to taking any disciplinary action. Test results will not be maintained in the Geisinger Health System Employee's personnel records, but rather in a separate file as designated by the individual Geisinger Health System entity.

APPLICANT SUBSTANCE ABUSE TEST

In offering a position to a successful applicant, management will make the offer contingent upon successful completion of a drug-screening test (no presence of Drugs). If an Applicant Conditionally Offered Employment does not successfully complete the drug-screening test, the employment offer will be withdrawn. The individual may apply, and may be considered for a subsequent position. If conditionally offered the subsequent position, a drug- screening test must be successfully completed.

CONTRACTOR SUBSTANCE ABUSE TESTS:

The provisions of the *Employee Substance Abuse Tests Section*, shall be applicable to Geisinger Health System Contractors, provided, however, that the Geisinger Health System Department of Legal Services be consulted prior to initiating testing in the event that the Geisinger Health System Contractor has their own policy regarding Drug and/or Alcohol testing.

REPORTING REQUIREMENTS - USE OF PRESCRIPTION AND/OR OVER-THE-COUNTER DRUGS:

1. Any Geisinger Health System Employee who is using a prescribed legal or over-the-counter Drug and who has been informed, has reason to believe or feels that the use of any such Drug may affect his or her ability to perform his or her job duties safely and/or efficiently is required to report such Drug use to his/her supervisor before reporting to work under the influence of such substance.
2. Any supervisor who has been informed by a Geisinger Health System Employee, or has reason to believe that a Geisinger Health System Employee is using a prescribed legal or over-the-counter Drug that may affect the individual Geisinger Health System Employee's ability to perform his or her job duties safely and/or efficiently shall report such information to the Geisinger Health System Authorized Party, who in turn shall consult with appropriate Geisinger Health System management, including legal counsel, the treating medical practitioner or a physician designated by Geisinger Health System.
3. In those circumstances where the use of a prescribed legal or over-the-counter Drug is inconsistent with the safe and efficient performance of duties, a Geisinger Health System Employee may be suspended

or may be required to take sick leave, a leave of absence, or other action determined to be appropriate by Geisinger Health System management. Additionally, the employee may be required to participate in an assessment to determine how the medication impacts performance of job duties. This assessment may include the employee's medical practitioner's review of the employee's job description, provision of documentation of the need for temporary job reassignment or modifications and or that the employee not work until any restrictions are removed. In such circumstances the employee cannot be scheduled for further work until the medical practitioner provides clearance to return to work.

4. The Occupational Health and Wellness Department will coordinate the assessment and evaluation of documentation provided by the employee's medical practitioner and informs the supervisor of the employee's clearance to return to work.

EMPLOYEE-AT-WILL:

Nothing in this policy is to be construed to create in any Geisinger Health System Employee any status other than as an employee-at-will.

GEISINGER HEALTH SYSTEM DRUG AND ALCOHOL TESTING PROTOCOL GUIDELINE:

Each Geisinger Health System region shall have protocol for handling Drug and Alcohol incidents, which shall have the following general guidelines.

Establishes a mechanism for approval consistent with this Policy of the serving of Alcohol at Geisinger Health System sponsored functions held within or outside the Geisinger Health System Premises or where Alcohol is purchased with Geisinger Health System monies as contemplated in the *Alcohol and Drug Possession and Use Prohibited: Exceptions (2)(A)(1)* Section of this Policy.

Geisinger Health System Employees having Drug and/or Alcohol use or abuse problems are encouraged to voluntarily seek assistance.

When a Geisinger Health System Employee has taken an Alcohol and/or Drug urine/blood test or has been advised that he/she may not continue his/her shift, the Geisinger Health System Employee will be given the opportunity to call friends or family to secure a ride home, and, as applicable, a place to wait for that ride.

Geisinger Health System management will make a reasonable effort to maintain confidentiality in the administrative handling of matters relating to Geisinger Health System Employee Drug and Alcohol testing.

Geisinger Health System will encourage the use of its Employee Assistance Program for Geisinger Health System Employees to obtain information on alcohol or substance abuse or if they are having problems with Drug and/or Alcohol use or abuse.

