

Department of Nursing  
Policy and Procedure Manual  
2020-2021

# GOVERNORS STATE UNIVERSITY NURSING PROGRAM POLICY MANUAL

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## ADMINISTRATIVE POLICIES

### **Clinical Faculty/Clinical Resource Person Roles and Responsibilities**

#### **PURPOSE**

This policy is to define the requirements and responsibilities of preceptor/residency supervisor roles in the graduate student's clinical experience.

#### **POLICY**

Two categories of clinical agency personnel exist within the graduate nursing program, to facilitate student clinical experiences. These roles are Preceptor/Residency Supervisor and Clinical Resource Person. Following are the requirements, roles and responsibilities ascribed to these positions. A current curriculum vita will be obtained from each adjunct clinical faculty and kept on file.

#### **PROCEDURE**

##### **Preceptor/Residency Supervisor**

###### Requirements:

- Registered Nurse with a minimum of Clinical Nursing Master's /Doctoral Degree and/or certification.
- Excellence in specialty area chosen by student.
- Residency supervisor may be required to have an advanced degree/certification.

###### Roles/Responsibilities:

- Meet with the graduate student prior to the beginning of the practicum.
- Discuss the graduate student's clinical objectives for the practicum.
- Plan the activities needed to meet the clinical objectives with the student.
- Orient the nursing staff to the graduate student's purpose and objectives for the clinical experience.
- Provide the student with the opportunities to design his/her own teaching strategies and evaluation tools.
- Review appropriate materials with the student.
- Assist the student in developing and using self-evaluation techniques.
- Participate in three-way evaluative conference(s) attended by student, professor, and the adjunct clinical faculty regarding the student's progress.
- Notify course professor immediately of any concerns.
- Registered Nurse/APRN, preferably with an MSN or DNP
- Physician (D.O., M.D.) for direct practice students
- Competency in specialty area or leadership role at practicum/residency site.

##### Clinical Resource Persons

###### Requirements:

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- Registered Nurse, preferably with a B.S. or M.S. or an MD/DO
- Competency in specialty area or leadership role at clinical site

### Roles/Responsibilities:

- Meet with the student prior to the beginning of the practicum/residency.
- Discuss the student's clinical objectives for the practicum/residency experience.
- Orient the nursing staff/ and other appropriate personnel to the student's purpose and objectives for the practicum/residency.
- Participate in conferences with the student and the course professor as needed regarding evaluation of student progress.
- Facilitate contacts with other appropriate resource people.

### **ADDENDA:**

None

DATE APPROVED 05-25-2001

DATE REVIEWED 12-7-19

DATE REVISED 12-7-19

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## **Evaluation of Clinical Agencies**

### **PURPOSE**

Clinical experiences (practicum courses) allow students to explore and develop appropriate roles and to increase their understanding of the health and human service systems. Annual standardized evaluation of all clinical agencies allows for congruence to be identified between the university, nursing program and clinical agency.

### **POLICY**

Student and faculty evaluations are performed at the end of each practicum/residency experience. A summary report will be sent to the course coordinator, the Director of Clinical Education, the Program coordinator, and to the Chairperson of the Nursing evaluation committee.

### **PROCEDURE**

Students will complete the Evaluation of Clinical Agencies questionnaire or the online clinical record platform documents at the end of each clinical experience, for each clinical agency used during the term. The Evaluation Committee will review the results, compile them and report them to the faculty at the Faculty/Curriculum meeting.

### **ADDENDA**

Evaluation of Clinical Agencies – Addendum A Student Evaluation of Clinical Agencies – Addendum B

DATE APPROVED: 05-11-2001

DATE REVIEWED: 9-14-18

DATE REVISED: 12-7-19

**Evaluation of Clinical Agencies – ADDENDUM A**

**Evaluation of Clinical Agencies**

Utilization: \_\_\_\_\_ Graduate Students \_\_\_\_\_ Initial Evaluation  
 \_\_\_\_\_ Undergraduate Students \_\_\_\_\_ Annual Evaluation

Date \_\_\_\_\_

Name of Agency \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Agency Contact Person: Name \_\_\_\_\_

Title \_\_\_\_\_

Telephone \_\_\_\_\_

FAX \_\_\_\_\_

E-Mail \_\_\_\_\_

Date of current contract \_\_\_\_\_

Type of contract \_\_\_\_\_ Standard \_\_\_\_\_ Special Provisions

Congruence identified between university, nursing program and clinical agency in terms of:

	Yes	No	Not determined	Comments
Mission				
Philosophy				
Objectives				
Core Nursing Values				
Policies				

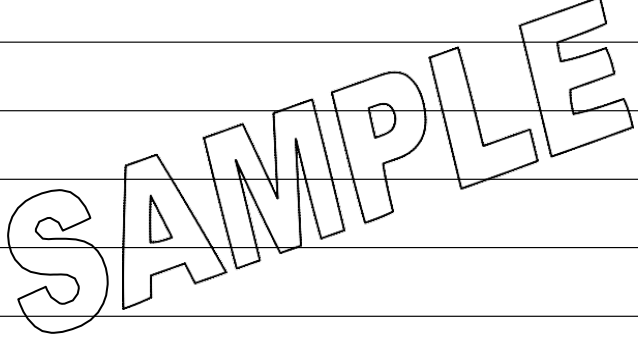
Any special agency expectations for students and/or faculty (eg re: required documents, equipment, dress, availability, etc.):

Students: \_\_\_\_\_

\_\_\_\_\_

Faculty: \_\_\_\_\_

\_\_\_\_\_



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**Evaluation of Clinical Agencies – ADDENDUM A part 2**

Agency Name _____				
Circle Trimester: Fall Spring/Summer				Year _____
	Yes	No	N/A	Comments
1. Client population is culturally diverse.				
2. Client population includes various age groups.				
3. Client population includes persons of varying health status levels.				
4. Agency affords opportunities for students to explore and develop appropriate roles.				
5. Agency affords opportunities for students to practice within relevant nursing standards.				
6. Agency affords opportunities for students to increase their understanding of the health and human service systems.				
7. Students have opportunities to identify, access, utilize and evaluate community resources.				
8. Students have opportunities to experience interdisciplinary collaboration.				
9. Students have opportunities to interact with leaders and other members of the local community.				
10. Students have opportunities to experience partnerships with communities.				
11. The agency provides adequate workspace for students, including access to telephones, room for small group meetings and privacy for meetings with clients and families, if indicated.				
12. Mechanisms exist that provide for student documentation of care provided.				
13. All levels of staff with whom students have significant contact are open to and interested in collaborating with students (including referring and sharing clients).				
14. Students have opportunities to confer with staff members, including specialists within the organization in order to insure quality care.				
15. Agency staff participates in orientation of students				

**SAMPLE**



**Evaluation of Clinical Agencies – ADDENDUM A part 3**

Agency Name \_\_\_\_\_

Circle Semester: Fall      Spring      Summer      Year \_\_\_\_\_

Faculty recommendation regarding agency:

- \_\_\_\_\_ Begin/continue affiliation
- \_\_\_\_\_ Discontinue assignment of students
- \_\_\_\_\_ Have concerns, will continue to negotiate
- \_\_\_\_\_ Changes recommended

Comments (including plans for negotiation/change, if indicated):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SAMPLE**

\_\_\_\_\_  
Faculty member

**Evaluation of Clinical Agencies – ADDENDUM B**

**Student Evaluation of Clinical Agency**

Agency Name \_\_\_\_\_

Year \_\_\_\_\_

Circle Semester: Fall Spring

**Please evaluate the clinical agency you used this trimester in relation to the following criteria. If you used more than one agency, please ask for additional forms.**

	Yes	No	N/A	Comments
1. Client population is culturally diverse.				
2. Client population includes various age groups.				
3. Client population includes persons of varying health status levels.				
4. Agency affords opportunities for students to explore and develop appropriate roles.				
5. Agency affords opportunities for students to practice within relevant nursing standards.				
6. Agency affords opportunities for students to increase their understanding of the health and human service systems.				
7. Students have opportunities to identify, access, utilize and evaluate community resources.				
8. Students have opportunities to experience interdisciplinary collaboration.				
9. Students have opportunities to interact with leaders and other members of the local community.				
10. Students have opportunities to experience partnerships with communities.				

**SAMPLE**

**Evaluation of Clinical Agencies – ADDENDUM B**

11. The agency provides adequate workspace for students, including access to telephones, room for small group meetings and privacy for meetings with clients and families, if indicated.				
12. Mechanisms exist that provide for student documentation of care provided.				
13. All levels of staff with whom students have significant contact are open to and interested in collaborating with students (including referring and sharing clients).				
14. Students have opportunities to confer with staff members, including specialists within the organization in order to ensure quality care.				
15. Agency staff participates in orientation of students				

Other Comments:

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SAMPLE

# GOVERNORS STATE UNIVERSITY NURSING PROGRAM POLICY MANUAL

## Student Issues

### PURPOSE:

This policy is to provide a method to track and respond to student issues, including grievances and complaints. These issues may include, but not be limited to, curriculum, class schedule changes, course content, admission/progression and grades.

### POLICY:

Governors State University policy regarding the grievance procedure may be found in the Student Handbook, in the section entitled Student Code of Conduct and Grievance Procedures. The policy (Policy #5) can also be found under *Policies (A-Z index)* on the GSU webpages. Student issues that are not grievable under University policy are referred to the Faculty Committee of the Department of Nursing for resolution.

### PROCEDURE:

All student issues are tracked in the faculty committee minutes.

### ADDENDA:

**DATE APPROVED:** 11-15-02

**DATE REVIEWED:** 9-14-18

**DATE REVISED:** 10-26-18

# **GOVERNORS STATE UNIVERSITY NURSING PROGRAM POLICY MANUAL**

## **Graduate Assistant**

### **PURPOSE**

Provide a system of announcing, selecting and awarding graduate assistant positions in the nursing program when these positions are available.

### **POLICY**

Graduate assistant positions may be available for students currently enrolled at Governors State University in at least 6 credit hours. Tuition waivers includes a stipend plus tuition.

