PREFACE

This Handbook will provide you with information about the programs of study and the policies and procedures specific to our School of Nursing. It should be used as a supplement to the Widener University Bulletin, Widener University Student Handbook, and other University Publications. As such, the policies, procedures, regulations, requirements, standard of conduct and other information contained in such other publications are not reprinted herein, but are incorporated by reference herein as if all of the foregoing were set forth at length. All students are obliged to be familiar with and to comply with all of the policies, procedures, regulations, requirements, standards of conduct and other information set forth in such other publications.

The contents of this Handbook provide for the continuing integrity of the programs of study in the School of Nursing, thereby preparing you, the student, for professional roles. The University and the School of Nursing reserve the right and authority at any time to alter any of all of the statements contained herein, to modify the requirements for admission and graduation, to change or discontinue programs of study, to amend any regulation or policy affecting the student body, to increase tuition and fees, to deny admission, to revoke an offer of admissions, and to dismiss from the University any student at any time, if it is deemed by the University or the School of Nursing to be in the best interest of the University, the School of Nursing, the university community, or the student to do so. The provisions of this publication are subject to change without notice, and nothing in this publication may be considered as setting forth terms of a contract between a student or prospective student and Widener University.

ACCREDITATION AND APPROVAL

The (baccalaureate degree in nursing/master's degree in nursing and the Doctor of Nursing Practice at (institution) is accredited by the Commission on Collegiate Nursing Education, One Dupont Circle, NW, Suite 530, Washington, DC 20036, 202-887-6791.

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WIDENER UNIVERSITY SCHOOL OF NURSING  
DOCTOR OF NURSING PRACTICE STUDENT HANDBOOK  

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<td>Grande Trish, Secretary</td>
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SONLIST
OVERVIEW
VISION/MISSION/GOALS

WIDENER UNIVERSITY VISION STATEMENT
Widener aspires to be the nation’s preeminent metropolitan university recognized for an unparalleled academic environment, innovative approaches to learning, active scholarship, and the preparation of students for responsible citizenship in a global society.

WIDENER UNIVERSITY MISSION STATEMENT
As a leading metropolitan university, we achieve our mission at Widener by creating a learning environment where curricula are connected to societal issues through civic engagement. We lead by providing a unique combination of liberal arts and professional education in a challenging, scholarly, and culturally diverse academic community. We engage our students through dynamic teaching, active scholarship, personal attention, and experiential learning. We inspire our students to be citizens of character who demonstrate professional and civic leadership. We contribute to the vitality and well-being of the communities we serve.

WIDENER UNIVERSITY GOALS

- Develop a university community whose diversity enriches the lives of all members and where our students are prepared for living in a pluralistic and ever-changing world.

- Achieve an unparalleled academic environment by promoting rigorous educational programs, productive scholarship and lifelong learning.

- Create a student-centered living and learning experience that supports the achievement of academic excellence.

- Transform Widener into a university known for distinctive education programs that effectively use experiential and collaborative learning, mentoring, and engaged teaching and that emphasize the linkage between the curricula and societal needs.

- Expand and diversify the university’s financial resources and manage its assets in an efficient and effective manner.

- Make Widener an employer of first choice and a place that attracts talented people at all levels to work or volunteer to help us fulfill our unique mission.

- Implement strategies to strengthen the integration of liberal arts and sciences and professional programs, and enrich our general education offerings to ensure that every undergraduate student has common educational experiences involving civic engagement and experiential learning.
• Foster an environment that will encourage innovation in teaching, scholarship and program development.

• Raise the profile of Widener among metropolitan leaders, the general public, the academic disciplines and the national higher education community.

• Optimize the university’s enrollment to achieve a vital university community at both the undergraduate and graduate levels.

• Address the metropolitan region’s most pressing concerns and enhance our program offerings to respond to the educational needs of our communities.

• Actively promote the development of leadership skills and provide opportunities for leadership experiences for members of the university community so that they may demonstrate civic and professional leadership.

• Ensure academic excellence by maintaining the university’s commitment to academic freedom and by upholding faculty governance, especially in matters pertaining to pedagogy, curriculum and scholarship.

5/04

SCHOOL OF NURSING
OVERVIEW

The School of Nursing is an integral part of Widener University. The University was founded in 1821 and has grown to become a multi-campus metropolitan university located in the Commonwealth of Pennsylvania and the state of Delaware. The University’s motto is “Reach higher. Go farther. Choose Widener.” The School of Nursing’s vision, mission and goals are reflective of and consistent with the vision, mission, and goals of the University.

VISION STATEMENT

The Widener University School of Nursing aspires to be a preeminent school of nursing in a metropolitan university recognized for developing clinically prepared, scientifically oriented, technologically proficient, professional nurses who provide leadership as clinicians, educators, scholars and researchers to transform the health and quality of life of diverse communities in a global society.

MISSION STATEMENT

As a comprehensive School of Nursing we achieve our mission by creating a learning environment where curricula are connected to societal health issues through diverse community engagement. We lead by providing a unique professional nursing education in a challenging, scholarly, and supportive learning community. We engage our students through interactive teaching, professional role modeling, active scholarship, and experiential learning. We inspire our students to be professionals who demonstrate leadership in nursing practice, education, scholarship, and research throughout the global community. We contribute to the health and well-being of the communities we serve.

Approved by faculty 9/24/04
SCHOOL OF NURSING STRATEGIC GOALS

1. Foster a SON community whose diversity of all members and where our students are prepared for living and serving in a pluralistic and ever changing world.

2. Achieve an unparalleled academic environment in the SON by promoting rigorous educational programs, productive scholarship, and lifelong learning.

3. Create a student centered living and learning experience that supports the achievement of academic excellence by nursing students.

4. Promote the SON as a school known for offering programs that use experiential learning and collaborative learning, mentoring, and engaged teaching that emphasize the linkage between the curricula and societal needs.

5. Expand and diversify the SON’s financial resources and manage its assets in an efficient and effective manner.

6. Make the SON and employer first choice and a place that attracts talented people at all levels to work or volunteer to fulfill the mission of the SON.

7. Implement strategies to strengthen the integration of liberal arts and sciences and professional programs, and enrich our general education offerings to ensure that every undergraduate nursing student has common educational experiences involving civic engagement and experiential learning.

8. Foster an environment that encourages innovation in teaching, scholarship, and program development.

9. Raise the profile of the SON among metropolitan nursing leaders, the general public, and among the national professional and higher education communities.

10. Optimize the SON’s enrollment to achieve a vital university community at both the undergraduate and graduate levels.

11. Address the metropolitan region’s most pressing health concerns and enhance our program offerings to respond to the needs of our community of interest.

12. Actively promote the development of leadership skills and provide opportunities for leadership experiences for students, faculty, and alumni of the SON so that they may demonstrate civic and professional leadership.

13. Ensure academic excellence by maintaining the SON’s commitment to academic freedom and by upholding faculty governance, especially in matters pertaining to pedagogy, curriculum, and scholarship.

Approved FF 5/2010
OVERALL OUTCOMES FOR THE SCHOOL OF NURSING

Nursing education has the mandate to both respond to and influence society and the health care system. To meet these responsibilities the School of Nursing through its various programs produces graduates who can influence society and the health care system through their leadership. Program outcomes for the baccalaureate, advanced practice and doctoral levels are as follows:

BACHELOR OF SCIENCE IN NURSING

The Bachelor of Science in Nursing program prepares graduates to function as generalists in multiple settings. The program equips graduates to assume professional responsibility for making knowledgeable, collaborative judgments leading to nursing diagnoses and interventions. As members of a learned profession, these graduates accept personal and professional responsibility and exercise leadership within their communities by acting as consumer advocates and educators in promoting health.

MASTER OF SCIENCE IN NURSING

The Master of Science in Nursing program provides opportunities for individuals to develop leadership in diverse health care settings as advanced practitioners. The graduate of the Master's program uses knowledge in a specialized area of nursing, and in related sciences and humanities to improve health care in a variety of cultures and settings. Graduates are prepared to use nursing theories and research findings to guide and enhance practice. The Master's program serves as a foundation for Doctoral study.

DOCTOR OF NURSING PRACTICE

The Doctor of Nursing Practice (DNP) program prepares advanced practice nurses to provide clinical leadership in the delivery of culturally competent, evidence-based, disease state management and/or system-based care. The graduate is also prepared for interprofessional collaboration and outcome management to support the provision of quality and safety in complex health care systems.

DOCTOR OF PHILOSOPHY

The Doctor of Philosophy program prepares nurse scholars and educators and is based on the belief that nursing is a professional discipline with its unique role and body of knowledge. The graduate applies rigorous methods of disciplined inquiry to scholarship, teaching, and service to the profession and society.
ORGANIZING FRAMEWORK

Introduction The organizing framework of the Widener University School of Nursing is derived from the unique mission and vision of the university and the School of Nursing that addresses the needs of our community of interest. It embraces professional nursing standards and the essential concepts as articulated by the American Association of Colleges of Nursing Essentials documents for undergraduate and graduate education. Foundational to the organizing framework are the metaparadigm concepts: human being, environment, health and nursing, which are incorporated throughout the curricula in all programs.

- The Bachelor of Science in Nursing (BSN) program prepares graduates to function as generalists in multiple settings.
- The Master of Science in Nursing (MSN) program prepares graduates for leadership in diverse health care settings as advanced practice registered nurses.
- The Doctor of Nursing Practice (DNP) program prepares nurse to provide clinical leadership in the delivery of culturally competent, evidence-based, disease state management and/or system-based care.
- The Doctor of Philosophy (PhD) program prepares scholars for educational leadership roles, disciplined inquiry, and the dissemination of new knowledge.

Definition of Essential Concepts (American Association of Colleges of Nursing)

Liberal Education
The baccalaureate nursing curriculum provides a liberal education that includes broad exposure to multiple disciplines and ways of knowing, as well as in-depth study in the discipline of nursing. Learning outcomes include knowledge of human culture and the natural world gleaned from science, social science, mathematics, humanities, and the arts. Intellectual and practical skills, including written and oral communication; inquiry; critical and creative thinking; quantitative literacy; information literacy; teamwork; and integration of learning are additional outcomes of a liberal education. Civic responsibility and engagement demonstrate individual and social responsibility. Liberal education also fosters ethical reasoning, knowledge of diverse cultures, and a propensity for lifelong learning. The graduate curriculum builds upon the liberal education acquired at the baccalaureate level. (AACN, 1998; AAC&U, 2005).

Role
Nursing education prepares its graduates to assume the role of the professional nurse – generalist at the baccalaureate level and advanced practice nurse at the graduate level. Nurses are prepared to be a provider of care, a designer/manager/coordinator of care, and an active member of the nursing profession within a global community. The nurse cooperates and collaborates with consumers, educators, and other health professionals in multidisciplinary settings to promote, maintain and restore health.

As a provider of care to diverse populations in a global community, the professional nurse must have a theoretical and evidenced based body of knowledge. Nurses are prepared to transform the health and quality of life of diverse communities using professional ethical frameworks and enhanced knowledge and by providing culturally sensitive care. As an advocate, the nurse engages in partnership with patients/clients – whether individuals, families, groups, or communities – to deliver
high quality care, evaluate care outcomes, provide leadership in improving care, promote reduction of health disparities, and foster active participation in health care decisions. As an educator, the nurse must help individuals, families, groups, and communities acquire, interpret, and use information related to health care, illness, and health promotion.

The nurse must be a health care designer, manager, and coordinator using research findings and guided by evidenced based outcomes. As a designer of care, the nurse must design and implement high quality, evidenced based, cost effective care guiding the patient/client through the health care system. As a manager of care, the nurse must be a supervisor and evaluator of other health care providers; an interpreter of information related to health care, illness, and health promotion; and an information manager, assisting patients/clients in accessing, understanding, evaluating, and applying health related information. As coordinator, the nurse manages care to meet the needs of vulnerable populations in order to maximize independence and quality of life.

Core Competencies
Professional nursing requires strong critical thinking, communication, assessment, and technical skills as a foundation for the development of sound clinical judgment and decision-making. The nursing curricula are designed to provide graduates with course work and clinical experiences that promote the development of these essential core competencies for this practice discipline.

Core Knowledge
Nursing core knowledge builds upon the nursing essential core competencies. An appropriate set of values, an ethical framework, knowledge and action within the political and regulatory processes defining health care delivery and systems of care are required along with a commitment to lifelong learning. The School’s Mission Statement embodies the key concepts of core knowledge in its five-pronged approach to professional nursing education by creating curricula to address diverse societal health issues, promoting supportive and challenging learning environments, engaging students in scholarship and experiential learning, motivating students to demonstrate leadership in all areas of professional nursing, and contributing to the overall health and well-being of the communities we serve. Opportunities to explore emerging health care technologies are afforded to our students through a variety of course objectives and experiences.

Professional Values
Students enter nursing education already possessing a diverse set of personal beliefs and values. The delivery of health care and nursing education is fraught with moral dilemmas and the need to make ethical decisions based on professional values as well as the values of the patient/client. The School of Nursing promotes the development of professional values by providing curricula that incorporate the concepts of caring, altruism, autonomy, human dignity, integrity, social justice, and accountability.
References


SCHOOL OF NURSING OPERATIONAL DEFINITIONS

Academic Policies: Published rules that govern the implementation of the academic program including, but not limited to, admission, retention, progression, graduation, grievance, and grading policies (CCNE, 2009, p. 19).

Academic Support Services: Services available to the nursing program that facilitate faculty and students in any teaching/learning modality, including distance education, in achieving the expected outcomes of the program. These may include, but are not limited to, library, computer and technology resources, advising, counseling, and placement services. (CCNE, 2009, p. 19).

Advanced Practice Nursing (APN): is recognized as the role of “licensed registered nurses (RN’s) who are prepared at the graduate level in nursing as nurse practitioner, clinical nurse specialist, certified nurse-midwife, or nurse anesthetist. It is recognized that those roles or titles may change over time or new roles may evolve. However, APN…applies to any nurse prepared at the master’s degree level “to provide direct client care” (AACN, 1996, p. 12).

Caring: is the provision of a supportive, protective, dignity enhancing and nurturing mental, physical, sociocultural and spiritual environment through scientific problem-solving, responsibility, commitment, participative teaching/learning, interpersonal relationship skills and the promotion of acceptance of human diversity (adapted from the Watson Caring Framework).

Change: is a planned or unplanned alteration in a human being, family, community or environment.

Chief Nurse Administrator: the registered nurse with a graduate degree who serves as the administrative head of the nursing unit (CCNE, 2009, p. 19).

Communication: is the process of sending, receiving and interpreting messages. The process consists of three components: the communicator, the message and the receiver. Communication competence is the ability to speak, listen, behave and interact in a way that is both appropriate for the setting and effective for the desired purpose. Communication modes encompass verbal (oral and written), non-verbal and technological means (adapted from Rubins, 1983). While the definition of communication remains constant across the programs in the level of communication ability increases in depth and breadth from the undergraduate program through the graduate program.

Community of Interest: The School of Nursing defines the community of interest as internal and external constituencies that have an interest in the mission, vision, goals and expected outcomes of the School of Nursing and its effectiveness in achieving them. The community of interest may include, but is not limited to, the internal community of interest, comprised of current School of Nursing students, faculty, administrators and staff and the administration of Widener University and the external community of interest including clinical affiliating agencies where students complete their education, other academic institutions, prospective students and families, patients/clients, preceptors, alumni, employers, professional organizations, and regulatory/certification bodies. (SON, 5/06, revised 9/06). The community of interest might also encompass individuals and groups of diverse backgrounds, races, ethnicities, genders, values, and perspectives who are served and affected by the program (CCNE, 2009, p. 19).

Critical Thinking: is the intellectually disciplined process of actively and skillfully conceptualizing, applying, analyzing, synthesizing, and/or evaluating information gathered from, or generated by,
observation, experience, reflection, reasoning, or communication, as a guide to belief and action. The process of critical thinking can be taught by faculty and learned by students, and requires knowledge of the discipline (nursing) since critical thinking within a discipline is context dependent.

**Cultural Competence:** awareness, knowledge and skills that enable one to respect individuals and understand the points of view of those who are culturally different from oneself and to provide care to those who are culturally different from oneself (SON Strategic Plan, 2006).

**Curriculum:** All planned didactic and clinical educational experiences under the direction of the program that facilitate students in achieving expected outcomes. Nursing curricula include supervised clinical learning experiences (CCNE, 2009, p. 19).

**Evidence-based Practice (EBP):** care delivery based on the best research findings available, incorporating clinical expertise, as well as patient preferences and values, to enhance clinical decision-making for the purpose of achieving optimal patient, provider, and system outcomes. It includes the appraisal and application of the scientific findings to support practice knowledge development and systems-based health care.

**Diversity:** Differences between and among groups of people and individuals based on ethnicity, race, socioeconomic status, gender, exceptionalities, language, religion, sexual orientation, and geographical area (WU Strategic Plan, p. 145).

**Education:** is the formalized and informal acquisition of knowledge for nursing practice which is principally and broadly organized according to three generally accepted metaparadigm propositions:

1. the principles and laws which govern the life process and health of the human being as a whole
2. the patterns of human-environment interaction which facilitate health
3. the environmental conditions and nursing actions which best prevent illness, assist the reparative process, and nurture health and well-being.

**Environment:** is everything external to the human being as a whole and includes spiritual, social, cultural, economic, and political elements at the local national and international levels. Human beings are continuously engaged in mutual, dynamic interaction with their environment, a process that is characterized by increasing complexity and diversity in pattern and organization. Patterns of human-environmental interaction facilitate health (SON Handbooks, 2008).

**Goals:** Statements of general aims for the program that are consistent with the institutional and program missions and reflect the values and priorities of the program (CCNE, 2009, p. 19).

**Health:** is a dynamic state of well-being which is value-related and in intrinsic to the life process; it is a mutable manifestation of patterns of human environmental interaction. Identifiable principles and laws govern life processes and health of the human being as a whole. The nurturance and promotion of health and well-being are the primary social responsibility of the nursing profession (SON Handbooks, 2008).

**Healthy People 2020:** a document that outlines the national goals and objectives for health (Source: [http://www.healthypeople.gov/2020/default.aspx](http://www.healthypeople.gov/2020/default.aspx))
“Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For 3 decades, Healthy People has established benchmarks and monitored progress over time in order to: Encourage collaborations across sectors, Guide individuals toward making informed health decisions, Measure the impact of prevention activities”

**Human Being:** is a holistic individual who, as a member of a family or community group, continuously engages in a mutual dynamic interaction with the environment to encourage personal, spiritual, social, cultural, economic and political development. All human beings have intrinsic worth, unique potential, and right and responsibilities and are potential consumers of health care. Nursing’s concern with the human being as a whole occurs at three levels of complexity: individuals, families, and communities (SON Handbooks, 2008).

**Leadership:** can be understood as the collective activity of organizational members to accomplish the tasks of setting direction, creating alignment, and gaining commitment. All of these tasks enable individuals to work together effectively as a collection (WU Strategic Plan, p. 145).

**Learning:** is a shared and dynamic process which evolves from theoretical knowledge incorporated with life experiences and continues throughout life. It involves cognitive, perceptual effective and motor domains and is manifested by increasingly diverse and complex changes in ideas, attitudes, and behaviors (SON Handbooks, 2008).

**Learning Environment:** is an educational climate which is conducive to freedom of thought, creative and independent inquiry, critical thinking, and open communication (SON Handbooks, 2008).

**Mission:** A statement of purpose defining the unique nature and scope of the parent institution and the nursing program (CCNE, 2009, p. 20).

**NCLEX-RN First-Time Pass Rate:** The number of students taking the NCLEX-RN exam between the dates of October 1 of a given year through September 30 of the following year who pass the exam on the first attempt, as reported by the Pennsylvania State Board of Nursing.

**NCLEX-RN Cumulative Pass Rate for All Takers of a Graduating Class:** This rate quantifies the pass rate for members of a graduating class, and is inclusive of all attempts.

**Calculation of the rate:** The denominator of this calculation is the number of individuals in the graduating class, inclusive of all graduations occurring within a calendar year. The numerator for this calculation is the number of graduates who have passed the NCLEX-RN examination on the first or subsequent attempts during the period of July 1 through June 30 of the year following the graduation date. The rate is expressed as a percentage.

**Determination of Passing:** A graduate is determined to have passed when the School of Nursing is able to verify licensure through reports of the State Board or through license verification systems available online through the various state boards of nursing.

**Truth-in-advertising:** In all cases, this rate shall be used in conjunction with first-time pass rates reported by the PA Board of Nursing.
Nursing: is a science and an art based upon compassionate care and service to society and is composed of activities which best prevent illness, assist the reparative process and nurture and promote optimal health and well being. As a science it is an organized body of knowledge specific to nursing arrived at by logical analysis and scientific rationale through observation and by being an educated consumer of research. As an art, nursing practice is guided by the creative use of the science of nursing (SON Handbooks, 2008).

