



College of Nursing
California Baptist University

**Nursing Student Handbook:
Graduate/Doctor of Nurse
Practice 2020-2021**



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Dear Doctoral Nursing Student:

It is a pleasure to welcome you to the Doctor of Nursing Practice Program at California Baptist University. Healthcare is dynamic and complex yet extremely rewarding. The changing demands of the nation's complex, healthcare environment require the highest level of scientific knowledge and practice expertise to assure high quality patient outcomes. The DNP curriculum builds on current master's programs and provides education in evidence-based practice, quality improvement, and systems thinking. The DNP Program challenges students to evaluate healthcare concerns and develop innovative care delivery systems using evidence based advanced nursing knowledge to meet the diverse complex needs of patients locally and globally. The curriculum content and practicum experience enables nurses to become expert nurse leaders and collaborators in solving problems in health care systems.

The *DNP Student Handbook* covers information about our core foundations, admissions, academic standards, student responsibilities, learning resources, and the DNP Translational Research Project. In addition, information about grading policies are included. The *DNP Student Handbook* is a supplement to the current CBU *Graduate University Catalog* and *University Student Handbook*. Please review the *Graduate University Catalog*, *University Student Handbook*, and *DNP Student Handbook* as they can answer many of your academic questions.

I would like to commend you for pursuing doctorate level nursing education; graduate level education requires a commitment to excellence. I would also like to personally thank you for

choosing California Baptist University to complete your terminal degree in nursing. We look forward to sharing this dynamic, rewarding, and exciting journey with you.

Let the Lord prepare you; love the Lord, walk in His ways, obey His commands, hold fast to Him, and serve Him with all your heart and all your soul (Joshua 22:5).

A handwritten signature in black ink, appearing to read 'L. Shields', written in a cursive style.

Lorraine Shields, DNP, APRN, CNS, NNP-BC
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**CALIFORNIA BAPTIST UNIVERSITY
COLLEGE OF NURSING, DNP Program**

RECEIPT AND ACKNOWLEDGEMENT OF *DNP STUDENT HANDBOOK, CBU STUDENT HANDBOOK & CALENDAR*, AND AGREEMENT TO ARBITRATE

I the undersigned acknowledge that the California Baptist University (CBU) College of Nursing has made it known that the most current CBU *DNP Student Handbook* is available on the website at <http://www.calbaptist.edu/> under Schools & Colleges, College of Nursing, Forms and Handbooks, DNP Handbook.

This together with the *CBU Student Handbook & Calendar*, also available on-line, contains policies and procedures applicable to myself as relates to my attendance and progress at California Baptist University. To the extent, if at all, there is any inconsistency between these two Handbooks, I understand the *CBU Student Handbook & Calendar* is to control. I also understand that it is my responsibility to keep apprised of changes in policies related to students that occur during my progression through the program.

I further understand that as a condition of my becoming a student at the University and continued status as a student, I agree to submit any complaints or disputes through the grievance procedure set forth in the Handbooks. However, to the extent that any such matter cannot be resolved by way of the internal grievance procedure set forth at the University, I agree to abide by and accept the final decision of the arbitrator with respect to any and all events that relate to or arise out of my status as being a student, as set forth in the University's Handbooks. I further understand that arbitration represents an alternative to a jury trial and this constitutes a waiver of my right to a jury trial.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

After signing, return to the College of Nursing for placement in the student's file.

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College of Nursing
California Baptist University

Effective Date: 2020	Revisions/Re-approval:
	Section 1: Introduction
Subject: Statement of Review	Responsible Department: CON Administration

Handbooks for faculty and students programs at the California Baptist University, College of Nursing are review annually to ensure compliance. Any policies revised or re-approval are dated, as appropriate.

Mission of the Nursing Program




	Effective Date: 2015	Revisions/Re-approval: 2017
	Section 1: Core Foundations	Sub-Section: 1.1
Subject: Mission of the Nursing Program	Responsible Department: College of Nursing	

MISSION

The mission of the CBU-CON is to educate competent, responsible, caring, and professional nurses prepared from a Biblical worldview to serve locally, nationally and globally; revering the human dignity of all persons created in the image of God.

Philosophy of the Nursing Program

 College of Nursing California Baptist University	Effective Date: 2015	Revisions/Re-approval: 2017
	Section 1: Core Foundations	Sub-Section: 1.2
Subject: Philosophy of the Nursing Program	Responsible Department: College of Nursing	

PHILOSOPHY

The Faculty of the College of Nursing at California Baptist University use Rosemarie Rizzo Parse's humanbecoming paradigm as a theoretical basis for nursing with a Biblical worldview guiding practice.

The Nature of the Individual

The Faculty of the School of Nursing at California Baptist University believes that nursing is a human science discipline, the practice of which is a performing art. As such, and consistent with the overall mission and philosophy of California Baptist University, the faculty believes that nursing is concerned with human freedom, dignity and living quality from the perspective of persons, families, and communities. Each individual is indivisible, unpredictable, and ever changing as created in God's image, and endowed by God with inherent dignity and worth. As image bearers of God, each individual possesses august presence, a noble bearing. Persons structure personal meaning, and coauthor living quality, freely choosing ways of becoming and moving on with hopes and dreams. Individuals, families, and communities are not merely composed of parts, instead, they are illimitable, that is more than and different from the sum of parts. Persons possess innate worth and a right to live and die with dignity. Throughout human life, persons coexist with and interconnect with the universe in community and establish health priorities based on value priorities. Persons choose from many options emerging with living experiences in constructing personal reality in giving meaning to universal living experiences.

Health

The term health may be defined from the viewpoints of different perspectives. For example, health may be defined as a label or diagnosis from a biomedical totality perspective. However, to the person, the definition of what constitutes health may be very different. What constitutes the meaning of health in individuals, families, and communities can only be defined from the perspective of the persons who are living it. Health is dynamic and ever-changing, and in the 21st century, more persons are defining their own health and making explicit-tacit choices for their healthcare.

Nursing

The phenomena of concern for nursing is the human-universe-health process; articulated by CBU SON as “humanuniverse” (Parse, 2014, p.8). Nurses provide leadership to society through a concern for persons, families, communities, healthcare, and quality of living, and through participating in community change. Nursing practice focuses on offering attentive presence to persons, families, communities in choosing possibilities in their ever-changing health process. The nurse initiates nurse-person, nurse-family, and nurse-group processes for the purpose of offering services and to be present with people as they enhance health and quality of life. The essence or quality of living is the core substance that makes each human life created by God to be different, and uniquely irreplaceable. The purpose of nursing is to demonstrate fruits of the Holy Spirit, to respect, support and enhance each person’s quality of life articulated within CBU SON as living quality. Living quality is the visible-invisible becoming of the emerging now; it is what the person is living now and goes beyond static notions of quality of life.

Nursing is an ever-changing, scientific discipline with its own growing body of knowledge which is embedded in nursing theories and frameworks. The faculty values the extant nursing theoretical frameworks as guides for nursing practice, research, and education. The science of nursing is supported by natural, behavioral, social sciences, and the humanities. Nurses integrate knowledge of other disciplines while practicing the art of nursing. The art of nursing requires critical thinking ability and purposeful planning with persons, families, and communities through unique processes emanating from theoretical frameworks. Nurses provide services to society as related to health, well-being and illness. Nurses cooperate with other healthcare providers to meet this mandate to society which is quality healthcare. The practice of nursing is differing from and complementary to the practice of medicine.

As one of the major healthcare professions, the faculty believes that nursing is accountable to God and to society for the provision of quality healthcare services in a broad variety of settings. Nurses prepared in higher education endeavor to encounter and explore this responsibility through leadership, collaboration, research utilization, and educational activities to improve nursing practice in all community settings, influence healthcare policies, and further enhance the development of nursing science.

Nursing in Society

In a rapidly, ever-changing technological universe, adequate and equitable delivery of nursing services and healthcare is a critical issue. Through its unique contributions, nursing can and ought to be a voice advocating for quality of healthcare services for all persons. To participate in changing healthcare delivery systems, nurses prepared in higher education are exposed to thinking and discussions regarding ethical issues, issues of healthcare law, issues regarding the evaluation of the adequacy of healthcare services, as well as participating in community legislative processes at the local, state, national, and international levels.

Nursing Education

The faculty believes that initial preparation of professional nurses to meet the healthcare needs of society is best accomplished through learning acquired through baccalaureate nursing education and beyond. Baccalaureate nursing education provides teaching-learning opportunities that facilitate knowledge acquisition along with the practice necessary to prepare graduates for professional practice, leadership and graduate nursing education. Master's nursing education broadens theoretical, practice, and research knowledge within an ever-changing healthcare system preparing nurses for a Master's prepared generalist or advanced practice role. The faculty believes that aggregate patient outcomes improve when the education level of nurses is higher. The faculty believe that DNP graduates can improve patient outcomes and that the quality of healthcare in the region will be significantly impacted as more nurses with advanced degrees graduate.

The faculty believes that students and faculty members are created by God and are uniquely endowed with dignity and worth. Nursing educators and students have distinctive backgrounds and histories and faculty and students affirm that encounters with each person enhance opportunities for learning.

Nursing higher education provides an opportunity for the educator to innovatively create a climate of learning with the student for the purposes of providing an atmosphere of enhancement through utilization of diverse learning styles, maturation of character, interprofessional collaborative teaching-learning practices, and a discovery –validation process of values clarification.

Teaching–learning is a process of coming to know through guided and purposeful activities. The processes transform both the teacher and learner in the emerging now. Teacher and learner collaborate in the educational process through sharing knowledge and planning educationally sound and fulfilling experiences. Learning is an active, purposeful, dynamic process that involves transformation with knowledge, skills, attitudes, values, and beliefs.

Transformation happens as experiences move and shift the unfamiliar with the familiar. Organizing principles are emphasized to facilitate learning with novel situations.

The faculty believes critical and creative thinking are essential attributes of professional nursing. The development of these skills is nurtured with settings of learning whereby students have designed activities of problem-solving, inquiry, and discovery. These activities promote increasing self-direction, independence, and confidence in the role development, practice and profession of nursing.

The nurse educator serves as a mentor and role model by demonstrating characteristics consistent with biblical worldview and the skills of inquiry, discovery, and expert practice. Faculty members serve as expert teachers, facilitators, and resource persons as students' journey with professional nursing education. The faculty believes that education is a life-long process of coming to know and be with others in meaningful ways as they seek health and quality of life; living quality.



	Effective Date: 2015	Revisions/Re-approval: 2017
	Section 1: Core Foundations	Sub-Section: 1.3
Subject: Conceptual Framework		Responsible Department: College of Nursing

CONCEPTUAL FRAMEWORK

The conceptual framework emerges from the philosophy. The major concepts of the philosophy of the College of Nursing are: person, community, environment, and health. The unifying concepts of the baccalaureate conceptual framework are meaning, rhythmicity, transcendence, and the themes are communication-collaboration, teaching-learning, change-persistence, critical thinking-problem-solving, and leading-following. The following unifying concepts, themes, support theories, and theorists are defined as follows:

From the nursing theoretical perspective of the human becoming school of thought (Parse, 1981, 1998), the nurse is guided in practice with the following dimensions:

Meaning is structured uniquely in all person-community relationships. It is assigning significance to persons, places, events, and ideas as they are experienced in diverse situations by persons. All persons make choices in healthcare. Each person assigns different significance to personal situations. Persons signify what is important in picturing, making clear, and exploring ramifications for healthcare choices. All persons, families, and communities choose what their healthcare needs are and prioritize what is most important for them.

Rhythmicity is the resonance arising in person-community relationships as persons choose a focus of healthcare services and seek desired healthcare information. Rhythmicity refers to the cadence of human experiences that are paradoxical. Paradoxes are seeming opposites and yet coexist as one rhythm. These rhythms happen all-at-once in human relationships as persons decide to tell their story and disclose some aspects of their health and at the same time choose to not tell and conceal or hide other aspects of their situation. Human beings are unfolding mysteries as persons choose one possible direction in healthcare decision-making over others. In choosing a particular focus and making a decision in one direction, some doors are opened while simultaneously other doors are closed. Making healthcare decisions and choosing a priority for health in one direction means that persons also live with the responsibilities, ramifications or consequences of those decisions which have unknown outcomes. In choosing one direction over another, there is movement and change in lives of individuals, families, and communities.

Transcendence is the movement or change happening in person-community relationships. As intentions are made known as persons picture hopes, dreams, and plans for the future, they are moving beyond the moment and creating the new. As persons picture and speak about their

Conceptual Framework

situations, their health options, and what they hope will happen, they are creating a new way with different perspectives with the changing of health patterns. Nurses encourage, support, and follow the lead of the community and change in offering services as people change in the desire for healthcare services.

Conceptual Themes

The curriculum of the California Baptist University College of Nursing baccalaureate program emphasizes increasing demonstration of competence in **communication/collaboration** and **critical thinking**, and **researching** while participating in activities of **teaching-learning**, **change-persistence**, and **leading-following**.

Communication/collaboration is a complex, ongoing, interactive process which forms the basis for interpersonal relationships in the human-nurse-health process. Communication processes includes listening, oral, non-verbal and written skills (AACN 1998, p. 10). Nurses listen and dialogue with individuals, families, and communities who ponder and shape future resources according to articulated health desires and preferences. Communication/collaboration activities are essential to the professional practice of nursing which further enhance the ongoing development of nursing science. As professional nurses collaborate with other healthcare providers, questions surface and consideration is given for the meaning and utilization of what select nursing activities are considered to be best practices or evidence for practice through systematic processes of coming to know and interrogation activities known as **researching**. **Teaching-learning** is a process of coming to know through purposeful and guided activities which transform the teacher and learner all-at-once. Faculty members are facilitators of learning and are responsible to collaborate with providers of nursing services including students, non-faculty nursing preceptors in diverse healthcare agencies, and the recipients of nursing services in the design of educationally sound and fulfilling learning experiences. Providers and recipients of nursing services engage in purposeful healthcare activities and projects with ongoing rhythms of **change – persistence**. In the human-universe global healthcare context, professional nurses are present with individuals, families, and communities as values, priorities, and intentions for healthcare services, resources, and systems change-persist with diversity over time. Professional nurses offer their energies to the attainment of desired changes in the global healthcare community.