All such protocols or changes to established protocols shall be submitted by the Geisinger Health System region to the Geisinger Health System Operations Committee for approval prior to implementation to ensure system-wide coordination and consistency.

VIOLATIONS:

Employees will be responsible for any out-of-pocket expenses or counseling, testing, and/or treatment required as a result of a positive drug/alcohol test.

Geisinger Health System Employees who violate this policy will be subject to discipline up to and including termination.

COMMERCIAL DRIVERS LICENSE (CDL) DRIVERS:

CDL Drivers shall comply with the following regulations, in addition to the standard Geisinger Health System Drug and Alcohol policies. Where the company policy is more restrictive than federal regulations, company policy shall prevail.

- Federal regulations require you to submit to drug and alcohol testing.
- "Safety-sensitive" means any of those functions set forth in -395.2 On-Duty time, para 1-7, including but not limited to: pre-trip inspections; the loading of or supervising the loading of your vehicle; driving; or,

ready to perform or immediately available to perform safety-sensitive operations as defined herein.

- "Refuse to submit" to a drug or alcohol test means that a driver fails to provide adequate breath for alcohol testing or fails to provide adequate urine for drug testing, or engages in conduct that clearly obstructs the testing process. Refusal to submit shall be considered a "positive" test result.
- You may be tested under DOT authority under the following circumstances: when chosen in random sampling (50% of drivers for drug testing, 10% of drivers for alcohol testing); pre-employment; reasonable suspicion; return-to-duty; follow-up (at least 6 tests in 12 months) and post-accident testing.
- The presence of alcohol shall be tested only by DOT-approved means in a private area. Drug tests shall be performed by urine collection pursuant to DOT regulation. Donors must remove coats and similar outer clothing. Purses may not be taken into the collection area. The donor may ask for a receipt. The donor must be afforded privacy when actually providing the specimen except under suspicious circumstances. Water must not be used when in the collection area. After providing the specimen and delivering it to the collector, the specimen must be in the donor's sight at all times until the donor-initialed tamper-proof evidence seals are placed on the specimen containers.
- Drivers shall not consume alcohol within 4 hours of reporting to work or performing any safety-sensitive operation. Drivers must not consume alcohol following an accident up to 8 hours after the incident or until the employee undergoes a post-accident test, whichever occurs first.
- Per Geisinger policy, drivers with a (BAC) greater than 0, or a positive test result for marijuana, cocaine, PCP, amphetamines, opiates, or methylenedioxymethamphetamines (MDMA, aka Ecstasy) and are considered in violation of Company policy (or part 382 of DOT regulations), shall immediately cease all safety-sensitive operations. The employee shall not resume such operations until after having complied with all the requirements of a substance abuse specialist (SAP) including providing negative drug and/or alcohol return-to-duty test results.

Throughout this Policy the acronym "GHS" or the terms "System," "Geisinger" or "Geisinger Health System" shall refer to the entire Health Care System comprised of the Geisinger Health System Foundation (the "Foundation") as parent and all subsidiary corporate entities comprising the Health Care System.

Self Evaluation Exam, Refresher/Review Courses & Mandatory Meeting Attendance

Self Evaluation Exam (SEE):

The Self-Evaluation Exam (SEE) is a computerized adaptive test and is administered by the National Board on Certification and Recertification of Nurse Anesthetists (NBCRNA).

<http://nbcna.com/certification//Pages/default.aspx>

The exam is intended to help both students and programs identify their respective strengths and weaknesses before students graduate and take the National Certification Exam (NCE).

The SEE is offered year-round from January through November 30 (**not available in December**) and students will be required to take the exam in the Spring Term of Year Two following completion of their first full year of Clinical Core Studies at Geisinger. Students enrolled in the Spring Semester Year two taking the SEE, are

required to obtain a minimum score of 350. If a 350 is not obtained, the student will be required to retake the SEE exam in the same semester at their own expense.