### **PROCEDURE**

- The Dean's office in the College of Health and Human Services (CHHS) notifies the nursing program if a graduate assistantship will be available for the coming academic year.
- Eligibility criteria:
  1. Student in good standing
  2. Registered for at least six credit hours per semester
  3. Completion of Graduate Assistant Application (Addenda A)
  4. Letter of interest
  5. Resume
- Applications are reviewed by the program chairperson and advisor and a selection is made based on the needs of the program.
- The graduate assistant is supervised by the program chairperson.

**DATE APPROVED:** 09-21-2001

**DATE REVIEWED:** 9-14-18

**DATE REVISED:** 9-14-18

# GOVERNORS STATE UNIVERSITY NURSING PROGRAM POLICY MANUAL

## ADDENDUM A

GOVERNORS STATE UNIVERSITY Graduate Assistant/Tuition Waiver Application	
<b>This page to be completed by the applicant:</b>	
<p><b>Completed Application Packets Must Be Returned to the Dean or Director's Office by the Dates Listed Below or as Indicated:</b></p> <p>Fall Trimester by July 25<sup>th</sup>      Winter Trimester by December 1<sup>st</sup>      Sp/S Trimester by April 1<sup>st</sup></p> <p><input type="checkbox"/> <b>Dates Above Do Not Apply:</b> Please return to: _____</p> <p style="text-align: right;">Return by: _____</p> <p style="text-align: right; font-size: small;">(month) (date) (year)</p>	
<p><b>Name:</b> _____</p> <p><b>Address:</b> _____</p> <p style="text-align: center; font-size: x-small;">(apartment or house number) (street)</p> <p style="text-align: center; font-size: x-small;">(city) (state) (zip code)</p> <p><b>Telephone No.:</b> ( ) _____ ( ) _____</p> <p style="text-align: center; font-size: x-small;">(home) (work)</p> <p><b>Social Security No.:</b> _____ <b>and/or Student ID No.:</b> _____</p>	
<p><b>College/Unit of Tuition Waiver and/or Graduate Assistantship:</b>    <input type="checkbox"/> Arts and Sciences</p> <p><input type="checkbox"/> Business and Public Administration    <input type="checkbox"/> Education    <input type="checkbox"/> Health Professions    <input type="checkbox"/> Board of Governors</p> <p><input type="checkbox"/> University Library    <input type="checkbox"/> Student Affairs and Services    <input type="checkbox"/> Equal Opportunity and Diversity</p> <p><input type="checkbox"/> Other (please specify) _____</p> <p><b>Academic Major:</b> _____</p> <p><b>Name of Tuition Waiver:</b> _____</p> <p><b>Name of Graduate Assistantship:</b> _____</p> <p><b>Please check the trimester below for which you are applying for a tuition waiver.</b></p> <p><input type="checkbox"/> Fall Trimester 20____    <input type="checkbox"/> Winter Trimester 20____    <input type="checkbox"/> Spring/Summer Trimester 20____</p> <p><b>Number of Credit Hours Enrolled or Plan to Enroll for the Term Waiver is Requested:</b> _____</p> <p>Is this a <input type="checkbox"/> new application, or a <input type="checkbox"/> renewal application (if renewal, please attach evaluation if available)?</p> <p style="font-size: x-small;">Completed application and all required documents must be submitted together, in one packet. Required documentation includes a copy of your GSU transcript, and other materials* as required by the criteria for the specific waiver. Students submitting incomplete application packets will be notified of the missing item(s) and given an opportunity to complete their packet <u>within the deadline period</u>. Late submissions will not be considered.</p> <p><b>*Other Materials Required:</b> It is the applicant's responsibility to check with the College or Unit offering the Graduate Assistantship and/or Tuition Waiver to determine "Other Materials Required" for specific Tuition Waivers and/or Graduate Assistantships.</p> <p style="text-align: right; font-size: x-small;">_____ (applicant's signature) (date)</p>	

Provost Office 7-00

<p><b>This page to be completed by appropriate university official:</b></p> <p><b>Application Packet is:</b>    <input type="checkbox"/> Complete</p> <p><input type="checkbox"/> Incomplete (list missing information) 1) _____</p> <p>2) _____ 3) _____</p> <p><input type="checkbox"/> Student Notified in Writing of Missing Item(s) (letter attached)</p> <p style="text-align: center; font-size: x-small;">_____ (date notified) (employer name)</p> <p style="text-align: center; font-size: x-small;">_____ (date notified) (employer name)</p> <p style="text-align: center; font-size: x-small;">_____ (date notified) (employer name)</p>	
<p><b>Eligibility Criteria Met:</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>Reviewed/Received by:</b> _____ (date)</p> <p style="text-align: center; font-size: x-small;">(name - please print)</p>	
<p><b>Application Evaluation:</b></p> <p><input type="checkbox"/> Superior    <input type="checkbox"/> Excellent    <input type="checkbox"/> Very Good    <input type="checkbox"/> Average    <input type="checkbox"/> Below Average</p> <p><b>Recommendation:</b>    <input type="checkbox"/> Award    <input type="checkbox"/> Do Not Award</p> <p><input type="checkbox"/> Waiver Approved for _____ Credit Hours    <input type="checkbox"/> Waiver Denied</p> <p><b>Reason(s) for Denial:</b> _____</p> <p>_____</p> <p><b>Reviewed and Recommended By:</b> _____ (date)</p> <p style="text-align: center; font-size: x-small;">(signature) (date)</p> <p style="text-align: center; font-size: x-small;">(name - please print) (title)</p> <p><input type="checkbox"/> Waiver Approved    <input type="checkbox"/> Waiver Denied    <input type="checkbox"/> I Concur with Denial Reason(s) Above</p> <p><b>Dean/Unit Head:</b> _____ (date)</p> <p style="text-align: center; font-size: x-small;">(signature) (date)</p> <p style="text-align: center; font-size: x-small;">(name - please print)</p>	
<p><b>Notification:</b></p> <p><input type="checkbox"/> Student Notified in Writing of Award (letter attached)</p> <p><input type="checkbox"/> Student Notified in Writing of Denial (letter attached)</p> <p><input type="checkbox"/> Countersigned Letter Accepting Award Received from Student (letter attached)</p> <p><b>Comments:</b> _____</p> <p>_____</p> <p>_____</p>	

**ADMISSIONS POLICIES**

**A. General**

**Registration of Newly Admitted Students**

**PURPOSE**

To ensure that all newly admitted students meet with their Advisor, develop a Student Study Plan and resolve any admission deficits.

**POLICY**

All students entering the nursing program (Graduate or Undergraduate) will be encouraged to meet with their advisor and complete the Nursing Student Study Plan. Any identified deficits must be resolved at this time, or in lieu of final resolution, a specific action plan will be formulated.

**PROCEDURE**

After students are admitted a letter will be sent from the nursing program chairperson welcoming them to the nursing program and encouraging them to meet with their advisor to develop a study plan. At a pre-arranged meeting, the student and advisor will review and complete the Nursing Student Study Plan. If necessary, the Deficit Resolution Action Plan will be formulated. Meetings may occur in person or via email.

**DATE APPROVED:** 5-11-2001

**DATE REVIEWED:** 9-2-20

**DATE REVISED:** 9-2-20

# **GOVERNORS STATE UNIVERSITY NURSING PROGRAM POLICY MANUAL**

## **Credit Variances in Transfer Courses**

### **PURPOSE**

The Illinois Articulation Initiative (IAI) is a statewide initiative designed to allow students to transfer easily from one college/university to another. Governors State University is a participating university.

### **POLICY**

Any college course that meets the equivalent curriculum requirement of the nursing program may be accepted for transfer credit by the advisor. In some circumstances, the advisor may want to consult appropriate faculty.

### **PROCEDURE**

None.

### **ADDENDA:**

None.

**DATE APPROVED: 04-20-01**

**DATE REVIEWED: 09-14-18**

**DATE REVISED: 10-30-15**



# GOVERNORS STATE UNIVERSITY NURSING PROGRAM POLICY MANUAL

## Transfer credit for nursing courses

### PURPOSE

In order for transfer credit to be accepted for nursing courses, a comparison must occur between the course syllabus from the transferring institution and the syllabus of the Governors State University course.

### POLICY

Transfer credit for nursing courses will be granted within the limits defined in the university catalog and only for courses that are comparable to a GSU nursing course.

In accordance with university policy, transfer credit should be reviewed before admission to the university to avoid duplication of course work. The review of transfer credit must be completed before the student would take the comparable nursing course at GSU in order to ensure pre-requisites will be met. The criteria listed in the university catalog regarding transfer credit must also be met.

### PROCEDURE

1. Upon admission students seeking to transfer in nursing credits should be advised of the need to obtain a copy of the course syllabus in use at the time the course was taken. If a syllabus is unavailable, a letter from the faculty teaching the course or the Dean/Director of the nursing program detailing the course content may be substituted.
2. It is the student's responsibility to present the syllabus to the academic advisor at the time the Student Study Plan is initiated.
3. The academic advisor will contact the GSU faculty currently teaching the comparable course and request a review of the syllabi to determine if transfer credit may be applied.
4. Faculty reviewing the syllabi is the final authority and will notify the program director and academic advisor, by letter, of the results of the comparison and the decision to award transfer credit. A copy of the letter will be placed in the student file. In the event that students apply for credit in more than one nursing course, the faculty will jointly consult regarding the amount of credit to be awarded and which courses will be granted credit.
5. Transfer credits that are accepted toward degree requirements will be entered in the student study plan.
6. The academic advisor will notify the student whether the transfer credit was accepted or the study plan must be revised.
7. The Transfer Credit Form will be completed and kept in the students file along with a

## **GOVERNORS STATE UNIVERSITY NURSING PROGRAM POLICY MANUAL**

copy of the transcript for the original course. The Transfer Credit Form will be kept in the student's file and turned in with the graduation application.

**DATE APPROVED:** 09-28-2001

**DATE REVIEWED:** 09-14-18

**DATE REVISED:**

# GOVERNORS STATE UNIVERSITY NURSING PROGRAM POLICY MANUAL

## **Undergraduate/Graduate readmissions and special admission**

### **PURPOSE**

This policy provides direction on the readmission of nursing students who have been dismissed from the undergraduate or graduate nursing program

### **POLICY**

The Department of Nursing adheres to the undergraduate and graduate readmission and special admissions policy of Governors State University (Addendum, Policy 19U, 19G, 32).