Critical thinking skills are essential processes necessary for the practice of professional nursing. This core competency underlies independent and interdependent decision-making. It includes such processes as questioning, analysis, synthesis, interpretation, inference, inductive and deductive reasoning, intuition, application, and creativity (AACN, 1998, p. 9). In utilizing these processes in nursing theory guided practice with nurse-person, nurse-group and nurse-community relationships, the baccalaureate prepared nurse assumes the roles of provider of care, designer/manager/coordinator of care, and member of a profession. These professional nursing roles are performed in **leading-following** situations whereby the baccalaureate-prepared nurse uses theory-guided and research-based knowledge in the direct and indirect delivery of nursing services to persons, groups, and communities where a priority and direction is set forth for

Conceptual Framework

decision-making and the changing of healthcare patterns, policies, and procedures needed in the shaping of local, national, and global healthcare delivery systems.

BSN Students must meet the AACN *Essentials of Baccalaureate Education in Nursing* (2008).



	Effective Date: 2015	Revisions/Re-approval: 2017/2018
	Section 1: Core Foundations	Sub-Section: 1.4
Subject: DNP Program Purpose		Responsible Department: College of Nursing

Graduate Program in Nursing

The mission of the California Baptist University College of Nursing is to educate competent, responsible, caring, and professional nurses prepared from a biblical worldview to serve locally, nationally and globally; revering the human dignity of all persons created in the image of God.

In response to disciplinary and other national recommendations and a professionally recommended entry into advanced practice, the CBU College of Nursing developed the DNP program that started in fall 2015. The DNP program is an interdisciplinary, indirect care, systems leadership, master of science in nursing (MSN) to DNP program which prepares graduates to function in an independent leadership role in the development of community based, interprofessional, and collaborative solutions to the problems facing underserved and vulnerable populations locally, nationally, and globally, as well as meet the need for more doctorally prepared nurses.

The DNP is preparing nurses for the expanding role functions and needs of future advanced nursing practice and the recommended national guidelines for entry level for advanced practice to be at the doctoral level. Transforming health care delivery recognizes the critical need for clinicians to design, evaluate, and continuously improve the context within which care is delivered. Nurses prepared at the doctoral level with a blend of clinical, organizational, economic, and leadership skills will be able to significantly impact health care outcomes.

DNP Nursing Student Objectives and Outcomes



	Effective Date: 2015	Revisions/Re-approval: 2017/2020
	Section 1: Core Foundations	Sub-Section: 1.5
Subject: DNP Nursing Student Objectives and Outcomes	Responsible Department: College of Nursing	

DNP PROGRAM OBJECTIVES

1. To prepare competent, responsible doctoral prepared graduates guided by a theoretical perspective, grounded in a Biblical worldview committed to compassionate service, life-long learning, and professional development (I, VIII).
2. To prepare graduates to apply and evaluate scholarship into practice, within a Biblical perspective using evidence drawn from science and humanities (I, III, VII, VIII).
3. To integrate information technology to evaluate data, communicate, coordinate care, improve patient outcomes, and optimize patient safety (II, III, IV, VI).
4. To equip graduates to critically analyze social determinants and policies to influence population health, healthcare systems, and patient outcomes (II, IV, V, VI, VIII).
5. To prepare graduates with a global perspective of healthcare needs and employ innovative, inter-professional leadership that improves health in local, national, and international populations (II, VI, VII, VIII).

DNP STUDENT LEARNING OUTCOMES

The AACN Essentials of Doctoral Education for Advanced Nursing Practice (2006) recommendations for program curriculum consist of 2 components:

1. DNP Essentials 1 through 8 are the foundational outcome competencies deemed essential for all graduates of a DNP program regardless of specialty or functional focus.
2. Specialty competencies/content prepare the DNP graduate for those practice and didactic learning experiences for a particular specialty. Competencies, content, and practical experiences needed for specific roles in specialty areas are delineated by national specialty nursing organizations.

Didactic and practice experiences are provided so the student can demonstrate integration of advanced nursing knowledge.


Consistent with these AACN recommendations, CBU's student outcomes, and the College of Nursing's mission, upon completion of the Doctor of Nursing Practice Degree Program, the graduate will be able to:

1. Synthesize theory-guided practice grounded in a biblical worldview.

DNP Nursing Student Objectives and Outcomes

2. Create clinical prevention interventions to improve individual and population-health outcomes.
3. Evaluate research-based evidence to create, implement, and translate into best-practice competencies
4. Synthesize data using information technology to improve inter-professional collaboration and health outcomes at a systems level.
5. Demonstrate professional, competent, and responsible doctoral level nursing.
6. Implement innovative leadership to reduce health disparities across the continuum of care.



	Effective Date: 2015	Revisions/Re-approval: 2017
	Section 1: Core Foundations	Sub-Section: 1.6
Subject: AACN Essentials of a Doctoral Education		Responsible Department: Graduate Nursing Faculty

Essentials of Doctoral Education for Advanced Nursing Practice (DNP Essentials) (AACN, 2006):

Essential I: Scientific Underpinnings for Practice

1. Integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the basis for the highest level of nursing practice.
2. Use science-based theories and concepts to:
 - a. Determine the nature and significance of health and health care delivery phenomena.
 - b. Describe the actions and advanced strategies to enhance, alleviate, and ameliorate health and health care delivery phenomena as appropriate.
 - c. Evaluate outcomes.
3. Develop and evaluate new practice approaches based on nursing theories and theories from other disciplines.

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

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

Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice

1. Use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice.

AACN Essentials of a Doctoral Education

2. Design and implement processes to evaluate outcomes of practice, practice patterns, and systems of care within a practice setting, health care organization, or community against national benchmarks to determine variances in practice outcomes and population trends.
3. Design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient-centered care.
4. Apply relevant findings to develop practice guidelines and improve practice and the practice environment.
5. Use information technology and research methods appropriately to:
 - a) Collect appropriate and accurate data to generate evidence for nursing practice
 - b) Inform and guide the design of databases that generate meaningful evidence for nursing practice
 - c) Analyze data from practice
 - d) Design evidence-based interventions
 - e) Predict and analyze outcomes
 - f) Examine patterns of behavior and outcomes
 - g) Identify gaps in evidence for practice
6. Function as a practice specialist/consultant in collaborative knowledge-generating research.
7. Disseminate findings from evidence-based practice and research to improve healthcare outcomes.

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

1. Design, select, use, and evaluate programs that evaluate and monitor outcomes of care, care systems, and quality improvement including consumer use of health care information systems.
2. Analyze and communicate critical elements necessary to the selection, use and evaluation of health care information systems and patient care technology.
3. Demonstrate the conceptual ability and technical skills to develop and execute an evaluation plan involving data extraction from practice information systems and databases.
4. Provide leadership in the evaluation and resolution of ethical and legal issues within healthcare systems relating to the use of information, information technology, communication networks, and patient care technology.
5. Evaluate consumer health information sources for accuracy, timeliness, and appropriateness.

Essential V: Health Care Policy for Advocacy in Health Care

1. Critically analyze health policy proposals, health policies, and related issues from the perspective of consumers, nursing, other health professions, and other stakeholders in policy and public forums.
2. Demonstrate leadership in the development and implementation of institutional, local, state, federal, and/or international health policy.
3. Influence policy makers through active participation on committees, boards, or task forces at the institutional, local, state, regional, national, and/or international levels to improve health care delivery and outcomes.
4. Educate others, including policy makers at all levels, regarding nursing, health policy, and patient care outcomes.
5. Advocate for the nursing profession within the policy and healthcare communities.
6. Develop, evaluate, and provide leadership for health care policy that shapes health care financing, regulation, and delivery.

7. Advocate for social justice, equity, and ethical policies within all healthcare arenas.

Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes

1. Employ effective communication and collaborative skills in the development and implementation of practice models, peer review, practice guidelines, health policy, standards of care, and/or other scholarly products.
2. Lead interprofessional teams in the analysis of complex practice and organizational issues.
3. Employ consultative and leadership skills with intraprofessional and interprofessional teams to create change in health care and complex health care delivery systems.

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


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

Essential VIII: Advanced Nursing Practice

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

Admission Requirements



 College of Nursing California Baptist University	Effective Date: 2015	Revisions/Re-approval: 2017/2018/2019/2020
	Section 2: Admission Policies	Sub-Section: 2.1
Subject: Admission Requirements	Responsible Department: College of Nursing	

Admission standards for Graduate Studies at California Baptist University can be found in the Admissions section of the University Catalog. Additional application requirements for the Doctoral program in Nursing are:

1. Grade Point Average
 - A minimum 3.3 GPA for unconditional admission and a minimum 3.0 GPA for conditional admission

2. Prerequisites: All prerequisites must be completed with a grade of B- or higher
 - Statistics
 - Research

 - For FNP Option:***
 - Advanced Pathophysiology
 - Advanced Pharmacology
 - Advanced Assessment

3. Completion of a Master's Degree
 - A master's degree in nursing from a regionally accredited institution.
(Required for FNP and Nurse Educator option)
 - Applicants with a master's degree in another discipline may be evaluated for admission on an individual basis. *(Not valid for FNP or Nurse Educator options)*

4. Current California Registered Nursing (RN) license

5. Clearances
 - CPR Certification- American Heart Association BLS
 - Background Check Clearance
 - Health Clearance
 - Drug Testing
 - Proof of Health Insurance
 - Proof of Liability Insurance

6. Three Recommendations completed on forms provided
 - Must be from sources who can personally attest to the candidate's potential for scholarly and professional success: (academic or employer). Family members and friends may not complete recommendations.

Admission Requirements

7. Written essay of no more than 1000 words about a potential project that includes the following:
 - Identify a problem that requires a system change relevant to emerging healthcare issues and need for this change
 - Reason for interest in this topic as a potential project
 - How the problem is applicable to the DNP-prepared health care provider
 - How having a doctoral education will be integrated into your personal professional goals
 - Reasons for choosing California Baptist University
8. Current professional resume or Curriculum Vitae
 - a. Must include work experience, professional activities, and scholarly activities
9. Successful Demonstration of Writing
 - a. Examples of writing competence include publications or master's degree research paper
10. Successful Interview with College of Nursing

Students desiring admission to the DNP Program whose undergraduate GPA was less than 3.3 must meet the following requirements:

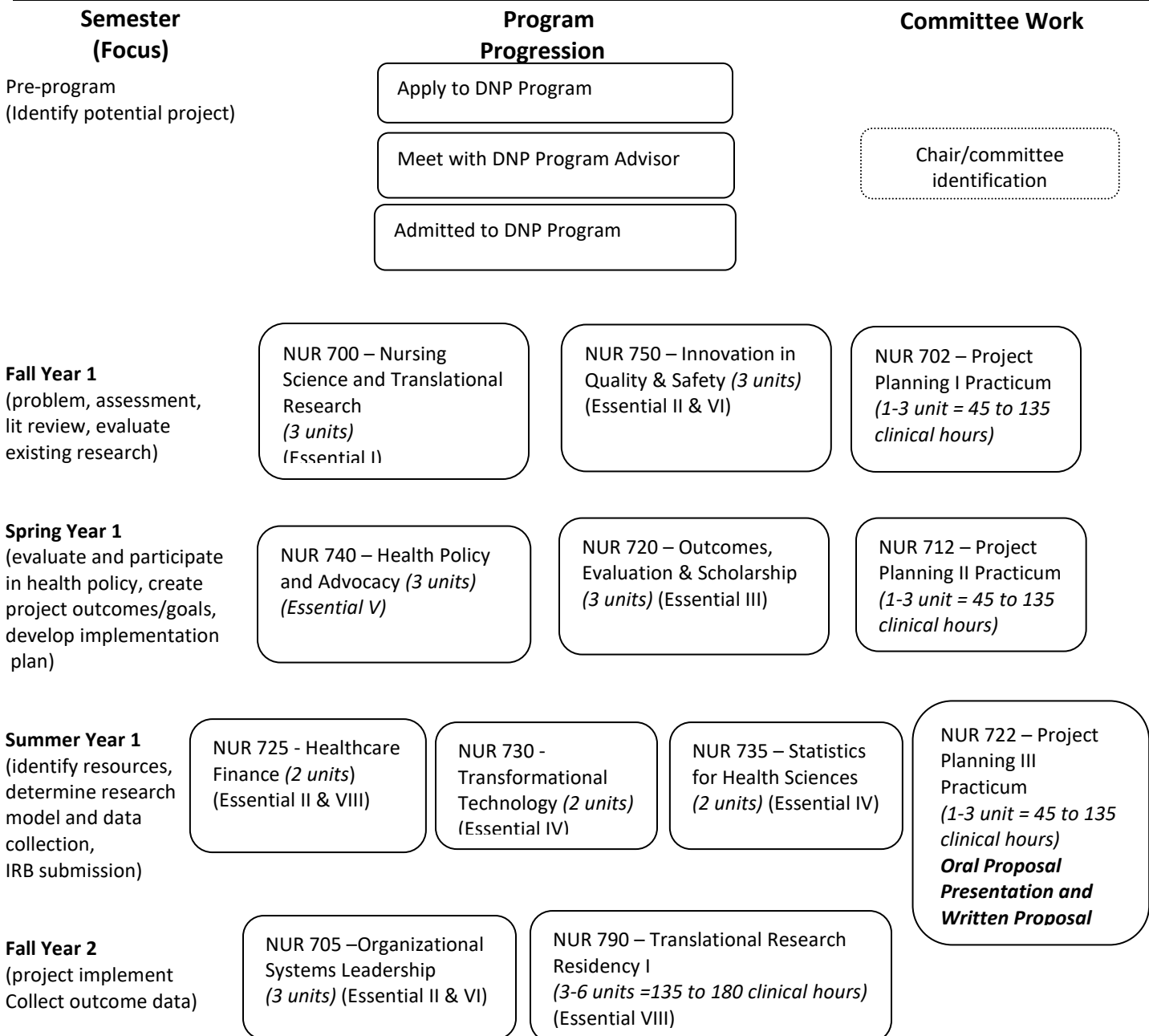
1. Be admitted on a probationary student status for the first three courses of the program
2. Successfully complete the three courses (10 hours) with a grade point average of a "B" or higher to show himself or herself capable of doctoral level work



College of Nursing
California Baptist University

Effective Date: 2015	Revisions/Re-approval: 2017/2018/2019/2020
Section 2: Admission Policies	Sub-Section: 2.2
Subject: Sample Course Progression	Responsible Department: College of Nursing

DNP Project Development and Implementation Flowchart



Sample Course Progression

Spring Year 2
(continue implementation and data collection)

NUR 710 – Population Health (3 units)
(Essential VII)


NUR 791 – Translational Research Residency II
(3 - 6 units = 135 to 270 clinical hours)
(Essential VIII)

Summer Year 2
(Evaluate/analyze data and project, final professional presentation and paper)

NUR 792 – Translational Research Final Project
Final Oral Presentation and Written Paper
(3 – 6 units = 135 to 180 clinical hours)

36 units for advance practice registered nurses (APRNs)
Up to 45 units for non-advanced practice registered nurses



 College of Nursing California Baptist University	Effective Date: 2015	Revisions/Re-approval: 2017/2020
	Section 2: Admission Policies	Sub-Section: 2.3
Subject: Certification/Credentialing		Responsible Department: College of Nursing

National certification in nursing demonstrates leadership and professionalism. CBU’s graduate nursing programs meet the educational eligibility criteria for leadership credentialing. See the following section for information from the credentialing agencies.