Senior students must take the test during the Spring Semester of Year Three but no later than the end of the month prior to completion of the Nurse Anesthesia Program (April 30). The exam is a requirement of NURSING540 (see syllabi). Requirements for Senior students are to obtain a NBCRNA SEE score above the 50% percentile of the previous year. If a score above the 50% percentile is not achieved, the student will be required to retake the SEE exam in the same semester at their own expense in order to be eligible to sit for the certification exam. The Program will submit the completed registration forms and fees for the initial exam in order for the student to be considered eligible for the examination.

Refresher/Review Course:

While it is a customary practice to take one of the nationally-offered refresher/review course programs in preparation for taking the National Certification Exam (NCE), students enrolled in this program will not be allowed to enroll in one of these programs until after they have taken the SEE at least once. The original purpose of these refresher/review courses was to assist individuals with taking standardized exams.

Following successful completion of taking the SEE, students may be allowed during their final year of enrollment to take a refresher course, at their own expense, and not during Program scheduled time unless the student wishes to use vacation and/or personal days off.

COMPREHENSIVE EXAMINATION: Senior students will take the SEE exam during NURSING:540 and must obtain a score that meets or exceeds the national average for third (3rd) year students on the SEE from the previous year to fulfill both course and graduation requirements for the Nurse Anesthesia Program. Students failing to meet or exceed this mean will be referred to their academic advisor to determine an action plan. This action plan may include, but is not limited to, the following:

- An oral or written practice certification examination with faculty
- Enrollment in a certification exam review course

In addition, senior students who obtain a score equal to or below 3% of the national average reported by NBCRNA to the Program (average scaled score for students same year in program from the SEE of the previous year) (i.e. National Average = 400, Student score = 388 or below) will also be required to retake the SEE (at their own expense) until a score within 3% of the national average is achieved. Verification of program completion necessary for the National Certification Exam will not be signed, so that the student may take the national certification exam, until all requirements have been met.

Recommendation for Certification Examination Eligibility

The recommendation for the student to write the Council on Certification of Nurse Anesthetists National Certification Examination will be made by the Program Director. A recommendation will NOT be made prior to completion of all REQUIRED didactic and clinical assignments and activities.

Mandatory Meeting Attendance:

Students are required to attend one major association meeting during their period of enrollment at Geisinger. These association meetings include the Pennsylvania Association of Nurse Anesthetists (PANA), Fall & Spring Workshops or the American Association of Nurse Anesthetists (AANA), Annual Meeting.

All students will be required to attend the Mid-Year Assembly of the AANA held each spring.

Integrity of Scholarship

Academic Integrity

Please refer to <https://www.bloomu.edu/prp-3512-academic-integrity-policy>

Geisinger/Bloomsburg University of Pennsylvania Nurse Anesthesia Program

Integrity of Scholarship Agreement

The Center for Academic Integrity defines Academic Integrity as a commitment to five fundamental values: honesty, trust, fairness, respect and responsibility. As a student of Geisinger Health System/Bloomsburg University of Pennsylvania Nurse Anesthesia Program, you are expected to complete every academic assignment, and take every exam with these values in mind. Furthermore, you must also adhere to the Policy of Integrity of Scholarship as well as standards outlined and noted by your instructor below:

If you need help throughout the course, there are a variety of resources that you could utilize. Visiting your Instructor during office hours are honest ways to obtain assistance when struggling in your classes.

If you violate Academic Integrity Standards, you may be subjected to a failing grade in the course. You will also be subject to disciplinary sanctions such as suspension or dismissal from the program.

Geisinger Health System/Bloomsburg University of Pennsylvania Nurse Anesthesia Program's academic community constructs new knowledge and invents solutions to perennial world problems, and society trusts that we do this in ethically responsible ways with the utmost transparency, fairness, and responsibility.

Without integrity, we fail to meet those expectations, the reputation and survival of Geisinger Health System/Bloomsburg University of Pennsylvania Nurse Anesthesia Program is threatened, and the value of your degree is diminished.

If you have more questions or concerns refer to the Code of Conduct/Disciplinary Action in the student Manual and/or the Academic Integrity Policy PRP 3512 on the BUP website for more information.

