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I. DOCTOR OF NURSING PRACTICE PROGRAM CONTACTS

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II. COLLEGE OF NURSING AND HEALTH INNOVATION OVERVIEW

The College of Nursing & Health Innovation (CONHI) is distinguished as a model for excellence and inspiration in nursing and interprofessional practice, education, and research to advance knowledge and innovative practice models, and new solutions to optimize the health and well-being of our diverse local, national and global communities. Learn more about the history of the college.

Mission & Goals

*Deliver excellent, innovative, nationally-recognized nursing and interprofessional programs that are accessible, inclusive, and learner-centered*

- Distinguish our academic programs through (1) impactful curricular development that reflects national health initiatives; (2) recruitment and retention of world class faculty; and (3) achievements of students and alumni.
- Broaden diverse student access, enrollment and retention in our academic community through (1) tailored marketing; (2) financial support (3) student support services; and (4) state of the art learning experiences.

*Build national reputation in innovative nursing and health related programs that significantly impact individuals and communities*

- Create or refine and disseminate teaching strategies that are student-centered, adaptive, and interactive.
- Develop program-specific criteria that advance academic excellence leading to national recognition of CONHI.
- Establish collaborative networks to foster innovative programs that impact local, national, and global health.

*Establish ASU as a global center for interdisciplinary research, discovery and development by 2020*

- Conduct innovative science and participate in and lead interdisciplinary research teams.
- Contribute to the global community of scholars to inform the scientific knowledge base and influence health outcomes.
- Provide professional and research mentorship to develop the next generation of scientists who positively affect health outcomes.

*Enhance our local impact and social embeddedness*

- Increase student and faculty collaboration within the community that is reciprocal, beneficial and sustainable to improve health outcomes.
- Engage community members and leaders in designing relevant health related activities and programs responsive to the needs of diverse populations.
Accreditation

The baccalaureate degree in nursing, master’s degree in nursing, and Doctor of Nursing Practice at the Arizona State University College of Nursing & Health Innovation are accredited by the Commission on Collegiate Nursing Education (http://www.aacn.nche.edu/ccne-accreditation) through June 30, 2024. All programs are also approved by the Arizona State Board of Nursing.

III. PROGRAM FOUNDATION

Purpose
The College of Nursing and Health Innovation embraces the philosophy and purpose of Arizona State University, which is committed to the exchange of knowledge and the pursuit of wisdom within an atmosphere of intellectual honesty and freedom. Arizona State University and the College of Nursing and Health Innovation seek to foster excellence in scholarship, research, service and practice.

The educational programs of the College of Nursing and Health Innovation are dedicated to providing students with the opportunity to acquire the requisite knowledge, skills, attitudes and values necessary to become professional nurses and nurse leaders who are capable practitioners prepared to respond to changing healthcare needs and patterns of healthcare delivery. The faculty of the College of Nursing and Health Innovation believes that the central concepts of nursing education and nursing practice are: client, environment, health and nursing; and adhere to the following definitions and assumptions about these concepts:

Client
The client is an individual, family, population group, or community with identifiable health and illness behaviors. The client is conceptualized from a holistic and developmental perspective. Clients are engaged in continuous, dynamic interaction in the increasingly complex and diverse environment. Clients have a right to determine and to participate actively in the pursuit of their own health goals. Clients should have the opportunity to achieve and maintain the highest possible level of health.

Environment
The environment includes the internal and external context of individuals, families, population groups, and communities. The internal environment may include physiological and psychological variables as well as the client's unique interpretation of interpersonal, spiritual, social, and cultural factors. The external environment consists of all the physical, biological, sociopsychological, and cultural factors that may impinge upon clients and their health. In addition, the external environment includes socioeconomic, political, cultural, technological values, health behaviors and goals.

Health
Health is a dynamic process that reflects the interaction between client’s internal and external environments. Optimal wellness is the highest state of health, the ideal in which the client moves at varying rates. Such wellness results from positive interaction between client and environment. Illness is a state of health in which negative or unsuccessful interaction between the client and environment has occurred. Wellness exists in illness and is the goal of nursing to promote and restore wellness.

**Nursing**

Nursing is a humanistic discipline that is both art and science. The purpose of nursing is to promote wellness and care for those who are ill. The discipline of nursing encompasses science, humanities, ethics, values, and the heritage of nursing; defined by the relationships and interactions among the concepts of client, environment and health. The aim of a professional nursing practice is to enhance the quality of life for clients. Nursing practice is based on an understanding of client interactions and environment in relation to health. Improving and expanding the theoretical base of nursing practice is achieved through research and creative activity.

The unifying concept of nursing is interaction. Linked together with interaction, client, environment, health and nursing are all viewed as synergistically acting and reacting together in a dynamic, mutually influencing relationship.

**Objectives of the Doctor of Nursing Practice Program**

Upon completion of the **Doctor of Nursing Practice** program, the graduate will be able to:

A. Integrate, synthesize, design and translate theory based nursing science and interdisciplinary knowledge to improve health outcomes.
B. Apply concepts of organizational and systems leadership to design quality improvement strategies using critical systems thinking.
C. Evaluate research and other evidence for translation and application into practice.
D. Utilize innovative systems and patient care technologies for the improvement and transformation of health care.
E. Assume a leadership role on behalf of the public and nursing profession to develop and implement health policies that influence multiple care delivery issues.
F. Interprofessional collaboration in education and practice for safe, timely, effective, equitable and patient centered care in complex health care systems.
G. Demonstrate integration of evidence based clinical prevention and population health guidelines in the care of individuals, aggregates and populations.
H. Demonstrate practice expertise and advanced knowledge to assume expanded responsibility and accountability in an area of specialization within the larger domain of nursing.
In addition to meeting the DNP program objectives listed above, the **DNP Innovation Leadership** graduate will be able to:

A. Scan the political, social, economic, structural, and practice environment influencing professional actions in the healthcare system and translate these forces into relevant innovations in structures and processes positively affecting health service delivery.

B. Influence innovative action in the community, at the executive level of systems and organizations, in the arena of practice leadership, and in the health service practice environment.

C. Utilize innovation dynamics, processes, and practices to construct structures and systems of innovation, develop innovative processes and practices in systems, organizations, and persons.

D. Create methodologies for standardizing innovation models and practices in systems, leaders and practitioners.

E. Construct evidence-grounded models of innovation practices and leadership that can be applied in a wide variety of health service systems to facilitate requisite changes in health care structures, processes, and practices.

**IV. PROGRAM ENTRY**

**Application**
For application requirements and process, see [https://nursingandhealth.asu.edu/degree-programs/graduate](https://nursingandhealth.asu.edu/degree-programs/graduate).

The recruitment team helps guide applicants through the application process and answers general questions about the program. A completed application must be submitted by December 15th. Admission decisions are made by early March. Enrollment in the DNP program occurs each year in the fall semester. The online application form is available at: [https://students.asu.edu/graduate/apply](https://students.asu.edu/graduate/apply).

**Admission**
The DNP Faculty will submit recommendations regarding admission decisions to the office for Graduate Education; only the Dean of Graduate Education can make formal offers of admission. Graduate Education notifies all applicants of the admission decision.

Students are responsible for familiarizing themselves with all university and graduate policies and procedures. The most current pdf version of the Graduate Policies can be found at: [http://graduate.asu.edu/faculty_staff/policies](http://graduate.asu.edu/faculty_staff/policies).

**Prerequisites**
Students who are admitted to the program are required to be computer literate. Those who are not will be directed to enroll in one of the many courses offered by the University.
Computing Center. Students are expected to have email-access, and to regularly access email through individual accounts established through ASU at the time of enrollment in the program.

**Background Clearance**

Prior to the offer of admission, all clinical program students who are given conditional acceptance will be required to complete a background clearance and drug screening. In addition, BSN-DNP students will also be required to meet immunization requirements prior to registering for any courses. All three processes are done through Certified Background Corporation (https://www.certifiedbackground.com/). Students are responsible for costs associated with these requirements. No other forms of background clearance or drug screening are accepted. **Additionally, students are responsible for submitting updated documents to Certified Background throughout their program as requirements expire.** Certified Background or the program office will notify the student of any deficiencies.

- All students are required to have an unencumbered Arizona RN license or an unencumbered compact state RN license as mandated by the Arizona State Board of Nursing. RN license must remain unencumbered throughout the student’s enrollment in any nursing program.
- Prior to entering a semester with clinical courses, and prior to entering a clinical setting, students must re-verify all immunization and licensing requirements. Students may be required to provide additional documentation to clinical sites. Students agree to do so in a timely manner to insure all clinical placements are kept up to date.
- Students are responsible for learning and completing the documentation requirements of their clinical sites prior to initiating any clinical activities.

**International Students**

Students residing in the U.S. on a valid visa or planning to attend ASU on an F-1 or J-1 visa, must also meet additional application requirements. International F-1 and J-1 students are required to maintain full-time enrollment status. For more detailed information, please visit: http://graduate.asu.edu/admissions/international/visa_immigration.

**Clinical Placement Policy**

Students enrolled in graduate or advanced practice clinical programs or graduate certificates will be placed in appropriate clinical settings to meet required clinical hours. Every attempt will be made to provide clinical placements so that students may complete the required number of clinical hours within the semester the course is taken. The clinical placement coordinator in collaboration with the student’s specialty coordinator will make clinical assignments. Some clinical sites may have additional requirements including but not limited to additional background checks, immunizations, and training. There may be additional costs associated with some clinical placements that are the responsibility of the student. Every attempt will be made to arrange clinical placement in the student's geographical area. In the event that clinical sites are unavailable in that area, the student will be required to complete their clinical experience in the Phoenix and other metropolitan areas in Arizona. Rural health and experiences with disadvantaged and multi-cultural populations are encouraged.
Responsibility of Graduate Students Regarding Clinical Placement

1. Clinical affiliation agreements can take up to 8 months or longer to secure. The DNP Program Office is not responsible for guaranteeing a clinical placement site for any student outside of the metro Phoenix area.

2. For students who reside in Arizona but outside of the Phoenix metropolitan area or outside of Arizona, students will need to provide a list of three (3) potential preceptors and sites. Our contracts office will pursue an affiliation agreement with these potential sites. This process can take up to 8 months or longer to secure. Students are not allowed to begin their clinical rotation without this affiliation agreement in place. In the event that a site is not available in your geographic area or that a contract cannot be secured at a site in your area, you will be required to complete your clinical rotations at a site secured in the Phoenix metro area. All students are required to have an unencumbered Arizona RN license or an unencumbered compact state RN license as mandated by the Arizona State Board of Nursing.

3. Students must notify the DNP Program Office of a change of address. It is imperative that you notify the DNP Program Office as soon as you know that you will be moving out of state. Some states have very specific requirements for placing students in clinical rotations who attend an out-of-state University that may cause an inability to progress in your program because of the lack of a clinical rotation site or the length of time needed to obtain State approval or an affiliation agreement. Students moving out of state are responsible for providing a list of three (3) potential preceptors and sites. Our contracts office will pursue an affiliation agreement with these potential sites. This process can take up to 8 months or longer to secure. Students are not allowed to begin their clinical rotation without this affiliation agreement in place. In the event that no site is available in your geographic area or that no contract can be secured at a site in your area, you will be required to complete your clinical rotations at a site secured in the Phoenix metro area.

4. The Clinical Placements coordinator will provide the clinical sites with all required information requested by the site (i.e. Immunizations, fingerprints, criminal background checks, Health information, OSHA training, Copy of nursing license, Basic Life Support Certification, drug screening, patient confidentiality statement, or any other agency requirements). The Clinical Placements coordinators will notify you of specific site requirements, including site specific training.

5. Students must notify your clinical instructor anytime you miss clinical rotation, or have any issues related to your preceptor, patient interactions, or site (conflict with preceptor, sexual harassment, safety issues, etc.) as soon as possible. This applies to missing clinical rotation for ANY reason.