Nursing Practice: includes disease state management care, project management leadership and systems-based care. It is not site specific. In the diagnosis and treatment of human responses to actual or potential health problems, characterized by:
1. attention to the full range of human experiences and responses to health and illness without restriction, a problem-focused orientation
2. integration of objective data gained from an understanding of the patient or group’s subjective experience
3. application of scientific knowledge to the processes of diagnosis and treatment
4. provision of a caring relationship that facilitates health and healing.

Nursing Science: is an organized body of knowledge specific to nursing. It includes frameworks, theories, principles and concepts at various stages of development, generated by logical analysis and subject to verification by empirical search (SON Handbooks, 2008).

Outcomes: (CCNE, 2009, p. 20).
Individual Student Learning Outcomes: Learner-focused statements explicitly describing the characteristics or attributes to be attained by students as a result of program activities. At the curricular level these outcomes may be reflected in course, unit, and/or level objectives.

Expected Outcomes: Statements of predetermined levels of aggregate achievement expected of students who complete the program and of faculty. Expected outcomes are established by the faculty and are consistent with professional nursing standards and guidelines and reflect the needs of the community of interest.

Actual Outcomes: Aggregate results describing student and faculty accomplishments. Actual outcomes are analyzed in relation to expected outcomes to demonstrate program effectiveness.

Aggregate Student Outcomes: A description of the level of students’ actual collective attainment of designated outcomes as a result of completing the nursing program. Aggregate student outcomes include graduation rates, NCLEX-RN® pass rates, certification rates, employment rates, employer satisfaction with graduates, and program-identified outcomes.

Aggregate Faculty Outcomes: Collective accomplishments of faculty that support the program’s mission and goals. Actual accomplishments may reflect teaching, scholarship, practice, and/or service components of the faculty role.
Program Improvement: The process of utilizing results of assessments and analyses of actual student and faculty outcomes in relation to expected outcomes to validate and revise policies, practices, and curricula as appropriate (CCNE, 2003, p. 14).

Parent Institution: The entity (e.g., university, academic health center, college, or other entity) accredited by an institutional accrediting agency (regional or national) recognized by the U.S. Secretary of Education that has overall responsibility and accountability for the nursing program. (CCNE, 2009, p. 21).

Professional Nursing Standards and Guidelines: Statements of expectations and aspirations providing a foundation for professional nursing behaviors from graduates of baccalaureate, master’s, and professional doctoral programs. Standards are developed by a consensus of professional nursing communities who have a vested interest in the education and practice of nurses. CCNE recognizes that professional nursing standards and guidelines are established through: state rules and regulations, nationally recognized accrediting agencies and professional nursing specialty organizations, national and institutional educational organizations, and health care agencies used in the education of nursing graduates. CCNE requires that baccalaureate or graduate pre-licensure programs in nursing use The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008); that master’s degree programs use The Essentials of Master’s Education for Advanced Practice Nursing (AACN, 1996); that DNP programs use The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006); and that nurse practitioner programs use Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2008). Programs incorporate additional professional nursing standards and guidelines, as appropriate, consistent with the mission, goals, and expected outcomes of the program (CCNE, 2009, p. 21).


Scholarship: Items 1-4 are from Ernest Boyer (1990); item 5 derived from Ernest Boyer (1996). Scholarship means the research, discovery and dissemination of new ideas and findings through publications and presentations. Under the Boyer definition, scholarship can have five different foci:

1. The scholarship of discovery involves empirical, inductive research that expands the knowledge of a specific discipline and that contributes to the intellectual climate of the university.
2. The scholarship of integration places isolated facts in a meaningful context, makes connections across disciplines, places specialties in a broad frame of reference, and provides synthesis and interpretation.
3. The scholarship of application applies knowledge to consequential issues, for example, medical diagnosis, therapeutic intervention, public policy formation, etc.
4. The scholarship of teaching investigates pedagogical approaches to the enterprise of transmitting, transforming and extending knowledge in the context of teaching and learning.
5. The scholarship of engagement is scholarship that focuses on bringing the resources of the university to problem and issues of communities (Boyer gives special emphasizes to scholarship concerned with the education of school children and the preparation and performance to school teachers).


**Teaching-Learning Practices**: Strategies that guide the instructional process toward achieving individual student learning outcomes and expected student outcomes (CCNE, 2009, p. 21).

**Therapeutic Nursing Interventions**: are theory-based goal directed behaviors by professional nurses that facilitate clients growth towards outcomes related to optimal health. Goal directed behaviors are reflected in the nursing roles.
STANDARDS OF PRACTICE

The School of Nursing’s mission is responsive to an identified set of professional nursing standards and guidelines. The SON programs, including Bachelor of Science in Nursing, Master of Science in Nursing, and the Doctor of Nursing Practice, are designed in accordance with the Standards for Accreditation of Baccalaureate and Graduate Degree Nursing Programs (CCNE, 2009). All programs incorporate Nursing’s Social Policy Statement (2nd ed.) (ANA, 2004), the ANA Code of Ethics for Nurses with Interpretive Statements (2001), Quality and Safety Education in Nursing Graduate Competencies (QSEN, 2008), the ANA Principles for Social Networking and the Nurse (2011), and The TIGER Initiative: Collaborating to Integrate Evidence and Informatics into Nursing Practice and Education: An Executive Summary (Technology Informatics Guiding Education Reform [TIGER], 2009). Both baccalaureate and master’s programs adhere to the statutes and regulations of the Pennsylvania State Board of Nursing (PA SBON). Additional guidelines and standards are listed for each program.

The Baccalaureate programs are guided by the American Association of Colleges of Nursing Essentials for Baccalaureate Education for Professional Nursing Practice (AACN, 2008), and the American Nursing Association Nursing: Scope and Standards of Practice (ANA, 2004).

The Master of Science in Nursing programs are guided by the American Association of Colleges of Nursing Essentials of Master’s Education for Advanced Practice Nursing (AACN, 1996), Nursing: Scope and Standards of Practice (ANA, 2004), Nursing’s Social Policy Statement (2nd ed.) (ANA, 2003), and the Code of Ethics for Nurses with Interpretive Statements (ANA, 2001). In addition, specific programs augment these standards with specialty standards. These include the following: National Organization of Nursing Practitioner Faculties, Domains and Core Competencies of Nursing Practitioner Practice (NONPF, 2006); National Organization of Nurse Practitioner Faculties Nurse Practitioner Primary Care Competencies in Specialty Area: Family (NONPF, 2002); National Task Force on Quality Nurse Practitioner Education, Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2008); Association of Community Health Nursing Educators, Graduate Education for Advanced Practice in Community Public Health Nursing (ACHN, 2003); National Association of Clinical Nurse Specialists Statement on Clinical Nurse Specialist Practice and Education (2nd ed.) (NACNS, 2004); Clinical Nurse Specialist Core Competencies. Executive Summary (2006).

The Doctor of Nursing Practice (DNP) program is guided by the American Association of Colleges of Nursing Essentials of Doctoral Education for Advanced Practice (AACN, 2006); the National Organization of Nurse Practitioner Faculties, Integrated Nurse Practitioner Core Competencies (NONPF, 2012), National Association of Clinical Nurse Specialist, Core Practice Doctorate Clinical Nurse Specialist (CNS) Competencies (NACNS, 2010), and the Quality and Safety Education in Nursing Graduate Competencies (QSEN, 2008).

The Doctor of Philosophy (PhD) program is guided by the American Association of Colleges of Nursing Expected Outcomes and Curricular Elements of PhD Programs in Nursing (AACN, 2001).

Approved 5/97, Revised 10/02, 8/05, 4/06, 11/09, 5/10, 9/11, 8/14
DOCTOR OF NURSING PRACTICE GOALS

- The Doctor of Nursing Practice (DNP) degree program prepares experts in specialized advanced nursing practice.

- The graduates of this clinical doctorate degree program will be prepared to function as expert clinicians for roles at the highest levels of clinical competence in either primary family health, adult health, community health, emergency critical care, psychiatric mental health with distinct in-depth knowledge in complex health care systems.

- The graduates of the DNP program will distinguish themselves by their ability to provide direct care, as well as to conceptualize new delivery models, based in contemporary nursing science, and informed by organizational, political, cultural, and economic tenets.

- The ultimate goals are improving patient and health care outcomes and reducing health disparities.

DOCTOR OF NURSING PRACTICE OUTCOMES

Graduates of the doctor of nursing practice program will:

- Apply nursing science and theory with knowledge from ethics, biophysical, psychosocial, analytical, and organizational sciences to develop, evaluate, and improve advanced nursing practice (Essential I ACCN, 2006);

- Apply organizational, political, and economic sciences as well as ethical principles for ongoing improvement of health outcomes within health care systems (Essential II ACCN, 2006);

- Promote evidence based practice by collaboratively conducting, translating, and disseminating research to guide improvements in nursing practice and outcomes of care (Essential III ACCN, 2006);

- Evaluate and use information systems and technology, considering ethical and legal implications, to support, improve, and transform health care (Essential IV ACCN, 2006);

- Assume leadership roles in the analysis and development of health care policies through advocacy, teaching, and active participation in policy making (Essential V ACCN, 2006);

- Promote collegial and collaborative relationships with inter-professional teams to improve patient and population outcomes (Essential VI ACCN, 2006);

- Assume leadership roles in evidence-based health promotion and risk reduction/illness prevention practices in response to political, socioeconomic, cultural, and ethical issues in individual, aggregate, and population health (Essential VII ACCN, 2006); and

- Demonstrate skills in advanced practice roles through the synthesis of biophysical, psychosocial, behavioral, sociopolitical, cultural, economic, and nursing science knowledge as appropriate for area of specialization (Essential VIII ACCN, 2006).
DOCTORAL PROGRAMS
Doctoral programs in nursing nationwide fall into two categories: the research focused PhD and the practiced focused DNP. The two types of doctoral programs differ in their goals and the competencies of the graduates. The primary goal of the proposed DNP program is to prepare experts in specialized advanced nursing practice. Research- and practice-focused programs are distinctly different, and the current position of the American Association of Colleges of Nursing (AACN, 2004; 2006) is that the practice-focused degree should be the DNP. The DNP program will prepare these DNP students to design, implement, and evaluate evidence-based disease management care and/or to organize chronic illness care for individuals and populations. Graduate will be prepared at the highest level for culturally competent, evidence-based, system-based care, interprofessional collaboration and practice leadership.

MASTER’S PROGRAMS
Advanced Practice Registered Nurse (APRN) roles and population preparation available at Widener include Family Nurse Practitioner (FNP) program and Clinical Nurse Specialist (CNS), Adult - Gerontology Nursing, Adult/Gerontology with Emergency/Critical Care specialty. Students complete both core and support courses common to all programs depending on the specialty. These courses are available on both the Main and Harrisburg Campuses. In addition to the degree program, post-master’s (PM) certificates are available for each APRN specialty role.

DOCTOR OF NURSING PRACTICE
The primary goal of the Doctor of Nursing Practice program is to prepare experts in specialized advanced nursing practice. This program will prepare these DNP students to design, implement, and evaluate evidence-based disease management care and/or to organize chronic illness care for individuals and populations. Graduate will be prepared at the highest level for culturally competent, evidence-based, system-based care, interprofessional collaboration and leadership. The DNP curriculum is guided by the American Association College of Nursing (AACN, 2006), Essentials of Doctoral Education for Advanced Practice Nursing, the National Organization of Nurse Practitioner Faculties (NONPF, 2012), Integrated Nurse Practitioner Core Competencies, the National Organization of Clinical Nurse Specialist (2010), Core Practice Doctorate Clinical Nurse Specialist (CNS) Competencies, and the Quality and Safety in Nursing Graduate Competencies (QSEN, 2008).

The demand for quality and accountability in the delivery of healthcare has been established (IOM, 2001; 2003). In addition, population health care needs in the United States and globally have changed drastically due to growing demographic diversity and an increasing number of older adults living longer with chronic conditions. Technological advances will continue to change health care, increasing the educational needs of health care providers. In a report by the Institute of Medicine (IOM), Health Professions Education: A Bridge to Quality Chasm (2003), the IOM charges all health professions, nursing included, to change the ways providers are educated and to expand competencies. The DNP program responds to this IOM (2003) charge.

AACN, the official voice of baccalaureate and higher degree nursing education, has taken the position that, by 2015, while the PhD is the preferred academic research focused degree, the DNP will be the entry credential for advanced practice. Further, the DNP program is consistent with Widener University’s School of Nursing’s goal “to address the metropolitan region’s most pressing health concerns and enhance our program offerings to respond to the needs of our communities.” (WU SON Mission and Goals, 2007)
The Pennsylvania State Board of Nursing reserves the right to deny a professional license to any applicant who has been convicted of a felony or any offense related to the use or sale of alcohol or controlled substances in Pennsylvania or any other state. It is the student's responsibility to contact the Pennsylvania State Board of Nursing with questions pertaining to this policy.

The definition of the practice of professional nursing in Pennsylvania as enacted by the General Assembly of the Commonwealth of Pennsylvania is as follows:

"The 'Practice of Professional Nursing' means diagnosing and treating human responses to actual or potential health problems through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and well-being, and executing medical regimens as prescribed by a licensed physician or dentist. The foregoing shall not be deemed to include acts of medical diagnosis or prescription of medical therapeutic or corrective measures, except as performed by a certified registered nurse practitioner acting in accordance with rules and regulations promulgated by the Board".

12/02

PROFESSIONAL NURSING LAW

The following statements are taken from the "The Professional Nursing Law" as enacted by the General Assembly of the Commonwealth of Pennsylvania. Copies of the Professional Nursing Law can be found in the Dean of the School of Nursing.

Section 4.1 Temporary Practice Permit. - In order for a person to practice professional nursing during the one (1) year period from completion of his or her education program or the one (1) year period from the application for licensure by a person who holds a current license issued by any other state, territory or possession of the United States or the Dominion of Canada, the Board may issue a temporary practice permit which is nonrenewable and valid for a period of one (1) year and during such additional period as the Board may in each case especially permit, except that the temporary practice permit shall expire if such person fails the licensing examination.

Section 6(a). Fees; Qualifications for Licensure. No application for licensure as a registered nurse shall be considered unless accompanied by fee determined by the Board by regulation. Every applicant, to be eligible for examination for licensure as a registered nurse, shall furnish evidence satisfactory to the Board that he or she is of good moral character, has completed work equal to a standard high school course as evaluated by the Board and has satisfactorily completed an approved program of professional nursing. Approved programs shall include baccalaureate degree, associate degree, and diploma nursing programs, and programs in transition from approved diploma – to degree – granting programs when all other requirements have been met.

Section 6 (c). The Board shall not issue a license or certificate to an applicant who has been convicted of a felonious act prohibited by the act of April 14, 1972 (P.L.233, No. 64), known as the "The Controlled Substance, Drug, Device and Cosmetic Act", or convicted of a felony relating to a controlled substance in a court of law of the United States or any other state, territory or county - unless:

(1) at least ten (10) years have elapsed from the date of conviction;
(2) the applicant satisfactorily demonstrates to the Board that he has made significant progress in personal rehabilitation since the conviction such that licensure of the applicant should not be expected to create a substantial risk of harm to the health and safety of patients or the public or a substantial risk of further criminal violations; and

(3) the applicant otherwise satisfies the qualifications contained in or authorized by this act.

(4) As used in this subsection the term "convicted" shall include a judgment, an admission of guilt or a plea of nolo contendere. An applicant's statement on the application declaring the absence of a conviction shall be deemed satisfactory evidence of the absence of a conviction, unless the Board has some evidence to the contrary.

Amended 12/02

Section 14.1. Impaired Professionals Program.

(a) The Board, with the approval of the Commissioner of Professional and Occupational Affairs, shall appoint and fix the compensation of a professional consultant who is a licensee of the Board with education and experience in the identification, treatment and rehabilitation of persons with physical or mental impairments. Such consultant shall be accountable to the Board and shall act as a liaison between the Board and treatment programs, such as alcohol and drug treatment programs licensed by the Department of Health, psychological counseling and impaired nurses support groups approved by the Board and which provide services to nursing licensees under this act.

(b) The Board may defer and ultimately dismiss any of the types of corrective action set forth in this act for an impaired professional so long as the licensee is progressing satisfactorily in an approved treatment program, provided that the provisions of this subsection shall not apply to a licensee who has been convicted of, pleaded guilty to or entered a plea of nolo contendere to a felonious act prohibited by the act of April 14, 1972 (P.L. 233, No. 64), known as the "The Controlled Substance, Drug, Device and Cosmetic Act," or the conviction of a felony relating to a controlled substance in a court of law of the United States or any other state, territory or country. An approved program provider shall, upon request, disclose to the consultant such information in its possession regarding an impaired nurse in treatment which the program provider is not prohibited from disclosing by an act of this Commonwealth, another state or the United States. Such requirement of disclosure by an approved program provider shall apply in the case of impaired professionals who enter an agreement in accordance with this section, impaired professionals who are the subject of a Board investigation or disciplinary proceeding and impaired professionals who voluntarily enter a treatment program other than under the provisions of this section but who fail to complete the program successfully or to adhere to an after-care plan developed by the program provider.

(c) An impaired professional who enrolls in an approved treatment program shall enter into an agreement with the Board under which the professional's license shall be suspended or revoked but enforcement of that suspension or revocation may be stayed for the length of time the professional remains in the program and makes satisfactory progress, complies with the terms of the agreement, and adheres to any limitations on his practice imposed by the Board to protect the public. Failure to enter into such an agreement shall disqualify the professional from the impaired professional program and shall activate an immediate investigation and disciplinary proceeding by the Board.
(d) If, in the opinion of such consultant after consultation with the provider, an impaired professional who is enrolled in an approved treatment program has not progressed satisfactorily, the consultant shall disclose to the Board all information in his or her possession regarding such professional, and the Board shall institute proceedings to determine if the stay of enforcement of the suspension or revocation of the impaired professional's license shall be vacated.

(e) An approved program provider who makes a disclosure pursuant to this section shall not be subject to civil liability for such disclosure or its consequences.

(f) Any hospital or health care facility, peer or colleague who has substantial evidence that a professional has an active addictive disease for which the professional is not receiving treatment, is diverting a controlled substance or is mentally or physically incompetent to carry out the duties of his license shall make or cause to be made a report to the Board: Provided, that any person or facility who acts in a treatment capacity to impaired professionals in an approved treatment program is exempt from the mandatory reporting requirement of this subsection. Any person or facility who reports pursuant to this section in good faith and without malice shall be immune from any civil or criminal liability arising from such report. Failure to provide such report within a reasonable time from receipt of knowledge of impairment shall subject the person or facility to fine not to exceed one thousand dollars ($1,000). The Board shall levy this penalty only after affording the accused party the opportunity for a hearing, as provided in Title 2 of the Pennsylvania Consolidated Statutes (relating to administrative law and procedure).

Amended 6/02

On June 29, 2006 Governor Ed Rendell signed into law Act 58 of 2006 (SB 235), which requires thirty (30) hours of Board approved mandatory continuing education (CE) during each two-year license period for individuals licensed as registered nurses in the Commonwealth of Pennsylvania.

The Pennsylvania State Board of Nursing has developed CE regulations for the registered nurse.

Please check this website for updated announcements regarding the CE for all RNs.
(www.dos.state.pa.us/nurse)

The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Public Welfare (DPW), is providing advance notice to all health-related licensees that are considered “mandatory reporters” under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for issuance of an initial license shall be required to complete 3 hours of DPW-approved training in child abuse recognition and reporting requirements as a condition of licensure.
PROFESSIONAL CODE FOR NURSES

1. The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

2. The nurse's primary commitment is to the patient, whether an individual, family, group, or community.

3. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.

4. The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.

5. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.

6. The nurse participates in establishing, maintaining, and improving healthcare environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.

7. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.

8. The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.

9. The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

ANA 2010
CURRICULUM

COURSE OF STUDY: Post Master’s Concentration
The DNP student is required to have at minimum 500 hours in the previous master’s program and 560 in the DNP program. The DNP option consists of 37 credits; including three advanced practice clinical courses (16 credits) plus 560 hours beyond the master’s, for a DNP minimum of 1,060 hours.