By signing this form, I, _____, a student enrolled in *[insert course name]*,

PRINT LAST NAME. FIRST NAME

understand and will abide by the above policies and act within the spirit of academic integrity. I will seek authorized assistance when I need help. I have provided a signed copy of this agreement to the Instructor.

SIGNATURE

STUDENT ID

DATE

Confidential Information

PURPOSE:

To provide a policy for the use and disclosure of Confidential Information and to fulfill the regulatory requirements as set forth in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

PERSONS AFFECTED:

All GHS Employees

All other GHS Workforce Members

POLICY:

1. The Geisinger Health System ("GHS") is committed to ensuring appropriate confidentiality of information, which is entrusted to GHS and will sanction violators.
2. Access to information is a privilege based on the individual's business or clinical need to know.
3. Members of the GHS Workforce with access to Confidential Information must be aware of and constantly adhere to the requirements for the access, possession, use, copying, modification, dissemination, and/or disclosure of such Confidential Information.
4. Members of the GHS Workforce are responsible for the protection of any information, which they might copy, download, access from outside computers, etc.
5. Violations of this policy will result in disciplinary action. Violations with more negative outcomes will affect the severity of disciplinary actions.
6. All members of the GHS Workforce are prohibited from accessing their own medical information as well as that of family members and others unless required to do so as part of their responsibility at GHS. Members of the GHS Workforce should only access the minimum amount of information necessary to perform their position

responsibilities. Approved use of "My Geisinger" for one's personal information is not affected by this prohibition.

7. Members of the GHS Workforce have a responsibility to report to their supervisor, administrator, or Human Resources, violations or reasonable belief of such violations of this policy by themselves or others.
8. GHS will not intimidate, threaten, coerce, discriminate against or take retaliatory action against a member of the GHS Workforce: a) for exercising their rights under HIPAA, b) for testifying, assisting or participating in an investigation, compliance review, proceeding or hearing under HIPAA or, c) for opposing any act or practice made unlawful by HIPAA; provided the member of the GHS Workforce has a good faith belief that the practice opposed is unlawful, and the manner of the opposition is reasonable and does not involve a disclosure of Protected Health Information in violation of HIPAA.
9. The obligations under this policy remain intact even after one has ceased to be a member of the GHS Workforce.
10. Some members of the GHS Workforce may be asked to sign Confidentiality Agreements. The presence of a signed agreement does not negate responsibilities or obligations of any member of the GHS Workforce under this policy.
11. Geisinger will provide training to all workforce members regarding this policy and federal regulations as appropriate for the position each workforce member holds.
12. If an individual has questions about this policy, he/she should contact their supervisor.

DEFINITIONS:

A. Confidential Information

Confidential information is defined as information to which access must be restricted by reason of law, regulation, ethical standards or business necessity. Confidential information includes, but is not limited to, the following information as communicated in any form, whether verbal, written or electronic:

1. Patient healthcare and financial records including, but not limited to, the patient's medical record, test results, billing information, appointments, and insurance information. It is recognized that the strictest confidentiality standard is applied for legislatively protected patient information, including but not limited to HIV-related information, mental health-related information or drug and alcohol-related information.
2. Employee information (obtained through the performance of one's job duties) including, but not limited to, personnel actions such as promotions, resignations, etc.; compensation; benefits; performance related information; and/or medical/psychological reports. This restriction does not prohibit employees from sharing and discussing their own information relating to wages, benefits, and working conditions as protected under the National Labor Relations Act.
3. Business/system information related to the GHS affiliates, and/or GHS, including, but not limited to, financial, budget, payroll, marketing, research and development, bid proposals, contract negotiations and legal advice.

B. Disclosure

Disclosure is defined as the release, transfer, provision of, access to, or divulging in any other manner Confidential Information **outside** GHS as described in the notice of privacy practice as defined in HIPAA Privacy Regulations.

C. GHS Workforce

Includes any person GHS allows to access Confidential Information. Employees (part-time, full-time, temporary and flex),

volunteers, students, GWV non-employed admitting physicians and others are included in this definition.