### **PROCEDURE**

After the Readmission and Special Admissions committee forward their recommendation to the Department of Nursing, the department Admissions and Progressions committee will convene to review and determine the student's petition for readmission and consider the Readmission and Special Admissions Committee's recommendations. The decision of the nursing committee is final. The student will be informed of the decision by the committee chairperson.

**ADDENDA:** Governors State University Policy on Graduate Readmissions and Special Admissions (Policy 19G, Policy 19U, Policy 32)

**DATE APPROVED:** 10/20/16

**DATE REVIEWED:** 9-4-18

**DATE REVISED:** 9-4-18

## **ADMISSIONS POLICIES**

### **B. Graduate Programs**

#### **Graduate Admissions Deficit Policy**

##### **PURPOSE**

To ensure that students complete all admission requirements listed on deficiency action plan.

##### **POLICY**

Upon entry into the graduate nursing program, those students who do not meet admission requirements must sign a deficiency resolution action plan and resolve any deficiencies within a prescribed time frame [ref. Admissions Deficit Policy graduate student handbook].

##### **PROCEDURE**

1. License, and proof of prior bachelor's degree in nursing must be given to advisor before the student may take any nursing class.
2. Graduate students must resolve any deficits in statistics, health assessment, and/or research before they will be allowed to take any nursing course for which these courses are pre-requisites.

##### **ADDENDA:**

None.

**DATE APPROVED:** 09-30-2002

**DATE REVIEWED:** 10-30-15

**DATE REVISED:**

# **GOVERNORS STATE UNIVERSITY NURSING PROGRAM POLICY MANUAL**

## **CONDITIONAL ADMISSION – GRADUATE PROGRAM**

### **PURPOSE**

Admission to the graduate program requires a cumulative Grade Point Average (GPA) of 2.50 (3.0 for FNP applicants) or higher in all undergraduate courses and a GPA of 3.0 or higher with a grade of “C” or better in all upper division nursing courses. Not all students meet this requirement.

### **POLICY**

Students who do not meet one or both GPA requirements may be admitted conditionally for 9 (or more)\* credit hours. If the student achieves a GPA of 3.0 or higher for the first 9 (or more) graduate credit hours taken, the condition will be removed. If the GPA is below 3.0, the student must petition the faculty via letter, to continue in the nursing program.

\*If the student completes nine credits hours during a semester that raises the total number of hours completed to more than nine, the GPA requirement will apply to the total number of hours completed.

### **PROCEDURE**

All students placed on conditional admission for not meeting GPA requirements, will be noted in the student file. Students not successfully completing the requirement(s) will be notified of a hold on their progression, pending their petition of faculty to continue in the program.

### **ADDENDA:**

None.

**DATE APPROVED:** 10/13/2000

**DATE REVIEWED:** 10-26-18

**DATE REVISED:** 10-30-15

# GOVERNORS STATE UNIVERSITY NURSING PROGRAM POLICY MANUAL

## GRADUATE CHALLENGE EXAMS FOR PREREQUISITE COURSES

### PURPOSE

To clarify course credit of students from undergraduate programs who may be unable to present evidence of specific course credit for Nursing Research and/or Physical Assessment courses as required for admission to the Governors State University graduate program.

### POLICY

For graduate students, whose undergraduate Nursing Research and/or Health Assessment course work is not discernable on transcripts, a course challenge must be completed to obtain credit. If the challenge is unsuccessful, the student must complete the required course to satisfy admission criteria.

### PROCEDURE

To challenge Nursing Research and/or Physical Assessment, the following procedures must be followed:

- After completion of the Student Study Plan, discuss with advisor if the student is qualified to challenge prerequisite courses.
- If the student is qualified, the advisor will write a note to the course instructor that the student is authorized to challenge the course.
- Register for the course.
- The student must contact the professor of the course to be challenged and negotiate with professor to satisfy the challenge requirements.
- Research students must demonstrate the ability to write an acceptable research critique.
- Physical Assessment students must complete the history and physical assessment assignment, the midterm and final examinations. The two exams must be passed with a grade of C or better.
- Complete challenge requirements within the first week of classes.
- A course grade will be issued.
- If a failing grade is received, the student must complete normal required course work to satisfy deficit.
- If a passing grade is received, a student will receive a letter grade and will not be required to complete the course.

### ADDENDA:

None.

**DATE APPROVED:** 6-22-01

**DATE REVIEWED:** 10-26-18

**DATE REVISED:** 10-30-15

# **GOVERNORS STATE UNIVERSITY NURSING PROGRAM POLICY MANUAL**

## **NON-NURSING MAJORS TAKING GRADUATE NURSING CLASSES**

### **PURPOSE**

Classes within the College of Health and Human Services Nursing Program are designed for students who have already been admitted to the program or students who are in the process of applying to the program.

### **POLICY**

Non-admitted graduate students who have completed a Baccalaureate Degree in Nursing, may take one semester (maximum 2 classes) in the nursing program while completing the admission process. In order to take any nursing classes, the student must show proof of the requirements listed below.

### **PROCEDURE**

The student wishing to take NURS 6145 and NURS 6150 in the graduate program, must provide the following documentation to the Nursing Program Director:

- Current Professional Nurse License
- Active Personal Liability Insurance
- Proof of prior Baccalaureate Degree in Nursing

**ADDENDA:** None

**DATE APPROVED:** 06-22-01

**DATE REVIEWED:** 10-26-18

**DATE REVISED:** 10-30-15

# **GOVERNORS STATE UNIVERSITY NURSING PROGRAM POLICY MANUAL**

## **MASTER-LEVEL COURSES FOR POST MASTER'S NON-DEGREE-SEEKING STUDENTS**

### **PURPOSE**

The nursing program, in keeping with university policy, will permit non-degree- seeking post master's degree nursing professionals to enroll in selected nursing courses for the purpose of continuing education.

### **POLICY**

Non-degree-seeking professional nurses, who already have a master's degree in nursing, may enroll in 7000-level nursing courses, for the purpose of continuing education. Admission to these courses will be permitted on a space available basis and pending completion of the following:

- Admission to the university as a non-degree-seeking student.
- Documents submitted to the program chairperson
- Letter requesting admission to a specific class
- Evidence (via transcript) of a master's degree in nursing from a regionally accredited post-secondary institution.
- Copy of current Professional Registered Nurse license.
- Proof of personal professional liability insurance (including effective dates of coverage).
- Permission of course instructor.

University policy states that only six hours of course work completed as a non-degree-seeking student can be transferred to any degree offered by Governors State University and students in this classification are not eligible for university administered financial aid.

### **ADDENDA:**

Governors State University College Catalogue

**DATE APPROVED:** 03/23/01

**DATE REVIEWED:** 9/8/20

**DATE REVISED:** 09-03-10



## **ADMISSIONS POLICIES**

### **C. Undergraduate Programs**

#### **UNDERGRADUATE ADMISSION DEFICIT POLICY**

##### **PURPOSE**

To ensure that students complete all admission requirements listed on deficiency action plan.

##### **POLICY**

Upon entry into the undergraduate nursing program, those students who do not meet admission requirements must sign a deficiency resolution action plan and resolve any deficiencies within a prescribed time frame [ref. Registration of Newly Admitted Students policy].

##### **PROCEDURE**

3. License, and proof of prior associate degree in nursing, or diploma in nursing, must be given to advisor before the student may take any nursing class.
  
4. Any course deficiencies must be met by the end of the second semester, or the student will be unable to take any additional nursing courses until the deficiencies are met.

##### **ADDENDA:**

None.

**DATE APPROVED:** 05-25-2001

**DATE REVIEWED:** 10-26-18

**DATE REVISED:** 10-30-15

# **GOVERNORS STATE UNIVERSITY NURSING PROGRAM POLICY MANUAL**

## **UNDERGRADUATE ADMISSION COURSE CREDIT**

### **PURPOSE**

To avoid having students duplicate course work to satisfy non-nursing courses required within the nursing curriculum and general education credits.

### **POLICY**

Students seeking admission to the undergraduate nursing program, who show evidence of credit in specified courses (listed below), may receive both non-nursing course credit for courses required within the nursing curriculum and general education credit for these courses. However, if this action results in less than the total hours needed for graduation, then the student must make up the difference in taking additional courses.

### **PROCEDURE**

The following courses meet the requirements for both the university general education credits and nursing program credits:

- MIS2101 – Basics of Information Technology
- ANTH2100 – Trends in Cross Cultural Analysis or six hours of electives as defined in the catalogue.
- PHIL1886 – Logic and practical reasoning
- STAT 2100 - Statistics

### **ADDENDA:**

None.

**DATE APPROVED:** 06-22-01

**DATE REVIEWED:** 10-26-18

**DATE REVISED:** 10-11-16

# **GOVERNORS STATE UNIVERSITY NURSING PROGRAM POLICY MANUAL**

## **NON-NURSING MAJORS TAKING UNDERGRADUATE NURSING CLASSES**

### **PURPOSE**

Classes within the College of Health and Human Services are designed for students who have already been admitted to the program or students who are in the process of applying to the program.

### **POLICY**

Non-admitted undergraduate students who have completed either an Associate Degree in Nursing, or graduated from a diploma school of nursing, may take one semester (maximum 2 classes) in the nursing program while completing the admission process. In order to take any nursing classes, the student must show proof of the requirements listed below.

### **PROCEDURE**

The student wishing to take NURS 3099 and NURS 3150 in the undergraduate program, must provide the following documentation to the Nursing Chairperson:

- Current State Professional Nurse License
- Active Personal Liability Insurance
- Proof of a prior Associate Degree in Nursing or graduation from a Diploma School of Nursing.

**ADDENDA:** None

**DATE APPROVED:** 06-22-01

**DATE REVIEWED:** 10-26-18

**DATE REVISED:** 10-30-15

# **GOVERNORS STATE UNIVERSITY NURSING PROGRAM POLICY MANUAL**

## **BACCALAUREATE-LEVEL COURSES FOR POST BACCALAUREATE NON-DEGREE-SEEKING STUDENTS**

### **PURPOSE**

The nursing program, in keeping with university policy, will permit non-degree- seeking post baccalaureate degree nursing professionals to enroll in selected nursing courses for the purpose of continuing education.