Disability Resource Center

The Disability Resource Center (DRC) is the central location for establishing and obtaining services and accommodations for qualified students with disabilities:
Title IX
Title IX is a federal law that provides that no person be excluded on the basis of sex from participation in, be denied benefits of, or be subjected to discrimination under any education program or activity. Both Title IX and university policy make clear that sexual violence and harassment based on sex is prohibited. An individual who believes they have been subjected to sexual violence or harassed on the basis of sex can seek support, including counseling and academic support, from the university. If you or someone you know has been harassed on the basis of sex or sexually assaulted, you can find information and resources at http://sexualviolenceprevention.asu.edu/faqs/students.

Academic and Professional Integrity
The highest standards of academic integrity https://provost.asu.edu/index.php?q=academicintegrity and compliance with the university’s Student Code of Conduct https://students.asu.edu/srr/code are expected of all graduate students in academic coursework and research activities. The failure of any graduate student to uphold these standards may result in serious consequences including suspension or expulsion from the university and/or other sanctions as specified in the academic integrity policies of individual colleges as well as the university.

Violations of academic integrity include, but are not limited to: cheating, fabrication of data, tampering, plagiarism, or aiding and/or facilitating such activities. At the graduate level, it is expected that students are familiar with these issues and that each student assumes personal responsibility in their work.

The College of Nursing and Health Innovation standards are firm due to the nature of our professional responsibilities and accountability to the client and our profession. Professional development not only includes theoretical knowledge and clinical competence, but the cultivation of integrity and sound judgment.

Students should refer to the ABOR Student Code of Conduct, the Academic Integrity and applicable laws.

Matters that violate the ABOR Student Code or ASU Academic Integrity Policy must be appealed as provided for in those policies.

Responsible Conduct of Research
Strategies for responsible conduct of research may be found: http://graduate.asu.edu/grow/sfs/categories/responsible-conduct-of-research.

Research Involving Human and Animal Subjects
Dissertations that make use of research involving human or animal subjects must include a statement indicating that the research has been approved by the appropriate university body.
Research involving human subjects conducted under the auspices of Arizona State University is reviewed by the University Human Subjects Institutional Review Board (IRB) in compliance with federal regulations. Documents containing any data collection from human subjects require that applications be submitted to the ASU Office of Research Integrity and Assurance for approval before data collection or recruitment of subjects is initiated at http://researchintegrity.asu.edu/humans.

It is very important that students check with their faculty advisor well in advance of data collection to ensure compliance with university regulations regarding the collection of research data.

Research involving the use of animals conducted under the auspices of Arizona State University is reviewed by the Institutional Animal Care and Use Committee (IACUC) in compliance with federal regulations.

**IRB Process**

All College of Nursing and Health Innovation research involving human subjects must be reviewed and approved by the Institutional Review Board (IRB) before data collection or recruitment of subjects is initiated. For more information on application submissions, types of reviews and approval timelines please visit: http://researchintegrity.asu.edu/humans/process.

The responsibilities of the student investigator include the following:

**IRB Training**

All researchers who have any responsibilities for the research project, who have contact with subjects, or who have access to research data at any time during the conduct of the study must document compliance with the IRB training requirement. See information on requirements and online training at: http://researchintegrity.asu.edu/training/humans.

**Advisement**

At the time of admission, the DNP Program Coordinator assists students to develop their academic plan and to provide guidance related to the successful completion of the DNP degree. During the course of the program, the student will also be assigned a Faculty Mentor to assist with the successful completion of the required Evidence-Based (EB) Applied Project.

**Enrollment**

Students are responsible for enrollment in courses each semester, following the program of study for their specialty. Enrollment is completed through MyASU. Information regarding enrollment, calendars for future semesters and general program information is published on the DNP organizational blackboard. Students are given directions for enrollment in the blackboard and it is the student’s responsibility to maintain access to this site.
**Continuous Enrollment**
Once admitted to a graduate degree program, students must be registered for a minimum of one credit hour during all phases of their graduate education, including the term in which they graduate. This includes periods when students are engaged in any way utilizing university resources, facilities or faculty time. This credit must appear on the Plan of Study and must be an appropriate graduate-level course (e.g. 692, or 595 Continuing Registration). Please see Graduate Education policies regarding registration and continuous enrollment: [http://graduate.asu.edu/faculty_staff/policies](http://graduate.asu.edu/faculty_staff/policies)

**Enrollment Verification Guidelines**
The University’s Registrar’s Office will verify student enrollment each semester according to the general guidelines found: [https://students.asu.edu/enrollment-verification](https://students.asu.edu/enrollment-verification)

How to Register for Classes: [https://students.asu.edu/howtoregister](https://students.asu.edu/howtoregister)

Registrar’s website for the most up to date policies on Registration, Grades & Records, and Residency: [http://students.asu.edu/registration](http://students.asu.edu/registration).

**Academic Calendar**
Academic Calendar for all Registration and Withdrawal deadlines at: [http://students.asu.edu/academic-calendar](http://students.asu.edu/academic-calendar).

**Voluntary Withdrawal: Courses, Graduate Degree Program, or ASU**
Types of withdrawals and procedures can be found at: [http://students.asu.edu/withdrawal](http://students.asu.edu/withdrawal).

**Involuntary Withdrawal by the Office for Graduate Education**
Please refer to Graduate Education Policies: [http://graduate.asu.edu/faculty_staff/policies](http://graduate.asu.edu/faculty_staff/policies)

**Medical/Compassionate Withdrawal:**
The Dean’s representative for the College of Nursing & Health Innovation will advise students on the process of medical/compassionate withdrawal. Contact the DNP Program Office for more information.

**Financial Assistance**
Financial assistance for doctoral study is available in the form of scholarships, traineeships, assistantships, and loans. Scholarships, traineeships, and assistantships are awarded to students with regular admission status and satisfactory academic standing. In addition to information on financial assistance presented in this section, students are advised to consult the Financial Aid and Scholarship Services at: [http://students.asu.edu/node/40](http://students.asu.edu/node/40).
Scholarships
Several scholarships are awarded by the CONHI during the academic year. To be considered for an award, students must complete the Scholarship Application Form, available at: http://nursingandhealth.asu.edu/scholarships/index.htm.

Research the many financial assistance opportunities from Graduate Education that are available to you. This site provides all the tools and resources you need to view the types of aid, and to apply for financial support, including teaching and research assistantships, Graduate Education fellowships, conference and travel awards, and national fellowships. https://graduate.asu.edu/pay-for-college

V. PROGRAM PROGRESSION

Immersions
The DNP Program is a hybrid program that consists of 1-3 immersions per semester with a duration of 2-3 days at a time depending on the course and the semester of the student’s program.

NEXus courses
The DNP Program participates in the Western Institute of Nursing NEXus Consortium, which allows students in participating universities to enroll in courses at other participating universities for discounted rates. Students can search for courses at: http://www.winnexus.org/. Please note that the office for Graduate Education has indicated that the 12 credit hour transfer limit applies to NEXus courses.

Plan of Study
The Doctor of Nursing Practice degree requires 84 credit hours of graduate coursework. The office for Graduate Education allows students to apply up to 30 credit hours from a previously earned master’s degree toward the Nursing and Healthcare Innovation DNP plan of study. Questions regarding transfer credit or courses offered on the plan of study can be directed to the DNP program coordinator.

Student Responsibilities
Graduate students are responsible for familiarizing themselves with all university and graduate policies and procedures. Each student should also communicate directly with his/her academic unit to be clear on its expectations for degree completion.

Information is provided to students via MyASU. Students should frequently check their MyASU account for the most up-to-date information regarding their status, holds, items to attend to and other important information.

It is very important that students check with their applied project advisor well in advance of data collection to ensure compliance with university regulations regarding the collection of
research data. Please see the section of this handbook titled Research Involving Human and Animal Subjects.

**Professional Standards of Conduct**  
*Professional Standards of Conduct* for participation are based on the philosophy and organizing framework of the DNP Program and mirror ANA’s Code of Ethics ([http://nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses](http://nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses)). Our framework recognizes the importance of reciprocal connections between people and environments and the influence of the social context, including individual, interpersonal, organizational, and community variables, on human behavior. Accordingly, we aim to foster a social context that provides a safe, respectful learning environment and promotes development as a scholarly citizen.

In addition to academic requirements, students must comport themselves according to the “Satisfactory Professional Conduct” level of the *Professional Standards of Conduct* rubric. Performance at the “Conduct Requiring Improvement” or “Unsatisfactory Professional Conduct” level may lead to an Academic/Professional Improvement Plan. Egregious violations may result in a recommendation that the office of Graduate Education dismiss the student from the program.

In addition to the *Professional Standards of Conduct* for the DNP Program, students must follow internal standards set forth in course syllabi and the DNP Program Handbook, along with external requirements found in the ASU Student Code of Conduct ([https://eoss.asu.edu/dos/srr/codeofconduct](https://eoss.asu.edu/dos/srr/codeofconduct)), university regulations concerning academic, scientific, or student conduct; and Federal regulations regarding the conduct of research with human subjects, as administered by the Institutional Review Board at ASU. Violations of these external standards will be adjudicated through a separate university process.

**Disruptive Classroom Behavior**  
Arizona State University has several policies which are potentially applicable to disruptive student situations. These are:

1. Disruptive Student Protocol STA 104-02  
2. Student Code of Conduct ABOR 5-308 (and 5-303)  
3. Instructor Withdrawal of Student for Disruptive Classroom Behavior  
4. Involuntary Withdrawal Policy (SAC)  

Virtually all actions taken with respect to behavior need to have a hearing process (or some opportunity for a student to give a response to allegations made or actions to be taken where removal from a class, or grade appeal process, or suspension or expulsion from school is mandated). The Student Code of Conduct provides for the Dean of Students to act when a
complaint is filed with the Student Life Office, and for a hearing (informal) to be held where the student is given an opportunity to respond. If expulsion or suspension is the recommended sanction, the student does have an opportunity to have a review by the University Hearing Board. In an emergency, the professor, RA/TA, or a student acting on that person's behalf will contact one of the following:

1. ASU Counseling Services    (480) 965-6146  
2. Student Health Services    (480) 965-3346  
3. Empact    (480) 784-1500  
4. Dean of Students    (480) 965-6547  
5. DPS @ 911 or non-emergency    (602) 496-9456

**Academic Progression Requirements**

All students are expected to make systematic progress toward completion of their degree. This progress includes satisfying the conditions listed under Academic Progression Requirements, Professional Standards of Conduct, and according to Graduate Education policies: [http://graduate.asu.edu/faculty_staff/policies](http://graduate.asu.edu/faculty_staff/policies)

To make satisfactory academic progress, DNP students must:

1. Maintain a Plan of Study GPA of at least 3.0 every semester.
2. Maintain a graduate GPA of at least 3.0 every semester.
3. Earn a B or better in every iPOS (Plan of Study) class.

**CONHI Progression Requirements**

A. A student who has been admitted to any of the stated programs in the College of Nursing and Health Innovation with either regular or provisional admission status:

1. Must maintain a 3.0 or higher grade point average (GPA) in all work taken for graduate credit (courses numbered 500 or higher).
2. Must earn a grade of B- (80 or above) (2.7) or better in all required courses (including required electives) in the student’s approved program of study (iPOS).

B. A student will be placed on academic probation, if one or more of the following apply:

1. The student's GPA’s listed above falls below 3.0.
2. The student receives a grade below B- or 80 (2.7) in any course on the approved program of study.
3. A student who is asked to leave a clinical site for unprofessional conduct (per the ANA and AZ BON code of conduct) will leave their clinical site immediately and will not return or be allowed to move to another clinical site that semester and will receive a grade of “E” in that course.
4. In addition, if a student receives a grade of E or below B- in a practicum, the clinical instructor and specialty coordinator will determine whether the student should:
   a. Return to the same practicum.
b. Be placed in a comparable site.
c. Repeat course content before repeating the practicum.
d. Be considered for program recommendation for removal from the clinical degree.

Faculty will notify the Graduate Nursing Program Office of any student needing to be placed on academic probation per conditions above. The student will be notified in writing of the academic probation and the conditions required to discontinue the academic probation by the Director.