DNP Systems Leadership Certifications Options:

1. Nurse Executive Certification Eligibility Criteria

Credential Awarded: CENP

The Certified in Executive Nursing Practice (CENP) is geared to nurse leaders who are engaged in executive nursing practice.

Eligibility Criteria

To be eligible for this certification, you must hold a:

- Valid and unrestricted license as a registered nurse; and either a
- Master’s level degree or higher plus two (2) years of experience in an executive nursing role (one of your degrees must be obtained from an accredited institution) or a baccalaureate in nursing (BSN) plus four (4) years in an executive nursing role.

2. Certified Nurse Manager and Leader

Credential Awarded: CNML

The Certified Nurse Manager and Leader (CNML) credential – offered in partnership with the American Association of Critical-Care Nurses (AACN) – is designed exclusively for nurse leaders in the nurse manager role. To be eligible for this certification, you must hold a:

- Valid and unrestricted license as a registered nurse; and either a
- Bachelor of science in nursing (BSN) degree or higher plus two years (or 2080 hours) of experience in a nurse manager role or a non-nursing bachelor’s plus three years (3120 hours) of experience in a nurse manager role or a diploma or associate degree plus five years (5200 hours) of experience in a nurse manager role.
One year experience is a minimum of 1,040 hours per year.

3. Nurse Executive Certification Eligibility Criteria **Credential Awarded: NE-BC**

Eligibility Criteria

- Hold a current, active RN license within a state or territory of the United States or the professional, legally recognized equivalent in another country.
- Hold a bachelor's or higher degree in nursing.
- Have held a mid-level administrative or higher position (e.g., nurse manager, supervisor, director, assistant director) **OR** a faculty position teaching graduate students nursing administration **OR** a nursing management or executive consultation position, for at least 24 months' full-time equivalent in the last 5 years.
- Have completed 30 hours of continuing education in nursing administration within the last 3 years. This requirement is waived if you have a master's degree in nursing administration.

Family Nurse Practitioner Certifications Options:

1. Family Nurse Practitioner Certification Eligibility Criteria **Credential Awarded: FNP-BC**

This is a primary care certification. Once you complete eligibility requirements to take the certification examination and successfully pass the exam, you are awarded the credential: Family Nurse Practitioner-Board Certified (FNP-BC). The National Commission for Certifying Agencies and the Accreditation Board for Specialty Nursing Certification accredits this ANCC certification.

Eligibility Criteria

- Hold a current, active RN license in a state or territory of the United States or the professional, legally recognized equivalent in another country.
- Hold a master's, postgraduate, or doctoral degree* from a family nurse practitioner program accredited by the Commission on Collegiate Nursing Education (CCNE) or the National League for Nursing Accrediting Commission (NLNAC). A minimum of 500 faculty-supervised clinical hours must be included in your family nurse practitioner program. The FNP graduate program must include coursework across the life span and include three separate courses in:
 - ▶ Advanced Physical/Health Assessment
 - ▶ Advanced Pharmacology
 - ▶ Advanced Pathophysiology
- AND content in
 - ▶ health promotion and disease prevention, and
 - ▶ differential diagnosis and disease management

*Candidates may be authorized to sit for the examination after all coursework is complete, prior to degree conferral. ANCC will retain the candidate's exam result and will issue certification on the date the requested documents are received, all eligibility requirements are met, and a passing result is on file.

2. Family Nurse Practitioner Certification Eligibility Criteria **Credential Awarded: FNP-C**

Applicants may begin the application process as early as 6 months before completion of their program. Candidates are encouraged to establish an Online Profile account with AANPCP at www.aanpcert.org. Normal processing time for an Initial Application may take 3 to 6 weeks, depending upon receipt of a completed application, required documentation, and applicable fees.

Certification examinations are offered to graduates or impending graduates of a nurse practitioner education program offered by an accredited college or university offering a master's degree, post-graduate certificate, or doctoral degree in the Adult, Family, or Adult-Gerontology Primary Care Nurse Practitioner concentration. Programs in the U.S. must be accredited by a national nursing organization recognized by the U.S. Department of Education (e.g. *Accreditation Commission for Education in Nursing, Inc. (ACEN)* or the *Commission on Collegiate Nursing Education (CCNE)*).

Additional requirements for Initial Application include:

- A minimum of 500 clinical clock hours of faculty-supervised practice;
- Evidence of completion of the APRN core courses: Advanced Physical Assessment, Advanced Pharmacology, and Advanced Pathophysiology;
- A current licensure as an RN in the United States or a Province/Territory of Canada;
- An interim transcript showing completed academic "coursework-to-date", or a final official transcript showing the degree awarded (conferred).

Applicants are notified by email once weekly if additional information is required for completion of an application. Once an application has been processed and required documentation is received, the application is forwarded for review by qualified Certified Nurse Practitioners.

Nurse Educator Certifications Options:

1. Certified Nurse Educator Eligibility Criteria **Credential Awarded: CNE**

Option A: Must meet criteria 1 & 2

1. Licensure
 - A currently active registered nurse license in the United States or its territories.
2. Education
 - a master's or doctoral degree in nursing with a major emphasis in nursing education or
 - a master's or doctoral degree in nursing plus a post-master's certificate in nursing education or
 - master's or doctoral degree in nursing and nine or more credit hours of graduate-level education courses*

Examples of acceptable courses include: Curriculum Development and Evaluation; Instructional Design; Principles of Adult Learning; Assessment/Measurement & Evaluation; Principles of Teaching and Learning, Instructional Technology

Note: Graduate-level research or statistics courses do not count toward this requirement

Certification/Credentialing

Option B: Must meet criteria 1, 2 & 3

4. Licensure
 - A currently active, unencumbered registered nurse license in the United States or its territories.
5. Education
 - A master's or doctoral degree in nursing (with a major emphasis in a role other than nursing education).
6. Experience
 - Two years or more employment in a nursing program in an academic institution within the past five years.

All eligibility criteria for initial certification must be met at the time of application.

Grading Scale




Effective Date: 2015		Revisions/Re-approval: 2017
Section 3: Academic Standards		Sub-Section: 3.1
Subject: Grading Scale		Responsible Department: Nursing Faculty & Administration

Protocol: After admission to the nursing program, students must maintain a cumulative GPA according to the Graduate University catalogue. Grades of “B-” or higher are necessary in all graduate courses to progress.

The CBU-CON uses the following grade scale (2017, 2014):

A	(94-100%)
A-	(90-93.9%)
B+	(87-89.9%)
B	(84-86.9%)
B-	(80-83.9%)
C+	(77.5-79.9%)
C	(75-77.4%)
C-	(70-74.9%)
D+	(66-69.9%)
D	(62-65.9%)
D-	(60-61.9%)
F	(below 60%)

DNP Grading Policies

 College of Nursing California Baptist University	Effective Date: 2015	Revisions/Re-approval: 2017/2018/2019/2020
	Section 3: Academic Standards	Sub-Section: 3.2
Subject: DNP Grading Policies	Responsible Department: Nursing Faculty & Administration	

Grading Policies (revised 2018)

Final Course Grade:

The final course grade will not be rounded. Only a final course grade of B- or better / pass in a pass/fail course will fulfill the course requirements. Cumulative test and quiz scores for FNP and/or Nurse Educator concentration courses must be 80% or above to pass the theory course. At the discretion of the faculty member, all course assignments must be submitted to pass the course. To progress in the program, the minimum GPA requirements must be maintained (see *CBU Student Handbook* and *College of Nursing Student Handbook*).

Below Satisfactory Level Work:

Grades below a B- (80%) or a fail in a pass/fail course are not acceptable. Assignments other than tests and quizzes receiving a grade below a B- must be revised and resubmitted in a timely manner. Students will have the opportunity to revise one assignment to earn a maximum grade of a B- (80%). Any additional assignment requiring revision must demonstrate satisfactory level work B- (80%) or higher, however the points from the original submission will be awarded. If revisions are not completed and returned to the instructor within 4 days of receiving feedback, an additional 5% will be deducted for each additional day according to the late assignments policy.

All assignments must be completed, regardless of points, for the student to pass the course. Utilize the grading rubrics to avoid having to revise your work for pervasive APA and other errors. A pattern of below satisfactory level work will result in a Contract for Success and may result in course failure.

Posting Assignments:

Assignments must be submitted directly in Blackboard and not sent to the faculty member via email. Students should ensure that assignment submissions are in the correct location in Blackboard, SafeAssign, or as instructed in the course syllabus. In addition, assignment submissions should be in the correct format such as Word. At the discretion of the faculty member, assignments submitted in other formats will not be accepted and may result in point deduction for late assignment submission.

Late Assignments:

All assignments and discussion board postings are expected to be submitted by the regularly scheduled time. The faculty member may drop the grade on a late assignment to “0” for time sensitive assignments such as discussion boards and 5% for each day that an assignment is late. At the discretion of the faculty member, late assignments may not be accepted after 4 days without extenuating circumstances; which may result in a failing grade therefore students must

DNP Grading Policies

communicate with the faculty member in a timely manner. Extenuating circumstances are “out of the ordinary” and do not include the normal reasons for late submission or missing class (such as brief illness, oversleeping, traffic, or work schedule, etc.). A pattern of this behavior may result in course failure.

For FNP and Nurse Educator concentrations:

In-Class Learning Activities: In-class learning activities may not be given on a later date outside of class. In extenuating circumstances, and at the discretion of the faculty member, a student may be given an in-class make-up assignment. Extenuating circumstances are “out of the ordinary” and do not include the normal reasons for missing class (such as brief illness, oversleeping, traffic, work schedule, etc.). A pattern of this behavior may result in course failure.

Quizzes: Quizzes are given at the discretion of the faculty and students are expected to take all quizzes at the regularly scheduled time. If a quiz is missed, in extenuating circumstances and at the discretion of the faculty member, a student may be given a make-up quiz. Extenuating circumstances are “out of the ordinary” and do not include the normal reasons for missing class (such as brief illness; oversleeping; traffic; work schedule, etc.). A pattern of this behavior may result in course failure.

Examinations / Make-up Tests: Students are expected to take all tests at the regularly scheduled time. In the case of serious illness or extreme emergency, a faculty member may allow the student to take a make-up test within two weeks of the originally scheduled test date. If the test is not made up within two weeks, the student may receive no credit for the test. It is the responsibility of the student to arrange for a make-up test by securing permission of the instructor in advance of the test to be missed. The student must then schedule a make-up test appointment with the Office of Student Success. A \$5 fee will be charged for all make-up tests.

Academic Integrity / Honor Code: Students of the California Baptist University campus community are expected to act in academic matters with the utmost honesty and integrity. Academic matters shall be defined as any activity that may affect a grade or in any way contribute toward the satisfaction of the requirements for graduation without reference to the focus of such activity. Academic work is evaluated on the assumption that the work presented is the student’s own, unless designated otherwise. Plagiarism, cheating, and other forms of academic dishonesty or facilitating any such act are violations of the Honor Code and are not acceptable conduct at California Baptist University. Academic dishonesty includes, but is not limited to:


- Giving or receiving assistance on an exam,
- Unauthorized use of notes, books, computers, or cell phones during an exam,
- Falsifying information on an assignment or project, or
- Claiming credit of an idea or statement (e.g. plagiarism) that belongs to someone else.

Refer to Section 3.4: Academic Integrity and Honor Code

DNP Grading Policies

Clinical Information and Student Professional Behaviors Refer to the *MSN Student Handbook*, *MSN Preceptor Orientation Handbook*, and *CBU Honor Code* for specific policies related to clinical practicum placements, preceptors, site visits, clinical attendance, required paperwork, recording of clinical hours, simulation, professionalism, communication, attire, and student identification (name badge). Students are expected to adhere to all policies.

Withdrawal, Repeating Courses, and Dismissal from Program

 College of Nursing California Baptist University	Effective Date: 2015	Revisions/Re-approval: 2017/2018
	Section 3: Academic Standards	Sub-Section: 3.3
Subject: Withdrawal, Repeating Courses, and Dismissal from Program	Responsible Department: Nursing Faculty & Administration	


Students who withdraw from the nursing program in good standing will be readmitted on a space-available basis.