### **POLICY**

Non-degree-seeking professional nurses, who already have a baccalaureate degree in nursing, may enroll in undergraduate level nursing courses, for the purpose of continuing education. Admission to these courses will be permitted on a space- available basis and pending completion of the following:

- Admission to the university as a non-degree-seeking student.
- Documents submitted to the program Director
- Letter requesting admission to a specific class.
- Evidence (via transcript) of a baccalaureate degree in nursing from a regionally accredited post-secondary institution.
- Copy of current Professional Registered Nurse license.
- Proof of personal professional liability insurance (including effective dates of coverage).
- Permission of course instructor.
- Additional documentation as needed by a specific course.

**DATE APPROVED:** 09-21-2001

**DATE REVIWED:** 10-26-18

**DATE REVISED:** 10-30-15

## **PROGRESSIONS POLICIES**

### **A. General**

#### **INDEPENDENT STUDY**

##### **PURPOSE**

Independent study enables the nursing student to engage in individual reading and research in a specific area of interest, under faculty supervision.

##### **POLICY**

In accordance with university policy, a written proposal for an independent study, planned and developed by the student, must be approved by the program chairperson in consultation with the faculty sponsor. Independent study may be used to meet elective credit only. A student may enroll for three credit hours of independent study in any one semester. Students planning to perform clinical course work as part of the independent study are subject to the program requirements for clinical study. [See Student Requirements policy]

##### **PROCEDURE**

- The student develops a proposal and negotiates this with a selected faculty member. Revisions are made, and the proposal is forwarded to the program director for review and approval.
- Three or more meetings between student and faculty are required throughout the semester.
- If no clinical work is involved, 1 credit hour = 15 contact hours.
- If clinical work is involved, 1 credit hour = 45 clinical hours.
- Evaluation method may include, but not be limited to:
  - formal paper
  - oral presentation
  - program development
  - article for publication
  - clinical experiences/clinical log book
  - literature review
  - self-evaluation
  - poster presentation

**ADDENDA:** Course Syllabus NURS 4701 and NURS 8701

**DATE APPROVED:** 06-22-01

**DATE REVIEWED:** 10-26-18

**DATE REVISED:**

# GOVERNORS STATE UNIVERSITY NURSING PROGRAM POLICY MANUAL

## ACADEMIC GRADING SCALE

### PURPOSE

The grading scale within the nursing program should be uniform throughout the curriculum and agreed upon by faculty.

### POLICY

A uniform grading scale, in collaboration with university policy, is determined by faculty and published on all course syllabi within the nursing program. The grading scale is as follows:

A =	100 – 93
B =	92 – 85
C =	84 – 75
D =	74 – 65
F =	64 – below

**ADDENDA:** None

**DATE APPROVED:** 09-28-01

**DATE REVIEWED:** 10-26-18

**DATE REVISED:**

# GOVERNORS STATE UNIVERSITY NURSING PROGRAM POLICY MANUAL

## ACADEMIC SUSPENSION

### PURPOSE

Any extenuating circumstances surrounding a student's inability to meet university requirements for continued status must be on file with the nursing program director/nursing advisors.

### POLICY

University policy states that, "After enrolling for courses while on academic Probation, if the student fails to achieve the minimum cumulative GPA, the student shall be placed on Academic Probation Extended' (see university catalog). If a satisfactory GPA is not achieved by the end of the Academic Probation Extend Semester in which the student was enrolled for credit, the student shall be academically suspended from the university. Students may appeal the length of suspension and seek early re-admission through the University Committee on Readmission and Special Admission (see policy 19U or 19G for additional information).

The nursing program chairperson will uphold the decision on suspension of the Committee on Readmission and Special Admission, unless notified in advance by faculty and/or advisor that a student has extenuating circumstances, which prevented compliance with university policy. Supporting documentation of these extenuating circumstances must be on file in the nursing office.

**DATE APPROVED:** 12-07-2001

**DATE REVIEWED:** 10-26-18

**DATE REVISED:** 10-11-16

## CONTINUING STUDENT STATUS

A continuing student at Governors State University is defined as any degree-seeking student or non-degree seeking student whose continuous enrollment at GSU has not been interrupted for more than six (6) consecutive semesters/terms, including summer term. After the sixth semester/term of non-enrollment, the student must then reapply for admission (Policy 19U: Policy on Undergraduate Readmissions and Special Admissions and Policy 19G: Policy on Graduate Readmissions and Special Admissions).

1. Accredited programs, due to program accreditation standards, may have enrollment requirements that are more stringent. See the catalog for programs that are different.
2. Enrollment is defined as completion for academic credit or audit of one or more hours (non-credit programs/courses are excluded).
3. Degree-seeking students whose enrollment is interrupted for more than six (6) consecutive semesters/term, including summer term, will be subject to curricular requirements for readmitted students (Policy 8: Policy on Curricular Requirements for Readmitted Students).

Effective Fall 1983

Revised 2/8/90

Revised 4/27/01

Revision effective WI2002

Revised 2-28-06

Interim Revision effective 3-02-10

Revision approved 5-17-2018

Revision Effective 6-1-2018



## PROGRESSIONS POLICIES

### **B. Graduate Program**

#### **GRADUATE CAPSTONE EXPERIENCE - MASTERS**

##### **PURPOSE**

The capstone project presentation in Nursing is (1) to establish a level of students' theoretical knowledge of advanced nursing and subjects clearly related to nursing, (2) to assess the students' knowledge of professional issues affecting his/her functional role as a clinical specialist, family nurse practitioner, or nurse administrator, (3) to evaluate the ability to integrate research skills in advance nursing practice roles, and (4) to provide evidence of the students' reasoning abilities and competencies in written and oral communication.

##### **POLICY**

Special graduation requirements in the College of Health and Human Services and Nursing Program stipulate that each student must pass a capstone project presentation over the major area of study during the semester of the proposed date of graduation. The examination provides a sample of the student's performance in a scholarly discussion with a committee of faculty in nursing.

##### **Preparation for Capstone project presentation**

Successful completion of the capstone project experience includes the following:

1. A written abstract of the core elements of the project/case study.
2. A proposal for the project to be approved by assigned faculty and preceptor if required.
3. Capstone project procedures may vary depending upon the option. In general the written project description should include:

A. Abstract	F. Literature Review
B. Intro	G. Description of how the project solves problems
C. Problem	H. Implementation of project
D. Purpose	I. Evaluation of Project
E. Theory Framework	

##### ***Procedures***

- Capstone course faculty and advisor designate graduate students who are eligible for the capstone project experience.
- The Department of Nursing Chair and/or designee and the members of the capstone courses, will meet with students to discuss the process.

## **GOVERNORS STATE UNIVERSITY NURSING PROGRAM POLICY MANUAL**

- Students will prepare their (CNS, NEIL, FNP) written proposal and project in class.
- Students will present project or case study in class.
- Guidelines for the comprehensive presentation and written summary are included in the syllabi for the final major course in the Study Plan for each major.

### ***Remediation of Failed Capstone Project***

Students are allowed to redo the Capstone Project within one year of presenting the initial project.

1. The student will meet with the Chair to discuss the educational plan.
2. A faculty member will be assigned by the Chair to remediate the student.
3. The student will register for one hour credit to work with the faculty member
4. The student will present this revised project.

**DATE APPROVED:** 5-25-2001

**DATE REVIEWED:** 9-3-20

**DATE REVISED:** 9-3-20

# **GOVERNORS STATE UNIVERSITY NURSING PROGRAM POLICY MANUAL**

## **REPETITION OF GRADUATE COURSES**

### **PURPOSE**

Students within the Master of Science in nursing program must meet all university requirements for the graduate degree. In addition, students must adhere to specific degree requirements as set forth in nursing program policy.

### **POLICY**

Students must complete all clinical courses with a grade of 'B' or better. A student may repeat only one nursing course in which a grade of 'C' is received. A second grade of 'C' in any nursing course will result in dismissal from the nursing program.

### **ADDENDA:**

Governors State University Catalogue – Master of Science in Nursing

**DATE APPROVED:** 11-09-2001

**DATE REVIEWED:** 9-3-20

**DATE REVISED:** 9-3-20

CAPSTONE PROJECT PRESENTATION IN NURSING

ADDENDUM A

Capstone project presentation Evaluation Form

Student's Name \_\_\_\_\_

Date \_\_\_\_\_

**Criteria:**

**Advance Practice Role**

1. Evidence of achievement in grasping the roles for an advance practice nurse/nurse executive.

(Circle one) 1 2 3 4

**Critical Thinking Skills**

2. Ability to organize and present material relevant to the question in a logical and well-reasoned manner.

(Circle one) 1 2 3 4

**Communication Skills**

3. Ability to convey effectively and relatively complex material required.

(Circle one) 1 2 3 4

**\*RATING SCALE**

4 = Excellent

3 = Good

2 = Satisfactory

1 = Unsatisfactory

# GOVERNORS STATE UNIVERSITY NURSING PROGRAM POLICY MANUAL

## Description of Rating

### Excellent (4)

Represents a significant achievement in grasping the roles for an advance practice/nurse executive. The discussion is almost invariably clear, precise and well-reasoned.

The student uses terms and distinctions frequently and effectively. The discussion demonstrates ability to take charge of own ideas, assumptions, inferences and intellectual processes.

The issues presented are clear and precise; distinguishes relevant from irrelevant information; clarifies key concepts effectively; uses language in keeping with the nursing profession's educated usage; and shows sensitivity to important implications and consequences. This student displays significant reasoning and problem-solving skills at a consistently high level of intellectual excellence.

### Satisfactory (2)

Represents some, though modest achievement, in grasping the roles for an advance practice nurse/nurse executive. The discussion on the whole is spotty (mediocre) and though some emerging thinking skills shows, there are pronounced weaknesses, showing weak reasoning. In some areas of discussion there is evidence of some analysis; some recognition of key issues; sometimes used language in keeping with educated nursing professional usage; some sensitivity to important implications and consequences. This student occasionally displayed good reasoning and problem-solving skills.