**Progression restrictions** for students placed on academic probation:

1. Bringing all of the GPA's listed above to 3.0 or better by the time the next semester's hours are completed in the student's approved program of study. If the student is on probation for reason (A.1) above, only courses that are for letter grade (no pass-fail or Z graded courses) can be used to raise the overall GPA.
2. Receiving a grade of less than a B- (2.7) or 80 in any graduate course in a student's program of study prevents the student from progressing in their program of study with their class cohort. Graduate courses in which a grade of less than a B- (2.7), or 80 is earned must be repeated in the next regular academic semester during which the course is offered. Graduate courses may be repeated only once. A petition must be filed with the Graduate Nursing Program Office requesting permission to retake the course during the next academic semester during which the course is offered. Permission will be granted based on the space available in the next cohort, and for clinical courses, the ability to place the student in an appropriate clinical site.
3. The student must revise and re-file their program of study to reflect changes related to unsatisfactory progression and the retake of the courses.
4. Students who receive a failing grade (B- or E) in a clinical course for unprofessional conduct will be sent a letter outlining the process for meeting conditions of the academic probation and progressing with their program of study.

C. A student may be recommended for withdrawal from the program if one or more of the following apply:

1. The student fails to increase all of the GPA's listed above to 3.0 or better by the time they complete the next semester in the student’s program of study per section B.1 above.
2. The student fails to receive a B- (2.7) or better after repeating a Graduate course in which they have received a grade below B- (2.7) per section B.2 above.
3. A student who is asked to leave a clinical site for documented unsafe clinical practice (including drug and alcohol use) will leave their clinical site immediately and will not return. A grade of E will be assigned, and the student may be recommended for withdrawal. This course may not be retaken (see 5 b below).
4. If a student has their RN license to practice encumbered or suspended while a student in the program, they must notify the Director of the DNP Program within 48 hours and must immediately stop attending all courses. **All graduate nursing students must have an active, unencumbered RN license at all times during their program of study. Loss of this license is grounds for immediate recommendation to the Office of Graduate Education for withdrawal from the program.**
5. If a student is unable to meet the conditions of academic probation within the given time frame, upon recommendation from the specialty coordinator and relevant Program Director, the Standards Committee may recommend to the Office of Graduate Education the withdrawal of a student from the program. The Standards Committee will recommend withdrawal of a student for professional reasons under the following conditions (a student may be recommended for withdrawal upon the occurrence of a single violation under this section):
   a. Conduct prohibited by the Arizona Board of Regents Student Code of Conduct [https://students.asu.edu/srr](https://students.asu.edu/srr).
   b. Periods of absence during a semester without the endorsement of the student’s graduate committee or advisor. If a POS must be interrupted for one semester, the student must apply for a leave of absence. This leave status, endorsed by the members of the student’s graduate committee and the program director, must be approved by the Dean of Graduate Education following the proper procedure for making this request. This request must be filed and approved no later than the last day of registration in the semester of anticipated leave.
   c. Seriously compromising the relations of the Program with the public.
   d. Breaches of ethical judgment or professional responsibility.
   e. Serious instances of personality or character traits inappropriate for the professional roles for which the student is attempting to prepare.

6. Any student who violates the academic integrity policy of the university may be recommended for withdrawal from their program of study. Violations of academic integrity include, but are not limited to cheating, fabrication, tampering, plagiarism, or facilitating such activities.

D. Appeals:
   Students receiving a grade of less than B- (2.7) 80 in a required graduate course can appeal the grade through the College of Nursing and Health Innovation Grievance Procedure outlined in the Grievance policy (Appendix J). Students who have been recommended to the DNP Program Office for withdrawal from their program can appeal this decision to the College of Nursing and Health Innovation, Graduate Nursing Program Office. If the recommendation to withdraw is upheld by the appeals’ body of this office, the student can appeal the decision to the dean’s office in the College of Nursing and Health Innovation.

E. Funding:
   Students making unsatisfactory progress and are thus placed on probation are not eligible for traineeship funding or assistantship positions.

**Grades**

Faculty teaching graduate courses may choose to use either the following 10 point scale or the + - scale when grading graduate courses. The scale that is chosen will be listed in the syllabus and those are the grades that will be given to the students. All A + grades will be converted by
ASU to a 4.0 in the system for calculating the cumulative GPA, per ASU policy. College of Nursing and Health Innovation graduate program grading guidelines allow for a B- in individual course/assignments (C+ or lower is not allowed on the plan of study IPOS). An overall GPA of 3.0 is required in the graduate certificate, masters, and doctoral programs. Students whose overall GPA falls below 3.0 are considered on probation and in danger of failing their program.

**Plus/ Minus Scale**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
<th>GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>A+</td>
<td>97-100</td>
<td>4.3</td>
</tr>
<tr>
<td>A</td>
<td>93-96</td>
<td>4.0</td>
</tr>
<tr>
<td>A-</td>
<td>90-92</td>
<td>3.7</td>
</tr>
<tr>
<td>B+</td>
<td>87-89</td>
<td>3.3</td>
</tr>
<tr>
<td>B</td>
<td>83-86</td>
<td>3.0</td>
</tr>
<tr>
<td>B-</td>
<td>80-82</td>
<td>2.7</td>
</tr>
<tr>
<td>C+</td>
<td>77-79</td>
<td>2.3</td>
</tr>
<tr>
<td>C</td>
<td>70-76</td>
<td>2.0</td>
</tr>
<tr>
<td>D</td>
<td>60-69</td>
<td>1.0</td>
</tr>
<tr>
<td>E</td>
<td>59 or below</td>
<td>0.0</td>
</tr>
</tbody>
</table>

Or if using regular grading scale

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
<th>GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>90-100</td>
<td>4.0</td>
</tr>
<tr>
<td>B</td>
<td>80-89</td>
<td>3.0</td>
</tr>
<tr>
<td>C</td>
<td>70-79 - Course Repeat</td>
<td>2.0</td>
</tr>
<tr>
<td>D</td>
<td>60-69 – Course Repeat</td>
<td>1.0</td>
</tr>
<tr>
<td>E</td>
<td>59 or below course repeat</td>
<td>0.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pass/Fail Letter Grade Scale</th>
<th>Grading Scale</th>
<th>GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Satisfactory</td>
<td>Does not count toward GPA</td>
</tr>
<tr>
<td>Z</td>
<td>Course in progress</td>
<td>Does not count toward GPA</td>
</tr>
<tr>
<td>E</td>
<td>Failure</td>
<td>0</td>
</tr>
<tr>
<td>I</td>
<td>Incomplete</td>
<td>Does not count toward GPA and an incomplete contract must be filed and grade must be removed from POS within 1 year or converts to permanent “I” on transcript</td>
</tr>
</tbody>
</table>

A grade of “W” is given whenever a student officially withdraws from a course.
Grade Point Averages
Students must maintain a minimum 3.00 grade point average (GPA) to maintain satisfactory academic progress and to graduate. Please see Graduate Education policies regarding grade point averages: http://graduate.asu.edu/faculty_staff/policies. If more than one failure occurs, students may be withdrawn from the DNP program.

Incomplete Grades
Students must request a grade of Incomplete one week prior to the last day of the semester, but it is entirely up to the instructor to approve the Incomplete. A grade of “I” can only be given by an instructor when a student, who is doing otherwise acceptable work, is unable to complete a course (e.g., final exam or term paper) because of illness or other conditions beyond the student’s control. The student and instructor must complete a Request for Grade of Incomplete form.

The exact time frame for completion is negotiated between student and faculty however, students who receive a grade of "I" in any course must complete course requirements within one calendar year of the scheduled course and may NOT have longer than one calendar year. If a regular grade is not assigned within the calendar year, the “I” becomes permanent part of the transcript. To repeat the course for credit students must re-register and pay the required fees. The grade for the repeated course will appear on the transcript but will not replace the permanent “I.”

To request a grade of incomplete, students must complete the following steps:
1. Obtain the Request for Grade of Incomplete form available at http://students.asu.edu/forms/incomplete-grade-request and request the grade of incomplete to the instructor of the course.
2. Submit the instructor approved form to the DNP Program office by fax, email or mail. The instructor must complete their portion of the form and should be explicit in the event that unexpected circumstances prevent the instructor from processing the grade change by the agreed date. This contract must be received by the DNP Program Office no later than 10 business days before grades are due.
3. Keep a copy of the final contract (signed by student, instructor and program director).
4. Notify the DNP Program Office upon fulfillment of the contract.
5. Verify that the grade was entered.

Interactive Plan of Study (iPOS)
The Plan of Study (iPOS) functions as a contract between the student, the DNP program, and the office for Graduate Education. The iPOS contains certain degree requirements such as coursework, Chair and/or Supervisory Committee which must be included before it can be approved. The Program Coordinator is the primary contact regarding iPOS and degree requirements.
Students must submit an iPOS before completing 50 percent of the credit hours required for the DNP degree, generally after the fall semester of their second year.

For step-by-step instructions on completing and submitting your iPOS, please refer to the iPOS student training manual: http://graduate.asu.edu/sites/default/files/How-to_iPOS.pdf.

**Degree Minimum Credit Hours**
Please see the Graduate Education policies regarding degree minimum credit hours: https://graduate.asu.edu/sites/default/files/ASU_Graduate_Policies_and_Procedures.pdf.

**Degree Maximum Time Limit**
Please see the Graduate Education policies regarding degree maximum time limit: https://graduate.asu.edu/sites/default/files/ASU_Graduate_Policies_and_Procedures.pdf.

**Graduation**
The student is eligible for graduation when University and Graduate Education degree requirements have been met, the applied project has been passed, and final presentation made. All incomplete or “in progress” grades applied project hours must be changed to indicate that these classes have been completed. It is important to have this completed by the appropriate time to assure graduation.

**Apply for Graduation**
Your iPOS must be approved and on file with the office for Graduate Education before you are eligible to apply for graduation. For further instructions, please refer to: http://graduate.asu.edu/progress/graduation.

If you intend to participate in commencement, you must have completed all culminating work by the semester deadlines. Graduation Deadlines and Procedures are found at: http://graduate.asu.edu/progress/graduation_deadlines.

Please note: it is the student’s responsibility to invite your chair and/or hooder to participate in the commencement ceremony.

**Convocation**
The College of Nursing and Health Innovation holds its own Convocation ceremony in conjunction with Fall and Spring Commencement. The Convocation Coordinator will send required information to graduates early in the semester concerning information needed. Students who have met all university and college degree requirements are encouraged to participate. It is the student’s responsibility to adhere to the convocation timelines.

**VI. PROGRAM COMPLETION**

**Clinical Applied Project**
The DNP Portfolio, EB Clinical Applied Project, and Academic Learning Plan & Clinical Residency will demonstrate student achievement of attaining knowledge and practice application of the Essentials of Doctoral Education for Advanced Nursing Practice (DNP Essentials) as developed by the American Association of Colleges of Nursing (AACN) (Appendix A). In addition, BS-DNP students will demonstrate the Nurse Practitioner Core Competencies criteria as set forth by the National Organization of Nurse Practitioner Faculties (NONPF) (Appendix B).

The DNP student will synthesize, integrate, and apply knowledge acquired throughout the DNP program coursework to an EB Clinical Applied Project in a professional practice setting. Faculty members evaluate the DNP Portfolio and EB Clinical Applied Project to determine whether the student has mastered the body of Evidenced Based knowledge and application to practice and can demonstrate DNP competencies. The Academic Learning Plan and Clinical Residency are designed to help students achieve specific learning goals and objectives related to the AACN DNP Essentials and specialty competencies.

**DNP Portfolio**
The final summation of the DNP program experience will be a compendium which includes an academic portfolio documenting application of didactic course content to individual learning goals, objectives, and outcomes (Academic Learning Plan & Clinical Residency Activities Log), the EB Clinical Applied Project Final Report, and a final oral presentation. This compendium will be documented ongoing and presented using Mind Manager Software.

The purpose of the DNP Portfolio is to demonstrate program completion requirements and ability to apply AACN DNP Essentials (Appendix A) in clinical and professional settings. In addition, BS-DNP students demonstrate the skills outlined by the NONPF Core Competencies (Appendix B).