Students withdrawing more than once at a failing level (C+ or below) or failing two nursing courses may result in dismissal from the nursing program.

Students placed on contract two or more times for the same related problem may be dismissed from the program.

If the student has failed as a result of dishonesty or plagiarism the student may be reported to the University Student Services and University policy applies, which may result in the removal from the program. Student files outside of the College of Nursing are considered for any honor code violations. If violations are found, the student may be dismissed from the program or put on contract. Subsequent violations may result in expulsion from the program. Readmission to the nursing program will be on a space available basis and is not guaranteed.

Academic Integrity/Honor Code

 College of Nursing California Baptist University	Effective Date: 2015	Revisions/Re-approval: 2017/2020
	Section 3: Academic Standards	Sub-Section: 3.4
Subject: Academic Integrity and Honor Code	Responsible Department: Nursing Faculty & Administration	

Members of the California Baptist University campus community are expected to act in academic matters with the utmost honesty and integrity. Academic matters shall be defined as any activity that may affect a grade or in any way contribute toward the satisfaction of the requirements for graduation without reference to the focus of such activity.

Academic work is evaluated on the assumption that the work presented is the student's own, unless designated otherwise. Plagiarism, cheating, and other forms of academic dishonesty or facilitating any such act are violations of the Honor Code and are not acceptable conduct at California Baptist University.

Academic dishonesty includes, but is not limited to:

- Giving or receiving assistance on an exam,
- Unauthorized use of notes, books, computers, or cell phones during an exam,
- Falsifying information on an assignment or project, or
- Claiming credit of an idea or statement that belongs to someone else.

All students are expected to follow the Honor Code in the current Student Handbook found on <https://calbaptist.edu>

All violations of the Honor Code must be reported to the Student Services Office by the professor. A first incident of the Honor Code will be handled at the discretion of the professor, in consultation with the Director of Student Conduct. See attached document for Honor Code Violation Reporting (page 3-5). Further incidents are managed by Student Services and the Judicial Review Board.

All incidents within the College of Nursing will also be reported to the Program Director by the professor. For a first incident, the professor will schedule a meeting between the student, Program Director, and professor to discuss circumstances of the incident, the ramifications, and develop an action plan. See attached action plan template (on page 2).

EXAMPLE
Honor Code Violation Action Plan

To: Department Chair
From: Program Director
Date: 01/01/2020
Subject: Honor Code (See attached report)
Regarding: Jane Doe

Action Plan (*EXAMPLE, Actions depend on violation*)

1. Complete the actual assignment as outlined in the course syllabus and present to clinical instructor and/or lead faculty. Grade for the assignment will be "0" points.

2. [**An additional assignment may be given such as**]
 - Complete a literature review on nurses violating the Code of Ethics and consequences of such action.
 - Write an annotated bibliography of the literature search with at least _____ scholarly articles.
 - Complete a word search on the word "lying or cheating" in the Bible, identify the verses, and write a 1-2 page reflection.
 - Complete the Honor Code learning module located _____

3. Student to acknowledge that any further violation of the Honor Code will result in dismissal from the nursing program.

Student Signature: _____

Instructor Signature: _____

Undergraduate Director: _____

CALIFORNIA BAPTIST UNIVERSITY
HONOR CODE VIOLATION REPORTING
(as of 08.02.17)

FACULTY RESPONSIBILITY

1. Report **all** Honor Code violations via email to the Student Services Office. Send email notification to Casey Tilton, Director of Student Conduct (ctilton@calbaptist.edu), and Cc: Nita Morris, Student Services Office Secretary (nmorris@calbaptist.edu).

When reporting violations, include each student's name and ID number, the course name, the course number and all relevant documentation which includes, but is not limited to, the following:

- a. The specific section of the Honor Code violated (e.g. 'point 21.1') – refer to the [Student Handbook](#) for a detailed description of each type of violation.
 - b. A written statement that details findings, observations, and conversation(s) with the student(s) regarding the offense.
 - c. A copy of all written correspondence exchanged with the student(s) regarding the offense.
 - d. A copy of the exam(s) or assignment(s) in question (please underline identical passages/material, rather than employing the use of a highlighter).
 - e. A copy of the course syllabus and, if applicable, other written instructions regarding the assignment.
 - f. A copy of the original source material (text, web page, SafeAssign Report, etc.), in cases involving copying and/or plagiarism.
 - g. A copy of the email(s) sent to the student(s) regarding the violation and the sanction imposed.
2. Forward to the student(s) written notification (via email) of the sanction imposed. A sample notification is provided below – feel free to use it as written (in part or whole) or create an email/letter with similar content.
 - a. Email notification needs to appear in the body of the message, rather than as an attachment.
 - b. Each student must receive a separately addressed email (do not send a 'group' message).
 - c. Use "calbaptist.edu" email addresses when sending students notification of violation.

ALL DOCUMENTATION MUST BE SUBMITTED IN PDF FORMAT.
(SEE ATTACHED DOCUMENTATION CHECKLIST)

STUDENT SERVICES OFFICE RESPONSIBILITY

1. Maintain record of reported violations of the Honor Code and associated appeals.
2. Facilitate the appeals process, if applicable.
3. Second offense – convene a Judicial Review Board, notify student of Judicial Review Board findings and, if applicable, notify student of subsequent sanctions.

OTHER

1. It is imperative to immediately report to the Student Services Office each and every Honor Code violation. Simultaneous reporting of multiple incidents that involve the same student is typically viewed as a "first offense".
2. When considering consequences for Honor Code violations, please keep in mind the student's penalty for a first offense should convey the seriousness of the matter; a second violation may result in suspension or expulsion.
3. The Student Services Office can only address issues that are reported.

“Sample Notification Email”

From: Professor Mary Smith
Sent: Tuesday, December 13, 2016, 2:43 PM
To: John.Student@calbaptist.edu
Cc: Casey Tilton (ctilton@calbaptist.edu); Nita Morris (nmorris@calbaptist.edu)
Subject: Honor Code Violation

Dear John,

Evaluation of the Norwegian Kelp Processing assignment you submitted for credit while enrolled in MSC 120, Marine Science, during the FALL 2015 semester indicates you violated point(s) _____ (**list all applicable points** - e.g. '21.1, 21.2 and 21.3') of the California Baptist University Honor Code.

Based on my findings, your academic record will reflect _____ (**chose one of the following:** a failing grade for this assignment, loss of a letter grade for the course, or a failing grade for the course) in the aforementioned course.

Please feel free to contact me if you would like details regarding my evaluation of your coursework. Please also note that my findings have been forwarded to the Student Services Office.

As a student, you have the right to appeal my findings and/or this judicial sanction. If you wish to pursue this matter further, please refer to the *Student Handbook*.

Sincerely,

Mary Smith
Assistant Professor of Biology

Honor Code Violation Reporting Documentation Checklist

In order to properly document Honor Code Violations, the following information **must be submitted** to the Student Services Office in PDF form:

- Name and ID number(s) of student(s).
- Course name and course number.
- A written statement that details findings, observations and conversation(s) with the student(s) regarding the offense.
- The specific section of the Honor Code that was violated – refer to the [Student Handbook](#) for a detailed description of each type of violation.
- A copy of all written correspondence exchanged with the student(s) regarding the offense.
- A copy of the exam(s) or assignment(s) in question.
- A copy of the course syllabus and, if applicable, other written instructions regarding the assignment.
- A copy of the original source material (text, web page, SafeAssign Report, etc.), in cases associated with plagiarism and/or misrepresentation of papers, reports, assignments, or other materials as the product of a student's sole independent effort.
- A copy of email notification sent to the student(s) regarding the violation and the sanction imposed (please note that notification must be sent to the students LancerMail account and the email must reflect the time and date sent).

Submit all documentation (**PDF format only**) to the Student Services Office – Casey Tilton, Director of Student Conduct (cilton@calbpatist.edu), and cc: Nita Morris, Student Services Office Secretary (nmorris@calbaptist.edu).

APPEALS


A student has the right to appeal sanctions imposed in cases related to violation of the Honor Code. Appeals of Honor Code violations must be submitted in writing to the Student Services Office within five (5) business days after a sanction has been imposed. In respect to Honor Code appeals, students must expressly indicate at least one (1) of the following exclusive grounds for appeal:

1. There is new and significant evidence which has not yet been considered.
2. A contention the sanctions imposed are not appropriate to the violation(s) of the Honor Code or may be excessive.

Appeals submitted to the Student Services Office will be directed to the appropriate individual or committee. Decisions rendered by the Judicial Review Board and/or the Office of the Provost are final.

Below Satisfactory Performance/Contract for Success



	Effective Date: 2015	Revisions/Re-approval: 2017
	Section 3: Academic Standards	Sub-Section: 3.5
Subject: Below Satisfactory Performance & Contract for Success		Responsible Department: Nursing Faculty & Administration

Students having difficulty demonstrating satisfactory performance in one or more areas may be placed on a Contract for Success. Contract status serves as a formal warning of potential course failure. The contract will document specific areas for student growth and provide specific guidelines for the student to meet course or nursing program expectations. Contracts may be initiated at the discretion of the faculty member and respective program director. Failure to meet the terms of the contract may result in temporary or permanent dismissal from the nursing program.

Students placed on a contract by a faculty member will be notified in writing and counseled by that faculty member to assess individual learning needs. This contract will be placed in the student's file and copies will be given to the student, faculty member, and program director.


Students must meet all contract requirements. Students may be required to use the Office of Student Success for tutorial assistance or clinical remediation. The student will remain on contract status throughout the semester.

A student may be placed on a Contract for Success for any of the following specific reasons that may include, but are not limited to:

1. A GPA below the minimum requirement while in the nursing program.
2. A student fails to meet minimum course/competency requirements at any point during the semester.
3. Unsatisfactory or unsafe clinical performance, health practices to self or others.
4. Inadequate knowledge base.
5. Irresponsible behaviors: absenteeism, tardiness, late assignments, dishonesty, plagiarism, incivility, and disrespect.
6. Any behavior deemed unsafe or unprofessional.

See Appendices for the Contract for Success.



	Effective Date: 2015	Revisions/Re-approval: 2017/2018
	Section 3: Academic Standards	Sub-Section: 3.6
Subject: Student Grievances		Responsible Department: Nursing Faculty & Nursing Administration

The Student Grievance policy may be found in the *CBU Student Handbook* as well as the *University Catalog*. Consistent with this policy, the College of Nursing has established the following grievance procedure to be followed within the College of Nursing.

The Grievance Committee serves in an advisory capacity to the Dean of the College of Nursing. The Grievance Committee shall act as a vehicle for communication between the student(s) and faculty member (s), and provide a process to mediate grievances that arise within the College of Nursing which can be resolved internally.

- a. Justifiable cause for grievances should be defined as any act which in the opinion of the student(s) is perceived as a prejudiced or capricious action on the part of the faculty member(s).
- b. The College of Nursing Grievance Procedure interfaces with the University Grievance Policy.

PROCEDURE: The Grievance Committee (hereinafter called the Committee) shall consist of the Associate Dean of Nursing, three students, and three faculty members.

- A. Selection of student members:
 1. The Department Chair will select three students.
 2. If any of the students selected are unable to serve, an alternate will serve in his or her place.
 3. If any students feel he/she will be unable to vote against a fellow student for any reason, he/she will be asked to disqualify his/herself from the committee.
- B. Selection of program director and faculty members:
 1. The Dean will select the faculty representatives.
 2. The Associate Dean will be the chairperson of the Committee.
- C. Organization of the Committee:
 1. Responsibilities of the chair of the grievance committee:
 - a. Meet with the person(s) filing the grievance to clarify the process and potential outcomes.
 - b. Schedule all meetings of the Committee.
 - c. Accept only written, signed requests for grievance.
 - d. Make the following written notifications:
 - 1) Notify the people involved that a Grievance Committee meeting has been established.
 - 2) Notification of the meeting is to be made within five working days of receiving the written signed request.

PROCESS

- A. A written request to the chair of the grievance committee will initiate the grievance procedure. Under ordinary circumstances, a grievance shall be initiated by the student(s) as soon as possible, but not later than one month after the incident has occurred. The student(s) shall submit the written grievance to the Associate Dean.
- B. The Associate Dean will be responsible for notifying the faculty member(s) involved and the Dean.
- C. Any Committee member has the right to disqualify himself/herself.
- D. Both parties have the right to reject any one Committee member with justifiable cause.
- E. One support person may accompany each participant. The role of this person is, by their presence, to provide support only. They do not serve as active participants in the process. Legal representation is not allowed.
- F. The involved student(s) and faculty member(s) will be given the opportunity to present evidence and witnesses which are relevant to the issue at hand.
- G. Action by the Committee will be initiated as soon as possible within ten (10) working days of receiving the grievance. If the grievance occurs outside of the academic semester more time may be needed to establish a committee.
- H. The advisory decision made by the Grievance Committee to the Dean is final. Of the six voting members, a two-thirds majority is necessary for a decision.
- I. The decision of the Committee will be made available in writing to the involved student(s) and faculty member(s) within two weeks of hearing the case.
- J. If the outcome is not satisfactory to the person filing the grievance, a further appeal can be made through the appropriate University appeals process contained in the *CBU Student Handbook*.

INSTRUCTIONS FOR CONDUCTING ACTUAL GRIEVANCE HEARING

The following procedures will be followed in conducting the grievance meeting:

- Whenever possible, all member of the committee will have a copy of the written grievance in advance of the actual meeting.
- The Committee will meet in advance for at least 15 minutes to ensure that everyone is aware of the process, to attend to any organizational details, and to reinforce the need to maintain confidentiality regarding the deliberations and outcome. A faculty and student co-secretary shall be elected at this time.
- The person(s) filing the grievance and the person(s) against whom the grievance is filed will be given equal time of approximately 20-30 minutes for presentation of information relevant to the grievance. The chair will appoint a time keeper to ensure the equity of the time allocation. At the discretion of the committee, in unusually complex situations, additional time may be allocated to both sides. Following the presentations, the committee members may ask for clarification related to any of the information presented. Additional information may be sought if committee members feel it is relevant to the deliberations.
- The meeting will start with prayer and introductions as indicated. The chair conducts the meeting, and with the help of all committee members, is responsible to ensure that all issues are examined objectively.