### Unsatisfactory (1)

Represents a low level of achievement in grasping the roles for an advance practice nurse/nurse executive. The discussion showed very little of the knowledge acquired from their use in the practice setting. There are frequent lapses of weak reasoning. The student did not use terms and distinctions or used them ineffectively and inappropriately.

The student's discussion rarely demonstrated a mind sensitive to the need to take charge of its own ideas, assumptions, inferences and intellectual processes. The presentation rarely displayed good reasoning and problem-solving skills.

**ADDENDUM B**

**SAMPLE QUESTIONS FOR THE CAPSTONE PROJECT PRESENTATION**

**The following questions are samples of the type of question you may receive during your oral examination. These are NOT THE ONLY QUESTIONS that you may be asked, rather they are meant to provide you with an idea of the type of questions you may be asked.**

**THEORY**

CNS: The difference between acute and chronic illness is blurred. Explain how you, as a master's prepared practitioner, distinguish between these two levels of illness (or health problems) and what is the difference in the way you approach clients who are diagnosed as having an acute or a chronic health problem. If your approach is different from medicine's, explain how it is different. Include in your discussion the pathophysiological theory of acute and chronic disease.

FNP/PMC: Explain how the Shuler model is a basis for advanced practice nursing .

NEIL: Demonstrate how communication and relationship building are the basis of the nurse executive role.

Discuss in detail the nursing theorist used as a basis for your advanced practice. Explain how the theory influences your relationship with the client, setting, and your nursing specialty.

**RESEARCH**

Explain how the advanced practice nurse/nurse executive used the research process in daily practice. Discuss how a research perspective is expected to influence one's advanced practice/nurse executive.

Research utilization is an important component of the advanced practice role. Literature has cited a number of barriers to the utilization of research. Discuss some of those barriers and suggest how an advanced practice nurse in your functional role area can assist his/her practice setting to overcome those barriers.

**PRACTICE**

Discuss three different types of evaluation models used to evaluate the role of the advanced practice nurse/nurse executive utilize one model or tool to evaluate the role.

**REPETITION OF GRADUATE COURSES**

**PURPOSE**

Students within the Master of Science in Nursing program must meet all university requirements for the graduate degree. In addition, students must adhere to specific degree requirements as set forth in nursing program policy.

**POLICY**

A student may repeat only one nursing course in which a grade of 'C' is received. A second grade of 'C' in any nursing course will result in dismissal from the nursing program.

**ADDENDA:**

Governors State University Catalogue – Master of Science in Nursing

**DATE APPROVED:** 11-09-2001

**DATE REVIEWED:** 9-14-18

**DATE REVISED:** 9-4-18

## **STUDENT POLICIES**

### **A. General**

#### **CORE PERFORMANCE STANDARDS & ADA ACCOMMODATIONS**

##### **PURPOSE**

Core performance standards identify the skills and abilities required to be successful in the nursing program.

##### **POLICY**

The core performance standards are based on criteria identified in a national research study conducted by the National Council of State Boards of Nursing, Inc. The nursing program will provide reasonable accommodation that does not require alteration of requirements that are essential to the program, necessitate a modification of academic standard or create undue hardship on the university. It is the responsibility of the individual with a disability to request an accommodation. Regardless of disability and reasonable accommodation, a student must pass all courses at an acceptable level and master all essential clinical competencies.

##### **PROCEDURE**

- Students will receive a copy of the nursing handbook with the listing of the core performance standards.
- Students who believe they will need assistance to participate in course work must refer to the university catalogue for information about auxiliary learning aids and special services.
- Students who believe they will need assistance to meet the core performance standards of the nursing program must schedule an appointment with their academic advisor, to complete the Functional Abilities Worksheet.
- If accommodations are required, the request will be brought before the nursing program curriculum committee for approval, after consultation with the university ADA officer.

##### **ADDENDA:**

Addendum A – Core Performance Standards  
Addendum B – Functional Abilities Worksheet

**DATE APPROVED:** 06-29-2001

**DATE REVIEWED:** 10/26/18

**DATE REVISED:**



# GOVERNORS STATE UNIVERSITY NURSING PROGRAM POLICY MANUAL

## STUDENT REQUIREMENTS

### PURPOSE

In order to be enrolled in the nursing program, students must fulfill the requirements of the university, the nursing program and the agencies used for practicum within nursing program.

### POLICY

All students\* must have current requirements on file, as outlined in the table below. [\*See policy on undeclared students.] Documentation of requirements should be submitted in a packet to the nursing office. Faxes will not be accepted. Students should submit only copies and keep originals in a file for their own reference. Failure to have all clinical requirements on file may impact the student's ability to continue in the program.

### PROCEDURE

The following requirements must be completed as listed. See student handbook for details regarding any specific policy.

DOCUMENTATION REQUIRED	BEFORE TAKING ANY NURSING CLASS	BEFORE ENROLLMENT IN CLINICAL COURSES	OTHER
CPR CERTIFICATION		X	
PERSONAL PROFESSIONAL LIABILITY INSURANCE		X	
UNIVERSAL PRECAUTIONS EDUCATION		X	
HEALTH INSURANCE COVERAGE		X	
TB CLEARANCE		X	
HEPATITIS B IMMUNIZATION OR REFUSAL		X	
RUBELLA IMMUNITY		X	
RUBEOLA (MEASLES) IMMUNITY		X	
MUMPS IMMUNITY			
VARICELLA (CHICKEN POX) IMMUNITY		X	
TETANUS		X	
RN LICENSE	X		AT RENEWAL
Influenza		X	

Additionally the following requirements may be required by some clinical agencies: Drug Testing\*\* [Agency Drug Testing]; Criminal Background Checks\*\* [Criminal Background Checks]

**DATE APPROVED:** 06-22-01

**DATE REVIEWED:** 10-26-18

**DATE REVISED:** 11-13-15

# GOVERNORS STATE UNIVERSITY NURSING PROGRAM POLICY MANUAL

## STUDENT HEALTH INSURANCE COVERAGE

### PURPOSE

The nursing program supports health promotion and as such, believes that all students must have personal access to health care.

### POLICY

All students enrolled in clinical courses in the nursing program must carry health insurance, either through employment, spouse or personal purchase throughout enrollment in the program. Failure to have health insurance on file in the nursing program office may impact the student's ability to continue in the program.

### PROCEDURE

Evidence of current health insurance (copy of insurance card), must be presented to nursing program office prior to the beginning of enrollment in clinical courses and upon request at the start of subsequent clinical courses if the health insurance is less than a full year contract. Information regarding health insurance may be obtained from Student Affairs/Dean of Students at <http://www.govst.edu/health-and-counseling/>

**DATE APPROVED:** 06-22-01

**DATE REVIEWED:** 10/26/18

**DATE REVISED:** 10-13-16

## STUDENT POLICIES

### B. Health Policies

#### COMMUNICABLE DISEASE POLICY

##### PURPOSE

The nursing program seeks to minimize the risk of occupational exposure to communicable diseases, including COVID 19, Hepatitis (HBV) and the human immunodeficiency virus (HIV) for its students, faculty and patients/clients.

##### POLICY

- The nursing program will provide the following information in the student handbook, regarding the possibility of occupational exposure to communicable diseases, including COVID 19, HBV and HIV, to students enrolled in the program.
- The nursing program will not request an individual's communicable disease status during the admissions process. If a student informs the program that he/she is COVID 19 or HIV positive, reasonable academic adjustments will be made if needed.
- A student who knows that he/she is HIV positive or believes he/she is a "high risk" for HIV transmission is ethically responsible to consider the risk of transmitting HIV to the patient/client during invasive procedures. This is applicable to all communicable diseases (COVID 19, Influenza, etc. )
- Upon admission, before a student will be permitted to participate in any clinical experience, the student will be required to sign a form acknowledging that he/she has been informed of, and understands, the risk of exposure to communicable diseases in the clinical setting. Any student who refuses to sign the acknowledgement form may be terminated from the nursing program.
- Students who have a diagnosed immunosuppressed condition, open wounds, or who are pregnant, will be exempted from caring for patients who are known to be infectious.
- Some vaccinations are contraindicated or have decreased effectiveness in immunosuppressed conditions. [See Student Immunization Health Policy.]

**ADDENDA:** Addendum A – Potential Disease Exposure Form

**DATE APPROVED:** 06-22-01

**DATE REVIEWED:** 10-26-18

**DATE REVISED:** 9/3/20

**ADDENDUM A**

Potential Disease Exposure Form

## GOVERNORS STATE UNIVERSITY NURSING PROGRAM POLICY MANUAL

I understand and agree that I cannot, as a Governor's State University nursing student, ethically refuse to care for patients/clients with HIV, HBV, TB or any other communicable disease. If I am unwilling to care for patients with communicable diseases, I understand that I may be terminated from the nursing program.

I understand that the Nursing Program recommends that I inform my instructors of changes in my health status, such as pregnancy or contraction of a communicable disease. I have been informed and I understand that an altered state of my health, such as being HIV positive, may increase my health risk in relation to caregiving activities for patients with bacterial and viral disease. I have also been informed that some vaccinations are contraindicated or have decreased effectiveness in immunosuppressed conditions. Therefore, I agree to seek medical advice for changes in my health status, such as those previously discussed in this paragraph.

I have read the above information and have full understanding of the learning opportunities, risks and safeguards provided by the Governors State University nursing program. I recognize the need to care for persons with communicable diseases. I understand and agree that I cannot ethically and morally refuse to care for patients/clients with HIV, HBV, TB or any other communicable disease.

Any questions I might have had regarding any topic addressed in this document, including attachments, have been answered to my satisfaction. I acknowledge that I have read this document in its entirety. I consent to follow the policies and procedures as explained therein.

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
STUDENT I.D. NUMBER

SAMPLE

# GOVERNORS STATE UNIVERSITY NURSING PROGRAM POLICY MANUAL

## STUDENT EXPOSURE TO BLOOD-BORNE PATHOGENS

### PURPOSE

While needle stick is the most obvious incident, any specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials is considered an exposure incident and should be reported. When an exposure incident occurs, students must follow specific Occupational Safety and Health Administration (OSHA) standards.