**DNP Portfolio Components**

1. Academic Learning Plan & Clinical Residency Activities Log (Appendix C)
2. EB Clinical Applied Project Final Report
3. EB Clinical Applied Project Final Oral Presentation
4. All DNP Core course final papers/assignments earning a minimum grade of 80% AND the course syllabi for each (i.e. DNP 704, 705, 707, 708, 709, 710, 711, 712).
5. Selected course papers, discussion board posts, reflections, presentations, or other creative works. In addition, deliverables from residency activities (i.e. CEU certificates, abstract/manuscript submissions, poster presentations). Anything that demonstrates student acquisition and competence of the AACN DNP Essentials.
6. For BS-DNP students, it is highly recommended to include prior course syllabi (core or clinical) and clinical logs (TIME LOGS and CASE LOGS) from Typhon in case these are needed later in your professional career.
Evidence Based Clinical Applied Project
The DNP degree culminates in the EB Clinical Applied Project. The EB Clinical Applied Project should address a complex practice, process, or systems problem within your practice area. The focus is on the identified clinical/practice problem and the evidence-based solutions for that problem. The EB Clinical Applied Project utilizes evidence to improve practice, processes, or outcomes.

Students are assigned a faculty mentor who guides the development and implementation of EB Clinical Applied Project. Students may choose, or it may be recommended, to have another faculty member whom will serve as a second reader or in some cases as a content expert needed for the project. Lastly, the site collaborator or preceptor will facilitate the EB clinical applied project implementation activities at the site and is usually an employee of the site.

Clinical Sites and Contracts - The Site for the EB Clinical Applied Project
The decision about where to conduct the clinical applied project is made between the student and the faculty/mentor. Students should decide based on their objectives and goals, personal career goals, and the clinical site’s ability to allow integration of Evidenced Based Theory with practice.

There is no simple answer to the question of what is the best project and site to conduct the project. The classes will take the student through the steps of determining and implementing a clinical applied project. The EB Clinical Applied Project requires ASU Institutional Review Board (IRB) Approval. The mentor serves as the Principal Investigator for the ASU IRB. Depending on the project site, students may also need to obtain IRB approval from the site in addition to ASU IRB. It is part the course fieldwork activity to determine if the project site requires a separate IRB approval.

If the project has been approved by the ASU IRB, an Affiliation Agreement is not needed between ASU and the site, however the site still may require that an Affiliation Agreement be initiated and executed. If that is the case, the Agreement may take 3-12 months to execute, or longer for out of state placements. Please plan accordingly and check with the Clinical Placement Coordinator. If a site has Health and Safety requirements (such as proof of immunizations, background checks and modular training specific to that site) students are still subject to these requirements. Please check with the Clinical Placement Coordinator to determine if the site has such requirements prior to starting your project. If the student will be completing Direct Patient Care hours at the Project site, an Affiliation Agreement is required.

CONHI students have completed the EB Clinical Applied Project in the private and public sectors, and in rural, and urban communities. (See NONPF examples of clinical applied projects) http://www.nonpf.com/displaycommon.cfm?an=1&subarticlenbr=27
Evidence Based Clinical Applied Project Final Report Guidelines

DNP students will submit an EB Clinical Applied Project Final Report utilizing current APA guidelines. This manuscript is developed in sections throughout the EBP courses. The chapter outline below provides the student with a guide for manuscript preparation. The final course paper in each of the EBP series will lend itself to meeting these criteria. Some reformatting and contextual flow editing is expected in preparation for the final manuscript. *Final Report Criteria are subject to minor changes. Students are provided finalized criteria within coursework.*

Chapter 1 Introduction

- Background & Significance of problem (e.g., epidemiology, description of population, health implications, fiscal implications, political environment, internal evidence from practice). Describe internal evidence supporting need for practice change at your proposed practice site. In other words, why should someone care about this problem?
- Problem Statement and PICOT question
- Search Strategy: key words, data bases, inclusion/exclusion criteria for accepting articles, number of articles found, number of articles selected (a flow chart is helpful)
- Evidence Synthesis: Synthesize the body of evidence addressing the clinical question. Provide a conclusion that supports the project.
- Purpose Statement: a concise statement of the purpose of the project (description of what the project will accomplish, what the change will be, and who or what will benefit)

Chapter 2 Applied Clinical Project: Methods & Results

- Chapter Introduction- one-two paragraphs describing content of this chapter.
- Evidence Based Practice Model and Conceptual/Theoretical Model: Clearly describe the Evidence Based practice model guiding entire project and conceptual framework/theory used to guide intervention.
- Project Methods:
  - Ethics: Protection of human subjects and recruitment
  - Setting
  - Organizational culture
  - Participants
  - procedure (intervention),
  - outcome measures (instruments with reliability/validity),
  - data collection and analysis plan
  - proposed budget (this will help you determine overall cost for final chapter)
- Project Results: include demographics, answer study questions (use actual numbers, means, t-scores, standard deviations, p-values, etc.).
- Discussion of results and consistency with current literature including strengths and limitations of project.
- Conclusion

Chapter 3 Organizational/Health Policy Impact & Sustainability

- Chapter Introduction- 1-2 paragraphs
• Discuss the measured and potential impact of project at practice site (patient, provider, and system)
• Describe the financial implications of project (cost/benefit analysis)
• Discuss the impact of current policy to sustain or hinder project in the future (Include potential impact of ACA and other policy)
• Discuss role your role as a leader and innovator that led to the successful development and implementation of the project (how did you negotiate barriers?).
• Describe sustainability plan for project
• Implications for further application (local, regional, and/or national) and/or implications for further study or research (opportunities for collaboration).
• Describe gaps identified during project (may be gaps in the literature, practice, organization, and/or policy)
• Conclusion- Summary of entire project and significance of project

References

Appendices (not inclusive)
- Evidence and synthesis tables
- Figures of Conceptual Framework/Theory and EBP model
- Instruments (demographic questionnaire, tools, surveys, etc.)
- Budget
- IRB approval letter

**All tables and figures should be contained in the appendices and referenced in the text with some connecting information.

Evidence Based Clinical Applied Project Conference

Presenting the results of your project and experience at the CONHI EB Clinical Applied Project Conference is a requirement for DNP program completion. In order to facilitate this requirement, in the semester of graduation, students will present their projects in a professional format to audience of peers including faculty, health professionals within the state, alumni, students, and site preceptors/collaborators. The conference is usually held approximately 1-3 weeks prior to the end of the semester.

Approximately one month prior to the conference, in order to facilitate the planning of the conference, students are required to submit a presentation abstract. The specific deadlines for this abstract, and conference dates, will be announced. Presentation rehearsals should be scheduled with your mentor.

The following are components of the EB Clinical Applied Project oral presentation. Content should be presented in an organized, clear, and logical manner with clear articulation and
unobtrusive use of notes. Presentation materials should be professional with appropriate text and use of visuals. *Presentation components are subject to change. Students are provided finalized criteria when enrolled in the DNP 707.*

Background and Significance
- Description of the problem
- Epidemiological data to support significance
- Internal Evidence to support project
- PICOT question stated

Evidence Synthesis:
- Discuss the foundation of research and evidence of the clinical issue
- Discuss how the evidence influenced the EBP clinical project
- Provide evidence of synthesis as the foundation of the project

Conceptual Framework/Theory and Evidence Based Practice Model
- Identifies conceptual/theoretical framework
- Identifies EBP model
- Application of theoretical framework and EBP model to the project

Methods
- Human subjects protection
- Description of population and setting
- Project description including timeline
- Data collection (include description of instruments) and data analysis

Outcomes
- Discuss interpretation of results
- Statistical significance
- Clinical significance

Impact of Project:
- Describe local impact (include national and international impact if applicable to project)
- Include impact on patient outcomes, stakeholders, the practice setting, and political implications (can be local, regional, or national political implications)

Reflections on Project
- Discuss lessons learned across all aspects of the project including facilitators contributing to successful implementation and barriers/challenges encountered and how addressed
- Receptivity of practice change
- Relate findings to what others have found (other literature)
- Discuss how your project intervention will or can or be sustained in the practice setting

Dissemination of Project Plan
• Discuss dissemination plan (local, regional & national)
• Describe next steps that will come from your project.
• Discuss how current regulations/policies influence the next steps.

**Academic Learning Plan and Clinical Residency**
The AACN DNP Essentials (I-VIII) are the foundational outcome competencies for all graduates of DNP program regardless of specialty or functional focus. The Academic Learning Plan includes each of the AACN DNP Essentials as program goals and objectives. Students are encouraged to also develop additional professional goals and objectives to meet individual learning needs (using higher order action verbs from Bloom’s taxonomy) (Appendix D). The clinical residency activities provide rich and varied practice experiences aimed at helping students achieve the AACN DNP Essentials upon completion of the program.

The Academic Learning Plan & Clinical Residency Activities Log template (Appendix C) will be used to design and record the residency experiences. The purpose of this document is to ensure professional competency in each of the AACN DNP Essentials.

The student’s assigned mentor has primary oversight of the Academic Learning Plan & Clinical Residency Activities.

**Academic Learning Plan**
The Academic Learning Plan will include identification and justification of the EB Clinical Applied Project site, clinical preceptor/site mentors, PICO Question, program goals and objectives, and completed residency activities and evaluation.

**Clinical Residency Hours**
The purpose of the residency activities are to:

- Synthesize what is learned in didactic courses
- Broaden the clinical set at the doctoral level regardless of role or experience
- Develop and implement the EB Clinical Applied Project
- Demonstrate leadership and collaboration skills
- Foster intraprofessional and interprofessional collaboration
- Provide policy-making and advocacy experiences
- Provide evidence of achievement of end of program outcomes and competencies

There are 12 credit hours of DNP 712: Clinical Residency required to be completed over the last four semesters of the program. The program of study specifies the number of credits to take each semester. The DNP Program Office and mentor can assist students in determining how many credit hours to take each semester.
For each credit hour of DNP 712 enrolled, 45 clock hours of residency activities must be completed. All students will record completed residency activities and hours on the Academic Learning Plan & Residency Activities Log template. BS-DNP students will also record residency activities in Typhon.

Residency activities are planned to achieve program goals and objectives (AACN DNP Essentials). Residency activities must be discussed with and approved by faculty/mentor prior to engaging in the activity. Be prepared to explain how the proposed residency activity applies to the AACN DNP Essentials or NONPF Core Competencies.

Residency Activities may include but are not limited to:

- EB Clinical Applied Project - (Fieldwork, CITI Training, IRB proposal meetings with mentor, meetings with key stakeholders to facilitate the project and develop practice responsibilities at the site, training staff, enrolling participants, project intervention, etc.).
- Professional development (leadership opportunities, grant writing workshops, involvement in healthcare policy and advocacy, special training or events).
- Acquire additional content knowledge and clinical experiences needed to be well-versed in the specialty area.
- Participation on a clinical leadership committee in your NP practice site, area of specialty, or in your professional organization (i.e. an EBP committee; Advance Practice Committee in your institution, state, or national professional organization)
- Participate in educational presentations, workshops, conference, and webinars. Topics should correlate to project topic, specialty area, and AACN DNP Essentials. A maximum of 40 CEU hours can be included for residency hours for the entire program.
- For BS-DNP students, direct patient care practice hours. Minimum of 40 hours/semester logged in Typhon with TIME LOGS and CASE LOGS.
- For PM-DNP students, optional expanded clinical experiences in a specialty to obtain more in-depth knowledge and practice in an area of interest.
- Clinical residency activities must be beyond your usual work duties.

PLEASE NOTE: Time spent completing course assignments (i.e. writing papers, searching library databases, reading articles, immersion, studying for boards) does NOT count for residency hours.

DNP level clinical residency activities require initiative, calling for the student to create his or her own learning experiences, rather than merely enrolling in one. Students should plan on being creative, innovative, and adventurous. The range of clinical residency experiences is varied and individualized.