Student Grievances

- A student and a faculty member will serve together as co-secretaries for the proceedings. These persons will be elected by the committee members and will write the minutes and the final report together. In the event there are differences in their perceptions, the chair will be asked to assist in the decisions related to the wording of the report. To assist in maintaining confidentiality, no taping of the grievance committee deliberations will be allowed.
- The final report is to be typed, signed or initialed by all committee members, and given to the person(s) against whom the grievance is brought, the person(s) bringing the grievance, and the Dean.
- Before the hearing begins, a tentative agenda of the issues to be considered will be established based only on the issues presented by the person requesting the grievance. At the completion of the hearing, the committee will determine if additional issues need to be acted upon or deleted based on the information presented in the grievance request and/or during the presentation of the grievance.
- All issues are to be discussed and then voted upon. All votes are to be in writing, submitted anonymously, and counted by the chair.
- A two thirds majority vote is needed for each decision.
- At the discretion of the committee, rationale for decisions may be included in the report submitted to the Dean and/ or the involved persons.
- Since the Committee functions in an advisory capacity to the Dean, a tally of all votes will be recorded and given to the Dean to aid the Dean in decision-making. The Committee does not have the obligation to share the tally of votes with either the person(s) filing the grievance or the person(s) against whom the grievance is brought. All committee members must unanimously agree on disclosure or the tally is not to be revealed to the persons involved in the actual grievance.
- The Committee decision(s) will be limited to the issues discussed during the grievance process.

RESULTS OF GRIEVANCE PROCESS

- The Grievance Committee only has the power to make recommendations to the Dean. The Dean makes the final decision.
- If the person (s) filing the grievance disagrees with the decision(s) of the Dean; the person(s) may invoke the appropriate University appeals process published in the University Student Handbook.

Harassment and/or Discrimination




	Effective Date: 2015	Revisions/Re-approval: 2017
	Section 3: Academic Standards	Sub-Section: 3.7
Subject: Harassment and/or Discrimination	Responsible Department: University Administration	

University Commitment. California Baptist University (“CBU” and “University”) is committed to providing a learning, working and living environment that promotes personal integrity, civility and mutual respect in an environment free of discrimination on the basis of sex, which includes all forms of sexual misconduct. Sex Discrimination (as defined in section 26.7.3) violates an individual’s fundamental rights and personal dignity. CBU considers Sex Discrimination in all its forms to be a serious offense.

The College of Nursing adheres to the University policy on Title IX concerning sexual harassment, domestic violence, dating violence, sexual assault, and stalking. See the University Student Handbook for policy and the booklet on Title IX.

Translational Research Project



 College of Nursing California Baptist University	Effective Date: 2015	Revisions/Re-approval: 2017/2018/2019/2020
	Section 3: Academic Standards	Sub-Section: 3.8
Subject: Translational Research Project		Responsible Department: Nursing Graduate Faculty

A hallmark of the practice doctorate is the successful completion of a scholarly project demonstrating the synthesis of the student’s achievements of the DNP Essentials. The Translational Research project embraces the synthesis of both coursework and practice application, a deliverable product reviewed and evaluated by the faculty advisor and second reader, with input from the community mentor. Dissemination modes are a public scholarly defense and the preparation of an appropriate method to publicize to internal/external stakeholders. The nature of the scholarly projects will vary. Projects are related to advanced nursing in the nursing specialty and benefit a group, population, or community rather than an individual patient. Projects most often evolve from practice and may be done in partnership with another entity, e.g., clinical agency, health department, government agency, school of nursing, or community group.

All DNP projects should:

- a. Focus on a change that impacts healthcare outcomes.
- b. Have a systems (micro-, meso-, or macro- level) or population/aggregate focus.
- c. Demonstrate implementation in the appropriate arena or area of practice.
- d. Include a plan for sustainability (e.g. financial, systems or political realities, not only theoretical abstractions).
- e. Include an evaluation of processes and/or outcomes (formative or summative).
- f. Provide a foundation for future practice scholarship.

(Report from the Task Force on the Implementation of the DNP, AACN, 2015)

Types of scholarly projects may include quality improvement initiatives; implementation and evaluation of evidence-based practice guidelines; policy development; the design and use of databases to retrieve information for decision-making, planning, evaluation; the design and evaluation of new models of care; designing and evaluating health care programs.

Upon completion of the project, the student is expected to disseminate the project outcomes. Dissemination modes include the final paper, a PowerPoint presentation, and submission of written paper into ProQuest.

DNP students identify a problem within their practice area at the time of their applications and interview. During the first semester, students work with their faculty advisor to begin exploring concepts related to the problem while evaluating sources of evidence related to the problem/need. The problem will be further defined during the three DNP project-planning

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courses with the guidance of the faculty advisor and community mentor. A project design appropriate to the purpose of the project will be developed based on the evaluation of the evidence, needs assessment, overall project goals, outcomes, and process objectives. During the course of the program, the project will be implemented integrating economic, political, ethical and legal factors as appropriate. Evaluation of the process and outcomes of implementation and dissemination of findings complete the scholarly project process.

Students work closely with their DNP project team, under the direction of the DNP faculty advisor. The DNP faculty advisor is engaged in all aspects of the process.

DNP Faculty Advisor

The DNP committee, matching the scholarly interest identified by the DNP Program Director, selects the faculty advisor. Students work closely with their faculty advisor for their tenure in the DNP program. The DNP advisor is responsible for evaluating the student's performance on both the proposal and final project written or oral presentations.

The progression of the DNP student throughout the project process is monitored by the advisor during scheduled meetings *at least* once a month, via Webex, or other web conferencing formats, phone, or face-to-face, as agreed upon by the faculty advisor and the student. The student is responsible for scheduling these meetings and advised to document the agenda, actions, and target dates. The students and faculty advisor agree upon a project timeline to reflect agreed upon expectations and due dates.

The faculty advisor will evaluate all written work related to the project. It is not the responsibility of the community mentor to thoroughly critique or edit written work. Their expertise is to be used in the formation of ideas, mentoring through DNP project steps, implementation, and evaluation of the DNP Scholarly project as a whole.

DNP Project Mentor:

DNP students will identify an appropriate Community Project Mentor (CPM) and will submit the mentor form for approval by their DNP Faculty Advisor. The selection of the CPM must be in consultation with the student's DNP Faculty Advisor.

The CPM must be an expert in the clinical, educational or administrative area in which the DNP student wishes to develop expertise. There are currently few nurses prepared at the DNP level who can serve as a mentor for DNP students. Therefore, the CPM may not necessarily be a DNP, but might be an experienced nurse or other a doctorally prepared professional; i.e. an APN or other nurse with considerable experience and recognition as an expert in a particular practice field; an MD with specialized training and experience; a nurse with an administrative position as the Director, Vice President, President, or CEO within a health care organization; a doctorally-prepared nurse educator; a nurse with a business or other degree; an APN in private practice, etc. The CPM must hold a position in the organization where he/she can facilitate the DNP student's access to organizational information, decision makers, and other personnel in order to complete the development and implementation of the DNP student's practice project.

The line between current employment and practice scholarship hours and project(s) must be clear to the organization, the CPM and the DNP Faculty Advisor.

Institutional Review Board (IRB)

IRB approval from the project organization is required prior to the implementation of the project (if applicable). The DNP student needs their DNP Faculty Advisor's approval before submitting to the organization's IRB.

Additional IRB approvals and training may be required from the agency or institution in which the project will be implemented. The student needs to ascertain this requirement prior to the submission of the CBU DNP Project IRB screening form.

CBU IRB

Completion of the CITI's Protecting Human Research Participants is required prior to the submission of the CBU DNP Project IRB Screening. This web-based training link is available on InsideCBU. Once logged in, click on the Provost tab then select "IRB."

A DNP Project IRB Form submission is needed by all CBU DNP students to determine whether the project does or does not meet the definition of research with humans. Students are to work with their DNP faculty advisors in completing the DNP Project IRB Form screening process. The DNP Project IRB form with the organization's IRB approval letter is completed by the student and approved by the faculty advisor. The approved DNP Project IRB Form is submitted to the DNP IRB committee for approval, and then sent to the CBU IRB Chair for final approval. A copy of the letter of approval must be submitted to the faculty advisor before implementation of the project. An approval letter from the organization's IRB needs to be submitted with the DNP IRB forms (if applicable).

Project Proposal

Students collaborate with their faculty advisor on the development of the written proposal. The faculty advisor approves the final proposal prior to the oral presentation. The DNP Project paper must be completed and receive a passing grade in order for the student to proceed with the oral presentation. Students should expect to complete multiple revisions of the written proposal before achieving final approval from the faculty advisor. Students are encouraged to develop a timeline for completion of the proposal

Once the student obtains faculty approval and a passing grade, the student delivers a 20-minute oral presentation using PowerPoint to the faculty describing the key components of their project proposal. All DNP faculty advisors are expected to be in attendance. The audience will have 5-10 minutes to ask the student questions related to the presentation.

The DNP student must pass the proposal presentation in order to meet course requirements and progress.

If a student fails to pass the oral presentation or written proposal, the faculty advisor, the DNP Program Director, and the student will develop a plan for remediation and second proposal presentation. Failure to successfully pass the second proposal presentation may result in failure of the Project Planning III course.

Timeline for Written and Oral Scholarly Project Proposal

- Four weeks before the scheduled Proposal Presentation, submit a draft of the written paper to the faculty advisor.
- Three weeks before the scheduled Proposal Presentation, submit a revised draft (if needed) of the paper and slide presentation to the faculty advisor for approval.
- Two weeks before the scheduled Proposal Presentation, submit the final copy of the proposal paper and slide presentation to the faculty advisor for approval.

Additional information will be provided in practicum courses.

If a student fails to obtain approval for the proposal paper and/or the oral presentation, the faculty advisor and the student will develop a contract for success. If the proposal paper and/or oral presentation is not completed in the Project Planning III semester, the student may receive a Satisfactory Progress (SP) for the course.

Format for Written Project Proposal

The proposal should be written in APA format (7th edition) using Times New Roman, 12-point font.

The length of the proposal must be between 20-25 pages. The title page must include the name of the project, student name and academic credentials, and California Baptist University College of Nursing. See project proposal written and oral rubric. (See Appendix A and B of the DNP Project Guide).

Project Final Oral Presentation & Paper

The DNP student must successfully complete the final DNP project paper and PowerPoint presentation to be eligible for graduation. The DNP project paper must receive a passing grade in order for the student to progress to the oral presentation. Multiple revisions of the paper may be necessary.

The proposal should be written in APA format (7th edition) using Times New Roman, 12-point font. The length of the proposal must be between 25-30 pages (excluding appendices). The title page must include the name of the scholarly project, student name and academic credentials, and California Baptist University School of Nursing. See project final written and oral rubric. (Appendix C and D).

Timeline for Final Written and Oral Scholarly Project

- Four weeks before the scheduled Final Presentation, submit a draft of the final paper to the faculty advisor.
- Three weeks before the scheduled Final Presentation, submit a revised draft (if needed) of the paper and slide presentation to the faculty advisor for approval.
- Two weeks before the scheduled Final Presentation, submit the final copy of the final paper and slide presentation to the faculty advisor for approval.

Once the student obtains faculty approval, the student delivers a 25-minute oral presentation using PowerPoint to the faculty describing the key components of their project. All DNP faculty

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advisors are expected to be in attendance. The audience will have 5-10 minutes to ask the student questions related to the presentation.

Upon approval by the faculty advisor, a second reader, and the Program Director, the student will submit the final paper to ProQuest repository before the final grade for the course will be submitted to the registrar's office.

Format for Written Scholarly Project Paper

The final paper follows APA 7th edition formatting and in accordance with the format described under the guidelines for the written proposal.

Criteria for Moving to Final Presentation:

1. All academic requirements completed, including

- Completion of all residency/immersion clinical hours
- Satisfactory demonstration of the DNP Essentials
- DNP Advisor approval of the scholarly project and final scholarly paper.
- Approval of the final DNP project by the faculty advisor, community mentor, and DNP Director serves as documentation that the student has met all degree and scholarly project expectations and is eligible for graduation.

Preparing the Final Presentation of the DNP Scholarly Project:

1. The final draft of the Translational Research Project scholarly paper is prepared in strict adherence with APA guidelines.
2. The student is responsible for ensuring full preparation for the final presentation.
3. The candidate must present the final scholarly project in a manner consistent with a formal academic presentation and satisfy the faculty advisor, DNP Program Director, and CBU CON faculty that he or she is qualified to receive the degree of Doctor of Nursing Practice.
4. Express appreciation to the agencies and persons with whom the student has collaborated, including presenting the project to hosting agencies or organizations as appropriate.
5. The final approved scholarly paper is submitted to ProQuest prior to the end of the semester. A student who does not submit into ProQuest will not receive their final grade for the Translational Research Final Project course and may receive an Incomplete for the course.

Scholarly Project Evaluations

To graduate from the DNP program, the student must successfully pass the project proposal as well as the final project during enrollment in the practicum sequence.

DNP Translational Research Project Proposal Content and Format

Please see description below of the "DNP Proposal Project" from the *AACN Essentials of Doctoral Education for Advanced Nursing Practice* (2006)*. Upon final approval by the DNP advisor, the following sections relevant to the student project will be included in the paper:

a). Title Page

- Title is the first impression, setting up the reader's expectations
- Page numbers, per APA 7th edition
- Running head with current date enhance readability

b). Executive summary

- Overview
- Statement of problem
- Statement of mission/purpose of project
- Project objectives and outcomes
- Plan/scope of the project

c). Problem statement and significance.