### POLICY

In the clinical setting, all students will practice Universal Precautions in accordance with the current Centers for Disease Control and Prevention (CDC) guidelines and will adhere to the policies of the clinical site as well. If a student is exposed to blood or other body fluids of a patient/client, an incident report for both the clinical site and Governors State University nursing program must be completed.

### PROCEDURE

- The student must immediately notify the faculty supervising the clinical experience and the clinical site.
- Faculty members shall notify the head of the Nursing Program and follow-up with the Infection Control nurse at the clinical site, in any incidents involving a student.
- The policies of the institution where the exposure occurred and/or the CDC Guidelines and OSHA Standards shall be consulted and followed.
- The student is strongly encouraged to immediately obtain HIV and HBV testing to establish sero-negativity.
- Testing should be repeated at 6 weeks, 3 months, 6 months, and one-year post exposure.
- The nursing program or the institution will suggest follow-up counseling referrals for students exposed to blood or body fluids of a patient/client.

### ADDENDA:

Addendum A – GSU Nursing Program Exposure Incident Report

**DATE APPROVED:** 6-22-01

**DATE REVIEWED:** 10-26-18

**DATE REVISED:**

# GOVERNORS STATE UNIVERSITY NURSING PROGRAM POLICY MANUAL

## IMMUNIZATION – HEALTH POLICY

### PURPOSE

An integral part of nursing education is practice in clinical areas. Visits to clinical sites may increase exposure to communicable disease, therefore up-to-date immunization is required to protect both students and clients.

### POLICY

Prior to the onset of any nursing program course work, students must complete all clinical immunization and health requirements with concomitant paperwork on file in the nursing office. Health forms may be obtained on the GSU Department of Nursing web page under “Student Resources”. Students may not be allowed to continue in the program without satisfying clinical health requirements. Students are also to provide documentation of yearly follow-up on TB requirements.

### PROCEDURE

The following information must be provided for students to be allowed to visit/work in clinical areas:

#### **Immunity to Rubeola, Rubella, Mumps and Varicella**

Immunity may be demonstrated by:

Measles (Rubeola)	Positive antibody titer (copy of lab report) or evidence of vaccine.
Rubella	Positive antibody titer (copy of lab report) or evidence of vaccine.
Varicella (Chicken Pox)	Positive antibody titer (copy of lab report) or evidence of vaccine.
Mumps	Positive antibody titer (copy of lab report) or evidence of vaccine.
Tetanus	Record of administration within last 10 years

#### **Hepatitis B Vaccination**

Must be complete series of three injections over a six-month period. Dates of each injection and identification of the agency or health care professional administering vaccination must be noted. Documentation of a positive antibody titer (copy of lab report) will also be accepted. If the student declines to receive the HBV vaccine, a *Statement of Refusal of Hepatitis B Vaccine* for must be signed.

# GOVERNORS STATE UNIVERSITY NURSING PROGRAM POLICY MANUAL

## **Tuberculosis Screening**

A Non-Reactive Two-Step Tuberculin Skin Test must be dated and contain identifying information on agency administering the test. This test requires that the student receive two separate Mantoux skin tests. The first test must be read within 72 hours and, if negative, the second test is done from 1-3 weeks later and also read within 72 hours. Newly positive skin test reactors must submit documentation of positive skin test and results of a chest film done within the past year, which shows no evidence of disease. Chronic positive TB skin test reactors must provide medical verification of no evidence of disease.

## **Influenza Vaccination**

Clinical sites may require proof of influenza immunization. The student is expected to comply.

## **COVID 19**

Students will also comply with practice site's regulations regarding COVID 19 screening: (Temperature assessment, PPE, social distancing).

## **Annual Follow-up:**

Following an initial negative 2-step tuberculin skin test, a single tuberculin skin test (PPD) must be obtained and documentation must be provided in order to remain enrolled.

Following a positive skin test, a chest x-ray is not required after initial chest x-ray if no symptoms are present. A yearly symptom assessment from a private health care provider must be provided, that indicates that a student has been assessed for symptoms of Tuberculosis and that a chest x-ray is not currently warranted.

## **ADDENDA:**

- Addendum A – Student Health Form
- Addendum B – Statement of Informed Consent
- Addendum C – Statement of Refusal of Hepatitis B Vaccine
- Additional Information
  - CDC Immunization of Health Care Workers

**DATE APPROVED:** 06-22-01

**DATE REVIEWED:** 9/3/20

**DATE REVISED:** 10-13-16

**GOVERNORS STATE UNIVERSITY NURSING PROGRAM POLICY MANUAL**



# GOVERNORS STATE UNIVERSITY NURSING PROGRAM POLICY MANUAL

## IMMUNIZATION – HEALTH POLICY

### ADDENDUM A-1

GOVERNORS STATE UNIVERSITY  
College of Health Professions

**Nursing Program Student Health Form**

This form is to be completed by a licensed health care provider (physician or nurse practitioner) and returned to the nursing program office prior to beginning course work in the nursing program. Failure to return this form will result in an inability to begin course work.

\_\_\_\_\_ MI  
Last Name First Name

\_\_\_\_\_ Social Security Number  
Date of Birth

---

---

Dear Health Care Provider:

The above-named student will soon be involved in clinical duties, which may expose him/her to potentially harmful infectious diseases. To assure that the student is adequately protected from harm, the following immunizations and tests should be administered and recorded. Please complete the following information and return it to the student. *[Note: A copy of the original lab report must accompany positive titers.]*

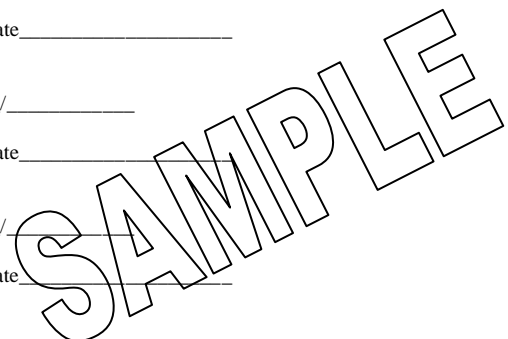
**Measles (Rubeola)** Titer/Date \_\_\_\_\_ / \_\_\_\_\_  
or  
Vaccine Administration Date \_\_\_\_\_

**Rubella** Titer/Date \_\_\_\_\_ / \_\_\_\_\_  
or  
Vaccine Administration Date \_\_\_\_\_

**Mumps** Titer/Date \_\_\_\_\_ / \_\_\_\_\_  
or  
Vaccine Administration Date \_\_\_\_\_

**Varicella** Titer/Date \_\_\_\_\_ / \_\_\_\_\_  
or  
Vaccine Administration Date \_\_\_\_\_

**Tetanus** Date of Last Tetanus Booster \_\_\_\_\_



# GOVERNORS STATE UNIVERSITY NURSING PROGRAM POLICY MANUAL

## IMMUNIZATION – HEALTH POLICY

### ADDENDUM A-2

2

#### PPD Tuberculosis Skin Test

An initial 2-step TB skin test is required, with a 1-step TB skin test required annually.

Directions: The first step requires the student to receive a Mantoux Intradermal skin test, which is to be read within 72 hours. If negative, the second test is to be given 1-3 weeks later, and read within 72 hours.

##### Step 1

Date Given \_\_\_\_\_ Date Read \_\_\_\_\_ neg pos

##### Step 2

Date Given \_\_\_\_\_ Date Read \_\_\_\_\_ neg pos

Chest X-ray (if indicated) Date Given \_\_\_\_\_ Result \_\_\_\_\_  
(attach copy of x-ray report)

#### Hepatitis B Vaccine

Dates of 3 injections: #1 \_\_\_\_\_, #2 \_\_\_\_\_, and #3 \_\_\_\_\_

or

Date/Results of Serology\* \_\_\_\_\_ / \_\_\_\_\_  
(\*either HbsAb or HbcAb)

Physical Limitations  No  Yes Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you know of any disability, which would necessitate special assistance for the applicant to engage in clinical nursing behaviors?  
No  Yes Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Provider Signature (MD or Nurse Practitioner) \_\_\_\_\_ Print Name & Credentials \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Provider Address \_\_\_\_\_ ( ) \_\_\_\_\_ Telephone \_\_\_\_\_

I, \_\_\_\_\_ hereby give my permission to the above-named provider to provide the  
(Student Name)  
requested health information to Governors State University nursing program.

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

IMMUNIZATION – HEALTH POLICY

**ADDENDUM B**

Statement of Informed Consent

I understand that the use of universal precautions is essential to protect myself, my significant others, my family members, patients/clients, and other health care workers from communicable disease. I understand that nursing involves the study and care of people throughout the lifespan and that these people may be at any point along the wellness/illness continuum. By participating in caregiving activities, I understand that I may be exposed to communicable diseases, including Hepatitis B (HBV), Tuberculosis (TB), and Human Immunodeficiency Virus (HIV). I understand that HIV is a virus that causes Acquired Immunodeficiency Syndrome (AIDS). I also understand that there is no known cure for AIDS at this time.

It is understood that testing, diagnosis and treatment of any communicable disease, including those that I may contract while acting as caregiver in my clinical experiences with the Nursing Program, will be paid at my own expense. The Nursing program recommends that I obtain HBV vaccine prior to beginning my clinical experience. If I refuse to be immunized, I agree to sign a statement documenting my refusal and releasing Governors State University from liability. Furthermore, I agree to comply with the required immunization and antibody/antigen protocol as stated on the Student Immunization form and listed in the student handbook of the nursing program.

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
STUDENT I.D. NUMBER

SAMPLE

**GOVERNORS STATE UNIVERSITY NURSING PROGRAM POLICY MANUAL**

**IMMUNIZATION – HEALTH POLICY**

**ADDENDUM C**

Statement of Refusal of Hepatitis B Vaccine

I understand that in the clinical component of my education by the Governors State University nursing program, I may be exposed to blood and other body fluids, which may put me at risk of acquiring HBV. I understand that the Nursing program recommends that I be vaccinated with HBV vaccine. However, I decline HBV vaccine at this time.

I understand that by declining this vaccination, I continue to be at risk of acquiring HBV, a serious communicable disease. I will not hold liable Governors State University or the nursing program, if I contract Hepatitis B.