Responsibilities of DNP Program Participants

Responsibilities of Student:

- Represent the College of Nursing & Health Innovation in a professional manner
- Respect the culture and mission of the clinical site
- Submit clinical site request within the required timeframe so that the affiliation agreement may be established (as needed)
- Consult with faculty mentor at critical points in development of the project and as needed throughout the implementation and analysis phases of the project
- Adhere to Human Subjects regulations and HIPAA regulations.
- Meet program deadlines and outcomes established for each semester
- Submit iPOS and graduation documents to the University Graduate office and CONHI Graduate office by the due dates
- Complete Evaluation of Clinical Applied Project Site (Appendix D)

Responsibilities of Site Preceptor/Collaborator:
- Discuss with the student:
  - the mission and role of agency/organization
  - the student’s professional goals and interests and their fit within agency
  - the time commitment necessary for the residency and EB Clinical Applied Project implementation and flexibility regarding scheduling time at the site
  - whether or not the EB Clinical Applied Project and/or residency is viewed as a team project and the role of the student within the team
  - level of availability, i.e., is student expected to work largely on his or her own?
- Supervise and/or facilitate student’s activities at the site.
- Complete Preceptor Evaluation of Student in Clinical Residency and Project Work (Appendix E)
- Attend the final EB Clinical Applied Project Conference, if possible

Responsibilities of DNP Mentor(s):
- Primary oversight of mentees’ Academic Learning Plan & Residency Activities Log.
- Assist in coordination with clinical and project site.
- Each semester, review and discuss papers, project work, and residency activities as they correspond to the students’ overarching plan. Require modifications as necessary.
- Communicate with the student throughout the process at agreed upon intervals and notify student of any planned extended time away from the office
- Communicate with the site preceptor/collaborator during the project/residency to monitor student’s progress
- Provide feedback on oral presentation plan prior to the Clinical Applied Project Conference.
- Attend each semester interim Clinical Applied Project presentations for evaluation and feedback, and the DNP final EB Clinical Applied Project oral presentation.
- Review DNP Portfolio contents each semester.
- Assign final grade for DNP 712 (Pass/Fail) each semester in consultation with other committee member(s) (Second Reader) if applicable.
VII. OTHER STUDENT INFORMATION

DNP Student Blackboard
The blackboard site offers students access to information relevant to the DNP program by your admittance cohort. The site contains announcements, forms, links, and other useful information needed throughout the year.

1. Log into Blackboard (http://myasucourses.asu.edu)
2. Click on the ‘Organizations’ tab
3. Search for 2013 BSN to DNP; 2014 BSN to DNP; 2015 BSN to DNP (Use your year of admittance to search for the correct blackboard. Information is provided by cohort.)

Personal Record Forms
Students are requested to advise the University Registrar Office regarding addresses, telephone, or name changes. Failure to do so interferes with the timely receipt of financial reimbursements or other important information. https://students.asu.edu/forms/registration

The Office for Graduate Education
The DNP academic unit is responsible for upholding the policies and procedures set forth by the Office for Graduate Education. DNP students are held to the minimum requirements of Graduate Education as well as any additional requirements set forth by the College of Nursing and Health Innovation.

Students are to address all questions, concerns, grievances first to the academic unit and/or faculty within the College of Nursing and Health Innovation. All such requests are moved forward as needed to Graduate Education for review or completion.

The following is list of the current policies and procedures for the College of Nursing and Health Innovation and Graduate Education. Please note that procedures are subject to modification at any time. Students are advised to contact the DNP Program Office if there are any questions about current procedures.

Petitions
Some requests apply only to policies of the College of Nursing and Health Innovation while others also require the approval of Graduate Education. Students should contact the DNP Program Office to determine what petitions must be submitted for their particular request.

Graduate Education Petitions
Please refer to the Graduate Education website for the most current information: http://graduate.asu.edu/progress/steps/petitions/guidelines_for_petitions.

Petitions to the College of Nursing and Health Innovation (CONHI)
Please follow these instructions for submitting a petition to the CONHI. Use one Petition to Standards Committee Form for each request. Right click to save PDF to your computer: https://nursingandhealth.asu.edu/student-life/current-students
Submit your completed form with attached documentation to the nursingandhealth@asu.edu where your petition request will be reviewed prior to submission to the Standards Committee. If the petition is incomplete or unclear it will be returned to the students. Students will be notified in writing within one week of the committee meeting of the action taken on their petition. The Chair of the Standards committee will designate someone to contact the student. Results will NOT be provided over the phone.

**Grade Appeals/Grievance**
Students may appeal a graduate course grade through the College of Nursing and Health Innovation Grievance Procedure outlined in the Grievance policy in the appendix.

**VII. STUDENT AND PROFESSIONAL ORGANIZATIONS**

**Graduate Nurse Organization**
The Graduate Nurse Organization was established in 1975 and is a recognized student organization of Arizona State University. All students admitted to the DNP Program are eligible for membership. Purpose:

1. To provide communication, cooperation, and understanding between College of Nursing and Healthcare Innovation graduate students and faculty.
2. To provide direct lines of responsibility to effectively handle all College of Nursing and Healthcare Innovation graduate student affairs.
3. To promote quality graduate education.

The Graduate Nurse Organization designates student representation on College of Nursing and Health Innovation committees. Throughout the academic year this organization sponsors activities which foster career development and socialization among students.

**Graduate Professional Student Association (GPSA)**
GPSA is the official representative group of the graduate student body. The purpose of GPSA is to promote self-government and leadership at Arizona State University and to enhance the educational, social, and cultural experiences of the students. Every college in the University is represented in GPSA by a College Council; each council elects two members to represent the respective college and serve as voting members in the Associated Student Senate.

**IX. ASU RESOURCES**

Library: [https://lib.asu.edu/](https://lib.asu.edu/)

Bookstore: [https://lib.asu.edu/search/bookstore/](https://lib.asu.edu/search/bookstore/)

ASU Health Services: [https://eoss.asu.edu/health](https://eoss.asu.edu/health)
ASU WellDevils: https://eoss.asu.edu/welldevils

Sun Cards: http://cfo.asu.edu/suncard-get

Parking and Transportation: https://asuparking.t2hosted.com/cmn/account.aspx
The Essentials of Doctoral Education for Advanced Nursing Practice

I. Scientific Underpinnings for Practice

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

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

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

V. Health Care Policy for Advocacy in Health Care

VI. Inter-professional Collaboration for Improving Patient and Population Health Outcomes

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

VIII. Advanced Nursing Practice
Appendix B - National Organization of Nurse Practitioners Faculties (NONPF) Nurse Practitioner Core Competencies 2012

- [http://www.nonpf.org/?page=14](http://www.nonpf.org/?page=14)

**Scientific Foundation Competencies**
1. Critically analyzes data and evidence for improving advanced nursing practice.
2. Integrates knowledge from the humanities and sciences within the context of nursing science.
3. Translates research and other forms of knowledge to improve practice processes and outcomes.
4. Develops new practice approaches based on the integration of research, theory, and practice knowledge.

**Leadership Competencies**
1. Assumes complex and advanced leadership roles to initiate and guide change.
2. Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care teams, and policy makers) to improve health care.
3. Demonstrates leadership that uses critical and reflective thinking.
4. Advocates for improved access, quality and cost effective health care.
5. Advances practice through the development and implementation of innovations incorporating principles of change.
6. Communicates practice knowledge effectively both orally and in writing.
7. Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus.

**Quality Competencies**
1. Uses best available evidence to continuously improve quality of clinical practice.
2. Evaluates the relationships among access, cost, quality, and safety and their influence on health care.
3. Evaluates how organizational structure, care processes, financing, marketing and policy decisions impact the quality of health care.
4. Applies skills in peer review to promote a culture of excellence.
5. Anticipates variations in practice and is proactive in implementing interventions to ensure quality.

**Practice Inquiry Competencies**
1. Provides leadership in the translation of new knowledge into practice.
2. Generates knowledge from clinical practice to improve practice and patient outcomes.
3. Applies clinical investigative skills to improve health outcomes.
4. Leads practice inquiry, individually or in partnership with others.
5. Disseminates evidence from inquiry to diverse audiences using multiple modalities.
6. Analyzes clinical guidelines for individualized application into practice

**Technology and Information Literacy Competencies**
1. Integrates appropriate technologies for knowledge management to improve health care.
2. Translates technical and scientific health information appropriate for various users’ needs.
   2a). Assesses the patient’s and caregiver’s educational needs to provide effective, personalized health care.
   2b). Coaches the patient and caregiver for positive behavioral change.
3. Demonstrates information literacy skills in complex decision making.
4. Contributes to the design of clinical information systems that promote safe, quality and cost effective care.
5. Uses technology systems that capture data on variables for the evaluation of nursing care.

**Policy Competencies**
1. Demonstrates an understanding of the interdependence of policy and practice.
2. Advocates for ethical policies that promote access, equity, quality, and cost.
3. Analyzes ethical, legal, and social factors influencing policy development.
4. Contributes in the development of health policy.
5. Analyzes the implications of health policy across disciplines.
6. Evaluates the impact of globalization on health care policy development.

**Health Delivery System Competencies**
1. Applies knowledge of organizational practices and complex systems to improve health care delivery.
2. Effects health care change using broad based skills including negotiating, consensus-building, and partnering.
3. Minimizes risk to patients and providers at the individual and systems level.
4. Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders.
5. Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment.
6. Analyzes organizational structure, functions and resources to improve the delivery of care.
7. Collaborates in planning for transitions across the continuum of care.

**Ethics Competencies**
1. Integrates ethical principles in decision making.
2. Evaluates the ethical consequences of decisions.
3. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.

**Independent Practice Competencies**
1. Functions as a licensed independent practitioner.
2. Demonstrates the highest level of accountability for professional practice.  
3. Practices independently managing previously diagnosed and undiagnosed patients.  
   3a). Provides the full spectrum of health care services to include health promotion,  
       disease prevention, health protection, anticipatory guidance, counseling, disease  
       management, palliative, and end of life care.  
   3b). Uses advanced health assessment skills to differentiate between normal, variations  
       of normal and abnormal findings.  
   3c). Employs screening and diagnostic strategies in the development of diagnoses.  
   3d). Prescribes medications within scope of practice.  
   3e). Manages the health/illness status of patients and families over time.  

4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a  
   full partner in decision-making.  
   4a). Works to establish a relationship with the patient characterized by mutual respect,  
       empathy, and collaboration.  
   4b). Creates a climate of patient-centered care to include confidentiality, privacy,  
       comfort, emotional support, mutual trust, and respect.  
   4c). Incorporates the patient’s cultural and spiritual preferences, values, and beliefs into  
       health care.  
   4d). Preserves the patient’s control over decision making by negotiating a mutually  
       acceptable plan of care.
## Appendix C - Academic Learning Plan and Residency Activities Log

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<th>Student Name:</th>
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<td><strong>Current Semester/year:</strong></td>
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<tr>
<th>Course Faculty/Mentor</th>
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<tr>
<th>Current clinical practice site</th>
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<tr>
<td><em>(Name/Address of ASU placement (BS-DNP) or job worksite (PM-DNP))</em></td>
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<tr>
<th>Potential EB Project Site</th>
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<tr>
<th>Justification of EB Project Site</th>
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<td><em>Why is this fitting location/ practice for the proposed change?</em></td>
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<tr>
<th>Clinical Preceptor(s)/ Site Mentor(s)</th>
<th>Name &amp; credentials (list each)</th>
<th>Location (site name &amp; address)</th>
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### Residency Hours Activities Log

**Program Goal**

I. **Scientific Underpinnings for Practice (goal)**

**Objectives:**

1. Integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the bases for the highest level of nursing practice.

2. Use science-based theories and concepts to:
   - Determine the nature and significance of health and health care delivery phenomena;
   - Describe the actions and advanced strategies to enhance, alleviate, and ameliorate health and health care delivery phenomena as appropriate; and
   - Evaluate outcomes

3. Develop and evaluate new practice approaches based on nursing theories and theories from other disciplines.

<table>
<thead>
<tr>
<th>Activities to Achieve Objectives</th>
<th># of 712 Hours (clock hours)</th>
<th>Date(s)</th>
<th>Evaluation (Deliverable, i.e.: certificate, project, paper, poster, CEU, meeting minutes or notes, …)</th>
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### Program Goal

**II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking**

**Objectives:**
1. Develop and evaluate care delivery approaches that meet current and future needs of patient populations based on scientific findings in nursing and other clinical sciences, as well as organizational, political, and economic sciences.
2. Ensure accountability for quality of health care and patient safety for populations with whom they work.
   - Use advanced communication skills/processes to lead quality improvement and patient safety initiatives in health care systems.
   - Employ principles of business, finance, economics, and health policy to develop and implement effective plans for practice-level and/or system-wide practice initiatives that will improve the quality of care delivery.
   - Develop and/or monitor budgets for practice initiatives.
   - Analyze the cost-effectiveness of practice initiatives accounting for risk and improvement of health care outcomes.
   - Demonstrate sensitivity to diverse organizational cultures and populations, including patients and providers.
3. Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the health care organization, and research.