FULL TIME

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**NURS 889 DNP Capstone Project Advisement** | 3 |

**Total Clinical (MSN minimum 500 hours plus 560) = 1060 hrs.** | 37-40 |

PART TIME

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**Total Clinical (MSN minimum 500 hours plus 560 DNP) = 1060 hrs.** | 37-40 |

**NURS 889 (Capstone Project Advisement – 3 crs.) continuous enrollment**
1 semester hour = 1 cr. hr. until Capstone Project completion (full-time status).
1 classroom cr. hr. = 14 class hrs. and 1 examination (evaluation) hrs. per semester.
PART-TIME (3 credit minimum both fall and spring semesters and 1 clinical cr. hr. = 4 clinical hrs. per wk., or 56 hrs. per semester. 6 credits for each summer session).
Post-Baccalaureate RN to DNP

Post-Baccalaureate RN to DNP students are prepared to design, implement, and evaluate evidence-based disease management care and/or to organize care for multiple chronic conditions for individuals and populations. Graduates will be prepared at the highest level for culturally competent, evidence-based, system-based care, inter-professional collaboration, and practice leadership.

COURSE OF STUDY: Post Baccalaureate RN-DNP Family/Individual Across the Lifespan Option

The Post Baccalaureate RN-DNP Family/Individual Across the Lifespan student required to complete a minimum of 672 direct care clinical hours to individuals and families to fulfill the family individual across the lifespan population and role requirements and an additional 560 clinical hours of direct and/or systems based care for a total of 1232 hours. The Post-Baccalaureate RN to DNP Family (Individual Across the Lifespan) CRNP Program prepares graduates to perform acts of medical diagnosis and prescription of medical therapeutics and corrective measures in primary care, collaborating with interprofessional teams in the nurse practitioner role with emphasis across the lifespan. The population focused and role course are as follows.

Core (10 Credits)
NURS 636 Dynamics of Family Health Care (3 credits)
NURS 638 Issues in Health Care for Underserved Populations (3 credits)
NURS 663 Advanced Nursing Practice: Current Perspectives (1 credit)
NURS 690 Population Health and Epidemiology

Advanced Practice Registered Nurse Core Courses (9 Credits)
NURS 601 Advanced Pathophysiology (3 credits)
NURS 608 Advanced Health Assessment (3 credits)
NURS 639 Advanced Pharmacology (3 credits) approved

Specialty
Family (Individual Across the Lifespan) Role/Population Focused Area, (18 credits)
NURS 648 Advanced Family Nursing I (4 credits, 224 clinical hours)
NURS 658 Advanced Family Nursing Practicum (2 credits, 112 clinical hours)
NURS 649 Advanced Family Nursing II
NURS 655 Advanced Family Nursing III (6 credits, 224 clinical hours) (state board approved)

In addition 3 credits each semester until Capstone Project Advisement is complete.
(74 Credits, 1232 Clinical Hours) *
COURSE OF STUDY: Post-Baccalaureate RN to DNP Adult Gerontology Clinical Nurse Specialist Option

The Post-Baccalaureate RN to DNP Adult Gerontology Clinical Nurse Specialist program of study provides a broad foundation in health promotion and disease prevention, concepts of wellness and illness care, and clinical decision-making grounded in evidence-based practices. The focus is on caring for late adolescents, adults, and older adults in wellness through acute care settings, including emergency and critical care environments. Graduates are prepared for leadership in improving patient outcomes and the quality of health care.

Core (10 Credits)
NURS 636 Dynamics of Family Health Care (3 credits)
NURS 638 Issues in Health Care for Underserved Populations (3 credits)
NURS 663 Advanced Nursing Practice: Current Perspectives (1 credit)
NURS 690 Population Health and Epidemiology

Advanced Practice Registered Nurse Core Courses (9 Credits)
NURS 601 Advanced Pathophysiology (3 credits)
NURS 608 Advanced Health Assessment (3 credits)
NURS 639 Advanced Pharmacology (3 credits) approved

Specialty: Advanced Practice CNS Courses (16 Credits)
NURS 656 Adult-Gerontology CNS - Late Adolescence through Adulthood Seminar and Practicum (4) - 125 clinical hours
NURS 657 Adult-Gerontology CNS - Older Adulthood Seminar and Practicum (4) – 125 clinical hours
NURS 661 Adult-Gerontology CNS Practice Role Seminar and Practicum (4) - 125 clinical hours
NURS 683 Adult-Gerontology CNS Practice in the Emergency and Critical Care Settings Seminar and Practicum (4) -125 clinical hours

In addition 3 credits each semester until DNP Project Advisement is complete.

(72 Credits, 1000 Clinical Hours) *
STANDARDS FOR ACADEMIC INTEGRITY

The School of Nursing adheres to the University policy of academic integrity as stipulated in the University Student Handbook and as stated below. Student appeals related to allegations of academic fraud are heard by Academic Council of the School of Nursing.

Academic Integrity Statement
Widener University strongly supports the concepts of academic freedom and academic integrity and expects students and all other members of the Widener University community to be honest in all academic endeavors. Cheating, plagiarism, and all other forms of academic fraud are serious and unacceptable violations of university policy, as specified in the Student Handbook. Widener University expects all students to be familiar with university policies on academic honesty, and Widener will not accept a claim of ignorance - either of the policy itself or of what constitutes academic fraud as a valid defense against such a charge.

Definition of Violations of the Standards of Academic Integrity

Violations of the standard of Academic Integrity constitute academic fraud. Academic fraud consists of any actions that serve to undermine the integrity of the academic process, including but not limited to:

a. unauthorized inspection or duplication of test materials;
b. cheating, attempting to cheat, or assisting others to cheat in a classroom test, take home examination or final examination;
c. post-test alteration of examination responses;
d. plagiarism;
e. electronic or computer fraud.

In addition to but not limited to the above, for the School of Nursing violations of academic integrity include:

a. unauthorized possession or disposition of academic material not formally released by course faculty;
b. falsifying or altering clinical/patient records or other recordings;
c. not reporting patient safety errors, etc.;
d. falsifying research data or data analysis; and
e. specific clinical behaviors identified in nursing courses.

Definition of Plagiarism

One of the most common violations of the Standards for Academic Integrity is plagiarism. Plagiarism can be intentional or unintentional. However, since each student is responsible for knowing what constitutes plagiarism, unintentional plagiarism is as unacceptable as intentional plagiarism and commission of it will bring the same penalties. In many classes faculty will provide their definitions of plagiarism. In classes where a definition is not provided, students are invited to follow the standards articulated in the following statement.

STATEMENT OF PLAGIARISM: Plagiarism - passing off the work of others as one's own - is a serious offense. In the academic world, plagiarism is theft. Information from sources - whether quoted, paraphrased, or summarized - must be given credit through specific in-text citations. All sources used in the preparation of an academic paper must also be listed with full
biographic details at the end of the paper. It is especially important that paraphrase be both cited and put into one's own words. Merely rearranging a sentence or changing a few words is not sufficient.

**Penalties**
The minimal penalty for individuals found to have engaged in academic fraud will be failure in the course.

For a second offense, the penalty will be failure in the course and expulsion from the University.

For attempting to steal or stealing an examination, students found guilty will be failed in the course and expelled from the University.

The minimal penalty for individuals in the Doctoral program will be failure in the course and expulsion from the School of Nursing.

**Procedures**
a) A School of Nursing faculty member who obtains evidence of academic fraud should inform the student of this evidence, either orally or in writing. The faculty member may also provide the student with the opportunity to respond to the charges. If the faculty member cannot resolve the matter satisfactorily with the student, he or she may file a formal complaint against the student through the office of the Dean of the School of Nursing.

b) The Dean of the School of Nursing shall notify the student in writing of the complaint, the evidence upon which the complaint is based, the penalty to be imposed, and of all rights of appeal.

c) If the student wishes to contest the allegation of academic fraud the student may request a full hearing before the Academic Council of the School of Nursing.

**Procedure for Student Request for Full Hearing**
a) The student shall address and present the request for a full hearing as a formal letter to the Chair of Academic Council within five (5) business days of receipt of the Dean's letter. The request should include the nature of the appeal and available information to substantiate the appeal. The student's advisor, faculty involved, appropriate Program Director and the Dean will also receive copies of the student's letter.

b) Upon receipt of the student's letter, the Chair of Academic Council will convene a committee meeting within five (5) business days to review the student's request and to schedule the hearing.

c) The student's advisor, faculty, appropriate Program Director, and Dean will be informed by the Chair of Academic Council, of the date, time, and place of the hearing.

**Conduct of the Hearing**
a) All parties involved in the appeal shall have the right to be present at a portion of the hearing to respond to all information presented as well as to present their side of the appeal. Each party may have a School of Nursing advisor present at the hearing.

b) The Chair of Academic Council may, at the discretion of the Chair, request any party involved in the appeal, including the advisor, to leave the hearing at any time.

c) The full hearing may be continued at the discretion of Academic Council.
d) Within three (3) business days following the conclusion of all Academic Council meetings, the Chair shall submit a written report of the Committee's findings and recommendations to the Dean.

e) The prescribed penalty shall be imposed in cases where determination of guilt by Academic Council committee or in cases in which the student chooses not to contest the charges.

f) The Dean of the School of Nursing will study the case, review the Academic Council’s findings and recommendations, and will render a final decision.

g) The Dean will communicate the final decision to the student via email to the Widener account and via Standard USPS mail.

h) The Dean will notify the appropriate Associate Provost (Graduate/Undergraduate) in writing of the name of the student who has been found guilty.

i) Appeals beyond the School of Nursing following the Academic Council's decisions may be made by the student to the University Academic Review Board. Students should consult the University Student Handbook for board duties. Appeals to the Academic Review Board must be initiated by the student through the Office of the Associate Provost.

j) In the event a student is charged with academic fraud and the student is not enrolled in the course in which academic fraud in being charged, action will be taken by the Dean's office of the school/college where the student is matriculated.

k) When a student is found guilty under Widener's academic fraud policies, that student is then prohibited from exercising either the repeat-of-courses or the retroactive pass/fail options to remove the F grade (given as a result of fraud) from the GPA calculation. This restriction always applies to the particular course for which the F grade was given, as a result of academic fraud, in a particular semester. Equivalent courses taken during other semesters are not in general restricted.

l) A confidential, centralized listing of students disciplined for academic fraud will be maintained by the Office of the Provost. In the event of alleged second offense, the student will be informed, in writing, by the Office of the Provost of this allegation.

m) Names will be dropped from the list of first offenses upon graduation or at the end of seven years after the last attendance.

The above articulated steps constitute due process when students are accused of academic fraud. Minutes will be taken of all Academic Council meetings and hearings held concerning any appeal. Hearings may be tape recorded by the Chair of Academic Council. Minutes/tape recording will be kept in a secure file.

Approved by faculty September 2000
Editorial revision 7/03, 4/04, 8/09, 9/11
STUDENT CONDUCT

All students are expected to be honest, mature, and responsible and to respect the rights and property of others. The purpose of the Student Code is to promote, preserve, and protect the educational mission of the university. All students must be aware of and conform to the Widener University “Student Code of Conduct” that is published online in all Widener University Student Handbooks. The Student Code of Conduct applies to all student behavior in class, lab, clinical settings, and public places.

Nursing is a profession requiring the highest level of ethical behavior. Students are held to the American Nurses Association Code of Ethics. This code is available online at: http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/EthicsStandards/CodeofEthics.aspx.

Violating the Widener University Code of Conduct, the School of Nursing Code of Conduct or the American Nurses Association code of ethics is a serious offense and may result in the student’s dismissal from the School of Nursing.

In addition to the general University Student Code of Conduct, the following student behaviors may result in disciplinary action by the School of Nursing. Even a single incident of one of these behaviors may result in dismissal. This may mean permanent separation from the School of Nursing. These issues of professionally related conduct may include but are not limited to:

- a breach of client confidentiality.
- a behavior that jeopardizes a client, student, Widener University personnel or clinical agency personnel.
- other unprofessional behaviors, based on faculty judgment.

Approved 5/95, Editorial Revisions 6/04, Revised 8/08

Student Policy for Using Mobile Technology Devices

Mobile Technology Devices include but are not limited to: Smart phones such as: Blackberry, Android, Iphone, and other portable devices such as laptop, Itouch and/or Ipad.

Mobile information technology devices may be used in clinical, simulation, and classrooms if permitted by the agency and faculty. If those devices also include a cell phone, instant messaging/text messaging, or camera feature, these features are NOT ALLOWED to be used in any of these settings. The use of the internet through the use of these devices in these settings is limited to educational purposes ONLY.

Students are expected to comply with Health Insurance Portability and Accountability Act (HIPAA) regulations. All patient related information (simulated and/or real) is confidential. Patient related information (simulated and/or real) is defined as all information related to the health, business, or personal matters of the patient or patient’s family. This includes but is not limited to Protected Health Information (PHI) that is based on a patient’s diagnosis, examination, treatment, observation, or conversation, and information maintained in data bases that contain
diagnostic or treatment related information. (*HIPAA violations are a dismissal offense: See dismissal section in student handbook for details)

Cleaning of mobile technology devices must comply with the clinical agency’s infection control policy and procedures. **If the device becomes contaminated it should be cleaned with the recommended disinfectant. If a patient is in isolation, the mobile technology device cannot be taken into the patient’s room. Hand hygiene is the best method of preventing transmission of disease.

Students who do not comply with this policy will be subject to possible consequences as stated in the SON handbook.

9/16/2011 approved by Graduate and Undergraduate Program Committees
9/30/2011 approved by Full Faculty
ADMISSION/TRANSFER/MATRICULATION POLICIES

ADMISSION
Graduates of NLNAC- or CCNE-accredited master's programs are invited to apply for admission by submitting evidence of:

- A completed Widener University online application
- Transcripts from all previously attended higher education institutions
- Minimum of 500 clinical clock hours in master’s level course work
- A minimum of 3.0 grade-point average (on a 4.0 scale) in the MSN program.
- A graduate statistics course with a grade of at least C (2.0)
- Two references—one from an educator or an advanced practice nurse and one from an employer with a graduate degree
- A scholarly writing sample: Goal Statement that highlights the applicant’s interests and goals for health care practice improvement
- Interview with a School of Nursing faculty member (this is arranged after a preliminary review of application materials)
- Proof of a completed Master’s Degree in Nursing for a NLNAC or CCNE accredited program
- Valid licenses as RN and APRN license (as appropriate)
- Curriculum vitae
- Proof of current advanced practice registered nurse certification in practice specialty.
- GRE scores – not required
- English as a Foreign Language (TOEFL) scores* IBT scores of 79 (total score)/26 (spoken) or paper-based exam scores of 550 (spoken). More information can also be found online at www.widener.edu/ISS.International Student Services Office at 610-499-4499.

*All non-native English speaking applicants born outside the U.S. (international applicants, immigrants to the U.S., and U.S. permanent residents), including but not limited to, students who have completed English as a Second Language course(s) are required to take the TOEFL examination. Results from the TOEFL taken up to two years prior to admission will be accepted.

MATRICULATION
A matriculated student is one who has been accepted officially into the doctoral degree program. Two doctoral level courses may be taken before matriculation. Students may be required to complete supplemental course work either prior to admission or as part of the course of studies.

A non-matriculated student is one who is taking a course for credit, but has not yet been accepted officially into the doctoral program. These students must submit the usual application for admission. No more than two courses earned by a student in a non-matriculated status may be applied toward the degree upon acceptance as a matriculated student.
TRANSFER OF CREDITS
The following guidelines have been established by the School of Nursing for acceptance of doctoral level course work taken previously at Widener University or at other institutions:

- A maximum of two doctoral level courses earned at another accredited institution within the five-year period preceding admission may be accepted for transfer upon admission to the doctoral program.
- Once admitted, a student may only take one course for transfer credit at another institution.
- Courses taken prior to admission to the DNP program, either within or outside the university, will be accepted only if the student has earned a grade of A or B in the courses under consideration. Grades of “Satisfactory” or “Pass” are transferable as elective courses. The process in considering requests for transfer of graduate credit is as follows:
  - An official request for transfer credit must be submitted to the Program Director. If transfer credit is requested in lieu of required courses in the program, a course syllabus must accompany the request.
  - Requests for transfer of graduate credit will be approved upon recommendation of the Academic Program Director in collaboration with the faculty expert on the topic.
  - Required graduate courses in statistics and conceptual models/theories may not be used for transfer credit because they are prerequisites for admission.

GRADING POLICIES

GRADING SCALE FOR THE SCHOOL OF NURSING GRADUATE COURSES

<table>
<thead>
<tr>
<th>Letter Grade</th>
<th>Quality Points</th>
<th>Percentage Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>4.0</td>
<td>93-100</td>
</tr>
<tr>
<td>A-</td>
<td>3.7</td>
<td>90-92</td>
</tr>
<tr>
<td>B+</td>
<td>3.3</td>
<td>87-89</td>
</tr>
<tr>
<td>B</td>
<td>3.0</td>
<td>83-86</td>
</tr>
<tr>
<td>B-</td>
<td>2.7</td>
<td>80-82</td>
</tr>
<tr>
<td>C+</td>
<td>2.3</td>
<td>77-79</td>
</tr>
<tr>
<td>C</td>
<td>2.0</td>
<td>73-76</td>
</tr>
<tr>
<td>C-</td>
<td>1.7</td>
<td>70-72</td>
</tr>
<tr>
<td>F</td>
<td>0.0</td>
<td>&lt; 70</td>
</tr>
</tbody>
</table>

I (Incomplete)
W (Withdrawn)
P/NP (Pass/Not Pass) – for courses offered on a pass/no pass basis
AU (Audit: No Credit)

NOTE: Individual instructors may elect, at their discretion, not to use plus/minus grades.
ADVISEMENT

ACADEMIC ADVISING
All students are assigned a School of Nursing advisor upon admission.

ACADEMIC RECORDS
Graduate students records are kept in the Graduate Nursing Office. The record contains such information as course grades, clinical evaluations, correspondence, course planning form, etc. The academic record is the property of the University. Students are permitted to view this record in the presence of their advisor. Written permission must be obtained from the student for any release of documents.

COURSE OVERLOAD
Nine credits in the fall and spring semesters and six credits in one summer session are recognized as normal course load for full-time students. Students, as adult learners, have the right to make decisions related to their learning needs. However, faculty believe a course load above nine credits for fall/spring or six credits in one summer session has potential for creating academic jeopardy. Students enrolling for more than nine credits during fall/spring semester or six credits in one summer session must have approval from their faculty advisor and the Program Director.

PRE-REGISTRATION
Dates for pre-registration are posted and listed on Campus Cruiser. Students will be emailed their assigned date and time for online pre-registration.

NOTE: A course of study should be developed with your advisor. Your advisor will place 1 copy in your file and you will retain 1 copy to assist you with your course planning.

SPECIAL ACADEMIC POLICIES
- When a course is taken as a prerequisite for doctoral study, the grade will be recorded on the transcript with an asterisk, indicating that the course is not included in calculating the doctoral program grade point average.
- Pass/no pass grading is used for grading in “Capstone Advisement.” Pass/no pass grading is optional for elective courses and the option must be exercised prior to the second class meeting. All other courses must be taken for a letter grade.
- Following a require from the student, including an explanation of the extenuating circumstances involved, a professor may give a course grade of incomplete (I) if circumstances justify an extension of time required to complete the course. A student with an “I” in any course that is a prerequisite to another course will not be allowed to enroll in the subsequent course until the I in the prerequisite has been removed and replaced by a satisfactory grade. An “I” must be resolved within one calendar year from the end of the semester in which the course was taken or it will convert to an F.
- An independent study course may be taken when a required course is not available in a timely manner. Approval for the independent study is required from the student’s academic advisor and the Program Director. Independent studies are offered for students requiring mastery of additional content in order to proceed with the capstone project. Students may request an independent study for a topic of special interest if the independent study credits are not needed to meet graduation requirements. The same approval process as noted above is required.
- All requests for exceptions to these policies should be referred to the Program Director.
WITHDRAWAL
Student may withdraw from the course at any time prior to the final examination and receive the grade of W. If a course offered through these programs does not include a final examination, the deadline for withdrawing from the course with a grade of W is the final class meeting for the course.

Refunds for courses are determined by the University. The effective date used for all adjustment of charges will be the date that written notice of the withdrawal is received by the appropriate office of Widener University.

PROGRESSION POLICIES

ACADEMIC PROGRESS TIME LIMIT
A maximum of seven (7) calendar years from the date of matriculation is allowed for completion of the requirements for the doctoral degree. Students must enroll in both fall and spring semesters of the academic year through the completion of required DNP course work. Students must register for “DNP Project Advisement” each fall, spring, and summer until the DNP project is completed. Students who do not follow this policy may be dropped from the program.

LEAVE OF ABSENCE (LOA)
Students who do not take at least one course per semester must submit a written request for a leave of absence, including the rationale, to the Program Director for the semester in which they are not enrolled. Those who do not do so will be dropped from the program.