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
STUDENT I.D. NUMBER

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE

SAMPLE

## **STUDENT POLICIES**

### **C. Clinical Practicum**

#### **AGENCY DRUG TESTING**

##### **PURPOSE**

Some clinical agencies used by the nursing program have policies regarding drug testing, which allow these agencies to request drug testing of employees, volunteers and students.

##### **POLICY**

The nursing program fully supports the Governors State University policy on alcohol, drugs and violence which prohibits the abuse of these substances. [GSU Student Handbook] In an effort to protect patients/clients and other students, the nursing program will request drug testing to meet agency requirements. These drug screens will be at the student's own expense.

If a student has a positive drug test, there will be an immediate referral to the Office of the Dean of Students. The student will be unable to continue within the nursing program (clinical or course work). For more detailed information, see section four: General Policies and Procedures of the GSU Student Handbook.

If a student refuses to participate in required agency drug screening, the student may be dismissed from the nursing program.

##### **PROCEDURE**

The following information applies to students where a drug screen is required prior to beginning the practicum experience and once a year thereafter:

##### Process for Drug Screening

- An order for a ten panel test is obtained from the student's primary provider
- Results are sent to the clinical agency and to the clinical course professor and to the Director of Clinical Education.

**DATE APPROVED:** 06-22-01

**DATE REVIEWED:** 10-26-18

**DATE REVISED:** 10-14-16

# GOVERNORS STATE UNIVERSITY NURSING PROGRAM POLICY MANUAL

## COMMUNITY VISIT SAFETY ISSUES

### PURPOSE

Students may be required to work with clients in a variety of settings and areas. It is the responsibility of the student to review issues of personal safety.

### POLICY

All nursing students are required to follow the procedures and guidelines listed below when making community visits to community agencies or attending clinical practice sites:

**Students may conduct interviews or work with providers in a clinical practice sites. It is the responsibility of the student to review issues of personal safety.**

All nursing students are required to follow the procedures and guidelines listed below when making community visits:

- Never take a client/patient anywhere in your personal car.
- Do not visit the client/patient on personal time.
- Conduct interviews and practice in the daylight hours whenever possible.
- Let your instructor or another person know where you are assigned.
- Be sure you know where you are going before setting out; obtain a detailed map of the area and plan the route.
- Let the agency know when to expect your visit, if appropriate. Discuss and obtain approval for clinical hours from the designated preceptor, if in a practicum.
- Do not wear expensive clothes or jewelry
- Park near your destination, lock your doors, avoid going in your trunk on arrival and be aware of your surroundings.
- Additional issues and/or guidelines may be provided by the instructor.

**ADDENDA:** None

**DATE APPROVED:** 06-22-01


**DATE REVIEWED:** 10/26/18

**DATE REVISED:** 10/14/16

# GOVERNORS STATE UNIVERSITY NURSING PROGRAM POLICY MANUAL

## AGENCY DRUG TESTING

### ADDENDUM A



Quest Diagnostics  
1395 Mittel Boulevard  
Wood Dale, IL 60191  
630.595.3888  
001081 REV 7/99

General Test Requisition    ADDITIONAL REPORT TO: ACCOUNT #    Please (X) Account if Applicable ACCOUNT #

129000    112748

GOVERNOR'S STATE  
DEPT OF NURSING  
UNIVERSITY PKWY STE F2610  
UNIVERSITY PK, IL 60466

708-534-4040

STAT (ADDITIONAL CHARGE)

Check Box For Call Results

TIMED URINE COLLECTION (VOL/ML)

DURATION OF COLLECTION (HRS) \_\_\_\_\_

PATIENT DATA (PLEASE PRINT)				BILLING INFORMATION																																																																																																																																																																																																																																
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Patient I.D. or SSN		Hospital/Accession No.		<b>INSURANCE - Complete all shaded areas plus I.C.D. codes</b>		Responsible Party (Last, First) Relationship to Subscriber <input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Spouse																																																																																																																																																																																																																														
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I authorize Quest Diagnostics to release information received, including without limitation, medical information, which includes laboratory test results, to my health plan/insurance carrier, and its authorized representatives. I further authorize my health plan/insurance carrier to directly pay Quest Diagnostics for the services rendered.				Primary Insurance Co. Address (Street, City, State, Zip)																																																																																																																																																																																																																																
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Please (X) desired Panel(s) / Profile(s) / Tests(s). See back of requisition for information on reflex testing.				INDIVIDUAL TESTS																																																																																																																																																																																																																																
PANELS / PROFILES (any profile component may be ordered separately-see components on back)				<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <tr><td>17517W</td><td>Albumin, Serum</td><td>S</td><td>4259T</td><td>HIV-1 Ab w/Confirmation</td></tr> <tr><td>315F</td><td>Electrolyte Panel</td><td>BX</td><td>84822A</td><td>Albumin (Microalbumin) Random Urine</td><td>U</td><td>24984R</td><td>Iron, Serum</td></tr> <tr><td>91A</td><td>Hepatic Function Panel</td><td>S</td><td>17388W</td><td>Amylase, Serum</td><td>S</td><td>356F</td><td>Iron and TIBC</td></tr> <tr><td>109T</td><td>Basic Metabolic Panel</td><td>BX</td><td>2782A</td><td>Antibody Scrm. w/reflex to ID + Titer</td><td>Y</td><td>56713E</td><td>Lead, Blood</td></tr> <tr><td>83A</td><td>Comprehensive Metabolic Panel</td><td>SN</td><td>2766F</td><td>ANA w/reflex</td><td>S</td><td>25791E</td><td>LH, Serum</td></tr> <tr><td></td><td></td><td></td><td>430A</td><td>Blood Group + Rh</td><td>Y</td><td>37192E</td><td>Lithium</td></tr> <tr><td></td><td></td><td></td><td>141A</td><td>Hemo gram (inc. platelet)</td><td>L</td><td>26013E</td><td>Magnesium</td></tr> <tr><td></td><td></td><td></td><td>42A</td><td>CEC (including diff &amp; platelet)</td><td>L</td><td>52142E</td><td>Mono Screen, Serum</td></tr> <tr><td></td><td></td><td></td><td>4036P</td><td>CPK</td><td>S</td><td>406F</td><td>PBG &amp; Albumin</td></tr> <tr><td></td><td></td><td></td><td>2093R</td><td>Cholesterol</td><td>S</td><td>28571E</td><td>PSA</td></tr> <tr><td></td><td></td><td></td><td>19485R</td><td>C-Reactive Protein</td><td>S</td><td>28233E</td><td>Potassium</td></tr> <tr><td></td><td></td><td></td><td>2160E</td><td>Creatinine</td><td>S</td><td>28423E</td><td>Prolactin, Serum</td></tr> <tr><td></td><td></td><td></td><td>3963R</td><td>Digoxin</td><td>▲</td><td>26F</td><td>Prothrombin Time</td></tr> <tr><td></td><td></td><td></td><td>3943R</td><td>Dilantin® (Phenytoin)</td><td>▲</td><td>28399W</td><td>Progesterone</td></tr> <tr><td></td><td></td><td></td><td>4677W</td><td>ESR, Westergren</td><td>L</td><td>31732E</td><td>PTT Activated</td></tr> <tr><td></td><td></td><td></td><td>22764R</td><td>Ferritin</td><td>S</td><td>1156F</td><td>RPR w/reflex</td></tr> <tr><td></td><td></td><td></td><td>22863E</td><td>FSH, Serum</td><td>S</td><td>115725R</td><td>Rheumatoid Factor</td></tr> <tr><td></td><td></td><td></td><td>15586R</td><td>Glucose, Fasting</td><td>Gy</td><td>53348W</td><td>Rubella Ab IgG</td></tr> <tr><td></td><td></td><td></td><td>15040E</td><td>Glucose, OB 1 hr</td><td>Gy</td><td>68643E</td><td>Sickle Cell Screen</td></tr> <tr><td></td><td></td><td></td><td>15214R</td><td>Glucose, 2 hr PP</td><td>Gy</td><td>40493E</td><td>Theophylline</td></tr> <tr><td></td><td></td><td></td><td>372A</td><td>Glucose Tolerance Test (GTT)</td><td>Gy</td><td>30502E</td><td>T3 Uptake</td></tr> <tr><td></td><td></td><td></td><td>11763E</td><td>H. pylori Ab IgG</td><td>S</td><td>30262E</td><td>T4, Total</td></tr> <tr><td></td><td></td><td></td><td>26A</td><td>HBsAg w/reflex</td><td>S</td><td>30163E</td><td>TSH</td></tr> <tr><td></td><td></td><td></td><td>21105R</td><td>HCG, Qual, Serum</td><td>S</td><td>43562A</td><td>TSH with Reflex</td></tr> <tr><td></td><td></td><td></td><td>1111E</td><td>HCG, Quant, Serum</td><td>S</td><td>30940E</td><td>Urea Nitrogen</td></tr> <tr><td></td><td></td><td></td><td>2887A</td><td>HDL Cholesterol</td><td>S</td><td>30841E</td><td>Uric Acid</td></tr> <tr><td></td><td></td><td></td><td>49464R</td><td>Hemoglobin A1c</td><td>Gy</td><td>232A</td><td>Urogram (w/o micro)</td></tr> <tr><td></td><td></td><td></td><td>51956W</td><td>Hepatitis B Surface Antibody</td><td>S</td><td>34F</td><td>Uromalysis (w/micro)</td></tr> </table>				17517W	Albumin, Serum	S	4259T	HIV-1 Ab w/Confirmation	315F	Electrolyte Panel	BX	84822A	Albumin (Microalbumin) Random Urine	U	24984R	Iron, Serum	91A	Hepatic Function Panel	S	17388W	Amylase, Serum	S	356F	Iron and TIBC	109T	Basic Metabolic Panel	BX	2782A	Antibody Scrm. w/reflex to ID + Titer	Y	56713E	Lead, Blood	83A	Comprehensive Metabolic Panel	SN	2766F	ANA w/reflex	S	25791E	LH, Serum				430A	Blood Group + Rh	Y	37192E	Lithium				141A	Hemo gram (inc. platelet)	L	26013E	Magnesium				42A	CEC (including diff & platelet)	L	52142E	Mono Screen, Serum				4036P	CPK	S	406F	PBG & Albumin				2093R	Cholesterol	S	28571E	PSA				19485R	C-Reactive Protein	S	28233E	Potassium				2160E	Creatinine	S	28423E	Prolactin, Serum				3963R	Digoxin	▲	26F	Prothrombin Time				3943R	Dilantin® (Phenytoin)	▲	28399W	Progesterone				4677W	ESR, Westergren	L	31732E	PTT Activated				22764R	Ferritin	S	1156F	RPR w/reflex				22863E	FSH, Serum	S	115725R	Rheumatoid Factor				15586R	Glucose, Fasting	Gy	53348W	Rubella Ab IgG				15040E	Glucose, OB 1 hr	Gy	68643E	Sickle Cell Screen				15214R	Glucose, 2 hr PP	Gy	40493E	Theophylline				372A	Glucose Tolerance Test (GTT)	Gy	30502E	T3 Uptake				11763E	H. pylori Ab IgG	S	30262E	T4, Total				26A	HBsAg w/reflex	S	30163E	TSH				21105R	HCG, Qual, Serum	S	43562A	TSH with Reflex				1111E	HCG, Quant, Serum	S	30940E	Urea Nitrogen				2887A	HDL Cholesterol	S	30841E	Uric Acid				49464R	Hemoglobin A1c	Gy	232A	Urogram (w/o micro)				51956W	Hepatitis B Surface Antibody	S	34F	Uromalysis (w/micro)
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MICROBIOLOGY (t-sensitivities & ID if indicated)				INFORMATION BELOW MUST BE SUPPLIED																																																																																																																																																																																																																																
49932E	Chlamydia DNA Probe®, Endocervical/Male Urethral	6304R	Culture, Urine, Vaginal	729T	AFP, Maternal Serum	1081A	Maternal Double Marker (AFP, hCG)																																																																																																																																																																																																																													
88914F	Chlamydia DNA Probe®, Conjunctival	9621A	Culture, Wound, Superficial	Maternal Age: _____ Yrs. Maternal Wgt: _____ lbs. <input type="checkbox"/> Singleton <input type="checkbox"/> Twin <input type="checkbox"/> Other (_____)																																																																																																																																																																																																																																
281A	Chlamydia & GC Probe®, Endocervical/Male Urethral	41327T	Culture, Wound, Deep (Aerobic and Anaerobic) w/Gram Stain	Gestational Age: _____ Wks. Race: _____ Insulin Dependent Diabetes: Yes <input type="checkbox"/>																																																																																																																																																																																																																																
6916R	N. gonorrhoeae Genital Culture	41244F	Herpes (HSV) Culture, Ag Detection w/Reflex Typing																																																																																																																																																																																																																																	
50286R	N. gonorrhoeae, DNA Probe®, Endocervical/Male Urethral	1099T	O&P Exam w/permanent stain																																																																																																																																																																																																																																	
6080E	Culture, Ear	7526F	Ova & Parasites Profile, Single Set, Stool with Giardia Ag Detection																																																																																																																																																																																																																																	
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6262E	Culture, Throat																																																																																																																																																																																																																																			