### Activities to Achieve Objectives

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<thead>
<tr>
<th>Activities to Achieve Objectives</th>
<th># of 712 Hours</th>
<th>Date(s)</th>
<th>Evaluation</th>
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**Total Residency hours to date=**

**Program Goal**

**III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice**
Objectives:
1. Use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice.
2. Design and implement processes to evaluate outcomes of practice, practice patterns, and systems of care within a practice setting, health care organization, or community against national benchmarks to determine variances in practice outcomes and population trends.
3. Design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient-centered care.
4. Apply relevant findings to develop practice guidelines and improve practice and the practice environment.
5. Use information technology and research methods appropriately to:
   • collect appropriate and accurate data to generate evidence for nursing practice
   • inform and guide the design of databases that generate meaningful evidence for nursing practice
   • analyze data from practice
   • design evidence-based interventions
   • predict and analyze outcomes
   • examine patterns of behavior and outcomes
   • identify gaps in evidence for practice
6. Function as a practice specialist/consultant in collaborative knowledge-generating research.
7. Disseminate findings from evidence-based practice and research to improve healthcare outcomes

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<th>Activities to Achieve Objectives</th>
<th># of 712 Hours (clock hours)</th>
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Program Goal
IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care
Objectives:
1. Design, select, use, and evaluate programs that evaluate and monitor outcomes of care, care systems, and quality improvement including consumer use of health care information systems.
2. Analyze and communicate critical elements necessary to the selection, use and evaluation of health care information systems and patient care technology.
3. Demonstrate the conceptual ability and technical skills to develop and execute an evaluation plan involving data extraction from practice information systems and databases.
4. Provide leadership in the evaluation and resolution of ethical and legal issues within healthcare systems relating to the use of information, information technology, communication networks, and patient care technology.
5. Evaluate consumer health information sources for accuracy, timeliness, and appropriateness.

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<th>Activities to Achieve Objectives</th>
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Program Goal  
V: Health Care Policy for Advocacy in Health Care  
Objectives:  
1. Critically analyze health policy proposals, health policies, and related issues from the perspective of consumers, nursing, other health professions, and other stakeholders in policy and public forums.  
2. Demonstrate leadership in the development and implementation of institutional, local, state, federal, and/or international health policy.  
3. Influence policy makers through active participation on committees, boards, or task forces at the institutional, local, state, regional, national, and/or international levels to improve health care delivery and outcomes.  
4. Educate others, including policy makers at all levels, regarding nursing, health policy, and patient care outcomes.  
5. Advocate for the nursing profession within the policy and healthcare communities.  
6. Develop, evaluate, and provide leadership for health care policy that shapes health care financing, regulation, and delivery.  
7. Advocate for social justice, equity, and ethical policies within all healthcare arenas.

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<th>Activities to Achieve Objectives</th>
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**Program Goal**
**VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes.**

**Objectives:**
1. Employ effective communication and collaborative skills in the development and implementation of practice models, peer review, practice guidelines, health policy, standards of care, and/or other scholarly products.
2. Lead interprofessional teams in the analysis of complex practice and organizational issues.
3. Employ consultative and leadership skills with intraprofessional and interprofessional teams to create change in health care and complex healthcare delivery systems.
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**Total Residency hours to date=**
(cumulative hours)

**Program Goal**
VII: Clinical Prevention and Population Health for Improving the Nation’s Health

**Objectives:**
1. Analyze epidemiological, biostatistical, environmental, and other appropriate scientific data related to individual, aggregate, and population health.
2. Synthesize concepts, including psychosocial dimensions and cultural diversity, related to clinical prevention and population health in developing, implementing, and evaluating interventions to address health promotion/disease prevention efforts, improve health status/access patterns, and/or address gaps in care of individuals, aggregates, or populations.

3. Evaluate care delivery models and/or strategies using concepts related to community, environmental and occupational health, and cultural and socioeconomic dimensions of health.

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<th>Activities to Achieve Objectives</th>
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Semester 

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Total Residency hours to date=
(cumulative hours)

Program Goal
VIII: Advanced Nursing Practice
Objectives:
1. Conduct a comprehensive and systematic assessment of health and illness parameters in complex situations, incorporating diverse and culturally sensitive approaches.
2. Design, implement, and evaluate therapeutic interventions based on nursing science and other sciences.
3. Develop and sustain therapeutic relationships and partnerships with patients (individual, family or group) and other professionals to facilitate optimal care and patient outcomes.
4. Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.
5. Guide, mentor, and support other nurses to achieve excellence in nursing practice.
6. Educate and guide individuals and groups through complex health and situational transitions.
7. Use conceptual and analytical skills in evaluating the links among practice,

Activities to Achieve Objectives
What will you do/How will you do it?

| Semester I |
| Semester 2 |

# of 712 Hours
(clock hours)

Date(s)

Evaluation
(Deliverable, i.e.: certificate, project, paper, poster, CEU, meeting minutes or notes….)

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**Total Residency Hours Completed**=
Appendix D - Student Evaluation of Clinical Applied Project Site

Type in data. Highlight responses.
Due during the semesters the student is enrolled in DNP 705 and 707

Student Name:                             Semester and Year:

Faculty Mentor:   Date:

Site name and address:

Preceptor/Site Mentor:

To the Student:
Please use this form to evaluate your site. Your response will help the faculty member and the program office to evaluate the quality of experience. Your honest evaluation is appreciated. Using the following scale, circle the response that represents your perception of your Site. In the space provided, please add comments to clarify and support your response.

MARKING INSTRUCTIONS:
1 = Agree Strongly, 2 = Agree, 3 = Disagree, 4 = Disagree Strongly, N/A = Not Applicable

1. The staff members were well qualified and experienced.   1      2      3      4      N/A
2. The facilities for students were adequate.       1      2      3      4      N/A
3. Orientation to the agency was adequate.     1      2      3      4      N/A
4. Opportunities for discussion with the staff were adequate.    1      2      3      4      N/A
5. The assignments met my learning objectives.    1      2      3      4      N/A
6. Staff members were supportive of students.     1      2      3      4      N/A
7. The agency provided agreed upon resources for meeting learning objectives.  1      2      3      4      N/A
8. I was given a manageable workload at this site.      1      2      3      4      N/A
9. I recommend that this site be considered for placement in the future.  1      2      3      4      N/A

Comments: (attach additional page as needed.)

Appendix E - Preceptor Evaluation of Student in Clinical Residency and Project Work

Type in data. Highlight responses.
Due during the semesters the student is enrolled in DNP 705 and 707
Preceptor/Site Mentor:       Semester and Year:

Student Name:               Date:

Site name and address:

Preceptor signature (e-sig is acceptable):

**To the Preceptor:**

Please use this form to evaluate the performance of the student named above. Your response will help the ASU DNP Program evaluate the performance of their students in general, and will provide the basis for this student's semester grade. Your honest evaluation is much appreciated. Using the following scale, circle the response that represents your perception of the interaction. In the space provided, please add comments to clarify and support your evaluation of the program.

**MARKING INSTRUCTIONS:**
1 = Agree Strongly, 2 = Agree, 3 = Disagree, 4 = Disagree Strongly, N/A = Not Applicable

1. **Student demonstrated the ability to identify tasks necessary to accomplish goals or learning objectives.**  
   1  2  3  4  N/A

2. Student demonstrated the ability to coordinate and implement tasks to accomplish goals or learning objectives.  
   1  2  3  4  N/A

3. Student demonstrated the ability to evaluate and to improve the effectiveness of his/her own work.  
   1  2  3  4  N/A

4. Student demonstrated the ability to make decisions or recommend decisions based on his/her assessment of a situation.  
   1  2  3  4  N/A

5. Student accepted responsibility.  
   1  2  3  4  N/A

6. Student was adaptable and worked well in difficult situations.  
   1  2  3  4  N/A

7. Student demonstrated effective time management skills.  
   1  2  3  4  N/A

8. Students understood the significant components of the field agency including the mission statement, organizational structure, job design, motivation and reward system.  
   1  2  3  4  N/A

9. Student demonstrated ability to use the agency's resources (human and material), procedures and structures, effectively.  
   1  2  3  4

**Interpersonal Skills**
1. Student worked effectively in task-oriented groups reflecting diverse people and perspectives.

   1  2  3  4  N/A

2. Student demonstrated an ability to work effectively with a spectrum of citizens and/or consumers served by the agency.

   1  2  3  4  N/A

3. Student demonstrated an ability to present ideas in a professional manner.

   1  2  3  4  N/A

4. Student demonstrated an ability to negotiate and to resolve conflict.

   1  2  3  4  N/A

5. Student demonstrated the ability to coordinate the efforts of a task-oriented group.

   1  2  3  4  N/A

6. Student demonstrated effective written communication skills.

   1  2  3  4  N/A

7. Student demonstrated effective oral communication skills.

   1  2  3  4  N/A

Professional Character

1. Student adhered to commitments made to the agency, colleagues and citizens (clients/consumers).

   1  2  3  4  N/A

2. Student acted in accordance with high standards of professional integrity and impartiality.

   1  2  3  4  N/A

3. Student was respectful, fair and courteous.

   1  2  3  4  N/A

Comments:  (attach additional page as needed.)

Appendix F – Blood-Borne Pathogens Policies

Policy 1:
A College of Nursing and Health Innovation student who sustains an exposure to blood borne pathogens while performing a nursing student related function, will be afforded immediate, confidential medical evaluation and subsequent medical follow-up and prophylactic medical care in compliance with the Occupational Safety Health administrations (OSHA) final Blood borne Pathogens Standard 1910:1030.

Policy 2:
Students with an exposure incident will be referred for follow-up at Arizona State University Student Health Services Center or they may choose a private physician or other clinical site. Monitoring will be done by the student’s healthcare provider according to OSHA guidelines at 3, 6, and 12 months. The student is responsible for all charges incurred.

OHSA’s Definition of Determinants of Exposure:

2. Blood borne pathogens- pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include but are not limited to Hepatitis B Virus (HB) and Human Immunodeficiency Virus (HIV).

3. Occupational Exposure – reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials; semen, vaginal secretions, cerebrospinal fluid, saliva in dental procedures, and any body fluid visibly contaminated with blood, and all body fluids in situations where it is difficult to differentiate between body fluids. (Note: Tears and sweat are excluded.)

Procedures:
For post-exposure evaluations and follow-up in accordance with OSHA Standard 1910: 1030:
1. The student shall immediately report the injury/exposure to the clinical instructor or supervisor on the unit so that an incident report can be initiated. Chances of contracting HIV from exposure is reduced by 80% if medications are started within 2 hours of exposure.

2. The student will go to the agency employee health department or other designated person or department which will:
   a. Investigate and document the circumstances surrounding the exposure incident;
   b. Arrange for testing the source patient after written informed consent is obtained for HBV and HIV. Consent shall be obtained by the patient’s attending physician or designee. If consent is not obtained, the agency shall establish the legally required consent that cannot be obtained; and,
   c. Provide the student the results of the source patient’s testing, along with the laws and regulations concerning the disclosure of the patient’s identity and infectious status.

3. If the event requires immediate treatment the student will be referred for emergency care prior to going to the agency employee health department. The student is responsible for all expenses incurred.