- The problem or issue addressed is clearly identified and its significance summarized
- Data supported the need for change and dimensions of the problem

d). Environmental context

- Setting (type of setting, size of setting, location)
- Market/risk analysis (influence of the economic, social, and political environment in which the project will be implemented is analyzed and discussed relative to implementation strategies (SWOT)

e). Faith Integration and Theoretical Framework

- Biblical worldview/spirituality integrated and supported the need and/or outcomes of the project
- Theoretical framework integrated and supports the project

f). Literature Review and Evidence Synthesis

- Focused evidence appraisal of the most relevant and current scientific work that relates to the purpose of the project (what has already been done?)
- Utilized convincing data at the practice setting or agency (individual, community or systems level)
- If possible, provide EXEMPLARS of current evidence from the literature on programs, interventions and outcomes.
- Include any existing evidence from other similar projects that supported the project.
- If no evidence available from similar projects, present the strongest evidence about why this particular approach (i.e. to changing practice) was needed.

g). Project Objectives/Outcomes

- Goals/objectives of the project (short and long term)
- Objectives stated in feasible and measurable terms (SMART)
- Clear alignment between problem/need, process, and outcome objectives

h). Methods/Implementation

- Plan is well defined and aligns with the problem statement and the project objectives
- Tools or measures well described and appropriate to the project (Approval to use the tools, if applicable).
- Evolution of project described and analyzed (what worked, what didn't work and why as related to previously identified resources/ supports/risks/threats and unforeseen circumstances; corrective actions taken during implementation phase; changes made to implementation strategies and why)
- Project evaluation design is complete
- Timeline for completion, reasonable and complete
- Strategies for collecting data – data collection and analysis are appropriate for project objectives and data type
- Effectiveness of marketing and/or business plan is analyzed and discussed* (Advertising, flyers, artwork, internet, clinical partnerships)
- The protection of human subjects is included if relevant.

i). Finances and Resources

- Resources (human, capital, physical) are sufficient to meet objectives/outcomes
- Budget outlined according to project timeline
- Rationale for resources, revenues, and expenditures
- Funding sources (grants), in kind services, and/or reimbursements

j). Writing and Organization

- References
- Focused Evidence Table and Appendices (if appropriate)
- APA format followed appropriately; clear writing; copyrights obtained as appropriate

DNP Translational Research Final Project Guidelines

Doctor of Nursing Practice (DNP) students will submit a final report suitable for publication utilizing current APA guidelines. Please see description below of the “Final DNP Project” from the *AACN Essentials of Doctoral Education for Advanced Nursing Practice (2006)**. Upon final approval by the DNP advisor, the following sections relevant to the student project will be included in the paper:

a). Title Page

- Title is the first impression, setting up the reader's expectations
- Page numbers, per APA
- Running head with current date enhance readability

b). Executive summary

- Overview
- Statement of problem
- Statement of mission/purpose of project
- Project objectives and outcomes
- Plan/scope of the project

c). Problem statement and significance.

- The problem or issue addressed is clearly identified and its significance is summarized
- Data supported the need for change and dimensions of the problem

d). Environmental context

- Setting (size of setting type, location)
- Market/risk analysis (influence of the economic, social, and political environment in which the project was implemented is analyzed and discussed relative to implementation strategies (SWOT)

e). Faith Integration and Theoretical Framework

- Biblical worldview/spirituality integrated and supported the need and/or outcomes of the project
- Theoretical framework integrated and supports the project

f). Literature Review and Evidence Synthesis

- Focused evidence appraisal of the most relevant and current scientific work that relates to the purpose of the project (what has already been done?)
- Utilized convincing data at the practice setting or agency (individual, community or systems level)
- If possible, provide EXEMPLARS of current evidence from the literature on programs, interventions and outcomes.
- Include any existing evidence from other similar projects that supported the project.
- If no evidence available from similar projects, present the strongest evidence about why this particular approach (i.e. to changing practice) was needed.

g). Project Objectives/Outcomes

- Goal/objectives of the project (short and long term)
- Objectives stated in feasible and measurable terms (SMART)
- Clear alignment between problem/need, process, and outcome objectives

h). Methods/Implementation

- Plan is well defined and aligns with the problem statement and the project objectives
- Implementation of project described and analyzed (what worked, what didn't work and why as related to previously identified resources/ supports/risks/threats

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and unforeseen circumstances; corrective actions taken during implementation phase; changes made to implementation strategies and why)

- Project evaluation is complete
- Timeline for completion, reasonable and complete
- Strategies for collecting data – data collection and analysis are appropriate in light of project objectives and data type
- Effectiveness of marketing and/or business plan was analyzed and discussed* (Advertising, flyers, artwork, internet, clinical partnerships)
- Tools/ instruments are well described and appropriate to the project. Include approval to use tool if applicable.
- The protection of human subjects is included if relevant.

i). Finances and Resources

- Resources (human, capital, physical) are sufficient to meet objectives/outcomes
- Budget outlined according to project timeline
- Rationale for resources, revenues, and expenditures
- Funding sources (grants), in kind services, and/or reimbursements

j). Final Results/Outcomes Analysis

- Evolution of project described and analyzed (what worked, what did not work, and why as related to previously identified resources/ supports/risks/threats and unforeseen circumstances; corrective actions taken during implantation phase; changes made to the implementation strategies with explanation
- Gaps, if any, between expected and actual outcomes were analyzed and discussed relative to project objectives and effectiveness
- Unanticipated consequences were analyzed and discussed relative to project decisions
- Discussion of project success (were objectives met)*
 - Data was analyzed and did it met the established objectives of the project
- Included plans for information dissemination (peer reviewed journals, conference presentations, etc.)

k). Implications for Practice

- Describe how the project contributes to nursing practice, education and/or research

l). Recommendations

- Recommendations congruent with or placed within organization's strategic plan
- Strategies for maintaining and sustaining change discussed

m). Writing and Organization

- References
- Focused Evidence Table and Appendices (if appropriate)
- APA format followed appropriately; clear writing; copyrights obtained as appropriate

Translational Research Project


***Final DNP Project**

Doctoral education, whether practice or research, is distinguished by the completion of a specific project that demonstrates synthesis of the student's work and lays the groundwork for future scholarship. For practice doctorates, requiring a dissertation or other original research is contrary to the intent of the DNP. The DNP primarily involves mastery of an advanced specialty within nursing practice. Therefore, other methods must be used to distinguish the achievement of that mastery. Unlike a dissertation, the work may take a number of forms. One example of the final DNP product might be a practice change initiative.

The final DNP project produces a tangible and deliverable academic product that is derived from the practice immersion experience and is reviewed and evaluated by an academic committee. The final DNP product documents outcomes of the student's educational experiences, provides a measurable medium for evaluating the immersion experience, and summarizes the student's growth in knowledge and expertise. The final DNP product should be defined by the academic unit and utilize a form that best incorporates the requirements of the specialty and the institution that is awarding the degree.

Student Professional Behavior



	Effective Date: 2015	Revisions/Re-approval: 2017/2018/2019/2020
	Section 4: Student Responsibilities	Sub-Section: 4.1
Subject: Student Professional Behavior	Responsible Department: Students	

Attendance: Students must be engaged (attending).

Attire: Students must maintain the highest level of personal cleanliness and present a neat, conservative, and professional appearance at all times. Clothing must be clean, pressed, and professional looking; knee length dresses/skirts for ladies, modest neck lines; attire should not be tight fitting. Dress pants may be worn – all students must also adhere to the dress code policies of the affiliate whichever provides a more professional dress code. Shoes should be clean, neat with appropriate level heel (<2 inches); some clinical areas may not permit open toed shoes for safety /OSHA standards, please check with your affiliate. Men should wear khaki or dress pants, coat, or dress shirt/tie or polo shirt. No jeans, warm-up suits, athletic attire, stretch pants, shorts, sandals, or flip flops may be worn in a clinical setting. A lab coat may be required depending on the facility.

Online Learning: CBU specializes in “distance education” for working adults and others who need a flexible learning schedule.

Each “course week” begins on a Monday and ends on Sunday. Students should log in several times throughout the week to participate in online discussions and other activities. It is recommended that students complete the various readings and assignments in the order in which they are presented, but the format does allow some flexibility for students to modify their approach or even to work ahead.

Active participation in every assignment and every online discussion is expected. Students should be careful of any assignments that have specific “opening” or “closing” times, and they should regularly consult the Course Schedule to ensure that they complete all work in a timely manner.

Students access all course materials via the *Blackboard* site, which includes minimum system requirements and orientation tutorials designed to equip class members for online study. These items can be found in the "technology help" folder located through the "student resources" link on the Blackboard course menu.

Netiquette: "Netiquette" can be described as a set of guidelines that govern the behavior of Internet users. These guidelines are a collection of best practices that promote professionalism, respect, safety and good digital citizenship.

Student Professional Behavior

A summary of Netiquette guidelines has been created based on published sources such as Virginia Shea's online book, *Netiquette* (2004). The summary can be accessed via the following Web link: https://bb1.cbuonline.edu/netiquette_rules_of_behavior_allyn_bacon.pdf All students are expected to follow Netiquette guidelines when communicating electronically with classmates and instructors.

Communication: Students should be professional, courteous, and pleasant in all interactions (face to face, written, email, phone calls, etc.) with students, faculty, preceptor, staff, co-workers, patients, and the public at large. Any breach of professional behavior may result in a practicum failure and/or sanctions in accordance with the *CBU Honor Code*.

Students and instructors, at minimum, will adhere to the following:

- Use LancerMail for all email communication and check on a daily basis.
- Timely feedback for communication is 24 hours* and may be handled by email, phone, or in person.
- Timely feedback for assessed work is 72 hours* for minor assignments (section tests, smaller papers/projects) and 1 week* for major assignments (midterm, final, major project/paper).

** After submission deadline and/or excluding weekends*

Professionalism: Students are expected to present a positive, professional nursing image at all times. Students are to adhere to the professional scope and standards of practice within the policies and procedures of the affiliate institution. Students may be required to attend additional orientation or in-services prior to using computer systems or engaging in other responsibilities to adhere to the affiliate policies. Students should perform at the graduate student nurse level under the guidance of their preceptor. Any unsafe or unprofessional, unsatisfactory performance in the clinical site will result in clinical probation, and may result in clinical failure of the course and/or dismissal from the program. Students should not use their personal cell phone for calls/texts/emails or surf the web while in clinical. All activities should be directed toward patient-centered clinical goals and objectives. Students should be self-directed adult learners and seek opportunities to learn and assist others.

Safety Concerns: Students are expected to demonstrate safe professional behavior which includes promoting the actual or potential well-being of clients, healthcare workers, and self in the biological, psychological, sociological, and cultural realms and demonstrating accountability in preparation for, provision and documentation of nursing care.

The purpose of setting safe performance clinical standards is to: 1). identify expectations of the CBU College of Nursing; 2). to comply with national guidelines and agency agreements.

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

- A. *Regulatory:* Students practice within their scope as outlined in the *California Nurse Practice Act* and *ANA Code of Ethics for Nurses*. Students will also adhere to national guidelines, objectives and policies of the CBU College of Nursing, and the rules and regulations of the organization where they are assigned for clinical learning experiences.

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Examples of unsafe practice include, but are not limited to, the following:

1. Fails to notify the agency and/or faculty of clinical absence.
2. Fails to follow CBU College of Nursing and/or agency policies and procedures.
3. Reports for clinical practicum under the influence of drugs and/or alcohol.

- B. *Ethical*: Students perform according to the guidelines of the *ANA Code of Ethics for Nurses* and the *California Nurse Practice Act*. Students must be able and willing to accept professional supervision from faculty and preceptors and effectively integrate feedback they receive.

Examples of unsafe practice include, but are not limited to, the following:

1. Discriminates based on ethnicity, culture, religious preference, sex, sexual orientation, national origin, age, and/or handicapping condition.
2. Denies, covers up, or does not report own errors in clinical practice.
3. Ignores and/or fails to report unethical behavior of other health care persons in the clinical setting which affects client welfare.

- C. *Biblical and holistic*: Students focus on valuing each person or aggregate from a biblical and holistic worldview.

Examples of unsafe practice include, but are not limited to, the following:

1. Commits acts of omission or commission in the care of clients in hazardous positions, conditions, or circumstances; mental or emotional abuse; and medication errors.
2. Interacts inappropriately with agency staff, co-workers, peers, patients/clients, families, faculty resulting in miscommunication, disruption of client care and/or unit functioning.

- D. *Accountability*: Students demonstrate consistency in the responsible preparation, documentation, and promotion for the healthcare of clients.

Examples of unsafe practice include, but are not limited to, the following:

1. Fails to provide written communication on appropriate documents and/or verbal communication to faculty and/or preceptor.
2. Fails to accurately record essential client information.
3. Attempts activities without adequate orientation, theoretical preparation, or appropriate assistance
4. Fails to maintain honesty in clinical practice and/or written work.
5. Habitually tardy to clinical practicum.

- E. *Human Dignity*: Students demonstrate respect for the individual, client, health team member, faculty, and preceptor.

Examples of unsafe practice include, but are not limited to, the following:


Student Professional Behavior

1. Fails to maintain confidentiality of interactions.
2. Fails to maintain confidentiality of records.
3. Exhibits dishonesty in relationships with peers, faculty, clients/patients and/or agency personnel.
4. Fails to recognize and promote every patient's rights.

Student Identification Name Badge: Students must obtain a CBU ID and wear their CBU student name badge. The student must comply with requirements of the practicum site which may include both a CBU student and facility badge.

Student Feedback/Evaluation




	Effective Date: 2015	Revisions/Re-approval: 2017
	Section 4: Student Responsibilities	Sub-Section: 4.2
Subject: Student Feedback/Evaluation		Responsible Department: Nursing Faculty & Administration

DNP students are expected to participate in feedback related to all aspects of the program including, but not limited to: courses; technology; learning resources; and faculty. DNP students are expected to give constructive feedback regarding program improvement. Feedback is utilized as part of program assessment and evaluation to comply with university and accrediting agency expectations. Students are expected to use the appropriate use of the chain of command to solve problems before the end of the course.