A leave of absence will extend the time limit for completion of the doctoral program by the length of the leave. The total cumulative leave time applied to extensions shall not exceed two academic years. Exceptions to the policy will be referred to the Program Director.

REINSTATEMENT TO THE PROGRAM
Students who have withdrawn from the program may petition for readmission by filing a new application. Such requests must be sent to the Program Director no later than 30 days prior to the start of the semester in which the student expects to enroll.

DISMISSAL POLICIES

DISMISSAL POLICIES
- Students are expected to maintain satisfactory progress towards a degree. A student’s doctoral studies record begins with the first course credited to the doctoral degree program and includes subsequent courses.
- DNP students are required to maintain at least a B (3.0) average. Only students with a 3.0 or better GPA will graduate. Courses for which grades lower than B (3.0) are received may be repeated. No more than two repetitions total and only one repetition of a particular course is allowed. If a course is repeated, both grades will be recorded on the transcript, but only the
most recent grade is used in calculating the grade point average. However, if a student is found to be in violation of Widener’s academic fraud policies, that student is prohibited from exercising the repeat of course option to remove the F grade (given as a result of fraud) from the GPA calculation. A student whose academic performance is considered inadequate will be dismissed from the program.

- Conduct inconsistent with the ethical and professional standards of discipline, whether it occurs before or after matriculation, is also grounds for dismissal from the program. Such conduct includes academic fraud. A student dismissed for academic fraud may no longer enroll in the graduate programs of the university may not apply for admission into another division of the university. Please see the section entitled “Policy Regarding Academic Fraud” in the *Widener University Graduate Student Catalog*. 


I. INTRODUCTION
The purpose of the project is to provide a formal written document describing in detail the nature and scope of the capstone project. The project will also highlight contribution to health care system quality improvement.

It is the responsibility of the student, throughout the program, to explore evidenced-based practice change topics as a focus for the capstone. By the time students enroll in the DNP clinical course sequence it is anticipated that they will have identified a scholarly project. At the completion of the (NURS 886), DNP students are expected to have finished the proposal and selected DNP Project Chair.

II. CAPSTONE PROJECT PROCEDURES
The DNP student will prepare an exhaustive document that substantiates that advanced practice competencies have been achieved. The capstone project may include but is not limited to an individual comprehensive disease management care case study, population systems change projects, health promotion/disease management program design and evaluation, translation of research into practice and quality improvement inquiry. The DNP Project will be individualized to the career focus of the DNP student and supervised by the DNP Project advisors. The DNP project topic will be selected by the DNP student and approved by the DNP Project Advisors. The DNP student will design the project in NURS 885 DNP I, present a written proposal for the capstone project in NURS 886 DNP II prior to the capstone semester, and carry-out the capstone projects during N887 DNP III and N889 DNP Capstone Advisement (as needed). The completed projects will be presented at the DNP Project presentation session(s). Documentation of DNP project will include an introduction, problem statement, purpose, implications for advanced practice nursing and implications for health care system change, background and significance of the clinical issue, critical appraisal of the evidence, evaluate and synthesize the evidence to determine best practice, methods and procedures to carry-out the capstone project and answer practice related questions. Documentation will also include an impact analysis including challenges and opportunities for nursing. Depending on the nature of the project then, IRB approval may be required. Finally, the DNP student will document how the project substantiates that the DNP competencies have been achieved and how the project substantially contributes to health care improvement. A dissemination plan of project outcomes will be documented. To summarize:

A. The DNP Project will be individualized to the career focus of the DNP student.
B. The DNP Project will be supervised by the DNP Project Advisors.
C. The capstone project topic will be selected by the DNP student and approved by the DNP Project Advisors.
D. The DNP student will design the capstone project in NURS 885 DNP I and present a written proposal for the capstone project in NURS 886 DNP II prior to the final SNP Project completion semester.
E. The DNP student will carry-out the project during NURS 887 DNP III and NURS 889 DNP Project Advisement if needed.
F. Completed projects will be presented at the DNP Project Presentation session(s).
DNP students who do not have an approved DNP project proposal within 2 years of enrollment in DNP II (NURS 886) may be required to repeat enrollment in NURS 886 the next time it is offered, at the discretion of the DNP Project Advisors.

III. DNP PROJECT DOCUMENTATION
Documentation of capstone project will include:
1. Title Page
2. Abstract
3. Table of Contents
4. Chapter 1
   Introduction
   Problem Statement
   Purpose
   Implications for Advanced Practice Nursing and Health Care System Change
5. Chapter 2
   Background and Significance of the Clinical Issue
   Search Strategy Critical Appraisal of the Evidence
   Evaluation and Synthesis of the Evidence
6. Chapter 3 Methodology
   Methods and procedures to carry-out the capstone project and answer practice related questions will be presented. If the project involves data collection, then IRB approval must be obtained.
7. Chapter 4. Impact Analysis/Results of the Capstone Project including challenges and opportunities for nursing will be documented in this chapter.
8. Chapter 5. The DNP student will document how the project substantiates how the DNP competencies have been achieved and how the project contributes to nursing practice improvement. The potential for replicability and a plan for future projects will be documented. A dissemination plan of project outcomes will be documented.

One copy of the completed DNP Project must be presented to the Graduate Nursing Office and one copy must be presented to the Director of the DNP Program.

CAPSTONE ADVISEMENT
The doctoral student may be required to take Advisement (NURS 889) until successful completion of the capstone project and completion of program requirements. Students may be required by their advisor to complete additional elective coursework over and above the minimum course requirements in support of the content area or research methodology. See Graduate Catalog for additional policies related to Capstone Project advisement.

CAPSTONE PROJECT CHAIR
The DNP Project Advisors will be officially appointed by the Director of the Doctor of Nursing Practice Program, on the basis of a written request submitted by the student and a signed Consent to Serve form. The DNP Project will be supervised by the DNP Project Advisors. These forms are available in the Graduate Nursing Office.
REVIEW PROCEDURES FOR HUMAN SUBJECTS PROTECTION

A capstone project that involves data collection may require permission from the Widener University Institutional Review Board (IRB) following the procedure established by that Board for the protection of human subjects.

Human subjects review procedures and forms may be obtained online at http://www.widener.edu/irb. It is the student’s responsibility to provide the Capstone Project Chair with a signed approval from the IRB.

CAPSTONE PROJECT REPORT

The outline for the capstone project may vary depending upon the type of project undertaken. It also may vary depending upon the specific problem being addressed. The final form of the written project is decided in conjunction with the Capstone Project Chair.

In preparing the capstone project document it is necessary to refer to the information available in the APA Manual (6th ed.).

GRADUATION REQUIREMENTS

In order to be cleared for graduation, students must submit required corrected copies of the completed DNP Project to the Graduate Nursing Office at least four weeks before graduation.

Note: If anticipated graduation date is missed a new petition for graduation must be completed and submitted to the Graduate Nursing Office. The Registrar's office will not issue a graduation diploma without a petition for the appropriate semester.
GRADUATION POLICIES

DEGREE REQUIREMENTS
Students must complete at least 37 credits of approved DNP course work beyond the master’s degree in nursing. Students must also successfully complete the capstone project. Only doctoral courses will be accepted for doctoral transfer credit. Please note that a waiver of any requirement must be approved in writing by the Program Director.

SUBMISSION OF A MANUSCRIPT
Prior to program completion, all DNP students are required to submit a manuscript for publication. The manuscript may be the product of a course or course requirement. The student must be the first author on the manuscript. A copy of the manuscript, documentation of submission, and cover letter is to be submitted to the Program Director for the student’s file.
Approved 8/11 GPC

PETITION FOR GRADUATION
A student anticipating graduation must submit a graduation petition by the end of the pre-registration period in the semester prior to the one in which his/her program will be completed. Incomplete grades must be removed by May 1, August 1, or December 1 in order for your petition to be completed in time for graduation.

A student must re-petition (complete another Graduation Petition form) if graduation does not occur in the semester of the original petition. Forms are available online. A one time petition for graduation fee must be remitted with the petition as designated by the registrar’s office.

NOTE: A graduation fee will be charged that includes the cost of the diploma and doctoral hood component of the academic regalia.
DUE PROCESS/GRIEVANCE

DUE PROCESS POLICY

Students in the School of Nursing are afforded opportunities to express their interests, issues, and concerns through student representation as voting members on selected SON standing committees, including Undergraduate Programs Committee, Graduate Programs Committee, and Student Affairs Committee. Students may also voice concerns by completion of Course and Faculty Evaluations at the end of each course. The School of Nursing due process policy and procedure designates three formal and separate categories (or types) of student concerns.

Formal grade appeal, grievance and waiver of SON policy:

- Student concerns about final course grade(s) must be addressed through the formal Grade Appeal Policy.
- Requests for exceptions to existing policies may be addressed through the Waiver of Policy process.
- Concerns or complaints about School of Nursing processes other than grade appeals, plagiarism, are addressed through the formal Grievance Policy.

Grievance issues related to discrimination and harassment, and or violation of the Widener Compact shall be addressed by the University policies and procedures outlined in the Undergraduate and Graduate University Catalogs.

FORMAL GRADE APPEAL POLICY

It is the policy of the School of Nursing to allow students to appeal the final course grade if they believe their grade has been derived in a manner not consistent with the fair and equitable application of evaluation criteria specified in the syllabus.

DEFINITION:
A grade subject to the Grade Appeal Policy is a final grade the student believes to be derived in a manner not consistent with the fair and equitable application of grading criteria found in the course syllabus and/or a grade the student believes to have been miscalculated, again based on the criteria specified within the course syllabus.

I. Student Procedure:

A. The student will complete the Due Process form (APPENDIX D) and take it to the faculty of record to begin the formal grade appeal process.

B. If meetings and discussions fail to produce a decision or resolution acceptable to the student, the student should meet with his or her faculty mentor to discuss a possible further course of
If the decision is to pursue the Grade Appeal after the discussion with the faculty mentor, the student writes a narrative outlining the situation surrounding the grade appeal and attaches the completed Due Process Form. The student sends the form and narrative to Academic Council through the office of the academic program director.

1. Students may remain in their present classroom courses for which they are enrolled until the appeal process is completed, however they will be unable to begin or remain in clinical.

II. Academic Council Procedure

A. Upon receipt of the student’s Due Process form and narrative explanation, the Chair of Academic Council will convene a committee meeting within ten (10) business days to review the student’s request.

B. After review of the Grade Appeal, the Chair of Academic Council will notify the academic program director of Undergraduate or Graduate Studies of the Council’s recommendations. The Chair will also notify the student by letter via the office of the academic program director. Widener email and regular USPS mail will be used to communicate the decision within ten (10) business days of the receipt of the student’s letter by Academic Council. The letter will consist of one of the following Committee decisions:

1. Rejection of the Grade Appeal - If determined to be outside the jurisdiction of Academic Council, inconsistent with the definition stated previously, beyond the designated time frame, or with insufficient grounds based on inadequate evidence, the Chair of Academic Council will notify the student through the office of the appropriate Academic Program Director within 10 business days.

2. Findings of the Review of the Grade Appeal - The Chair of Academic Council will notify the student through the Office of the Academic Program Director within 10 business days. Findings are limited to the context of the definition of a grade subject to appeal.

3. Request for a full hearing - The Academic Council may determine that a full hearing be arranged based upon the need for further information from the student or from the faculty

C. Upon request for a full hearing the student’s advisor/mentor, faculty involved, office of the academic program director, and Dean will be notified by the Chair of Academic Council.

D. Confidentiality shall be maintained by all persons. This is an essential component of the grievance procedure and due process. Specific information is kept within the committee.

III. Conduct of Hearing

A. All parties involved in the appeal shall have the right to be present at a portion of the hearing to respond to all information presented as well as to present their side of the appeal. The student may have a School of Nursing advisor/mentor present at the hearing.
B. The role of the Advisor/mentor is to support the grievant, assure that the grievance procedure is followed, and that the grievant is receiving due process.

C. Within five (5) business days following the conclusion of all Academic Council meetings, the Chair shall submit a written report of the Committee’s findings and recommendations to the Dean and office of the academic program director.

D. Within five (5) business days the office of the academic program director will notify the student in writing of the Council’s findings with recommendations. The student has the right to appeal the Academic Council decision to the Dean within five (5) business days of the receipt of the written report from the Chair of Academic Council.

E. Minutes will be taken of Academic Council meetings and hearings concerning any appeal. Hearings may be tape recorded by the Chair of Academic Council. Minutes/tape recording will be kept in a secure file according to the policy established by the school of nursing.

IV. Grade Appeal to the Dean of the School of Nursing

The final step in the Grade Appeal Process is to the Dean of the School of Nursing.

A. If the student chooses to continue to pursue the grade appeal with the Dean, the student must appeal to the Dean by letter within ten (10) business days of receipt of the office of the academic program director’s letter regarding the outcome of the full hearing by Academic Council. The letter should specify the grounds for the further appeal as well as the information to substantiate the appeal.

B. Dean’s Process
   1. The records from the Academic Council review will be requested and studied.
   2. The Dean may convene meetings with the student, faculty, or Academic Council Chair as deemed necessary within the context of the definition of a grade subject to appeal.

C. The student will be notified of the Dean’s findings within ten (10) business days of the Dean’s receipt of the student’s letter. Students will be notified via Widener email and standard USPS mail. Copies of the Dean’s letter will be forwarded to the appropriate Associate Provost, appropriate academic program director, and Assistant Dean of Undergraduate Student Services if applicable, Course Coordinator (if applicable to program of study), Chair of Academic Council, student’s faculty mentor, and faculty member involved.

D. The Dean’s decision regarding the student’s grade appeal is final.

Approved by faculty 9/00
Editorial Revisions, 8/01, 6/04, 5/09, 9/09
Approved by faculty 9/11
GRIEVANCE PROCESS

The grievance process provides students with a mechanism to request review of decisions and actions within the School of Nursing other than grade appeals or allegations of plagiarism, discrimination, or harassment. The School of Nursing encourages the prompt resolution of student concerns. Students are encouraged to discuss specific concerns, beginning with the person most directly involved with the issue of concern. Many disputes may be resolved following a thorough discussion of the issues by the parties involved. Course related problems should be first addressed by speaking directly with the involved faculty member. If the matter is not able to be resolved with the initial conversation, and if the student desires to make a formal statement of grievance, the student will initiate a formal grievance according to the following procedure:

1. Initiate the Due Process form (Appendix D), beginning with a written narrative identifying the issue of concern and including documentation of the initial conversation with the School of Nursing faculty or staff member involved with the grievance.

2. If unresolved in step 1, continue to discuss the issue of concern with the Course Coordinator (pre-licensure program), Level Coordinator (pre-licensure program), and/or Program Coordinator (FNP program only). If this individual is different from the person referenced in step 1. Such consultations will be documented on the Due Process form and with additional narrative documentation as is necessary.

3. If unresolved in step 2, continue to discuss the issue of concern with the appropriate Academic Program Director.

4. The Academic Program Director will, when appropriate, suggest alternative individuals, groups, or committees through which solutions may be achieved, including but not limited to the SON Academic Council. The report of the academic program director review will be made in writing via USPS mail and Widener email, and will be copied to the Dean and other involved parties.

5. If unresolved in step 4, continue to discuss the issue of concern with the Dean of the School of Nursing. The report of the Dean’s review will be made in writing via USPS mail and Widener email, and will be copied to the appropriate Academic Program Director and other involved parties.
WAIVER OF SON ACADEMIC POLICY PROCESS

WAIVER OF SCHOOL OF NURSING ACADEMIC POLICY

A waiver may be sought when a student seeks an exception to a School of Nursing policy. Requests for waivers are considered by the SON Academic Council on an individual basis and are not generalized to the student body.

Outcomes of requests for waiver will be reported to the faculty.

The student will complete the Due Process form (APPENDIX D) along with a narrative and take it to the office of the Associate Dean to be forwarded to the Chair of Academic Council to begin the formal waiver process.

A. Upon receipt of the student’s Due Process form and narrative explanation, the Chair of Academic Council will convene a committee meeting within ten (10) business days to review the student’s request.

B. After review of the Waiver of policy appeal, the Chair of Academic Council will notify the appropriate Academic Program Director of the Council’s recommendations. The Chair will also notify the student by letter via the office of the Academic Program Director.

C. Widener email and regular USPS mail will be used to communicate the decision within ten (10) business days of the receipt of the student’s letter by Academic Council.

D. If the student chooses to appeal to the Dean, the student must appeal to the Dean by letter within ten (10) business days of receipt of the Academic Program Director’s letter regarding the outcome of the full hearing by Academic Council. The letter should specify the grounds for the further appeal as well as the information to substantiate the appeal.

E. Students are able to remain in the courses for which they are enrolled until the appeal process is completed.

F. The Dean’s decision is final and will be communicated to the student via the Widener email account and standard USPS mail.

Reviewed 6/04, 5/06, 8/08, 9/11
SHARED GOVERNANCE

SCHOOL OF NURSING COMMITTEES

Students are represented at School of Nursing Faculty meetings and on several School of Nursing Committees. Listed below are the committees with their respective functions and membership guidelines.

SCHOOL OF NURSING FACULTY COMMITTEE

Functions:

A. To provide excellence in teaching and mentorship to the students of the School of Nursing.
B. To provide excellence in scholarship in areas which contribute to the continued development of nursing education and science.
C. To provide excellence in academic citizenship within the School of Nursing and Widener University.
D. To provide excellence in citizenship within the communities we serve.
E. To formulate policies which are consistent with the goals of the School of Nursing and Widener University.
F. To promote and develop relationships that mutually benefit the students, the School of Nursing, Widener University and the communities we serve.

Membership:

A. All persons appointed to administer or teach 50% of the time or more in the undergraduate and/or graduate programs of the School of Nursing.
B. The Director of the CSCLT and the Assistant Dean of Student Services shall be granted voting privileges in the School of Nursing Faculty meetings.
C. Students will be invited by the Committee Chair to serve on committees as directed in the Bylaws. Students represented on the School of Nursing committees shall be granted voting privileges and be selected as follows:
   • Undergraduate Program Committee: One undergraduate junior and one senior student shall be appointed to this committee.
   • Recruitment and Student Affairs Committee: One undergraduate junior or senior student shall be appointed to this committee.
   • Graduate Program Committee: One masters and one doctoral student shall be appointed to this committee.

SCHOOL OF NURSING COMMITTEE

Student representation on School of Nursing committees is an important aspect in the development and advancement of the nursing curricula and programs. The standing committee that graduate students may serve on is the School of Nursing Graduate Program Committee. Its respective functions and student membership are outlined below.
GRADUATE PROGRAM COMMITTEE

Functions:
A. To consider, study, analyze, develop and evaluate the curriculum and course changes submitted by the faculty and/or students.
B. To develop, review and recommend graduate curriculum changes to the faculty.
C. To develop, review and recommend policies for graduate programs.
D. Develop and implement admission policies for graduate programs.
E. To review and recommend changes to the committee bylaws and submit changes to the Faculty Affairs committee by March 1 of each year.
F. By March 1 of each year, review and recommend changes, if appropriate, to the following sections of the SON Faculty Handbook and submit changes to the Faculty Affairs committee: Goals and Outcomes of the Masters Program, Goals and Outcomes of the Doctoral Programs, Standards of Professional Practice.

Student Membership:
  a. Students will be invited by the Committee Chair to serve as directed in the Bylaws. Students represented on the School of Nursing committees shall be granted voting privileges.
  b. Student representation shall include one (1) masters, one (1) DNP, and one (1) PhD student

2 a,b,c,d,e,f Approved 5/11
Reviewed updated 9/11

GRADUATE STUDENT AWARD

(Dean’s Award for Excellence: DNP)

The Dean’s Award for Doctor of Nursing Practice Excellence is given annually to a student who is granted the degree of Doctor of Nursing Practice. This award recognizes a student whose practice improvement project is exceptional and exemplifies high standards of scholarship and knowledge development.

DNP projects will be considered based on the following criteria.

1. The practice improvement is significant for the discipline of nursing and health care system improvement.
2. The practice improvement reflects clearly defined conceptual or theoretical basis.
3. The practice improvement methods are valid and consistent with the evidence-based practice.
4. The project impact contributes to health care systems improvement.
Procedures for Consideration

1. The Academic Program Director will circulate a list of those will complete the DNP program by May to the faculty. All graduate faculty members will be requested to submit names of students they consider eligible for the Dean’s Award. Students can self-nominate.

2. Faculty members for each student who is nominated must submit a letter of support addressing the criteria for the Award. Any faculty member may submit more than one student name.

3. The Dean of the School of Nursing and appropriate Academic Program Director will select the student who, in their judgment, best meets the criteria for the program. Faculty recommendations will be important in the final selection process.