D. Need to Know

Need to know means that a member of the GHS Workforce must access the information to perform his or her duties and responsibilities.

E. Protected Health Information (PHI)

PHI is defined as any information, whether oral or recorded in any form or medium, that is created or received by a health care provider and relates to the past, present or future physical or mental health or condition of an individual.

F. Use

Use is defined as with respect to individually identifiable health information, the sharing employment, application, utilization, examination, or analysis of such information **within** the entity that maintains such information.

A. Inappropriate Use

SANCTION GUIDELINES

A. Disclosure

1. Intentional/Malicious

- a. Employees are subject to disciplinary action up to and including immediate termination. For offenses that are less severe a lesser action may be taken.
- b. Other members of the GHS Workforce are subject to loss of privileges to access, termination of contracts, and may be required to reimburse GHS for any monetary damages suffered. For offenses that are less severe a lesser action may be taken.
- c. Members of the GHS Workforce with medical staff privileges are subject to the loss of those privileges in accordance with the applicable medical staff bylaws.

2. Unintentional - The above sanctions may be reduced at the sole discretion of GHS depending upon the severity of the offense or consequences to patients or GHS.

B. Inappropriate Use

Inappropriate use is inappropriate internal or external release, access, manipulation of Confidential Information or carelessness in protecting it.

1. Intentional/Malicious

1. GHS employees are subject to disciplinary action up to and including termination.
2. Other members of the GHS Workforce are subject to disciplinary action up to and including loss of access, termination of contracts, and possible reimbursement to GHS for any monetary damages suffered by GHS.
3. For members of the GHS Workforce with medical staff privileges, disciplinary

action up to and including the loss of medical staff privileges may occur in accord with the applicable medical staff bylaws.

Examples of inappropriate use and disclosure of Confidential Information include (but are not limited to) the following:

1. Acquiring/searching for information on any patient that is not under your direct care or for business purposes as authorized.
2. Accessing one's own medical record, as well as the record of family members such as child, spouse, parent or neighbor, etc.
3. Discussing a patient's diagnosis in inappropriate areas inside GHS, including: hallways, elevators, cafeteria, as well as any place outside of GHS.
4. Informing others that someone is a confidential admission.
5. Releasing patient, personnel, or business/system information to anyone unless it is for the purpose of providing care or service to a patient according to appropriate authorization.
6. Releasing the results of tests to anyone except the direct caregivers of a specific patient and authorized caregivers or service providers.
7. Releasing any information obtained through your job about an employee or co-worker that is personal or employment related to anyone without written authorization.
8. Electronic breach of security or improper entries, unauthorized programming instructions, sharing of passwords and unauthorized attempts to access computer systems.
9. Failure to protect Confidential Information that has been copied, carried outside of GHS, or viewed through personal electronic sources where others may see this information.
10. Staff messaging for your own or family members' medical purposes is considered inappropriate use of EPIC.
11. Access of high profile cases.
12. Accesses to hyper-sensitive information, i.e. mental health, drug and alcohol, HIV is prohibited.

C. Documentation

The documentation for GHS employees including the investigation and disciplinary actions will be held in Human Resources for six (6) years. Documentation for the investigation and disciplinary action for non-employed members of the GHS Workforce will be held by the Privacy Office for six (6) years.

PROCEDURE

1. Employees and GHS Workforce members should report violations of this policy to their supervisor, administrator or Human Resources.
2. Employees and GHS Workforce members should report any intimidation, coercion, threats, discrimination or retaliation prohibited by this policy to Human Resources, a supervisor or administration.

RESPONSIBILITY

Improper and/or unauthorized access, possession, use, copying, modification, dissemination, or disclosure of

Confidential Information, written, spoken, or electronic, is prohibited at any time during or after employment or affiliation with GHS and its related organizations by policy and applicable law. GHS Workforce members who violate this policy are subject to discipline, up to and including termination of employment or access.

Individuals who have knowledge of or reasonable belief that violations of this policy have occurred have a responsibility to report such violations to Human Resource or face disciplinary action.