ADDITIONAL TESTS (Please (X) the ordered test(s)) PRINT TEST NO. & TEST NAME if not on form

**[X] 4523A DRUG SCREEN 8 PANEL**

# **GOVERNORS STATE UNIVERSITY NURSING PROGRAM POLICY MANUAL**

## **UNIVERSAL PRECAUTIONS TRAINING**

### **PURPOSE**

To eliminate or minimize occupational exposure to all blood borne pathogens, all nursing students are required to follow universal precautions by Federal Law: Occupational Safety and Health Administration (OSHA) Part 1910:1030.

### **POLICY**

All students enrolled in the nursing program are required to complete an educational program on blood borne pathogens and universal precautions yearly. Documentation on completion of this requirement must be on file in the nursing office, on admission and annually by October 31st each year.

### **PROCEDURE**

A computer-assisted instruction program is available to meet this requirement:

- All students must review this program on universal precautions.
- When the universal precautions training is completed submit the form to the Nursing Advisor.
- Failure to complete this requirement may result in academic hold.

### **ADDENDA:**

Addendum A – Standard Precautions Training Acknowledgement

**DATE APPROVED:** 06-22-01

**DATE REVIEWED:** 10/26/18

**DATE REVISED:** 11/15/15



## **STUDENT POLICIES**

### **D. Policies Specific for Doctorate in Nursing Program**

#### **POLICY PROCEDURE FOR CLINICAL HOURS**

The completion and documentation of one thousand (1000) clinical hours are required for program completion. Five hundred (500) hours of documented masters clinical may be counted toward the total.

Students should keep a journal/log of hours spent in clinical beginning in the first two classes of year one (DNP 8171, Health Care Leadership; DNP 8172, Diversity, Spirituality and Social Issues).

#### **CAPSTONE PROPOSAL/PROJECT POLICIES**

An expected outcome of the DNP program is a capstone project which is the culmination of a proposal developed specifically for the project.

#### **PROPOSAL**

A requirement of the DNP synthesis process is a doctoral level proposal for the development, implementation and /or dissemination in the final capstone course DNP 9961. While it is anticipated that students will complete the proposal within the semester that they enroll in the course, it is understood that students may progress at a different pace toward this goal. Therefore, progress will be evaluated in terms of pass/fail and students will continue to enroll in DNP 9601 and DNP 9602, Doctor of Nursing Practice (DNP) Capstone Proposal Development II until the proposal is completed and accepted by the academic committee composed of three members of the DNP faculty.

#### **DNP PROPOSAL COMMITTEE**

The student will work with the Director of the DNP Program and the assigned DNP mentor to choose the required three members of the DNP faculty for guidance in the proposal development and the capstone project implementation. One of those committee members will assume the responsibility of chairperson of the committee. The chairperson should be someone who has expertise in the specialty area of the topic that the student has chosen. The committee chairperson and members must approve the project proposal prior to the project implementation.

#### **DOCTORATE OF NURSING PRACTICE PROJECT**

Although the nature of the projects will vary, depending upon student interest and focus, the expected outcome is the implementation of the doctoral level proposal generated in the DNP Capstone Proposal Development course. While the students may complete the requirements and implement the project within the semester that they enroll in the course, it is understood that students may progress at a different pace toward this goal. Therefore, progress will be evaluated

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in terms of pass/no credit and students will continue to enroll in DNP 9999 (Directed Scholarship). Students will receive a grade of Continue On (CO) or No Credit (NC) until the project is complete than the grade of “Pass” will be issued.

### **COMMITTEE MAKEUP:**

1. The committee chair and members should be chosen and identified by the student (with faculty input) during DNP 9600.
2. The committee members will include two faculty, of which one will be the chairperson, the third person can either be a faculty member or an outside member. This is an option, however outside members should have expertise in the proposed topic area. Outside members should not be the student’s direct supervisor. The outside member must hold a terminal degree (i.e. Ph.D., Ed.D, or DNP).

### **TOPIC SELECTION FOR CAPSTONE PROPOSAL/PROJECT:**

1. Objectives and a review of literature are required along with a timeline for completion of proposed project.
2. Project may include clinical research.

### **FACULTY REVIEW:**

1. The Nursing Department faculty will review and approve the proposed topic and committee members.

### **MEETINGS WITH THE PROJECT CHAIRPERSON**

The student will meet regularly with the project chairperson and two other project committee members to determine strategies for implementing the project. The Project Committee will evaluate whether or not the project has been successfully implemented with a grade of pass or CO/CR.

### **PROJECT PRESENTATION**

The student will present the project to the peers and nursing professionals within a timeframe agreed upon between the student, the project chairperson and the committee.

### **LOG OF PROJECT PROGRESS**

The student will regularly document activities (in writing) that are done for project implementation

### **DISSEMINATION ACTIVITIES**

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The student will present evidence of:

- Work toward publication/scholarly paper
- Submission (query letters, submitted abstracts, etc.)

### **GRADING SCALE**

Pass=Acceptable progress

Continue On =Unacceptable progress

**DATE APPROVED:** June 1, 2009

**DATE REVIEWED:** 9-3-20

**DATE REVISED:** 9-3-20

## STUDENT POLICIES

### **F. Leave of Absence**

#### **Military Leave**

##### **PURPOSE**

Provide direction for students who need to be absent from class due to deployment, annual training, weekend drill or medical treatment. This policy in no way will relieve students of their responsibility for making up work missed due to absences.

##### **POLICY**

When a military student is called to duty or required to return for medical treatment, they must notify their instructors as soon as possible. Students who may anticipate an absence on one day to three weeks will be allowed to make up any missed work without penalty to the grade. The student is required to present proof of a training schedule, official orders, or letter from the commander/designee. In cases of a medical treatment students must present a signed document from the VA physician, Veterans' Affairs Representative or other qualified individual indicating that an absence should be excused.

Students who are activated for more than three weeks, but less than six months will have the option to accept the grade they have earned based on their performance in the course and faculty judgment. If both parties agree, a letter grade can be issued to the student. If the faculty member deems a course grade is not appropriate, an incomplete grade can be given to the student with instructions on what work needs to be completed for a course grade. Once the student meets the course requirements, a course grade will be entered later. The student is required to present official orders. In cases of a medical treatment, a signed document indicating that an absence should be excused is required from the VA physician, Veterans Affairs Representative or other qualified individual

##### **PROCEDURE**

- Contact the course professor and request a meeting to discuss the need for absences from the class after receiving notification of deployment, annual training, weekend drill, or medical treatment. (The student should initiate this step as soon as possible.
- Establish an agreement with the professor as to how the work for the course will be made up.
- Provide documentation of orders for deployment, annual training, weekend drill, or medical treatment as soon as the orders are issued.
- Contact the academic advisor to discuss how the military leave will affect the study plan.
- Revise the study plan as needed with the academic advisor guidance.
- The time allowed for completing unfinished course work will be determined by university policy.

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- Students who plan to be absent from the university for more than two consecutive semesters must file a leave of absence to preserve their current catalog rights.

**DATE APPROVED: 3/13/15**

**DATE REVIEWED: 10/26/18**

**DATE REVISED:**