Edit 11/30/12

SIGMA THETA TAU INTERNATIONAL NURSING HONOR SOCIETY

ETA BETA CHAPTER

A. Eta Beta Chapter of Sigma Theta Tau, International, the Nursing Honor Society, was established in 1984. The purposes of the Society include:

a) Recognizing superior achievement;
b) Developing leadership qualities;
c) Fostering high professional standards;
d) Encouraging exploration, innovation and research in nursing;
e) Strengthening commitment to the ideals and purposes of the profession.

Membership:

The requirements for membership on the graduate level include:

a) A minimum academic average of 3.5 on a 4.0 scale.
b) Completion of at least one quarter of the curriculum requirements and in good academic standing.
c) Submission of a curriculum vitae and a 250-word essay describing leadership abilities in school or work environments and a plan to demonstrate this leadership in the nursing honor society.

Candidates are invited to apply for membership. An induction ceremony is held each academic year. For further information regarding the chapter and faculty counselors please refer to the Sigma Theta Tau International Eta Beta chapter website.
GENERAL ADMINISTRATIVE POLICIES

APPOINTMENTS WITH SON LEADERSHIP AND FACULTY

Appointments with the Dean of the SON are scheduled with the Administrative Assistant to the Dean, by calling 610-499-4213. Appointments can be made directly with Academic Program Directors. Students are requested to provide an overview of the nature of the business they wish to discuss at the time the meeting is scheduled.

Appointments with faculty members should be made individually by the student. Students may contact faculty by telephone leaving a message on the faculty member’s voicemail, or by email.

CAMPUSCRUISER®

Campus cruiser email is the official point of contact for faculty and administration of the School of Nursing. Students must check e-mail daily and are responsible for keeping space available in their inboxes. Managing, tracking and sharing information for the Widener University community is facilitated through the CampusCruiser® platform. Email, grades, course information, registration and personal profile updates are available through CampusCruiser®. Questions related to log in identification and password registration are handled through the ITS Help Desk (610-499-1047). Students must check their CampusCruiser® messages twice daily.

CAREER ADVISING AND PLANNING SERVICES (CAPS)

Career Advising and Planning Services (CAPS) assists students with all aspects of their career development. This includes choosing a major, exploring career options, gaining experience through internships and summer jobs, developing effective resumes, learning effective interviewing skills, creating individualized job search strategies, and applying to graduate school. The services of CAPS are available to all Widener Students.

CHANGE OF ADDRESS OR NAME

It is the student’s responsibility to notify the Registrar’s Office of any change in name, address, or telephone number. Students must also notify the Graduate Nursing Office of these changes.

COMMUNICATION

The School of Nursing makes every effort to communicate information from the School, faculty and staff to all concerned. Students are expected to used the e-mail and telephone system to communicate with faculty and staff. Email accounts are provided through the Information Technology Services Office. Course registration and information can be accessed through Campus Cruiser. Students must check their CampusCruiser® messages twice daily.

COMPUTER COMPETENCIES REQUIRED

Nursing education and nursing service environments are both characterized by their increasing use of and reliance on advanced technology. As a result, one expectation of highly educated professionals in education and health care is that they are familiar with and competent in the use of basic computer resources. Accordingly, all entering graduate students in the School of Nursing are required to have the following basic computer knowledge and skills.

COMPUTER KNOWLEDGE AND SKILLS REQUIREMENT
1. Keyboard competency for effective typing
2. File management (create folders; create, save, edit, print files; make back up files on CD/DVD/flash drive)
3. Launch/open various computer programs from desktop icons and from Start option
4. Word processing (incl. use of spell checker, thesaurus, grammar checker)
5. Literature retrieval (online searches; download and save search results and full-text pdf files)
6. Electronic mail (send, receive, forward, save, print e-mail, attach files to email)
7. Internet (browse the WWW; use search engines effectively)

Students who do not meet this requirement must acquire the appropriate computer knowledge and skills prior to beginning coursework.

Students in the graduate programs will acquire additional computer knowledge and skills related to specific courses.

Full Faculty 2/19/2010

COUNSELING
Confidential personal counseling is available to students free of charge. Appointments can be made by calling the Student Counseling Center, 610-499-1261.

DISABILITY SERVICES
In accordance with the American with Disabilities Act (ADA), any student has the right to request reasonable accommodation of a disability. Accommodations must be requested through Academic Support Services, Disabilities Services Office (520 E. 14th St., 610.499.1266); which is the program that authorizes all ADA accommodations on campus. It is important to make this request as soon as possible so that there is time to make any necessary arrangements.

FINANCIAL AID
Students are encouraged to direct all questions related to financial aid to their counselor in the Financial Aid Office, located in Lipka Hall, (610-499-4174). Students receiving financial aid must see a counselor before graduating, transferring to another major, or withdrawing from the University.

FINANCIAL CLEARANCE
Students must be financially cleared by the designated University deadline in fall, spring, and summer semesters. Students who are not financially cleared by census date will NOT be permitted to attend classes.

INTERNATIONAL STUDENT SERVICES
All non-academic functions such as housing, immigration visas and sponsorship are handled by International Student Services, 610-499-4498.
OFFICE OF MULTICULTURAL AFFAIRS
This office provides programming to support diversity and an inclusive, tolerant climate, and is located on the second floor of the University Center. An inviting lounge offers an opportunity for discourse, networking, and community building.

PERSONAL SAFETY
Personal safety is a matter of concern to everyone. Please remember to be aware of your surroundings when attending evening and night classes at the Main Campus. To assure your personal safety, Widener University has located RED telephones in each building and BLUE Emergency Call Boxes around campus. Campus security is available at ext. 4200, 24 hours a day. Escort service by campus security is available to any building or parking lot on campus. During evening hours students should request an escort. In order to receive timely notifications regarding emergencies of types, including campus closing for weather, students must sign up for E2 Campus.

SCHOLARSHIPS AND FINANCIAL AID
Students are advised to contact the Office of Enrollment Services at 610-499-4161 for the Main Campus to inquire about financial aid. Information specific to scholarships is available through the Graduate Office for the School of Nursing.

UNIVERSITY ID
Both clinical and educational institutions require that students wear University Student picture ID. This applies to students during required course experiences and data collection related to research as well as guided or capstone projects. A valid ID with barcode is necessary to use the library’s resources. IDs are available through the Campus Safety Office in Lipka Hall (610-499-4200). Students’ IDs must be validated by the Bursar’s Office by the second week of classes each semester. Students’ IDs must be validated by Wolfgam Library in order to use remote site access to the University Library data bases for literature searches.

WRITING CENTER
Widener University provides comprehensive assistance with writing skills at the Writing Center, located in Old Main Annex. Writing tutors are available Monday thru Friday. Students can receive help with generating ideas for assignments, creating outlines, reviewing drafts, proofreading papers, and general writing skills such as improving the organization and clarity of their written expression. Writing Center services are by appointment only, and appointments can be scheduled by calling 610-499-4332.
## Doctor of Nursing Practice (DNP) Program

### Core Curriculum (Level II) Curriculum Mapping With AACN, NONPF, and NACNS

The following table presents the DNP curriculum and cites the component from *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) that is addressed by each course.

<table>
<thead>
<tr>
<th>DNP Core CURRICULUM *</th>
<th>AACN DNP Essentials</th>
<th>NONPF Core Competencies</th>
<th>NACNS DNP Competencies/Spheres of Influence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Course Number</strong></td>
<td><strong>Course Title</strong></td>
<td><strong>Pre-requisites</strong></td>
<td><strong>Term Offered</strong></td>
</tr>
<tr>
<td>NURS 702</td>
<td>Nursing Science I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NURS 708</td>
<td>Health Care Policy</td>
<td></td>
<td>Fall, Summer</td>
</tr>
<tr>
<td>NURS 713</td>
<td>Complex Health Care Systems</td>
<td>NURS 670</td>
<td>Fall</td>
</tr>
<tr>
<td>NURS 732</td>
<td>Evidence Based Practice I</td>
<td>NURS 653 or faculty permission</td>
<td>Spring</td>
</tr>
<tr>
<td>NURS 734</td>
<td>Evidence Based Practice II</td>
<td>NURS 732</td>
<td>Fall</td>
</tr>
<tr>
<td>NURS 736</td>
<td>Informatics</td>
<td></td>
<td>Fall and Spring</td>
</tr>
<tr>
<td>NURS 740</td>
<td>Ethics and Genetics in AP</td>
<td></td>
<td>Fall and Spring</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Course Number</td>
<td>Course Title</td>
<td>Pre-requisites</td>
<td>Term Offered</td>
</tr>
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</tr>
<tr>
<td>NURS 885</td>
<td>DNP I ***</td>
<td></td>
<td>TBA</td>
</tr>
<tr>
<td>NURS 886</td>
<td>DNP II ***</td>
<td></td>
<td>TBA</td>
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<tr>
<td></td>
<td>*** Individualized to achieve 500 hours of supervised clinical practice</td>
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<td></td>
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<td></td>
<td>TOTAL</td>
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<tr>
<td>NURS 887</td>
<td>DNP III – Capstone Project</td>
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<td>TBA</td>
</tr>
<tr>
<td>NURS 889</td>
<td>Capstone Project Advisement +</td>
<td>Fall, Spring, Summer</td>
<td>3 +</td>
</tr>
</tbody>
</table>

**TOTAL DNP PROGRAM CREDITS** 37 + Capstone Advisement

**TOTAL DNP CLINICAL HOURS** = 560 MINIMUM

*DNP Capstone Advisement – continuous enrollment in NURS 889 each fall, spring and summer until completed.

* All courses are offered in hybrid format, using web-based technology combined with some face-to-face sessions.

** A minimum of 500 additional hours were completed at the MSN degree level (Level I).

**NURS 670, EPIDEMIOLOGY IS REQUIRED, IF NOT TAKEN IN LEVEL I.**

SDB:MBW:ceab
11/30/09, revised 10/29/10, 3/25/1, 5/19/11
DNP Course Sequencing
DNP Level II Curr w-Essentials ANP
**DNP LEVEL II Post-Master’s Curriculum**  
**Allocation of Classroom and Clinical Credits, Class Hours, Practicum Hours**

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Credit</th>
<th>Class/ Credit/ Semester</th>
<th>Theory/ Class Hours Per Semester</th>
<th>Practicum/ Clinical AP Practicum Semester Credit</th>
<th>AP Practicum Semester Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 702 Nursing Science I</td>
<td>3</td>
<td>3</td>
<td>45</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>NURS 708 Health Policy</td>
<td>3</td>
<td>3</td>
<td>45</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>NURS 713 Complex Health</td>
<td>3</td>
<td>3</td>
<td>45</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>NURS 732 Evidenced Based Practice I</td>
<td>3</td>
<td>3</td>
<td>45</td>
<td>0</td>
<td>0</td>
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<tr>
<td>NURS 734 Evidenced Based Practice II</td>
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<td>3</td>
<td>45</td>
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<td>0</td>
</tr>
<tr>
<td>NURS 736 Informatics</td>
<td>3</td>
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<td>45</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>NURS 740 Ethics and Genetics</td>
<td>3</td>
<td>3</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>NURS 885 DNPI</td>
<td>4</td>
<td>2</td>
<td>30</td>
<td>2</td>
<td>112</td>
</tr>
<tr>
<td>NURS 886 DNPII</td>
<td>6</td>
<td>2</td>
<td>30</td>
<td>4</td>
<td>224</td>
</tr>
<tr>
<td>NURS 887 DNPIII</td>
<td>6</td>
<td>2</td>
<td>30</td>
<td>4</td>
<td>224</td>
</tr>
</tbody>
</table>

**TOTAL HOURS** | 37 | | | | 560 |

+ **NURS 889 DNP Project Advisement (Continuous enrollment each fall, spring and summer Semester until the project is completed.**

Class and clinical practicum credits and hours ratio per graduate course:
- 1 classroom credit hours = 14 classroom hours and 1 examination (eval) per 15-week semester.
- 1 clinical credit hour = 4 clinical hours per week

SDB:MBW:eab  
10/15
ADVANCED CLINICAL (AP) PRACTICUM INFORMATION

There are three advanced practice (AP) clinical courses in the Post-Master’s DNP (LEVEL II) curriculum (NURS 885, Doctor of Nursing Practice I (4 credits), NURS 886, Doctor of Nursing Practice II (6 credits) and NURS 887, Doctor of Nursing Practice III – Capstone Project (6 credits). These three courses provide 560 hours above the minimum 500 clinical hours required in the master’s nursing curriculum.

Practicum experiences must be pre-approved by program faculty and may include but are not limited to the following activities:
  1. Direct practice experiences
  2. Leadership experiences
  3. Site visits
  4. Consultation with experts
  5. Health policy
  6. Evidence-based and specialty related conference attendance
  7. Quality improvement and system change activities
  8. Development of education/support groups

The practicum hours are related to the student’s individual goals, course objectives, student learning outcomes, DNP competencies, the Essentials of Doctoral Education for Advanced Practice Nursing (AACN, 2006) and the DNP Project.

Students are mentored by the Widener University School of Nursing (SON) Faculty and selected practicum preceptors/mentors. Students will select preceptors/mentors in collaboration with the faculty who are content experts in the selected area of clinical practice inquiry. Preceptors/mentors must agree to advise and facilitate the student towards the achievement of goals, objectives and DNP competencies. The preceptor/mentor may be an external member of the DNP Project advisement team.

PRECEPTOR/MENTOR CRITERIA

Professional qualifications include:
  1. doctoral degree in expert content area preferred, Master’s degree required.
  2. documentation of a current curriculum vitae, license(s), certification, and malpractice insurance in advanced practice role to the Graduate Nursing Office (where applicable). Documentation needs to be received before the beginning of the semester in which the AP course is offered.
  3. current practice in an area relevant to course objectives and student learning outcomes.
Responsibilities include:

1. Completing a program orientation module.
2. Understanding the role of the preceptor/mentor
3. Providing an environment conducive to learning consistent with the mission of Widener University School of Nursing, program outcomes and competencies.
4. Providing opportunities for achievement of goals and competencies for the DNP program
5. Availability to the student for consultation and advisement
6. Offering constructive/useful feedback
7. Providing effective advisement/consultation and support
8. Providing an evaluation of student performance for each clinical experience and at the end of the experience using forms provided by Widener University School of Nursing graduate program in collaboration with the Widener University DNP program faculty

**CLINICAL AGENCY CRITERIA**

1. Completes a current clinical agency agreement or Letter of Agreement with Widener University School of Nursing.
2. Service to diverse clients and populations and in a medically underserved area preferred.
3. Provision of an environment conducive to learning consistent with the mission and goals of Widener University School of Nursing of the DNP program and facilitative of the course objectives and student learning outcomes/competencies.

SDB:eab
11-8-10
Widener University
School of Nursing

Doctor of Nursing Practice Program
Preceptor/Mentor and Site Evaluation Form

Course Number_________________ Semester __________
Practice/Site Name: ______________________________________
Preceptor/Mentor’s Name: _________________________________
Preceptor/Mentor’s Location______________________________

Rating Scale: 1=Strong Disagree   2=Disagree   3=Neutral   4=Agree    5=Strongly Agree

<table>
<thead>
<tr>
<th>Practicum Site Evaluation</th>
<th>1 to 5</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The setting was supportive and conducive to the achievement of the course objectives.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. The setting was supportive and conducive to the achievement of DNP competencies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. The setting was supportive and conducive to the achievement of your learning goals?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I would recommend this site for another student.</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Practicum Preceptor/Mentor Evaluation</th>
<th>1 to 5</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. This preceptor/mentor provided opportunities to achieve your goals and competencies for the DNP program.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. The preceptor/mentor was available for consultation and advisement.</td>
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<tr>
<td>3. This preceptor offered constructive/useful feedback.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. This preceptor/mentor provided effective advisement/consultation and support.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. I would recommend this preceptor for another student.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please feel free to write any additional comments or suggestions on the back of this form.

SDB  9/10
Eval Comm revised 3/31/11
Widener University
School of Nursing

Doctor of Nursing Practice Program
Student Clinical Practicum Activities Journal and Clinical Hours Form

Directions: Document all practicum activities and describe how each activity helped you to meet course objectives and DNP competencies. Evaluate the extent to which this activity enhanced your clinical expertise and contributed to the development and completion of your capstone project. Have your clinical preceptor or mentor sign for the activity.

Student Name: ________________________________ Course ___________________

Goal(s): ______________________________________________________________________

Objectives: _____________________________________________________________________

Project Title: ___________________________________________________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Practicum Activity</th>
<th>Linkage to Course Objectives/DNP Competencies</th>
<th>Activity Evaluation</th>
<th>Hours/Signature of Clinical preceptor/mentor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Student signature: __________________________ Total hours completed: __________
SDB  9/24/10
WIDENER UNIVERSITY - SCHOOL OF NURSING
Doctor of Nursing Practice Program

FACULTY EVALUATION OF STUDENT'S CLINICAL PERFORMANCE

Nurse Practitioner

Course Number ______________________

Student ___________________________  Clinical Agency/Preceptor __________________

Semester __________________________  Faculty _________________________________

Site Visit Date/If Applicable: __________  Midterm______ Final_______

Practicum Grade: Pass ________  Fail________

DIRECTIONS:
The student will be evaluated on his/her level of performance for each of the competency domains and performance behaviors listed. Please circle the letter that most accurately reflects the student’s level of clinical performance. Ratings reflect common traits exhibited quality of the performance, and the amount of guidance needed by the student to perform the behavior.

For the final evaluation in course __________________, all of the Scale Labels must be at the level of “Assisted” (A). The student must have an overall “Satisfactory” for each competency domain in order to pass the course. Failure or “Unsatisfactory” in any competency domain constitutes a course failure. Occasionally a behavior cannot be observed in the clinical setting. Please check the “not observed” column and comment on the last page of the evaluation.

The competency domains are identified by Roman numerals. Performance behaviors are listed below each domain.

KEY: SATISFACTORY (PASS)

<table>
<thead>
<tr>
<th>Scale Label</th>
<th>Common Traits</th>
<th>Quality of Performance</th>
<th>Guidance Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superior Performance for this course:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent (I)</td>
<td>Safe and accurate on a consistent basis</td>
<td>Efficient, coordinated, confident. Works within an expedient time period</td>
<td>Without supporting cues</td>
</tr>
<tr>
<td>Exceeds Expected Level for this course:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervised (S)</td>
<td>Safe and accurate on a consistent basis</td>
<td>Coordinated, confident. Occasionally inefficient. Works within a reasonable time period</td>
<td>Occasional supportive guidance needed</td>
</tr>
<tr>
<td>Expected Level for this course:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisted (A)</td>
<td>Safe and accurate on a consistent basis</td>
<td>Skillful in parts of behavior, but inefficient and uncoordinated with others. Works within a delayed time period</td>
<td>Some supportive cues needed</td>
</tr>
</tbody>
</table>
## KEY: UNSATISFACTORY (FAIL)

<table>
<thead>
<tr>
<th>Scale Label</th>
<th>Common Traits</th>
<th>Quality of Performance</th>
<th>Guidance Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Superior Performance for this course:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marginal (M)</td>
<td>Safe but not alone. Performs at risk. Not always accurate</td>
<td>Unskilled, inefficient, considerable use of wasted energy. Works within a prolonged time period.</td>
<td>Continuous verbal and frequent physical cues</td>
</tr>
<tr>
<td><strong>Exceeds Expected Level for this course:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependent (D)</td>
<td>Consistently unable to demonstrate behaviors with safety and/or accuracy. Unsafe.</td>
<td>Unable to demonstrate procedures/behaviors. Lacks confidence, coordination, efficiency.</td>
<td>Continuous verbal and physical cues. Unable to work without close guidance.</td>
</tr>
</tbody>
</table>

Rating Scale adapted from:
### Integrated Competencies for NP (NONPF, 2011)

<table>
<thead>
<tr>
<th>Competency Area: Scientific Foundation</th>
<th>Dependent (D)</th>
<th>Marginal (M)</th>
<th>Assisted (A)</th>
<th>Satisfactory (S)</th>
<th>Independent (I)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Primitively analyzes data and evidence for improving advanced nursing practice.</td>
<td>D</td>
<td>M</td>
<td>A</td>
<td>S</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>2. Integrates knowledge from the humanities and sciences within the context of nursing science.</td>
<td>D</td>
<td>M</td>
<td>A</td>
<td>S</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>3. Translates research and other forms of knowledge to improve practice processes and outcomes.</td>
<td>D</td>
<td>M</td>
<td>A</td>
<td>S</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>4. Develops new practice approaches based on the integration of research, theory, and practice knowledge.</td>
<td>D</td>
<td>M</td>
<td>A</td>
<td>S</td>
<td>I</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Competency Area: Leadership</th>
<th>Dependent (D)</th>
<th>Marginal (M)</th>
<th>Assisted (A)</th>
<th>Satisfactory (S)</th>
<th>Independent (I)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assumes complex and advanced leadership roles to initiate and guide change.</td>
<td>D</td>
<td>M</td>
<td>A</td>
<td>S</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>2. Provides leadership to foster collaboration with multiple stakeholders (e.g., patients, community, integrated health care teams, and policy makers) to improve health care.</td>
<td>D</td>
<td>M</td>
<td>A</td>
<td>S</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>3. Demonstrates leadership that uses critical and reflective thinking</td>
<td>D</td>
<td>M</td>
<td>A</td>
<td>S</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>4. Advocates for improved access, quality, and cost effective health care.</td>
<td>D</td>
<td>M</td>
<td>A</td>
<td>S</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>5. Advances practice through the development and implementation of innovations incorporating principles of change</td>
<td>D</td>
<td>M</td>
<td>A</td>
<td>S</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>6. Communicates practice knowledge effectively both orally and in writing.</td>
<td>D</td>
<td>M</td>
<td>A</td>
<td>S</td>
<td>I</td>
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</table>

<table>
<thead>
<tr>
<th>Competency Area: Quality</th>
<th>Dependent (D)</th>
<th>Marginal (M)</th>
<th>Assisted (A)</th>
<th>Satisfactory (S)</th>
<th>Independent (I)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Uses best available evidence to continuously improve quality of clinical practice.</td>
<td>D</td>
<td>M</td>
<td>A</td>
<td>S</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>2. Evaluates the relationships among access, cost, quality, and safety and their influence on health care.</td>
<td>D</td>
<td>M</td>
<td>A</td>
<td>S</td>
<td>I</td>
<td></td>
</tr>
</tbody>
</table>
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

**Competency Area: Practice Inquiry**
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.

**Competency Area: Technology & Information Literacy**
1. Integrates appropriate technologies for knowledge management to improve health care.  
2. Translates technical and scientific health information appropriate for users’ need
   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.