4. The student shall be referred to the Arizona state University Student Health Services Center for OSHA designated post-exposure follow-up. The student may use another healthcare provider who follows current OSHA guidelines for post-exposure follow-up. If student chooses not to use Student Health then the following is the student’s responsibility.
   a. If student uses another healthcare provider the following information must be evaluated on initial visit:
      − current health status
      − need for tetanus vaccine
- Hepatitis B Immune status
- need for HIV testing

b. Required follow-up care for:

- Three month visit
  1. repeat HIV testing
  2. evaluate health status
  3. refer to private medical care if conversion occurs

- Six month visit
  1. follow steps 1 through 3 of three month visit

- Twelve month visit
  1. follow steps 1 through 3 of three month visit
  2. end follow up if no conversion

OSHA Standard 1910:1030 requires the record of the exposed student be kept for the duration of the status as a student plus thirty (30) years. These copies reside with the student and the student’s healthcare provider.

*Approved Revised Policy by Standards 05/2002*

*Approved by Faculty Assembly 5/7/2001*
Appendix G – Unusual Occurrence Policy

An unusual occurrence is any event of which a faculty is made aware and that has potential to result in harm to a student, or to others while in the College of Nursing and Health Innovation or at a clinical site while the student is functioning in the capacity of a student nurse. The student is responsible for informing the faculty member of the occurrence as soon as possible after the occurrence. The faculty member and the student must document such occurrences.

Procedure:
The following procedure is to be followed when an unusual occurrence happens that involves a student.

1. Faculty member arranges for immediate care of the student as necessary. The student is to be referred to Student Health Services or the student’s healthcare provider of choice.
2. The student is responsible for all healthcare costs for her/himself incurred in treatment of said injury. The student’s healthcare costs cover both immediate care and any necessary follow-up care. The College is not financially responsible or any costs incurred by the student.
3. Complete a Report of Unusual Occurrence form that may be obtained from either the Student Services Office or the Program Office. The Report of Unusual Occurrence form is to be forwarded to the appropriate Program Director for review.
4. In addition, one copy of the Report of Incidence is to be kept by the student, and one copy is to be sent to the student’s file in Student Services Office.
5. If the student or person harmed declines immediate care or referral for follow-up care, this [declination] is to be noted on the Report of Unusual Occurrence form under ‘Other’, with an explanation.
6. If the student does not want to sign the form, the faculty member should complete it, note that the student has refused to sign, and provide the student with a copy.
7. Upon notification by the student of an unusual occurrence that involves potential or actual harm to the student, another person, or to agency product/property, the faculty member will meet with the student to determine the nature of the occurrence. The faculty member will then contact the nursing supervisor at the clinical site to complete the appropriate agency incident report.
8. Faculty member and student will complete the College of Nursing and Health Innovation Report of Unusual Occurrence form.
9. The original is given to the student, one copy to the student file, and one copy to the appropriate Program Director’s office.
10. Faculty member will obtain a copy of agency incident report when possible and submit that report with the College of Nursing and Health Innovation Unusual Occurrence form to the appropriate Program Director’s Office.
11. The Program Director’s Office will notify ASU Environmental Health & Safety / legal counsel regarding the event.
Appendix H – Safe Practices in Clinical Settings

The student in the College of Nursing and Health Innovation is expected to demonstrate safe professional behavior which includes promoting the actual or potential well-being of clients, healthcare workers, and self in the biological, psychological, sociological, and cultural realms and demonstrating accountability in preparation for, provision and documentation of nursing care.

The purpose of setting safe performance clinical standards is to: 1) identify expectations of the College of Nursing and Health Innovation; 2) to comply with licensure regulations and agency agreements; and 3) to identify and help students who need assistance and support to succeed in the nursing program.

Indicators to be used as guidelines for determining safe performance are:

1. Regulatory: Students practice within the boundaries of the Arizona State Nurse Practice Act, the ANA Code of Ethics for Nurses; the guidelines, objectives and policies of the College of Nursing and Health Innovation; and the rules and regulations of the healthcare agency where they are assigned for clinical learning experience. Students are also required to obey all applicable laws.

   Examples of unsafe practice include but are not limited to the following:
   - fails to notify the agency and/or instructor of clinical absence.
   - fails to follow College of Nursing and Health Innovation and/or agency policies and procedures.
   - reports for clinical practicum under the influence of drugs and/or alcohol.

2. Ethical: The student performs according to the guidelines of the American Nurse’s Association Code of Ethics for Nurses, Standards of Practice, and the Arizona State Nurse Practice Act. Students must be able and willing to accept professional supervision from faculty and other supervisors and effectively integrate feedback they perceive.

   Examples of unsafe practice include but are not limited to the following:
   - refuses assignments based on client’s race, culture, religious preference, sex, sexual orientation, national origin, age, handicapping condition or any other protected status category.
   - fails to consult with instructor prior to refusing assignment based on medical diagnosis of the client.
   - denies, covers-up or does not report own errors in clinical practice.
   - ignores and fails to report unethical behavior of other healthcare persons in the clinical setting which affects client welfare.

3. Biological, Psychological, Social, and Cultural Realms: The student’s performance meets the needs of the human system from a biological, psychological, sociological, and cultural standpoint at the level of the nursing course objectives.

   Examples of unsafe practice include but are not limited to the following:
   - displays mental, physical, or emotional behavior(s) which may adversely affect others’ well being.
   - fails to follow through on suggested referrals or interventions to correct deficit areas which may result in harm to others.
   - commits acts of omission or commission in the care of clients in hazardous positions, conditions, or circumstances; mental or emotional abuse; and medication errors.
   - interacts inappropriately with agency staff, co-workers, peers, patients/clients, families, faculty resulting in miscommunication, disruption of client care and/or unit functioning.
   - lacks physical coordination essential for carrying out nursing procedures.
• lacks information processing ability necessary for making appropriate clinical judgments or decisions.

4. Accountability: The student’s performance demonstrates consistency in the responsible preparation, documentation, and promotion for the healthcare of clients, according to course objectives. Examples of unsafe practice include but are not limited to the following:
• fails to provide inclusive written communication on appropriate documents or verbal communication to faculty and/or appropriate agency personnel.
• fails to accurately record essential client behaviors.
• fails to report incompetent, unethical or illegal practice of any person.
• attempts activities without adequate orientation, theoretical preparation or appropriate assistance.
• fails to maintain honesty in clinical practice and/or written work.
• is habitually tardy to clinical practicum.

5. Human Rights: The student’s performance demonstrates respect for the individual, client, health team member, faculty, and self, including but not limited to the legal, ethical, and cultural realms. Examples of unsafe practice include but are not limited to the following:
• fails to maintain confidentiality of interactions.
• fails to maintain confidentiality of records.
• exhibits dishonesty in relationships with peers, faculty, clients/patients and/or agency personnel.
• fails to recognize and promote every patient’s rights.

Implementation
Unsafe behaviors(s) related to a student’s performance must be clearly described and documented. Confirmation, or with supporting observation of clinical staff, should be included in the documentation of the performance problems, if possible. The student has a right to provide input and/or data regarding his/her clinical performance and to consult with the clinical instructor, the course coordinator, site coordinator, program director, and/or associate dean.

The clinical instructor will document unsafe behaviors and take appropriate action which may include one or more of the following:
• A conference between the student and clinical instructor;
• Discussion of appropriate action by student;
• Written agreement between faculty and student for behavioral remediation;
• Consultation by faculty member and student with the course chairperson and/or associate dean;
• Referral to the campus Health Services for physical health assessment to determine if there are any factors impacting on students’ performance, and any recommendations for healthcare;
• Referral to Counseling and Psychological Services for psychological or drug/alcohol assessment to determine if there are any factors impacting on student performance and any recommendation for healthcare;
• Request consent from student for release of information to and from referring service;
• Consultation by student with own healthcare provider and evidence of such action to the associate dean;
• Removal from the clinical practicum with appropriate action, e.g., with a failure to meet clinical course objectives, leading to possible suspension or dismissal from the nursing program.
The Dean or designee may, with sole discretion, adopt alternate procedures as appropriate to the circumstances as long as those procedures are communicated in writing to the student.

The student may initiate the appeal process according to the procedures outlined in the College of Nursing and Health Innovation Student Handbook.

In such case that the behavior violates the Arizona Board of Regents’ Code of Conduct, charges will be brought under this Code.

Cross referenced with Professional Practice Guidelines published in practice course syllabi.
Adapted from University of Arizona College of Nursing and Health Innovation

Approved by Faculty Assembly 5-7-01
Appendix I – Students Practicing Skills on other Students

Effective: 5/7/01  Reviewed: 4/1/13  Revised: 8/1/12

Students Practicing Specific Skills On Other Students

Purpose

To provide students an opportunity to consent to having other students practice specific skills under supervision in the laboratory setting.

Sources

College of Nursing and Health Baccalaureate Program Handbook for Clinical Nursing Students
https://nursingandhealth.asu.edu/files/students/handbooks/ug.pdf

OSHA Standards on Universal Precautions

Applicability

All CONHI students in clinical/laboratory settings.

Protocol

- Students may practice skills in a laboratory situation prior to implementing these skills on clients in clinical practice settings.
- Students perform these skills under faculty supervision in the laboratory.
- Students perform many non-invasive skills on each other including the variety of health assessment techniques used according to the scope of practice (undergraduate vs. graduate). Health assessment skills include, but are not limited to, heart and breath sounds, head, extremity, breast and abdomen examination, etc. Psychomotor skills include, but are not limited to, bathing, transfers and activities of daily living.

Any skill that involves privacy or religious connotations (such as breast exams) may have alternative learning modalities provided as needed. Practicing skills on another student is not a course requirement.

Demonstration of the invasive skills of subcutaneous and intra-dermal injections on another student or finger stick on self will be allowed in the laboratory setting only (see definition of invasive procedure below).

The college assumes no liability for students practicing skills unsupervised out of the laboratory setting.

Prior to performing above invasive skills students receive the following specific theoretical information:

Universal Precautions/OSHA Standards
Requirements of Risk Management
Blood borne Pathogens
Students Practicing Specific Skills On Other Students

Asepsis/Sterile Techniques
Procedural Techniques

Equipment Management
Rational/Goals of Procedures

Procedure

Students are required to sign an informed consent form prior to participating in any skills. Students who do not consent to practice on other students or to be practiced on will have a similar experience using manikins and other equipment. Practicing skills on another student is not an expectation to successfully pass the clinical course. Should a student wish to change to consent to practicing specific skills on other students, that student must sign the revocation on the original consent form and a new consent form to practice skills on others.
Appendix J – Grievance Policy

Effective: 1/1/03  Reviewed: 4/1/13  Revised: 4/18/2011

Academic Grievance

Purpose

To provide informal and formal mechanisms to facilitate the systematic review and resolution of student academic grievances.

Sources

- College of Nursing and Health Baccalaureate Program Handbook for Clinical Nursing Students
  [https://nursingandhealth.asu.edu/files/students/handbooks/ug.pdf](https://nursingandhealth.asu.edu/files/students/handbooks/ug.pdf)

- Allegations of academic dishonesty are subject to review under the ASU Academic Integrity Policy
  [http://provost.asu.edu/academicintegrity](http://provost.asu.edu/academicintegrity)

- Allegations of scientific misconduct are subject to review under ASU Policy RSP210: Misconduct in Research in the Research and Sponsored Projects Policies and Procedures Manual.
  [http://researchintegrity.asu.edu/misconduct](http://researchintegrity.asu.edu/misconduct)

- The Office of Diversity Staff is available to investigate and resolve allegations of unlawful discrimination or harassment
  [http://diversity.asu.edu/node/2](http://diversity.asu.edu/node/2)

Applicability

All COHNI students.

Protocol

It is the policy of the College of Nursing and Health Innovation to provide informal and formal mechanisms to facilitate the systematic review and resolution of student academic grievances.

Procedure

I. Introduction

A. The Academic Grievance Process of the College consists of both an Informal and Formal Procedure. The Aggrieved Student who has a concern or claim based upon an event or condition allegedly resulting from unfair application of
Academic Grievance

College and/or course policies and/or procedures has the right to question the application through the process established for this purpose.

B. The Aggrieved Student will complete the informal process before initiating the formal process. The aggrieved student may contact the ombudsperson to assist with the filing of the grievance.