Student input is valued in the governance of the College of Nursing. Thus, students may be nominated, asked to volunteer, or be appointed to serve for one year on various committees within the College of Nursing and the university.

Students can provide feedback to the faculty and CON administration through individual course, clinical, graduate exit interviews, and surveys. Students are encouraged to routinely participate in CON open “town hall” forums and complete evaluations.

Communication Guidelines

 College of Nursing California Baptist University	Effective Date: 2015	Revisions/Re-approval: 2017
	Section 4: Student Responsibilities	Sub-Section: 4.3
Subject: Communication Guidelines	Responsible Department: Nursing Faculty & Administration	

The American Nurses Association Code of Ethics for Nurses with Interpretive Statements states that nurses are required to “create an ethical environment and culture of civility and kindness, treating colleagues, coworkers, employees, students, and other with dignity and respect” (ANA, 2015a, p.4). All faculty and staff welcome open discussions with students. The faculty and staff guide the students so that Biblical principles are followed.


Following the chain of command is expected. Students are encouraged to make appointments and take course related concerns first to the appropriate faculty member. If a concern is not resolved with the course faculty member, the student should meet with the concentration Program Director, then follow the organizational chain of command in the College of Nursing. ***Refer to CON Organizational Chart***

Intimidating and disruptive behavior (e.g. lateral violence, bullying, or horizontal violence) does not promote an environment of well-being. The Christian nurse is obligated to act in a manner that maintains an environment of safety, civility, and respect. If you believe you have been bullied, intimidated or witnessed another student being bullied or intimidated by anyone in the University setting, including anything whatsoever related to the University, including clinical settings, any University sponsored settings, etc., you should promptly report the facts of this incident(s) and the names of the individuals involved to any faculty member of the University, or if that faculty member is involved in the inappropriate conduct, to that faculty member’s supervisor. You may do so without fear of retaliation.

Reference:

American Nurses Association (2015) *Position Statement on Incivility, Bullying, and Workplace Violence*. Professional Issues Panel on Incivility, Bullying, and Workplace Violence. <http://nursingworld.org/DocumentVault/Position-Statements/Practice/Position-Statement-on-Incivility-Bullying-and-Workplace-Violence.pdf>



	Effective Date: 2011	Revisions/Re-approval: 2017/2019/2020
	Section 4: Student Responsibilities	Sub-Section: 4.4
Subject: Social Media Policy		Responsible Department: College of Nursing

Background:

The use of social media and other electronic communication is increasing exponentially with growing numbers of social media outlets, platforms and applications, including blogs, social networking sites, video sites, and online chat rooms and forums. Nurses often use electronic media both personally and professionally. Instances of inappropriate use of electronic media by nurses have been reported to boards of registered nursing (BRN) and, in some cases, reported in nursing literature and the media. . Without a sense of caution, however, these understandable needs and potential benefits may result in the student nurse disclosing too much information and violating patient privacy and confidentiality.

Purpose:

Students are expected to adhere to the guidelines for use of social media set by American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN). The following excerpt from the NCSBN *White Paper: A Nurse’s Guide to the Use of Social Media* (August, 2011) discusses these guidelines.

The College of Nursing supports the use of social media to reach audiences important to the University such as students, prospective students, faculty and staff. The University presence or participation on social media sites is guided by university policy. This policy applies to College of Nursing students who engage in internet conversations for school-related purposes or school-related activities such as interactions in or about clinical and didactic course activities. Distribution of sensitive and confidential information is protected under HIPAA and FERPA whether discussed through traditional communication channels or through social media. This document is intended to provide guidance to student nurses and faculty using electronic media in a manner that maintains patient privacy and confidentiality. While this policy may need to be modified as new technologies and social networking tools emerge, the spirit of the policy will remain the protection of sensitive and confidential information. Social media often spans traditional boundaries between professional and personal relationships and thus takes additional vigilance to make sure that one is protecting personal, professional, and university reputations. Social Media includes, but is not limited to: text, images, audio and video communicated via such tools as:

- Blogs, and micro-blogs such as Twitter, Instagram
- Social networks, such as Facebook, Google +
- Professional networks, such as LinkedIn
- VidAudio sharing, such as podcasts, TikTok
- Photo sharing, such as Flickr and Photobucket

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- Social bookmarking, such as Digg and Redditt
- Public comment sections on webpages (such as those for online news sites)eo sharing, such as You Tube and vlogs (video weblogs)
- User created web pages such as Wikis and Wikipedia
- Any other internet-based Social Media application similar in purpose or function to those applications described above.

Protocol:

1. Use of Social Media is prohibited while performing direct patient care activities or in unit work areas.
2. Protect confidential, sensitive, and proprietary information: Do not post confidential or proprietary information (text or pictures) about the university, staff, students, clinical facilities, patients/clients, or others with whom one has contact in the role of a California Baptist University College of Nursing student.
3. HIPAA guidelines must be followed at all times. Identifiable information concerning clients/clinical rotations must not be posted in any online forum or webpage.
 - a. Patient privacy must be maintained in all communications. Do not disclose information that may be used to identify patients or their health condition that may be recognized by patients, their families, or their employers.
 - b. Do not use information that identifies clinical affiliates (clinical sites).
 - c. *Do not harass, libel, slander, or embarrass anyone.* Do not post any material that is obscene, defamatory, profane, libelous, threatening, harassing, abusive, hateful, or embarrassing to another person or entity. Individuals may be held personally liable for defamatory, proprietary, or libelous commentary.
4. *Do not “friend” patients or their family members, caregivers.* Maintain professional boundaries in the use of electronic media. Like in-person relationships, the nurse has the obligation to establish, communicate and enforce professional boundaries with patients in the online environment. Use caution when having online social contact with patients or former patients. Online contact with patients or former patients blurs the distinction between a professional and personal relationship. The fact that a patient may initiate contact with the nurse does not permit the nurse to engage in a personal relationship with the patient.
5. Do not use California Baptist University or College of Nursing marks, such as logos and graphics, on personal social media sites.
6. Be aware of your association with California Baptist University in online social networks. If you identify yourself as a student, ensure your profile and related content is consistent with how you wish to present yourself to colleagues, clients, and potential employers. Identify your views as your own. When posting your point of view, you should neither claim nor imply you are speaking on the California Baptist University College of Nursing behalf, unless you are authorized to do so in writing.

Procedure/Considerations:

- There is no such thing as a “private” social media site. Search engines can turn up posts years after the publication date. Comments can be forwarded or copied. Archival systems save information, including deleted postings. If you feel angry or passionate about a subject, it’s wise to delay posting until you are calm and clear-headed. Think twice before posting. If you are unsure about posting something or responding to a comment, ask your

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faculty. If you are about to publish something that makes you even the slightest bit uncertain, review the suggestions in this policy and seek guidance.

- Future employers hold you to a high standard of behavior. By identifying yourself as a California Baptist University College of Nursing Master's student through postings and personal web pages, you are connected to your colleagues, clinical agencies, and even clients/patients. Ensure that content associated with you is consistent with your professional goals.
- Nursing students are preparing for a profession which provides services to a public that also expects high standards of behavior.
- Respect your audience.
- Adhere to all applicable university privacy and confidentiality policies.
- You are legally liable for what you post on your own site and on the sites of others. Individual bloggers have been held liable for commentary deemed to be proprietary, copyrighted, defamatory, libelous or obscene (as defined by the courts).
- Employers are increasingly conducting Web searches on job candidates before extending offers. Be sure that what you post today will not come back to haunt you.
- Monitor comments. You can set your site so that you can review and approve comments before they appear. This allows you to respond in a timely way to comments. It also allows you to delete spam comments and to block any individuals who repeatedly post offensive or frivolous comments.
- Don't use ethnic slurs, personal insults, obscenity, pornographic images, or engage in any conduct that would not be acceptable in the professional workplace.
- You are responsible for regularly reviewing the terms of this policy.

Consequences:

- Violations of patient/client privacy with an electronic device will be subject to HIPAA procedures/guidelines and consequences.
- Students who share confidential or unprofessional information do so at the risk of disciplinary action including failure in a course and/or dismissal from the program.
- Each student is legally responsible for individual postings and may be subject to liability if individual postings are found defamatory, harassing, or in violation of any other applicable law. Students may also be liable if individual postings include confidential or copyrighted information (music, videos, text, etc.).

State Board of Nursing (BRN) Implications:

Instances of inappropriate use of social and electronic media may be reported to the BRN. The laws outlining the basis for disciplinary action by a BRN vary between jurisdictions. Depending on the laws of a jurisdiction, a BRN may investigate reports of inappropriate disclosures on social media by a nurse on the grounds of:

- Unprofessional conduct;
- Unethical conduct;
- Moral turpitude;
- Mismanagement of patient records;
- Revealing a privileged communication; and
- Breach of confidentiality.

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If the allegations are found to be true, the nurse may face disciplinary action by the BRN, including a reprimand or sanction, assessment of a monetary fine, or temporary or permanent loss of licensure.

Other Potential Consequences:

Improper use of social media by nurses may violate state and federal laws established to protect patient privacy and confidentiality. Such violations may result in both civil and criminal penalties, including fines and possible jail time. A nurse may face personal liability. The nurse may be individually sued for defamation, invasion of privacy or harassment. Particularly flagrant misconduct on social media websites may also raise liability under state or federal regulations focused on preventing patient abuse or exploitation.

If the nurse's conduct violates the policies of the employer, the nurse may face employment consequences, including termination. Additionally, the actions of the nurse may damage the reputation of the health care organization, or subject the organization to a law suit or regulatory consequences.

References


American Nurses Association (2011). Principles for Social Networking and the Nurse <http://ana.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/NursingStandards/ANAPrinciples.aspx>

National Council State Boards of Nursing (NCSBN) (2011). White Paper: A Nurses Guide to the Use of Social Media https://www.ncsbn.org/Social_Media.pdf

Skiba D. Nursing education 2.0: social networking and the WOTY. *Nurse Educ Perspect.* 2010; 31(1):44-46.

DNP Project Practicum Hours



 College of Nursing California Baptist University	Effective Date: 2015	Revisions/Re-approval: 2017/2018/2019/2020
	Section 4: Student Responsibilities	Sub-Section: 4.5
Subject: DNP Project Practicum Hours	Responsible Department: College of Nursing	

Practicum Admission

Students entering the DNP program must be working professionals with an active, valid unencumbered CA registered nurse license who meet all health, immunization, and other mandated requirements. Students must pass a criminal background check and drug screening in order to be enrolled in the program.

Upon entering the DNP program, students can transfer up to 500 approved post-bachelorate clinical hours.

DNP Mentor Agreement Process Guidelines

- 1) Students will download the form from Blackboard in the practicum courses.
- 2) Complete **ALL** information on the Mentor Agreement. **DO NOT** leave anything blank.
- 3) Have your mentor sign on the required signature line. Incomplete forms, pictures, or non-legible copies will be returned to student unprocessed.
- 4) Submit the original document or PDF Agreement to the Clinical Affiliation Assistant for review (72 hour processing time, Monday-Friday). Email conclearance@calbaptist.edu
 - a. If a contract is in place, the form will be reviewed and will be emailed will be sent to inform the student their agreement has been initially approved and submitted for further processing.
 - b. If no contract is in place, student will be notified and a contract will need to be established. Once established, the student will be emailed to inform them their agreement has been initially approved and submitted for further processing.
- 5) Graduate Clinical Placement Director will review mentor (72 hour processing time, Monday – Friday). Email ntorres@calbaptist.edu
- 6) The signed agreement will be returned directly to the student.
- 7) Once the mentor agreement form is approved and returned to student completed and signed with all 3 signatures : 1). Mentor, 2). Clinical Affiliation Assistant, and the 3). Graduate Clinical Placement Director; the student can upload mentor agreement to Blackboard and provide copy to the mentor. The student will also provide the preceptor with the CBU DNP Project guide. The Guide will be available during orientation and on Blackboard in the practicum courses.

DNP Project Practicum Hours

DNP Practicums

Students complete six practicum courses, which offer opportunities to identify, develop, implement, evaluate and disseminate the independent, analytical, scholarly project. Each course assumes the synthesis of knowledge gleaned from subsequent/concurrent DNP courses and the unique practice expertise of the DNP student.

Starting at the first semester throughout these three courses, students are expected to accrue a minimum of 500 hours in an area related to their practice inquiry and to meet the competencies described in the *DNP Essentials* (DNP Project Planning I, II, III, Residency I, II, and the DNP Translational Research Final Project course).

Students need to take into consideration the following minimum commitments associated with their clinical courses so they can plan ahead:

1 clinical course unit = 45 clinical hours

3 clinical course unit = 135 clinical hours


For example: divide 135 clinical hours by a 14 week semester, which gives students an average of 9.7 hours per week to complete in order to finish in a timely manner.

At the completion of the DNP program, the student must complete a *minimum* of 1,000 cumulative practicum hours.

For optional FNP or Nurse Educator Practicums

Refer to MSN Student Handbook for clinical hours

Learning Resource Center Lab Guidelines

 College of Nursing California Baptist University	Effective Date: 2011	Revisions/Re-approval: 2017
	Section 5: Learning Resource Center	Sub-Section: 5.1
Subject: IPE-Learning Resource Center Lab Guidelines		Responsible Department: IPE-LRC

Students are responsible for following all the LRC lab rules, including those officially posted and written, as well as those verbalized by faculty and staff. It is the expectation that the utmost care will be utilized in the use of the mannequins, furniture, and supplies. All students are mandated to watch the LRC Safety Video prior to using the facilities.

Purposes:


1. Provide efficient, safe, clean and well-maintained Simulation/Skills Lab environment to promote optimal learning opportunities to all lab users.
2. Protect and maintain costly lab equipment for optimal use by faculty/staff/students/community users.