**Competency Area: Policy**
1. Demonstrates an understanding
of the interdependence of policy and practice.

2. Advocates for ethical policies that promote access, equity, quality, and cost.
   - D M A S I

3. Analyzes ethical, legal, and social factors influencing policy development.
   - D M A S I

4. Contributes in the development of health policy.
   - D M A S I

5. Analyzes the implications of health policy across disciplines.
   - D M A S I

6. Evaluates the impact of globalization on health care policy development.
   - D M A S I

**Competency Area: Health Delivery System**

1. Applies knowledge of organizational practices and complex systems to improve health care delivery.
   - D M A S I

2. Effects health care change using broad based skills including negotiating, consensus-building, and partnering.
   - D M A S I

3. Minimizes risk to patients and providers at the individual and systems level.
   - D M A S I

4. Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders.
   - D M A S I

5. Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment.
   - D M A S I

6. Analyzes organizational structure, functions and resources to improve the delivery of care.
   - D M A S I

**Competency Area: Ethics**

1. Integrates ethical principles in decision making.
   - D M A S I

2. Evaluates the ethical consequences of decisions.
   - D M A S I

3. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.
   - D M A S I

**Competencies Area: Independent Practice**

1. Functions as a licensed independent practitioner.
   - D M A S I

2. Demonstrate the highest level of accountability for professional practice.
   - D M A S I
3. Practices independently managing previously diagnosed and undiagnosed patients.

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<tbody>
<tr>
<td>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.</td>
<td>D</td>
<td>M</td>
<td>A</td>
<td>S</td>
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<tbody>
<tr>
<td>3b). Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.</td>
<td>D</td>
<td>M</td>
<td>A</td>
<td>S</td>
<td>I</td>
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<tbody>
<tr>
<td>3c) Employs screening and diagnostic strategies in the development of diagnoses.</td>
<td>D</td>
<td>M</td>
<td>A</td>
<td>S</td>
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<tbody>
<tr>
<td>3d). Prescribes medications within scope of practice.</td>
<td>D</td>
<td>M</td>
<td>A</td>
<td>S</td>
<td>I</td>
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<tbody>
<tr>
<td>3e). Manages the health/illness status of patients and families over time.</td>
<td>D</td>
<td>M</td>
<td>A</td>
<td>S</td>
<td>I</td>
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</table>

4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making.

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<tbody>
<tr>
<td>4a). Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.</td>
<td>D</td>
<td>M</td>
<td>A</td>
<td>S</td>
<td>I</td>
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<tbody>
<tr>
<td>4b). Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.</td>
<td>D</td>
<td>M</td>
<td>A</td>
<td>S</td>
<td>I</td>
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<tbody>
<tr>
<td>4c). Incorporates the patient’s cultural and spiritual preferences, values, and beliefs into health care.</td>
<td>D</td>
<td>M</td>
<td>A</td>
<td>S</td>
<td>I</td>
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</thead>
<tbody>
<tr>
<td>4d). Preserves the patient’s control over decision making by negotiating a mutually acceptable plan of care.</td>
<td>D</td>
<td>M</td>
<td>A</td>
<td>S</td>
<td>I</td>
</tr>
</tbody>
</table>

**OVERALL COMMENTS:**
Adjusts schedule according to unanticipated needs of preceptor/practice site. Yes No
Works well with staff in clinical setting. Yes No

COMMENTS:

SUMMARY AND RECOMMENDATIONS:

Background Theoretical Knowledge Deficits: Strategies for Improvement:

Clinical Skills Deficits: Strategies for Improvement:
Please comment on any competencies not observed due to the nature of this setting:

Faculty Signature______________________________________________________________

Date_________

************************************************************************************

STUDENT SELF-EVALUATION COMMENTS:

Hours Completed: ______________

Student Signature _______________________________________________________________

Date _____________________

SDB 9-23-10
WIDENER UNIVERSITY - SCHOOL OF NURSING
Doctor of Nursing Practice Program
FACULTY EVALUATION OF STUDENT’S CLINICAL PERFORMANCE

Clinical Nurse Specialist

Course Number ______________________

Student ___________________________  Clinical Agency/Preceptor __________________

Semester __________________________   Faculty__________________________________

Site Visit Date/If Applicable:  __________  Midterm______ Final________

Practicum Grade: Pass ________  Fail________

DIRECTIONS:
The student will be evaluated on his/her level of performance for each of the competency domains and performance behaviors listed. Please circle the letter that most accurately reflects the student’s level of clinical performance. Ratings reflect common traits exhibited quality of the performance, and the amount of guidance needed by the student to perform the behavior.

For the final evaluation in course _______________, all of the Scale Labels must be at the level of “Assisted” (A). The student must have an overall “Satisfactory” for each competency domain in order to pass the course. Failure or “Unsatisfactory” in any competency domain constitutes a course failure. Occasionally a behavior cannot be observed in the clinical setting. Please check the “not observed” column and comment on the last page of the evaluation.

The competency domains are identified by Roman numerals. Performance behaviors are listed below each domain.

<table>
<thead>
<tr>
<th>KEY: SATISFACTORY (PASS)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Scale Label</strong></td>
</tr>
<tr>
<td>Superior Performance for this course:</td>
</tr>
<tr>
<td>Independent (I)</td>
</tr>
<tr>
<td>Exceeds Expected Level for this course:</td>
</tr>
<tr>
<td>Supervised (S)</td>
</tr>
<tr>
<td>Expected Level for this course:</td>
</tr>
<tr>
<td>Assisted (A)</td>
</tr>
</tbody>
</table>
### KEY: UNSATISFACTORY (FAIL)

<table>
<thead>
<tr>
<th>Scale Label</th>
<th>Common Traits</th>
<th>Quality of Performance</th>
<th>Guidance Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Marginal</strong> (M)</td>
<td>Safe but not alone. Performs at risk. Not always accurate</td>
<td>Unskilled, inefficient, considerable use of wasted energy. Works within a prolonged time period.</td>
<td>Continuous verbal and frequent physical cues</td>
</tr>
</tbody>
</table>

**Exceeds Expected Level for this course:**

| Dependent (D) | Consistently unable to demonstrate behaviors with safety and/or accuracy. Unsafe. | Unable to demonstrate procedures/behaviors. Lacks confidence, coordination, efficiency. | Continuous verbal and physical cues. Unable to work without close guidance. |

Rating Scale adapted from:

The clinical competencies are adapted from the NACNS (2009) in the document. Core practice doctorate clinical nurse specialist competencies. NACNS: Author
<table>
<thead>
<tr>
<th>National Consensus Core Practice Doctorate Clinical Nurse Specialist Competencies (2009)</th>
<th>Dependent (D)</th>
<th>Marginal (M)</th>
<th>Assisted (A)</th>
<th>Satisfactory (S)</th>
<th>Independent (I)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sphere of Influence: Client Sphere</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Conducts evidence-based, comprehensive assessment of <em>client</em> health care needs, integrating data from multiple sources which could include the <em>client</em> and interprofessional team members.</td>
<td>D</td>
<td>M</td>
<td>A</td>
<td>S</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>4. Implements client assessment strategies based on analysis of psychometric properties, clinical fit, feasibility, and utility.</td>
<td>D</td>
<td>M</td>
<td>A</td>
<td>S</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>5. Uses advanced clinical judgment to diagnose client conditions related to disease, health and illness within cultural, ethnic, behavioral and other contexts.</td>
<td>D</td>
<td>M</td>
<td>A</td>
<td>S</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>6. Designs, implements and evaluates a broad range of evidence-based interventions for clients, which may include prescribing and administering pharmacologic and/or other therapeutic interventions.</td>
<td>D</td>
<td>M</td>
<td>A</td>
<td>S</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>7. Directs the analysis and dissemination of outcomes of client care programs based on multiple considerations including: socioeconomic, cultural and environmental factors; epidemiology; symptomatology; cost and clinical effectiveness; satisfaction; safety; and quality.</td>
<td>D</td>
<td>M</td>
<td>A</td>
<td>S</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>8. Advocates for integration of client preferences and rights in health care decision-making among the interprofessional team.</td>
<td>D</td>
<td>M</td>
<td>A</td>
<td>S</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>9. Applies principles of teaching/learning and health literacy to design, provide, and evaluate client education.</td>
<td>D</td>
<td>M</td>
<td>A</td>
<td>S</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>11. Provides expert consultation for <em>clients</em> with complex health care needs utilizing a broad range of scientific and humanistic theories.</td>
<td>D</td>
<td>M</td>
<td>A</td>
<td>S</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td><strong>Sphere of Influence: Nurse and Nursing Practice</strong></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
1. Provides leadership to the *interprofessional* team to incorporate ethical principles in healthcare planning and delivery.  
2. Facilitates *interprofessional* collaboration in the achievement of practice outcomes.  
3. Provides leadership to the *interprofessional* team in translating knowledge into practice.  
4. Promotes the development of health care team members’ competencies related to care delivery and evaluation, professional growth and effective team functioning.  
5. Promotes improvements in healthcare team processes as they impact clinical and fiscal outcomes.

**Sphere of Influence:**  
**Organization/System**  
1. Uses organizational and system theory to facilitate and create clinical environments that promote care delivery that is *evidence-based*, outcome focused, collaborative, cost-effective, and ethical.  
2. Leads the development, management, and evaluation of information technology to promote safety, quality, and resource management.  
3. Evaluates and improves system level programs and outcomes based on the analysis of information from relevant sources, such as databases, *benchmarks*, and epidemiologic data.  
4. Develops and disseminates synthesis and application of evidence to advance client care and healthcare delivery.  
5. Designs entrepreneurial programs of care that improve(s) delivery and outcomes of health care.

**OVERALL COMMENTS:**
Adjusts schedule according to unanticipated needs of preceptor/practice site. Yes No
Works well with staff in clinical setting. Yes No

COMMENTS:

SUMMARY AND RECOMMENDATIONS:

Background Theoretical Knowledge Deficits: Strategies for Improvement:

Clinical Skills Deficits: Strategies for Improvement:

Please comment on any competencies not observed due to the nature of this setting:

Faculty Signature

Date

**********************************************************************************
STUDENT SELF-EVALUATION

Hours Completed: ________________

Student Signature _________________________________________________

Date ___________

SDB9-17-10
Widener University  
School of Nursing  
Doctor of Nursing Practice Program

CONSENT TO SERVE ON CAPSTONE PROJECT COMMITTEE

PART I  - Please have committee chairperson complete and return to the Graduate Nursing Office

I hereby consent to serve on ____________________________ capstone project committee.

(name of doctoral student)

e-mail address of doctoral student: ________________________________

TITLE OF CAPSTONE PROJECT ______________________________________

________________________________________  _____________________________________
Chairperson (signature)        e-mail address

position  telephone         date

APPROVED:

Director, Doctor of Nursing Practice Program                Date

------------------------------------------------------------------------------------------------------------------------------ ----

PART II  Please have committee member complete and return to the Graduate Nursing Office.

_______________________________________  _____________________________________
Member (signature)      Position

_______________________________________  _____________________________________
Address       Email Address

_______________________________________  _____________________________________
Telephone        Date

APPROVED:  

Director, Doctor of Nursing Practice Program                Date

SDB/MBW/eab  9-24-10
Reveise 10/13 Must be accompanied by Curriculum Vitae of member outside the
School of Nursing

This form is to be submitted to the Nursing Graduate Office and will be copied to the Director of the Doctor of Nursing Practice program director and committee members.  
(form continue on reverse side)
PART III Chairperson/Member Information

Student Name: _____________________________________________________________

Date: __________________________

Project Title: _____________________________________________________________

_____________________________________________________________________

I agree to serve as the Capstone Practice Inquiry Project Chair for the student named above.

Name of Chair ___________________________________________________________
(Print)

Address/Telephone number/ Email

Signature of Chair

________________________
Date

I agree to serve as a Capstone Practice Inquiry Project Committee member for the student
named above.

Name of Committee Person _________________________________________________
(Print)

Signature of Committee Person

________________________
Address/Telephone number/ Email

________________________________________
Date
SDB 9-17-11
Widener University  
School of Nursing  

Doctor of Nursing Practice Program  

DNP Project Proposal Approval Form  

This form is to be completed by student, chairperson and committee member and submitted to the Graduate Nursing Office for approval by the Program Director and Associate Dean for Graduate Studies.

__________________________________________________________________________________________  
Student name (print)  date

Project Title:
__________________________________________________________________________________________  

I hereby accept the Capstone Project Proposal for the student named above.

_______________________________________  _________________________________
Chairperson  (signature)  email address

Position  telephone  date

_______________________________________  _________________________________
Committee member  (signature)  email address

Position  telephone  date

APPROVED:  _________________________________  _________________________________
Director, Doctor of Nursing Practice Program  date

☐ Proposal Completed  
☐ Researcher Certification for Protection of Human Rights  
☐ IRB Approval received  
☐ (not needed)

SDB:eab  9/24/10  
Evaluation Committee  revised 3/31/11  
Revised SDB 9/14
Widener University
School of Nursing

Doctor of Nursing Practice Program

DNP Project Completion Form

This form is to be completed by student, chairperson and committee member and submitted to
the Graduate Nursing Office for approval by the Program Director and Associate Dean for
Graduate Studies.

___________________________________________________     _______________________
Student name (print)              date

__________________________________________________
Student signature

Project Title:

___________________________________________________________________
___________________________________________________________________

We hereby certify that the above named student has successfully completed the Doctor of
Nursing Practice Project.

_______________________________________          _____________________________________
Advisor (print)                          Advisor (print)

_______________________________________          _____________________________________
Advisor (signature)                      Advisor (signature)

______________________    _____________________
date         date

APPROVED:  __________________________________________________  _____________
Director, Doctor of Nursing Practice Program      date

SDB:eab    9/24/10
Eval Com reviewed 3/31/11 edited sdb 9-11
Revised 10/13; Revised  9-15 sdb
Widener University
School of Nursing

Doctor of Nursing Practice Program
Clinical Site Visit Form

Facility_____________________
Student_____________________
Faculty: ____________________
Date: _______________________

Based on this site visit to what extent does this site facilitate achievement of expected program outcomes on a scale on 1 to 5, 1 low and 5 high?

Please comment on the visit:

<table>
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<th>Scientific Foundations</th>
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<td>Ethics</td>
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Should this site if available be used in the future? Yes, No
If not why not:

What preceptor development can be employed to improve this clinical site to meet program outcomes?

Faculty: ___________________________ Date: ________________
CLINICAL/LAB POLICIES

CLINICAL REQUIREMENTS
Students must complete specified requirements to enter clinical courses. These requirements are provided to the students the semester prior to entry into the clinical course by the Office of Graduate Studies.

Deadlines: Failure to meet deadlines established by the Academic Program Director may result in severe consequences, including dismissal from the program.

CONFIDENTIALITY OF CRIMINAL BACKGROUND
School of Nursing administration will discuss criminal background information and drug/alcohol screen results of students on a need-to-know basis. This may include Widener University officials and personnel at Clinical Agencies who are responsible for placement of students. Criminal background results and drug screening results will be maintained in a file separate from the student’s academic file.

Criminal background results and drug/alcohol screen results of licensed nurses are subject to the Commonwealth of Pennsylvania Code Title 49. Professional and Vocation Standards issued by the Department of State. Section 14.1 (f) states that “Any hospital or health care facility, peer or colleague who has substantial evidence that a professional has an active addictive disease for which the professional is not receiving treatment, is diverting a controlled substance or is mentally or physically incompetent to carry out the duties of his license shall make or cause to be made a report to the Board”.

CRIMINAL BACKGROUND CHECK
The curricula for the Bachelor of Science in Nursing, Master of Science, and Doctor of Nursing Practice in Nursing degrees require clinical experiences to occur within hospitals, clinics, private practices, and other healthcare organizations (Collectively “Clinical Agencies”). Many of these agencies require a criminal background check before students are permitted to engage in clinical experiences. Therefore, the School of Nursing and Clinical Agencies require a criminal background check for all students. This is to be completed during the semester immediately prior to the beginning of clinical experiences. Students may be required to complete additional background investigations during their course of study, dependent upon specific agency policies. Such requirements are beyond the control of the School of Nursing. The expenses of all background investigations are the responsibility of the student. Criminal background checks will be performed by a third-party company selected by the School of Nursing. Students will be given instructions regarding processes by the appropriate Academic Program Director. As a part of the process, students will authorize the background screening company to release results to the School of Nursing through the office of the appropriate Academic Program Director. Failure to meet deadlines established by the School of Nursing may negatively affect clinical placements. Failure to complete the background check will preclude entry into clinical courses and can result in dismissal from the program. The office of the Academic Program Director will administratively remove noncompliant students from all clinical courses. Should the criminal background check reveal convictions, further investigation will be undertaken by the School of Nursing through the office of the appropriate Associate Dean.

VIOLATIONS INVOLVING NARCOTICS OR CONTROLLED SUBSTANCES, CRIMES OF VIOLENCE (HOMICIDE, AGGRAVATED ASSAULT, CHILD OR ELDER ABUSE, DOMESTIC VIOLENCE), OR LISTING ON THE NATIONAL TERRORIST WATCH LIST, OR THE SEX AND VIOLENT OFFENDER
REGISTRY MAY PRECLUDE ADMISSION TO CLINICAL COURSES, WHICH WOULD NEGATE COMPLETION OF THE NURSING DEGREE. Violations of any nature may preclude the School of Nursing from placing students in clinical agencies, dependent upon the policies in place at such agencies. The School of Nursing will make every effort to place a student affected by such agency policies. HOWEVER, STUDENTS WHOSE CRIMINAL BACKGROUND FINDINGS ARE NOT ACCEPTABLE TO THE CLINICAL AGENCIES WITH WHICH THE SCHOOL OF NURSING HAS EXISTING CLINICAL AGREEMENTS MAY EXPERIENCE DISRUPTIONS TO THEIR PLAN OF STUDY OR, IN EXTREME CASES, MAY BE UNABLE TO COMPLETE THE COURSE OF STUDY IN NURSING.

Any student with a criminal background finding other than a misdemeanor will be referred to the Dean of the School of Nursing for investigation. The student will be notified by the Academic Program Director to contact the Dean directly. The student in question will not be permitted to attend clinical experiences, while the matter is under investigation the Dean will confer with the Associate Vice President for Administration as needed, and will notify faculty and student of final decision. If a student is not able to complete clinical experiences, the student will be administratively dismissed from the program. Students with question

DRUG AND ALCOHOL SCREENING
Policy: The School of Nursing at Widener University shall (a) support faculty in meeting their obligation to comply with section § 21.18. Standards of nursing conduct of the Pennsylvania State Board of Nursing which states that “A registered nurse shall: …. Act to safeguard the patient from the incompetent, abusive or illegal practice of any individual (http://www.pacode.com/secure/data/049/chapter21/chap21toc.html#21.18a, retrieved October 2, 2007) and (b) assure compliance with conditions for criminal background investigations and drug screens as specified in agency contracts with the Clinical Affiliates where students gain clinical experiences. Students who are under the influence of drugs and/or alcohol are deemed to be impaired and, therefore, incompetent to provide care to patients.