TRAINING

All workforce members must be appropriately HIPAA-trained relative to their position responsibilities. Human Resources is responsible for incorporating general HIPAA training into the New Employee Orientation and documenting attendance at the orientation. Managers are responsible for non-employed workforce members. Where advances HIPAA training is appropriate, management is responsible for providing the training within a reasonable period of time after the commencement of employment and retaining documentation that the advances training occurred.

When a material change occurs in required policies or procedures, training must be provided to the workforce members affected by the change within a reasonable time after the change is effective.

MANAGEMENT

The primary responsibility for safeguarding Confidential Information rests with management. Managers at every level of the organization should:

1. Ensure that Confidential Information is properly identified and marked.
2. Provide secure storage for Confidential Information during working hours and when not in use.
3. Ensure that recipients have a legitimate need to know.
4. Limit reproduction and distribution of Confidential Information to what is absolutely necessary.
5. Ensure that only secure means of transmittal are utilized.
6. Review these procedures with all members of the GHS Workforce and others, and as needed with all GHS Workforce members who are involved in the handling, or securing of Confidential Information.
7. Consult with Human Resources regarding disciplinary action.

AUDIT

Human Resources will periodically audit the completion of basic HIPAA training. Human Resources will notify management annually of status of completion of Advanced training.

Throughout this Policy the acronym "GHS" or the terms "System," "Geisinger" or "Geisinger Health System" shall refer to the entire Health Care System comprised of the Geisinger Health System Foundation (the "Foundation") as parent and all subsidiary corporate entities comprising the Health Care System.

**Geisinger/Bloomsburg University of Pennsylvania
Nurse Anesthesia Program**

Simulation Lab and Equipment Policy

Location: Nurse Anesthesia Program Simulation Lab is located in the Annex Building on the Second Floor

POLICY:

1. The Geisinger/Bloomsburg University of Pennsylvania Nurse Anesthesia Program is committed to ensuring appropriate availability of simulation equipment for student use while enrolled in the Nurse Anesthesia Program.
2. Students enrolled in the Nurse Anesthesia Program will have priority in the use of all equipment as part of their educational program.
3. To ensure adequately working equipment to meet the students' requirements for education in the Nurse Anesthesia Program, the simulation equipment will be housed and maintained within the Nurse Anesthesia Program simulation lab in the annex building.
4. The Nurse Anesthesia Program Director will be responsible for the maintenance and security of the equipment.
5. To support interprofessional collaboration and individual competency, the use of the simulation lab in the Geisinger Health System/Bloomsburg University of Pennsylvania Nurse Anesthesia Program will be made available. Access will be made available through a scheduling process with the program for those individuals who require skills refreshment experience for those tasks within the responsibilities required of their role.
6. Please contact the program directly for scheduling use of any simulation equipment or task trainers during the hours of 7:30 am to 4:00 pm. Please contact 570.271.6763 or djminzola@geisinger.edu.

Geisinger/Bloomsburg University Nurse Anesthesia Program

Cell Phone/Electronic Device Policy

POLICY:

This cell phone/electronic device policy pertains to device usage at the nurse anesthesia school. The following guidelines will be monitored:

1. All cell phones must be placed in the designated basket at the Administrative Assistant's desk prior to the start of class.
2. In case of emergency students can be contacted during class at the school's main number 570-271-6763.
3. Cell phones brought to the school should be set to a silent mode.
4. Cell phones can be used prior to the start of class and during any break in the class schedule.
5. Use of cell phones during break should not interfere with the class schedule and should not distract other students from the educational environment.
6. The use of cell phones during the following is prohibited:
 - a. During lecture

- b. During simulation
 - c. During testing
- 7. Cell phones can be retrieved at the conclusion of the class day.
- 8. Other electronic devices (lap tops, tablets, etc) can be used for note taking and project use during class time.
- 9. Failure to meet the above policy will result in disciplinary action in alignment within the BU Student Disruptive Behavior Policy <https://www.bloomu.edu/prp-3881-student-disruptive-behavior-policy>