C. The Aggrieved Student may terminate an Academic Grievance at any time by submitting a written request to the Associate Dean for Academic Affairs. If such a decision is reached by the Aggrieved Student, the Faculty Member(s), Chair of the Academic Grievance Committee and appropriate Academic Program Director will be immediately notified in writing of the termination of the Academic Grievance.

II. Student Academic Grievance: Informal Procedure

A. Step 1: Within 5 business days from the alleged academic grievance the Aggrieved Student prepares and submits the Academic Communication Form (Attachment C-1) to the Faculty Member(s).

B. Step 2: Faculty Member(s) and Aggrieved Student meet within 5 business days of faculty receipt of the Academic Communication Form (Attachment C-1) in an attempt to resolve the Academic Grievance. In the context of the meeting:
   a. The Aggrieved Student is responsible for providing evidence regarding the event or condition that allegedly resulted from unfair application of the College and/or course policies and procedures.
   b. The Faculty Member(s) is obliged to review the material(s) presented and respond to the evidence and reasons presented.
   c. If the Academic Grievance is resolved, the Academic Communication Form (Attachment C-1) is signed by both parties and forwarded to the Associate Dean for Academic Affairs, concluding the Informal Grievance process.

C. Step 3: If the Academic Grievance is not resolved, the Aggrieved Student may appeal to the appropriate Academic Program Director or designee by forwarding the Academic Communication Form (Attachment C-1) to the Academic Program Director and request a meeting to be held within 10 business days of the completion of B. Step 2:
   a. The appropriate Academic Program Director or designee will inform the Faculty Member(s) that the Aggrieved Student has requested a meeting regarding the alleged grievance.

D. Step 4: The Aggrieved Student and the appropriate Academic Program Director or designee meet. In the context of the meeting with the Aggrieved Student:
   a. The Aggrieved Student is responsible for providing evidence, and reasons in support of the Academic Grievance.
   b. The appropriate Academic Program Director or designee is obliged to review the material(s) presented and respond to the evidence and reasons presented on the Academic Communication Form (Attachment C-1).
   c. The Academic Program Director or designee will inform the student and faculty of the outcome of the meeting using the Academic Communication Form (Attachment C-2). A copy of Academic Communication Form (Attachment C-2) will be provided to the student, faculty and Associate Dean for Academic Affairs.
   d. If the Academic Grievance is resolved, this terminates the Informal Procedure.
   e. If the Academic Grievance is not resolved, the Aggrieved Student, within ten (10) business days of the meeting between Academic Program Director or designee and student will prepare and submit the Academic Communication...
II. Initiation of a Formal Grievance
A. Step 1: The role of the Associate Dean for Academic Affairs:
a. Advises the Aggrieved Student of the protocol for the Formal Grievance Procedure.
b. Notifies the Chair of the Academic Grievance Committee within 5 business days of the student’s request
c. Appoints a faculty member to serve as temporary chair to convene the committee in the event that the Chair or chair elect are not available to convene the committee

III. Student Academic Grievance: Formal Procedure
A. Step 1: The Chair and members of the Academic Grievance Committee will review the submitted Academic Communication Forms (Attachments C-1 and C-2) and the Statement of Academic Grievance Form (Attachment C-3) within five (5) business days of notification of a Formal Grievance request to determine whether the occurrence is an appropriate grievance.
   a. the outcome of the review (Attachment C-4) will be forward to the Aggrieved Student, Faculty Member(s), and Associate Dean for Academic Affairs within five (5) business days
   b. within 5 business days of notification outcome of the review (Attachment C-4) that supports a formal grievance hearing, the following data must be submitted to the Chair of the Academic Grievance Committee
      i. The Aggrieved Student is responsible for providing the Chair:
         1. Evidence and reasons in support of the Academic Grievance
         2. Names of supporting individuals and their written statements in support of the Academic Grievance
         3. Any other relevant documents that will be offered in support of the Academic Grievance
      ii. The Faculty Member(s) is/are responsible for providing the Chair:
         1. Evidence in support of the Faculty Member(s) position, (2) names of supporting individuals and their written statements in support of the Faculty Member(s) position
         2. Any other documents relevant to the Academic Grievance that will be offered in support of the Faculty Member(s) position
   c. The rights and obligations of all parties involved are:
      i. All parties have the right to an Advocate of their choice with whom to consult and from whom to receive assistance in preparation for the hearing. The Advocate may attend the meeting as an observer only but will have no voice
      ii. All parties have the Right to Discovery - to have access to copies of all supporting documents that will be presented at the Academic Grievance Committee hearing
      iii. All parties have the right to challenge the impartiality of any member of the Academic Grievance Committee. A written statement of the challenge must be submitted to the Chair of the Academic Grievance Committee within five (5) business days prior to the scheduled hearing. The challenge of impartiality will be reviewed and accepted or denied by the Chair of the Academic Grievance Committee. In the event the impartiality of the Chair of the Academic Grievance Committee is challenged the Chair will appoint a temporary Chair from the Academic Grievance Committee faculty members to act on that challenge.
Academic Grievance

B. Step 2: The Chair will convene the Academic Grievance Committee within five business (5) days receipt of evidence from the Aggrieved Student and the faculty for the purpose of clarifying the Formal Procedure and process for the Academic Grievance Committee hearing.

a. Each member of the Academic Grievance Committee and the support staff will be required to sign a Statement of Impartiality and Confidentiality (Attachment C-5). If any member is unable to sign this statement, he/she will automatically be disqualified from participation in the Academic Grievance Committee hearing and another faculty/student member will be appointed by the Chair of the Faculty Assembly.

b. A total of 4 members (faculty and student representatives) constitute a quorum of the Grievance Committee. All committee members have voice and vote. The chair of the committee has voice but only votes to break a tie.

c. Advocate and Ombudsperson are observers and do not have voice or vote.

d. Supporting individuals have voice but not vote.

C. Step 3: The Chair will designate a date and time for the formal hearing of the Academic Grievance Committee and communicate such to all parties involved. Every effort will be made to accommodate the schedules the Aggrieved Student and members of the committee in planning the formal hearing; however, the formal grievance must be processed in the semester following the issuance of the grade in dispute.

D. Step 4: The formal hearing will be held in accordance with the Academic Grievance Committee Meeting Membership, Structure, Protocol and Proceedings.

E. Step 5: Upon completion of the Academic Grievance hearing, the Academic Grievance Committee members will deliberate and formulate recommendations. Within two (2) business days of completion of deliberations, the Chair of the Academic Grievance Committee will deliver the audio tape of the meeting and Grievance Committee Recommendations with rationale (Attachment C-6) to the Dean or designee.

F. Step 6: Within five (5) business days of receiving the Academic Grievance Committee’s written recommendation, the Dean or designee will advise both parties [student and faculty member(s)] of the Dean’s decision and action to be taken. The decision of the Dean is final. At this point, the Formal Academic Grievance Procedure is concluded.

Appendix K – Reporting & Investigating Procedure

During the course of study, a student may observe behaviors in others that are considered an insult to academic and/or professional integrity. In the College of Nursing and Health Innovation, one has the responsibility to report any questionable activity seen in the classroom or clinical setting. Personal responsibility is the beginning of the development of professionalism. Matters that violate the ABOR Student Code should be referred to the Office of Student Life and if personal safety is an issue, to law enforcement.
A suspected instance of violations of academic and/or professional integrity are to be referred to the course instructor, but allows students to consult with someone other than the instructor, who will conduct an investigation in a manner that protects the individual rights of the person(s) involved. Just as there are consequences for violations of academic and professional integrity, so too are there consequences for any student who makes intentionally false accusations.

Sanctions
If a course instructor concludes that a violation of academic and/or professional integrity has occurred, that instructor is obligated to meet with the student(s) involved. The instructor will inform him/her of the action that will be taken in accord with the designated consequences for the particular violation.

Student Appeal of Sanction
A student may appeal the consequences imposed for violation of academic or professional integrity by following the grievance procedures as established by the College of Nursing. Matters that violate the ABOR Student Code or ASU Academic Integrity Policy can be appealed as provided for in those policies.

Consequences for violations may range from a warning or lower grade on an assignment to expulsion from the University. The following are examples of consequences within the authority of the College of Nursing and Health Innovation. Please note: violations of academic and professional integrity may have University as well as College of Nursing and Health Innovation consequences.

Major violations of academic and/or professional integrity include, but are not limited to, the following:

<table>
<thead>
<tr>
<th>Violation</th>
<th>Consequence</th>
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<tbody>
<tr>
<td>Offering for course credit as one’s own work, wholly or in part, the work of another. Incorporating into one’s work offered for a course credit passages taken either verbatim or in substance from the work of another, unless the student cites the original author.</td>
<td>Minimum – Completion of an additional assignment or receive an “E”/zero for the test or assignment. Maximum – Expulsion from the College of Nursing and Health Innovation (CONHI).</td>
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<tr>
<td>Submitting unauthorized collaborative work as one’s own.</td>
<td>Minimum – Receive an “E”/zero for the assignment. Maximum – Expulsion from the CONHI.</td>
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<tr>
<td>Obtaining or attempting to obtain unauthorized prior knowledge of an examination or assignment.</td>
<td>Minimum – Receive an “E”/zero for the test or assignment. Maximum – Expulsion from CONHI.</td>
</tr>
<tr>
<td>Consulting notes, outlines, references or verbal/written answers during an examination.</td>
<td>Minimum – Receive an “E”/zero for the test or assignment. Maximum – Expulsion from the CONHI.</td>
</tr>
<tr>
<td>Selling, giving or in any way transmitting, to another student unauthorized information on or during examinations or assignments.</td>
<td>Minimum – Receive an “E”/zero for the test or assignment. Maximum – Expulsion from the CONHI.</td>
</tr>
<tr>
<td>Taking an examination or satisfying any other course requirement in the place of another student; or having another student take an examination or satisfy any other course requirement for you.</td>
<td>Minimum – Receive an “E”/zero for the test or assignment. Maximum – Expulsion from the CONHI.</td>
</tr>
<tr>
<td>Failing to report an act that a student believes in good faith violates the Academic and Professional Integrity Policy.</td>
<td>Minimum – Counseling or completion of an additional assignment. Maximum – Expulsion from the CONHI.</td>
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<tr>
<td>Falsifying any medical records, including intentional omissions.</td>
<td>Minimum – Receive an “E”/zero for the course.</td>
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<td>Offense</td>
<td>Minimum / Maximum</td>
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<td>------------------------------------------------------------------------</td>
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<td>Falsifying attendance at a required agency, home visit, professional</td>
<td>Minimum – Receive an “E”/zero for the assignment. Maximum – Expulsion from the CONHI.</td>
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<tr>
<td>meeting or clinical experience.</td>
<td></td>
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<tr>
<td>Modifying without faculty approval an examination, paper or report for</td>
<td>Minimum – Receive an “E”/zero for the test or assignment. Maximum – Expulsion from the CONHI.</td>
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<td>the purpose of obtaining additional credit.</td>
<td></td>
</tr>
<tr>
<td>Falsifying or misrepresenting data collection for an assignment,</td>
<td>Minimum – Receive an “E”/zero for the test or assignment. Maximum – Expulsion from the CONHI.</td>
</tr>
<tr>
<td>project or paper.</td>
<td></td>
</tr>
<tr>
<td>Making unauthorized changes in any reported grade or official academic</td>
<td>Minimum/Maximum – Expulsion from the CONHI.</td>
</tr>
<tr>
<td>report</td>
<td></td>
</tr>
<tr>
<td>Physical or verbal threats to clients, faculty, peers, and staff.</td>
<td>Minimum – Counseling. Maximum – Expulsion from the CONHI.</td>
</tr>
<tr>
<td>Offensive or abusive language to others.</td>
<td>Minimum – Counseling. Maximum – Expulsion from the CONHI.</td>
</tr>
<tr>
<td>Other violations of the Code for Nurses.</td>
<td>Minimum – Counseling. Maximum – Expulsion from the CONHI.</td>
</tr>
</tbody>
</table>

Some offenses will be reported to the respective licensing bodies, in accordance with the State Nurse Practice Acts or to the appropriate administrative office or law enforcement agency.