IMPAIRED BEHAVIOR IN CLINICAL COURSES

Clinical nursing experiences require a keen intellect and mental acuity. Students must present themselves to their clinical sites free from the influences of alcohol and chemical substances that would impair their judgment. Faculty in the clinical must be prepared to recognize and manage impairment that may result from use of drugs and/or alcohol.

Some common, but not all-inclusive, signs of impairment are:

- Noticeable mood changes;
- Repeated lateness for clinical experiences;
- Isolation, withdrawal, or avoidance of students or faculty;
- Increased frequency of trips to the bathroom;
- Unexplained absences from the clinical unit;
- Physical signs such as shakiness, tremors, dilated or constricted pupils, slurred speech, unsteady gait, or disheveled appearance (adapted from the Pennsylvania State Board of Nursing Newsletter, Summer 2007).

Faculty who observe clustering of such signs, repeated patterning of signs, or who detect odors consistent with alcohol consumption/marijuana use must take action to preserve the well-being of patients and the student. Faculty are encouraged to seek a second opinion as appropriate to the situation, including other faculty members or preceptors at the same institution, or phone consultation with the Course Coordinator or appropriate Academic Program Director.

Procedure:
1. The student will be removed from the clinical placement at the discretion of the faculty member who is responsible for the clinical experience. The faculty member may confer with other personnel involved with the student as indicated by the circumstances.

2. The faculty member will contact the Course Coordinator immediately to report the situation. The Course Coordinator will contact the appropriate Associate Dean immediately. Should the Academic Program Director be unavailable, the Dean of the School of Nursing shall be notified.

3. The student shall be assessed by the faculty member to determine the setting most appropriate for the collection of a drug screen and/or alcohol screen. These settings include:
   a. the third party lab selected by the School of Nursing, via transport by Widener Campus Safety if the student exhibits no signs requiring emergency treatment,
   b. the immediate clinical setting if it is an acute care setting and the student exhibits signs that require immediate emergency management,
   c. the Crozer Emergency Department via ambulance if the student exhibits signs that require immediate emergency management and the clinical setting is other than an acute care facility, or
   d. the Crozer Emergency Department via Widener Campus Safety if the student requires treatment, but exhibits no signs requiring immediate emergency management.

4. The faculty member or designee will contact 911 or Widener Campus Safety as needed to provide transportation.

5. Chain of Custody forms to accompany samples may be obtained from the Undergraduate or Graduate secretary’s office. The form will be given to the emergency department in the immediate clinical facility, or will be given to the responding Widener Campus Safety Officer.

6. At the conclusion of treatment, Widener Campus Safety will transport students from Crozer Emergency Department or the immediate clinical setting to the main campus in Chester. Further transportation is the responsibility of the student.

7. A student who is removed from the clinical setting for reasons set forth in this section will be temporarily suspended from further clinical experiences in all clinical courses.

8. In order to lift suspension, the student must provide a statement signed by the health care provider indicating that the student is able to perform in the role of the student nurse, and must authorize release of the drug and alcohol screen results to the appropriate Academic Program Director. A positive drug or alcohol screen is not acceptable.

9. A student with a positive drug or alcohol screen not supported by a legitimate prescription will remain suspended from the clinical setting for the duration of the semester, which will preclude course completion and result in failure of the clinical course(s).

10. Students may be dismissed from the School of Nursing for such an offense.

11. Any student who is dismissed from the School of Nursing for reason of positive drug or alcohol screen may re-apply. The student must provide documentation from an appropriate healthcare provider that he or she has undergone appropriate treatment/rehabilitation.

12. A student, who is readmitted, must comply with unannounced drug and/or alcohol screens to be conducted at an independent laboratory identified by the School of Nursing within a 6-hour period after notification. All drug or alcohol screens must return with negative results. Any positive result or failure to comply with testing will result in dismissal from the School of Nursing.

13. The student is required to continue counseling or other interventions as specified by his/her health care provider and/or the School of Nursing. Compliance with interventions will be documented by the health care provider in a letter to the appropriate Associate Dean on a periodic basis to be determined by the Associate Dean and stipulated in a contract developed and signed at the time of readmission. Failure to comply will result in final expulsion, after which the student will be ineligible to return to the School of Nursing.

14. This policy sets forth consequences and requirements in the School of Nursing; any student who has a positive drug or alcohol screen while in the clinical setting will be referred to Widener University’s Dean of Students, and all university policies will apply.

15. Students are responsible for all expenses for drug and alcohol screens and for related treatment.

16. Any student who refuses to submit to drug or alcohol screening as stipulated in this policy shall be ineligible to return to clinical, which will preclude course completion and result in failure of the course.
INCIDENT REPORT FOR STUDENTS
A School of Nursing Student Incident Report is filed when any unusual event occurs (such as needle sticks, falls, being struck by a patient, etc.) which may cause harm to students. The Academic Program Director should be notified as soon as the faculty member has knowledge of such an event. The completed form should then be sent to the office of the Academic Program Director for processing. Incidents involving exposure to infectious disease, hazardous material, or serious injury must be reported to the Academic Program Director and University Health Services immediately. Clinical instructors must contact the course coordinator who will contact the Academic Program Director. A call to University Health Center will be made. The incident report will be transmitted on the scene or next business day depending on time of occurrence.

BLOOD AND BODY FLUID EXPOSURES/NEEDLE STICK INJURIES
“An exposure that might place a health care professional at risk for HIV is defined as a percutaneous injury (e.g. a needlestick or cut with a sharp object) or contact of mucous membrane or nonintact skin (e.g. exposed skin that is chapped, abraded, or afflicted with dermatitis) with blood, tissue, or other body fluids that are potentially infectious” (CDC, 2005, pg 2). Students who sustain a needlestick injury, or get blood or other potentially infectious materials in their eyes, nose, mouth, or on broken skin should “immediately flood the exposed area with water and clean any wound with soap and water or a skin disinfectant if available” (http://osha.gov/SLTC/bloodbornepathogens/postexposure.html)

LATEX ALLERGY
Students with a known latex allergy must inform the Office of the Academic Program Director and note this information on their student health forms. Students are also responsible to inform each faculty member/instructor of their allergy and of the recommended accommodations at the onset of each new clinical or laboratory rotation. Where appropriate, non-latex gloves will be utilized. Students are responsible for knowing which article/equipment in the work environment may contain latex and cause an adverse reaction.

MEDICAL CONDITIONS REQUIRING MEDICATION
Students whose healthcare provider has prescribed a medication or controlled substance that could impair clinical functioning must inform the course coordinator and appropriate Academic Program Director in writing at the beginning of each clinical course. In addition, the student must provide a written statement from the healthcare provider indicating that the student is physically and mentally fit to provide care in the clinical setting. The School of Nursing requires such notification for the protection of students and their patients. This documentation is to be sent to University Health Services.

CENTER FOR SIMULATION AND COMPUTERIZED TESTING
The CSCT, located on the 1st and 2nd floor of the New Academic Building is for the use of all nursing students attending Widener University. Its purpose is to provide students with instructional resources for selected courses and supplement nursing courses. Flexible CSCT hours are scheduled each semester to enable students to meet course expectations and requirements. For further information, call the CSCT at 610-499-4616 or the Director at 610-499-4215.

AGENCY REQUIREMENTS
1. Widener SON faculty and students are the guests of our clinical agencies. As such, the utmost care is required to adhere to professional dress, conduct and agency policies.

2. Students are expected to comply with clinical agency policies related to identification badges, confidentiality, HIPAA privacy regulations, criminal record check, drug free work environment, health records, immunizations, parking, meals, and mandatory procedural reviews, etc. Failure to comply with clinical agency policies may result in denial of clinical experience. Clinical agencies may require the students’ signature, verifying their understanding of specific policies.

3. Clinical agencies have the right to remove students from duty when in the judgment of the agency they cannot carry out their duties due to physical or mental impairment. If such impairment is suspected to be due to drug and/or alcohol use, the agency may require drug testing and/or alcohol and/or counseling. If the student refuses, the agency may request the student be removed.

4. The School may be required to provide agencies with the names and specific records of students.

5. Clinical agencies have the right to bar SON students and/or faculty from the agency. Such an occurrence is to be reported immediately to the Academic Program Director and Dean, who will then investigate the issues leading to such action.

6. A Criminal Record Check, a Child Abuse History Clearance, and a Drug and Alcohol Screening are required for all nursing students.

7. Students are expected to wear the designated School of Nursing uniform, University ID badge, and name pin to all clinical rotations, unless otherwise specified by the course coordinator.

HEALTH CONDITIONS REQUIRING UNIVERSITY HEALTH CLEARANCE
The School of Nursing is responsible for protection of students and the patients for whom they care for by assuring that each student meets the School of Nursing Essential Functions identified in the Appendices of this Handbook. Students in clinical rotations, who have a significant health issue that precludes attendance or that may impair ability to function effectively in the clinical setting, must assure that their physicians provide a statement of medical clearance, including any functional limitations specific to the School of Nursing Essential Functions, to University Health Services. The Director of Student Health Services will communicate with the appropriate Academic Program Director and/or Dean (in the absence of the Academic Program Director) to provide a recommendation for clearance for return to the academic or clinical setting. The Academic Program Director/Dean (in the absence of the Academic Program Director) will communicate with faculty to let them know when students are cleared to return to the clinical setting. Faculty should expect students experiencing the following conditions, or others of a similar severity to require clearance from University Health Services prior to returning:

1. High risk pregnancy
2. Myocardial infarction
3. Stroke
4. Other major medical conditions
5. Major surgery
6. Fractures
7. Infectious disease other than cold or flu
8. Chemotherapy / radiation therapy
9. Major trauma
10. Head injury

Students experiencing these conditions must initiate the clearance process through University Health Services. Faculty who may become aware of a student experiencing these conditions must notify the appropriate Academic Program Director.

Students who miss clinical as a result of illness/injury will be afforded the opportunity to make-up clinical without incurring addition expense if only a limited number of experiences are missed. Students who miss a significant number of clinical hours will discuss this matter with faculty members to
Students who are experiencing significant health issues are eligible for a leave of absence. The student must contact the appropriate School of Nursing Academic Program Director, who will advise the student regarding the process for such a request through the office for the Associate Provost.

**CLINICAL ABSENCES**

DNP students who are unable to attend clinical experiences as planned due to illness or personal emergency must notify their preceptor as soon as possible, but not later than two hours prior to the planned experience.

Approved FF 5/11

**CLINICAL LATENESS**

It is the student’s responsibility to be on time for clinical experiences. In the event of unavoidable lateness students must call their preceptors and notify them that they will be late. Due to the nature of traffic in the Tri-State area, students should plan travel time to include potential delays of up to thirty minutes.

**CLINICAL/THEORY COURSES**

Both the theory and clinical/laboratory portions of a nursing course must be successfully completed to earn a passing grade. A failing clinical grade will result in a final course grade of ‘F’, regardless of the theory grade.

**CONFIDENTIALITY**

Confidentiality is both an ethical and legal responsibility of all professional nurses. Annual review of the HIPAA Privacy Regulations is required. Students are to maintain the confidentiality of all clients. Information concerning any client's identity, diagnosis, treatment, family problem or life style is considered confidential and shall not be discussed or otherwise passed on to any individuals outside of the agency.

**CPR REQUIREMENT**

A current 2-year certification from the American Heart Association Healthcare Provider or the American Red Cross Association Healthcare Provider (BLS). The course should include 1 man CPR, 2 man CPR, child and infant CPR, management of obstructed airway for both conscious and unconscious victims, and automatic external defibrillation. Students must have a valid CPR card during the entire nursing program.

Proof of certification is submitted with other clinical requirements as designated by the Academic Program Director.

**DENIAL OF CLINICAL EXPERIENCE**

A School of Nursing faculty member has full and unmitigated authority to deny, based upon the faculty member's judgment, a student's participation in any School-approved clinical nursing experience activity. Students will have the right to a full hearing before the School’s Academic Council. The hearing will be held in an expeditious manner.

**EMERGENCY CARE**
Should a health problem arise during a clinical experience, students will be referred to the nearest appropriate acute care facility. Students are responsible for all medical costs incurred; the University will not assume this responsibility. Prior to returning to the clinical, the student must be cleared through University Health Services.

**ESSENTIAL REQUIREMENTS**
Students must meet the “Essential Requirements for Clinical Experiences” specified in the Appendices of this Handbook.

Approved 5/93, revised 6/02, 10/07, 8/08, edited DMC 9/11

**HEALTH INSURANCE**
All medical costs are the responsibility of the student. Therefore, students are required to have health insurance. Verification of this insurance is required annually.

**HEALTH REQUIREMENTS**
1. Health requirements are required to meet the contractual stipulations of the clinical agencies in which clinical experiences take place.
2. Students will be instructed to access the CertifiedBackground website to fulfill these requirements.

**MALPRACTICE INSURANCE**
Malpractice insurance is required of all clinical nursing students. Proof of malpractice insurance is required.

**PERSONAL SAFETY**
Personal safety is a matter of concern to everyone. Most clinical agencies have policies regarding personal safety. Students are responsible for familiarizing themselves with these guidelines and using good judgment. Students may have independent clinical community assignments where the student will not be accompanied by an instructor.

In general, use the following guidelines:
- Concerns related to safety shall be discussed with the faculty member.
- Faculty/preceptor instruction related to safety shall be followed.
- Agency guidelines shall be followed.

**PROFESSIONAL ATTIRE**
Professional attire includes:
- Attire should include closed-toe shoes, and modest choices for necklines and hemlines. No jeans are permitted.
- Impeccable personal grooming is required.
- Hair must be styled off the face and collar.
- Beards and mustaches must be neatly groomed.
- Make-up is permitted in moderation.
- Fingernails must not extend beyond the end of the finger. Nail polish is not permitted.
- Artificial nails or nail extenders are not permitted. See CDC information at [www.cdc.gov](http://www.cdc.gov)
- Tattoos must not be visible.
• Wedding bands, watches, and one small post earring per ear are the only articles of jewelry permitted. No additional body adornments are permitted.
• Students may wear a head covering as required by their religious beliefs.
• Widener University student name pins and University IDs must be visible at all times.

Revised 6/04, 9/05, 9/06, 4/11, 5/11; revised for DNP Handbook SDB/DRG 9/11
APPENDICES

APPENDIX A
Preclinical Requirements and Physical Requirement

APPENDIX B
Essential Functions

APPENDIX C
Acknowledgement of Essential Functions and HIPA

APPENDIX D
Report of behavior congruent with impairment

APPENDIX E
Incident Report

APPENDIX F
Due Process Form

APPENDIX G
Capstone Documentation Guidelines
School of Nursing

Pre-Clinical Requirements for Students Scheduled for Graduate and Undergraduate Clinical Courses

The following pre-clinical requirements apply to BSN, MSN, and DNP students. These requirements must be met for you to participate in required clinical experiences.

The requirements to be met are as follows:

A. Requirements met through Certified Background
   - Criminal background check
   - Substance abuse screen – 10 panel urine drug screen
   - See enclosed policy “Requirements for Criminal Background Investigations and Drug and Alcohol Screening for Students in Clinical Courses”

B. Requirements to be submitted to Certified Background:
   (DEADLINE: May 1st)
   - CPR Certification inclusive of infant, child, adult, 2 person, and AED
   - Pennsylvania Child Abuse History Clearance (within 12 months of beginning clinical)
   - FBI Criminal Background Check
   - Documentation of Health Insurance Coverage (copies of current coverage)
   - Pre-Clinical Health History
   - Pre-Clinical Physical exam to determine Ability to perform essential functions
   - A titer package is available through Widener University Student Health
   - Health insurance portability- HIPAA Acknowledgement
   - Documentation of immunization of serologic immunity and tuberculosis screening.
   - Annual Flu vaccination each Fall.

C. Student Responsibilities
   - Photo ID/ Widener University Name tag to be worn at all times while in clinical setting
     (name tag available through Widener University Bookstore)

D. Additional Requirements for RN/BSN and Master’s Students
   - Proof of licensure as a Registered Nurse in PA for RN/BSN students and CNS students; FNP students required to be licensed in PA plus either NJ or DE license to facilitate clinical placements.
   - Malpractice insurance within acceptable limits for specialty.

Please be sure to submit your documentation in advance of the designated deadline of May 1st.
APPENDIX B

The Essential Functions for Nursing Practice

The programs of study leading to the Bachelor of Science in Nursing (BSN) and Master of Science in Nursing (MSN) require students to engage in diverse, complex, and specific experiences essential to the acquisition and practice of essential nursing skills and functions. Unique combinations of cognitive, affective, psychomotor, physical and social abilities are required to satisfactorily perform these functions. In addition to being essential to the successful completion of the degree requirements, these functions are necessary to ensure the health and safety of patients, fellow students, faculty, and other health care providers.

In keeping with its mission and goals and compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA), Widener University School of Nursing promotes an environment of respect for and support of persons with disabilities. The ADA defines disability as “…a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment: or being regarded as having such an impairment” Physical or mental impairment is broadly defined and includes “…any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more …body systems … [and]…any mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities…”

Essential functions are defined as those skills and competencies that all BSN and MSN students at Widener University must have the capacity to demonstrate, with or without reasonable accommodations. Students are not required to be competent in all of these skills at the time of admission, but must have the physical and mental capacity to perform the tasks in clinical practice. If a student is unable, or suspects s/he may be unable, to complete any of the essential functions outlined in this document, with or without reasonable accommodations, the student is strongly encouraged to consult with the Director of Disability Services as soon as possible.

Essential functions include but are not limited to the following:

Competency 1: The ability to see, hear, touch, smell and distinguish colors

Compliance with this competency requires that the student be able to:

- See objects up to 20 inches away.
- See objects up to 20 feet away.
- See objects more than 20 feet away.
- Use depth perception.
- Use peripheral vision or compensate with central vision.
- Hear normal speaking level sounds.
- Hear faint voices
- Hear faint body sounds such as auscultated blood pressure, heart sounds, lung sounds, and bowel sounds.
- Hear in situations when unable to see lips move, such as when masks are used.
- Hear auditory alarms.
- Demonstrate tactile ability sufficient for physical assessment (e.g., palpation, auscultation, percussion, and functions of physical assessment) and skills related to therapeutic intervention.
- Feel vibrations such as a pulse.
- Detect temperature.
- Feel differences in surface characteristics such as with skin turgor.
- Feel differences in sizes and shapes.
- Detect environmental temperature.
- Detect odors from clients and others.
- Detect smoke.
- Detect gases or noxious smells.
- Distinguish color.
- Distinguish color intensity.
Competency 2: Oral and writing ability with accuracy, clarity and efficiency

- Communicate effectively and sensitively with other students, faculty, staff, patients, family, other professionals, and the public.
- Express ideas and feelings clearly.
- Demonstrate a willingness and ability to give and receive feedback.
- Explain treatment procedures.
- Provide effective health teaching to individuals and groups.
- Interpret and document nursing actions and patient/client and family responses.
- Give oral and written reports to faculty and other members of the health care team.

Competency 3: Manual dexterity, gross and fine movements

- Sufficiently and safely move from room to room and maneuver in small places.
- Perform gross and fine motor skills to provide safe and effective nursing care.
  Gross motor skills include but are not limited to the ability to:
  - move quickly
  - move within confined spaces
  - sit and maintain balance
  - stand and maintain balance
  - walk
  - climb
  - twist, bend, stoop, squat
  - reach above shoulders to manage IVs or monitors
  - reach below waist to manage plug-ins or equipment
  - push, pull, lift, support at least 25 pounds in order to position, transfer, and ambulate patients/clients
  - move light objects up to 10 pounds
  - move heavy objects weighing from 10-50 pounds
  - defend self against a combative patient/client
  - carry equipment or supplies
  - use upper body strength
  - squeeze with hands
  - administer cardio-pulmonary resuscitation to adults, children, and infants
  - stand at patient/client side during a procedure
  - sustain repetitive movements
  - maintain physical tolerance
  Fine motor skills include but are not limited to:
  - pick up objects with hands
  - grasp small objects with hands
  - write with pen, pencil, or accommodating device
  - key/type using a computer or master an accommodating device
  - pinch/pick up work with fingers
  - twist or turn items with hands
  - squeeze with finger

Competency 4: Ability to learn, think critically, analyze, assess, solve problems, reach judgment

- Read and comprehend extensive written material pertinent to nursing science and effective/safe clinical nursing care
- Effectively use short term and long term memory abilities
- Solve problems using a logical, systematic process
• Apply relevant nursing principles in solving problems pertinent to professional nursing practice
• Synthesize nursing knowledge and skills in planning and providing effective/safe nursing care
• Identify cause and effect relationships
• Establish priorities among several tasks or pieces of data
• Transfer knowledge and skills from one clinical nursing situation to another
• Distinguish facts from assumptions, personal opinions, and personal beliefs
• Distinguish relevant from irrelevant facts, and important from trivial facts
• Use logical reasoning to make plausible inferences about clinical nursing situations
• Distinguish conclusions from the reasoning that supports them
• Make judgments based on factual evidence
• Suspend making judgments when lacking sufficient evidence
• Express ideas in an organized way, both verbally and in writing
• Analyze nursing assessment data to accurately identify client problems
• Develop realistic written nursing care plans for clients that aid in solving client problems
• Verbalize reasoning used in planning and providing nursing care
• Develop fair and accurate criteria for evaluating nursing care provided
• Accurately evaluate nursing care in relation to stated criteria
• Modify nursing care in relation to evaluation process and changes in client condition or situation
• Accurately evaluate own performance in relation to written standards
• Accurately identify areas for continued learning and performance improvement
• Develop realistic plans for continued learning and performance improvement

Competency 5: Emotional stability and ability to accept responsibility and accountability

Emotional abilities required in the program include but are not limited to the ability to:
• Complete all responsibilities in the assessment and implementation of nursing care for patients/clients and families
• Establish therapeutic boundaries
• Demonstrate good judgment
• Be accountable for own behaviors
• Maintain a calm demeanor in stressful or emotionally provocative situations
• Use sensory and motor skills accurately without becoming overwhelmed
• Promote mature, sensitive, and effective relationships with patients, students, faculty, staff, and other professionals
• Respect differences in patients/clients and families
• Provide patient/client, families with emotional support
• Focus attention on task
• Illustrate insight and an awareness of self
• Adapt to changing environment or stress
• Deal with crisis situations appropriately

Approved 10/24/03
Editorial Revisions 5/28/08
DRG/bph
SCHOOL OF NURSING

Acknowledgement of Essential Functions for Nursing Practice

I have read the Widener University Essential Functions for Nursing Practice. Should I experience any change in my health status, for example, surgery, injury, or pregnancy that could impair my ability to perform these Essential Functions it is my responsibility to see my health care provider. Any limitations must be reported to the office of Disability Services.

Printed Name ___________________________________________________

Student Signature________________________________________________

Date___________________

Acknowledgement of Health Insurance Portability and Accountability Act (HIPAA) Minimum Necessary Criteria & Responsibility Form

I understand that my role as a member of the workforce and continued role as a member of the workforce is contingent upon compliance with all policies and rules of the Health System. In addition, I understand that I am required to keep confidential patient protected health information. I recognize and acknowledge that during the course of my participation as a member of the workforce, I may become aware of such private and confidential information. I hereby agree to keep this information confidential forever and not to use or disclose it to others, including all members of the Health System’s workforce, and its entities and patients and family members, unless there is a need to know and I am otherwise authorized by the Health System, the Health system polices and procedures, the patient (for that patient’s specific information) or, where appropriate, as required by law. I understand that I must comply with the Health System’s policies and procedures regarding protected health information under HIPAA laws and regulations and I acknowledge that I have been trained in the appropriate uses and disclosures of protected health information as they relate to my specific workforce role.

Printed Name_____________________________________________________

Student Signature__________________________________________________

Date__________________
APPENDIX D

School of Nursing
Report of Behavior Congruent with Impairment

Student Name: ____________________________________________________________

Clinical Site: ______________________________________________________________

Course: _____________________________ Faculty: ________________________________

The following are common, but not all-inclusive signs of impairment:

- Noticeable mood changes;
- Repeated lateness for clinical experiences;
- Isolation, withdrawal, or avoidance of students or faculty;
- Increased frequency of trips to the bathroom;
- Physical signs such as shakiness, tremors, dilated or constricted pupils, slurred speech, unsteady gait, or disheveled appearance (adapted from Pennsylvania State Board of Nursing Newsletter, Summer 2007, article Helping nurses recognize and support colleagues who may be impaired by K. Knipe and S. Petula).
- Odors consistent with alcohol consumption/marijuana use

Signs of impairment with specific, objective observations:

Actions taken:

□ Removal from the clinical setting
□ Notification of Course Coordinator
□ Disposition of student
  □ Laboratory via Widener Campus Safety
  □ Current Clinical Setting
  □ Crozer ED via Widener Campus Safety
  □ Crozer ED via ambulance
□ Other ______________________________

Comments on Actions:

Identification of others who observed conduct:

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Faculty Signature: ___________________________ Date: ____________________
A Student Incident Report is filed when any unusual event (such as needle sticks, falls, being struck by a patient…) occurs which may cause injury to a student in the clinical setting. The form should be completed as soon as the faculty member has knowledge of such an event. The form is then sent to the appropriate Associate Dean for processing.

NAME OF STUDENT:__________________________________ SOCIAL SECURITY#_________________

DATE OF INCIDENT: ______________________ TIME OF INCIDENT:__________________

NAME OF THE AGENCY:
__________________________________________________________________

EXACT LOCATION OF THE INCIDENT IN THE AGENCY:
_____________________________________

DESCRIPTION OF INCIDENT BY THE FACULTY:

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

DESCRIBE TREATMENT RECEIVED:

TREATMENT RECEIVED: ___________________________________________________________

DATE OF TREATMENT: _________________________

TREATED AT: ______________________________________________________________________

BY WHOM: ________________________________________________________________________

IF NOT TREATED, WHY NOT? _______________________________________________________

_________________________________________________________________________________

Signature of Faculty Completing Form Date
_________________________________________________________________________________

Agency Representative Signature Date (Individual to whom incident was reported)
_________________________________________________________________________________
APPENDIX F

WIDENER UNIVERSITY SCHOOL OF NURSING
DUE PROCESS FORM

Name of Student: ____________________________     Date: _____________________________

________________________________________

Academic Program: (check one)

BSN _____    RN – BSN _____    MSN _____    DNP _____    PhD _____

Course name and course number: ______________________________________

Many disputes may be resolved following a discussion of the issues by the parties involved. If such a meeting has occurred, and no resolution has been achieved, the student may attach a detailed statement addressing concerns. The student must obtain signature of the involved faculty member, and proceed to the Appeals process. One copy of this form must be distributed to each of the parties involved.

Statement of the problem/concern/complaint must address the following:

- Describe the resolution you are seeking.
- Clearly and concisely state what you are requesting.
- When did you first become aware of the problem?
- Identify any extenuating circumstances related to the problem.
- What steps have you already taken to address the problem/situation?
- Identify resources or supports that may help you improve or correct the situation.

I have met with the student and discussed the issues stated above.

*Student Signature ____________________________ Date __________________
Indicates only that student has prepared the documentation and consulted with the faculty.

*Faculty Signature ____________________________ Date __________________

*Mentor Signature ____________________________ Date __________________

Course Coordinator Signature ____________________________ Date: __________________
* Indicates only that student has consulted with advisor and does not indicate, express, or imply approval.

Resolution (check one):
□ Issue resolved between student and faculty
□ Issue not resolved; pursuing Academic Council meeting.
APPENDIX G

Capstone Documentation Guidelines

This DNP practice improvement project focuses on the student’s ability to demonstrate the integration of knowledge, expertise, and DNP competencies acquired across all courses, including clinical experiences, and applied throughout the DNP implementation project experience. Students will incorporate all that they have learned into a scholarly written work that effectively expresses the use of evidence to improve direct patient, and/or system-based or provider outcomes. Students will be guided in selection of an appropriate project and will be required to submit the cumulative written document for completion of the program. This project is designed to provide the foundation for future scholarly contribution to professional nursing.

Chapter 1: Introduction to the Clinical Issue and Synthesis of the Evidence

o Introduction to the Clinical Issue:
  ▪ Describe the clinical issue, purpose, and rationale for the project based on the most salient issues in nursing.
  ▪ The introduction should start out broad; discuss how the issue may have an impact on the practice level and through the global level. Establish the framework for understanding the clinical issue, the development of the evidence review and narrowing to the specifics of how this clinical issue is affecting the patient, providers, and/or healthcare system.

o Background & Significance of Clinical Issue (Problem Statement):
  ▪ Context for the impact of the EB clinical project (e.g., description of given population, epidemiological data to support significance, political environment for practice change, professional receptivity to practice change and opportunity to make a fiscal impact). What is the problem and why?
  ▪ Discuss why the clinical issue is significant to nursing, patient outcomes, and quality healthcare using supportive documentation and epidemiological background information to justify that an issue is present.
  ▪ Present a compelling overview of the relevance of the healthcare issue; the PICOT question; the significance of the issue (e.g. why is this question important to you? Why did you decide to use this question?). Support this overview with important reports such as Health Care Disparities, IOM Reports, Quality and Safety in Nursing Education, and Healthy People 2020 Goals.
  ▪ Purpose: Write a purpose statement to guide the practice improvement and introduce the verbatim purpose statement in each chapter

o Implications for Advanced Nursing Practice and Health Care System Change:
  ▪ Reflect on why this clinical issue needs to be investigated and a practice change employed.
  ▪ Discuss the strategies for negotiating the system: including legal, ethical, advocacy and health policy, regulations as well as team-based approaches.
- Discuss the issues surrounding quality and safety: including organizational, structural, case processes, financial, marketing, and financial concerns.

- Support how the project could improve patient, provider and system-based outcomes.

- Describe how the project will affect cost, access, safety, and quality of care.

- Discuss sustainability and the complexity of implementing an evidence-based practice project and the leadership roles and innovation that will be involved in the process of the project. Use complexity structures and process map to display projected outcomes.

- Discuss the implications for a practice change. Describe the process for potential implementation of the practice change. Describe theoretical underpinnings that inform the practice improvement.

- Discuss the anticipated impact of implementing evidence-based innovations in the practice and potential to affect other practices.

**Chapter 2: Search and Critical Appraisal of the Evidence**

- **Purpose and PICOT Question**
  - Introduce the chapter by informing the reader of exactly what will follow.
  - Open each chapter with a purpose statement
  - Introduce the PICOT (Population, Intervention, Comparison, Outcome, Time) question that will guide the appraisal of the evidence and DNP project.

- **Sources and Search Process**
  - Identify internal and external sources of evidence used. Discuss the reason for choosing them.

  - Describe the search strategies used to uncover the evidence: keywords, combinations, and limits (inclusion/exclusion criteria) used for each search and outcomes of each search.

  - Include number of articles produced from the search and number of articles used to answer your PICOT question.

  - Include a print screen of your search strategy in the appendices. Include number of articles produced from the search and number of articles used to answer your PICOT question.

  - Be specific and explain how you got to the body of evidence that will be critically appraised for quality and its use in practice.
In Appendices: Include print screens of search strategy, number of articles produced from the search, and number used to answer your clinical question.

- Critical Appraisal of the Evidence
  This section is not about discussing each study individually. **It is to:**
  - Evaluate the foundation of research and internal evidence influencing the clinical issue. Discuss the overall strength of the evidence in terms of level of evidence, the validity of the evidence and the confidence to act on the evidence. Discuss the overall strength of the evidence, how and why it would be significant to nursing, patient outcomes and quality healthcare.
  - Discuss your appraisal of the evidence – Evaluate the body evidence as a whole: Including but not limited to: Level of evidence, how well the studies were conducted, and how useful is it to practice. Only use studies in the evaluation table that answer the clinical question.
  - The critical appraisal process includes discussion on the studies: Develop evaluation table with the essential elements. Use Rapid Critical Appraisal forms as a guide.
    - Validity:
    - Reliability
    - Applicability
    - Portability
  - Discuss the overall strength of the evidence in terms of level of evidence, the validity of the evidence and the confidence to act on the evidence.
    - Compare and contrast findings - reflect on the inconsistencies across studies, major conclusions drawn from each study, clinical implications of findings across studies. Discuss the similarities and differences across studies. (e.g. design & method, sample & setting, and findings & implications).
    - Identify and discuss gaps and controversies that might exist in the literature, generalizability based on evaluation of validity of study.
    - Discuss the applicability of the clinical decision that is based on the body of evidence. This may include, but not limited to, the confidence and feasibility of implementing a practice change. i.e. What practice change is warranted? What does the evidence tell you to do?

- Synthesis of the Evidence that Leads to Implementation of a Practice Change:
  - Transition from appraisal section in summarizing to making decisions based on the evidence reviewed: (Create synthesis tables on items such as but not limited to: level of evidence, study design, findings, interventions, and outcomes.)
- Discuss the synthesis of the evidence and the decision that is made based on the evidence. (Use the synthesis tables to show how decisions were made.
- What practice change is warranted?
- What does the evidence tell you to do? Intervention, outcomes, and implementation strategies.
- Findings that flow from the evidence not a restatement of the findings of the studies.

- Discuss the findings that flow from the evidence, the confidence in the evidence and feasibility of implementing the evidence.

- Describe the process for potential implementation of the practice change. Discuss weather this implementation carries greater harm than benefit.

- Describe the anticipated impact the project will have on a set population. What outcomes (based on the evidence) are expected?

- What is the Purpose of the Evidence-based Practice Implementation Project?

✓ This section reflects why this is clinical issue needs to be investigated; discusses the overall strength of the evidence in terms of level of evidence, and quality indicator or national patient safety goals and your next steps.

✓ In Appendices: Include the search samples, evaluation table and synthesis tables that led to the development of the evidence-based practice implementation project.
Chapter 3: Project Methods & Implementation

Chapter 3 written in future tense at first, as this is what will be done. A revised Chapter 3 after project completion (DNP III) will be on what actually happened with the evidence implementation project and changed to past tense. Continue to open each chapter with a purpose statement to inform the reader of what will be presented in the chapters. Methods and procedures (measurement, collection, analysis and interpretation of data) to carry out the capstone project and answer practice related questions will be presented. If the project involves data collection on human subjects, then IRB approval must be obtained prior to implementation.

**Conceptual Framework/EBP Model use to guide the project:**
- Clearly describe the conceptual framework/theory(s) that supported the project and its connection to generation of outcomes/impact.
- Discuss what the implementation project will be and provide details of the implementation plan.
- Illustrate how the selected EBP model/framework are/is interwoven in the development of the plan. (Support with selected EBP Model/Framework and timeline). (Include in appendices)

  Evidence Implementation:
  - Summarize the implementation project.
  - What are you doing and how will you do it?
  - Ethic approval for project (IRB Approval)
  - Strategies for successfully negotiating systems using systems principles & processes.
  - Discuss negotiating complex systems, intervention strategies that will be employed.
  - Describe the potential issues, challenges, and/or barriers to implementation.

**Implementation and Data Analysis Plan (Outcome measurement plan includes Data and Cost Plans):**
- Discuss the selection of outcomes (from the synthesis of the evidence) that are appropriate measures to be used to in the implementation project.
  - Data collection methods:
    - instrument(s)-Validity, reliability, and scoring of instruments if appropriate
    - outcomes measures
    - cost analysis plan
  - **Present a Donabedian Logic Model:** Who, What, When, Where, How and Why of your structure, process, outcomes measures.
    - What data are you collecting and why?
    - Who is collecting the data?
    - When will data collection begin and for how long?
When will the data be collected?
What are the pre & post intervention data measures?
What are the data collection tools/instruments, including psychometrics of established tools?
Where will the data be collected, stored and analyzed?
How will you maintain confidentially and store & secure, monitor and destroy the data?
What is the level of Data?
What are the anticipated analyses of the data?

- Impact Analysis Plan: Cost Analysis and Outcomes Savings;
  Sustainability (Social, Environmental, and Ecological)
  - Who, What, When, Where, How and Why of your cost analysis plan as it relates to structure, process, outcomes measures.
    - What is your impact analysis model?
    - Why is this model appropriate for your project?
    - What variables (r/t outcomes) are you costing out? Are you measuring?
    - Where did you obtain your cost and other information (data sources to acquire impact information)?

Address the value-added impact of your EBP Implementation and Project Outcomes Measurement Plan?

- Describe data collection or systems assessment strategies surrounding implementation.
- Data Analysis Plan: Statistical analysis, code book,
- Interpretation of results: (Discuss the preliminary results and analysis of project if results are coming in during DNP II).
- Cost analysis plan: Discuss the positive/negative change in outcomes and costs of implementation and outcomes savings/expenses.

- Conclusion:
  - Describe overall evaluation of project, including barriers, facilitators, positive change in outcomes (pre- compared to post-) & costs of implementation and outcome savings.
  - Describe sustainability implications.
  - Provide a brief analysis of the anticipated project impact on health care quality, cost & access, and system change.
  - Discuss the strategies used to identify stakeholders; strategies to overcome the challenges & barriers; and how will you make use of facilitators/champions to successfully implement your project.
  - Support your analysis and recommendations with references.

- In Appendices: Include EBP model, timeline and cost analysis plan
Chapter 4: Results and Impact Analysis

Results/Impact Analysis of the Capstone Project including challenges and opportunities for nursing will be documented in this chapter. Outcomes and the impact the project makes on patients/provider and/or healthcare system matters because it quantifies the effectiveness of the EBP implementation project.

- **Provide an overview of the implementation** (e.g. strategies for successfully negotiating the systems, synopsized implementation of project, measurement, collection, analysis, and interpretation of data).

- **Results:**
  - **Outcomes:**
    - Describe overall change in outcomes of the evidence-based practice implementation project.
    - Discuss the results of the project. (Utilize graphs, figures and tables as needed. Place them in the appendices).

- **Cost Analysis and Cost Savings:**
  - Discuss the costs of implementation and actual or potential outcome savings.
    - Discuss the positive/negative change in outcomes and costs of implementation and outcome savings/expenses.

- **Conceptual Framework/EBP Model/Theory:**
  - Discuss the application of the framework/theory and established links between conceptual framework/theory and outcomes/impact.
  - Provide an in depth discussion of how the project methods, outcomes and impact connect to the framework/theory.

- **Impact and scalability:**
  - Discuss the impact of outcomes through analysis using formative and summative evaluations.
  - Discuss issues that influence the successful implementation of the project (e.g. system or otherwise barriers, facilitators, and lessons learned).
  - Discuss issues that may impact (successful implementation of the project on standards of care and health policy.
    - Locally, Nationally, Globally

✓ **In Appendices: Include impact plan**
Chapter 5: DNP Competencies and Essential Content

o **Discussion of impact, system change, recommendations, and sustainability:**

- Discuss issues that affect the successful implementation of the project on standard of care and health policy.

- Discuss role of leadership, innovation, change, system complexity, and teamwork in project development, implementation, evaluation, & dissemination of project.

- Discuss the implementation of a policy change that has led to the development of an evidenced-based curriculum, guideline or other structures care methods (pathway, protocol, order set, algorithm) form the evidence-based implementation project (include sample of curriculum, guideline, policy, protocol etc.. in appendix).

- Discuss how your EBP project improved patient, provider, and/or system outcomes.

- Discuss how the project implementation had an impact on the six aims of improvement: safe, effective, patient centered, timely, efficient, and equitable patient care.

- Describe how the project influenced access, cost, and quality of care.

- Describe impact locally (community), regionally, nationally and beyond.

- Discuss how the project contributed to nursing practice improvement.

- How do current regulations influence these next steps (i.e. Healthy People 2020, IOM, CMS, IHI, The Joint Commission, etc…)

o **Dissemination: Replication/Portability, Sustainability and Clinical Recommendations:**

- Discuss actions taken while in the program to disseminate the project

- Describe the next steps that flow from the project for nurses/care providers caring for the given population.

- Discuss the potential for replication of the evidence-based implementation project.

- Discuss a dissemination plan of project outcomes.

- Discuss a plan for future projects.

- Discuss a dissemination plan of project outcomes in the future.
Document how the Project substantiates how the DNP Competencies were Achieved.

- Discuss in detail how the evidence-based implementation project substantiates how the DNP competencies were achieved.

- Describe how the project contributes to nursing practice, team-based care, systems-based care improvement.

Conclusion

The conclusion emphasizes important points, and demonstrates the possibilities for future exploration of the clinical issue and practice change. Although the conclusion should include a restatement of your clinical issue, it should not simply restate the points you made in your paper; the conclusion should enhance to the reader’s understanding the impact of this clinical issue, on nursing, patient outcome(s) and quality healthcare.

References

Appendices

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

Formatting

The document must be presented in APA format 6th edition format. This includes an abstract, heading, citations, reference, tables, and illustrations and appendices.
### Doctor of Nursing Practice Capstone Document Checklist

#### Capstone Components

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