Protocols:

1. No students are to be in the lab without a member of the IPE-LRC staff, Chair and/or Faculty member present.
2. Access to the storeroom is reserved for the lead/full time faculty of each course.
3. No students are allowed in storeroom areas.
4. No Betadine, no ink pens (near the mannequins), 22g IV or smaller for IV starts.
Please wash hands and wear gloves when working with all mannequins.
5. Students are not allowed to place items or sit on mannequins at any time.
6. Absolutely **NO** food or drink allowed in the IPE-LRC learning lab areas. Students must use student lounge areas during breaks for eating.
7. Professional dress mandatory, i.e. nursing uniform with optional white lab coat and closed-toe shoes. No jewelry below the elbow. No artificial finger-nails. Hairstyles that allow hair to occupy and or contaminate patient areas must be pulled back. Students will not be allowed in the Learning Labs until professional dress is present (see student handbook).
8. All cell phones, pagers or electronic devices must be switched to silent mode or turned completely off during learning labs or simulation. Students may check messages on class breaks.
9. Student backpacks and unnecessary books are to be placed in available lockers during learning labs.
10. Skateboards are to be locked up outside on the CBU provided skateboard and scooter racks.
11. All Learning Labs must be cleaned and returned to previous condition prior to the end of lab time.
12. Please respect the testing areas by reducing noise when testing signs are posted.
13. Changes to the above rules can be made at the discretion of the Chair of the IPE-LRC.

Background Check



	Effective Date: 2015	Revisions/Re-approval: 2017
	Section 5: Clinical Affiliations	Sub-Section: 6.1
Subject: Background Check	Responsible Department: Director of Clinical Affiliations/Health Record Analyst	

Purpose: To comply with The Joint Commission (TJC), state and local regulations regarding background checks for healthcare providers, the following position statement has been drafted by the IECP Consortium for Nursing:

The California Board of Registered Nursing or other licensing agencies determine eligibility for licensure which supersedes these guidelines. Students may be denied access to clinical facilities based on offenses appearing on the criminal background check. All offenses including juvenile offenses must be disclosed to the California Board of Registered Nursing and all other licensing agencies.


Protocol:

1. Nursing students must have criminal background checks to participate in placement(s) in clinical facilities. Background checks are required for registration in clinical nursing courses. The initial background check satisfies this requirement during continuous enrollment in the program; should the educational process be interrupted, a new background check will be required. The background check information will be maintained by the online document manager.
2. Students must provide schools with information allowing the school (and clinical facilities as necessary) access to the background check. If the student's record is not clear, the student will be responsible for obtaining documents and having the record corrected to clear it. If this is not possible, the student will be unable to attend clinical rotations. Clinical rotations are a mandatory part of nursing education; therefore the student will be ineligible to continue in a college of nursing.
3. The background check cost is assumed by the student. The cost is subjective to change.
4. Background check results with infractions will be shared with the Human Resources specialist at the student's assigned clinical facility. Convictions listed below may render students ineligible to participate in clinical experiences.
5. Students may be denied access to clinical facilities based on offenses appearing on the criminal record which may have occurred more than seven years ago.
6. Students will be required to provide documentation regarding clearance of background check infractions. Failure to provide sufficient proof of rehabilitation to the Board of Registered Nurses may result in denial of licensure.

Background Check

7. The background check done as a requirement for the program or course participation in clinical learning may not be used for licensure purposes.
8. Credit checks are not performed on students.
9. Background checks will minimally include the following:
 - a. Seven year history
 - b. Address verification
 - c. Sex offender database search
 - d. Two names (current legal and one other name)
 - e. Three counties
 - f. Office of Inspector General (OIG) search
 - g. Social security number verification
10. Students will be unable to attend clinical facilities for the following convictions:
 - a. Murder
 - b. Felony assault
 - c. Sexual offenses/sexual assault
 - d. Felony possession and furnishing
 - e. Felony drug and alcohol offenses (without certificate of rehabilitation)
 - f. Other felonies involving weapons and/or violent crimes
 - g. Class B and Class A misdemeanor theft
 - h. Felony theft
 - i. Fraud
 - j. Multiple offenses



	Effective Date: 2015	Revisions/Re-approval: 2017/2020
	Section 5: Clinical Affiliations	Sub-Section: 6.2
Subject: Health Status & Health Clearance		Responsible Department: Director of Clinical Affiliations/Health Record Analyst

Purpose: To provide guidelines for students to complete their health requirements and maintain clearance for the program. These requirements are in accordance with policies from the clinical affiliates which ensures that students are in good health and free of communicable disease.

Scope: All CBU nursing students. A student must be in optimal physical and mental condition while in the program.

Protocol:

1. Physical Examination and Immunizations:

- a. Students are required to have a physical examination prior to starting the nursing program and annually thereafter.
- b. The examination must demonstrate that the student is physically fit and free from and/or immunized for communicable diseases, in order for the student to be assigned in the clinical agencies. The physical exam includes a complete blood count (CBC), serology VDRL, and urinalysis.
- c. In addition to the physical examination, students must receive a clearance to participate in clinical nursing. This form must be signed by a physician or nurse practitioner. As part of the physical examination requirements, students must complete the following:
 - 1) A tuberculosis screening with a PPD skin test or a Quantiferon blood test. A 2-step PPD is required upon entry into the nursing program, followed by an annual 1-step PPD. If there is a history of a positive TB skin test or positive Quantiferon, students must submit documentation of a chest x-ray upon entry into the program, then an annual TB symptom screen.
 - i) If the PPD skin test converts from negative to positive during enrollment in the program, immediate medical follow-up and chest x-ray are required. Thereafter, an annual TB symptom screen is required.
 - 2) Students are required to receive the Influenza vaccine annually.
 - 3) All students are required to have evidence of immunity to the following:
 - MMR (measles, mumps, and rubella) titer levels (blood test); if negative, submit documentation of 2-dose childhood immunization and booster.
 - Hepatitis B with a 3-dose series and positive titer; *if titer is negative*, repeat 3-dose series and get a 2nd titer; if second titer is negative, student considered a non-converter.
 - Varicella (chickenpox) with a positive titer; if titer is negative, need a 2-dose vaccine series. History of disease is not acceptable.

Health Status & Clinical Clearance

- Tdap (tetanus, diphtheria, and pertussis) one time dose; then Td required every 10 years.
- d. Documentation of the health requirements will be maintained by an online document manager, CastleBranch.com. Instructions for this process will be emailed to each student.
- e. Please refer to the **College of Nursing COVID-19 Exposure Protocol for Students** in the appendix and forms section for any potential exposures during clinicals, school-related functions, or any non-school related functions.

2. Drug Screening:

- a. In order to comply with clinical agency affiliation agreement requirements and to ensure patient safety, all nursing students will be required to submit to mandatory drug screening upon entering the nursing program and to random drug screening thereafter. The initial screening will be performed by CastleBranch.com upon creating an account. For random screening, students will be notified by the Clinical Affiliations office.
- b. Students will be responsible for the cost of their own screening.
- c. If a student's physical condition or behavior is symptomatic of substance abuse, the instructor has the right and responsibility to remove that student from the patient care area. Before returning to the clinical area, the student will meet with the instructor, and the Program Director. At this time, a written statement of the incident will be prepared by the instructor; this report may be supplemented with a statement by the student. Repetition of this unsafe behavior by the student will result in the student's failure to meet the clinical objectives of the course and the student will be dropped from the program. See more detailed procedure in the College of Nursing Student Illness/Injury Protocol and the University Alcohol/Drug abuse policy.
- d. Any student receiving any prescribed drug therapy will be encouraged to make this known to the instructor and/or Program Director. Appropriate adjustments in assignment might be made.

3. Mental Health:

- a. Students in clinical will often experience high stress and will need to be able to concentrate and perform critical thinking in a very stressful environment. If a student's behavior is symptomatic of emotional distress, the instructor has the right and responsibility to remove that student from the patient care area.
- b. Before returning to the clinical area, the student will meet with the instructor, and the Program Director. Students should not be allowed to return to clinical nursing until they are able to tolerate a stressful environment without endangering their own or their clients' wellbeing. A clinical clearance signed by a psychiatrist may be necessary.

4. Clinical Clearance Certificate:

- a. Students are issued a Clinical Clearance Certificate which must be carried at all times in the class/clinical setting.
- b. Students who do not have health clearance will not be allowed to participate in clinical experiences. Students whose certificate expires in the middle of the semester may be sent home from clinical if a new certificate from the CBU-CON is not produced prior to the expiration date on the certificate.
- c. Students will be held responsible for their own clinical records & this will be enforced.

5. Health Insurance:

- a. All students are required to carry adequate health coverage per CBU Student Handbook.
- b. Students have the option of health coverage through the University, or they may sign a waiver indicating coverage under another policy.
- c. Should the student become ill or be injured while in a clinical agency, the clinical instructor should be notified at once. The clinical instructor will then determine if a worker's compensation form should be filed.
- d. If emergency room care is required, the student may be charged; however the student's health coverage for workers compensation should provide reimbursement. If emergency care is not required, the student should seek service through their health care provider physician.
- e. Also see protocol for "Student Incident/unexplained illness in clinical setting".

6. CPR Certification:

- a. Each nursing student is to have a current CPR card from the American Heart Association, Basic Life Support (BLS) for the Healthcare Provider, certifying proficiency in 1 and a 2-man adult, infant, and child cardiopulmonary resuscitation as well as use of AED (automatic external defibrillator).
- b. Verification of valid cards with signatures (in the form of a Xerox copy of both sides) must be uploaded to the online document manager before students will be allowed to begin classes.


7. Nursing License

- a. All students are required to maintain an active California nursing license.
- b. Valid nursing license must be uploaded to the online documentation manager before students will be allowed to begin classes.
- c. If a nursing license is revoked or suspended, the student is required to notify the Graduate Program Chair and the Graduate Clinical Placement Director immediately.

8. Transportation:

- a. Students are responsible for providing their own transportation to and from clinical agencies. It is further expected that all students will have a valid driver's license, insurance, and access to a car or other appropriate, reliable transportation.
- b. Lack of transportation is not considered a valid excuse for absence from clinical.
 - 1) RTA U-Pass
 - a) Through funding jointly provided by the associated student government (ASCBU) and the university, current CBU students, staff and faculty can use their CBU card to ride buses operated by the Riverside Transit Agency at no charge. For schedule and route information, visit the RTA website.
- c. In the case of carpooling to clinical sites, all students will complete the form "Authorization to operate personal vehicle" and upload to the online document manager.



	Effective Date: 2005	Revisions/Re-approval: 2015/2016/2017/2019/2020
	Section 6: Policies- Clinical Affiliations	Sub-Section: 6.3
Subject: Student Incident, Injury, or Unexplained Illness		Responsible Department: Director Clinical Affiliations/ Health Record Analyst

Purpose

1. To protect the wellbeing of students.
2. To establish protocols for any incident/injury or any unexplained illness.
3. To provide guidelines of coverage of Worker’s Compensation Insurance for nursing students.

Scope

This policy applies to all California Baptist University, College of Nursing students. The policy covers students in clinical areas who sustain any incident such as, but not limited to, TB exposure, needle stick injury, or slip and fall, and any unexplained illness such as, but not limited to, dizziness, fainting, nausea, vomiting, syncope, vaso vagal response, or seizure.

Protocol Statement

In the event of any incident/injury or unexplained illness, the student must immediately notify the clinical instructor. The clinical instructor will direct the student to the appropriate level of medical care; facility urgent care or emergency department, or the CBU contracted urgent care. CBU Worker’s Compensation Insurance information will be provided by the student or clinical instructor to the health care provider. The student and clinical instructor will communicate details of the incident/injury or unexplained illness to the Health Records Analyst who will ensure the student obtains treatment and clearance, if applicable, and make recommendations to decrease potential incidents in the future.

Responsibilities:

A. Student

1. In the event of any incident/injury or unexplained illness, immediately notify clinical faculty.
2. Provide CBU Worker’s Compensation Insurance information to health care provider.
3. Worker’s Compensation Insurance information: Contact the Health Records Analyst
4. Complete all forms required by the clinical agency. **Do not use your own insurance policy.**
5. Fill out claim form at CBU Human Resources (HR) within 24 hours of the incident or the next business day. The phone number for HR is 951-343-4302, or 951-552-8655.
6. Meet with Health Records Analyst within 24 hours of the incident or the next business day. The phone number for Health Records Analyst is 951-552-8940.

Student Accident & Incident

B. Clinical Faculty:

1. Upon notification of any incident/injury or unexplained illness of a student, the clinical instructor will evaluate the student and determine whether the student will be seen in the facility's urgent care or emergency department.
 - a. Needlestick injuries are to be seen in the facility's emergency room.
2. Ensure safe transport of student to urgent care or emergency department.
3. Contact responsible party for after care management. Stay with student until responsible party arrives.
4. Notify the following individuals immediately: Lead faculty, Clinical Affiliations Director. If after hours, or unable to contact Clinical Affiliations Director, notify the administrative team member on call.
5. Complete the Incident/Injury/Unexplained Illness report and forward to the Health Records Analyst as soon as possible and within 24 hours of the incident or next business day.
6. Communicate with student regarding make-up assignments.

C. Health Records Analyst:

1. Meet with the student to obtain details of the incident.
2. Follow up with student regarding clinical clearance and any follow up medical needs.
3. Complete a report with recommendations and submit to administrative team.
4. Trend incidents on a quarterly basis and submit quarterly and annual reports to administrative team.

Location of CBU Contracted Urgent Care:

Riverside Medical Clinic
Occupational Medicine
7117 Brockton Avenue
Riverside, CA 92506

Pregnant Students



	Effective Date: 2015	Revisions/Re-approval: 2017
	Section 5: Clinical Affiliations	Sub-Section: 6.4
Subject: Pregnant Students	Responsible Department: College of Nursing	

Nursing students who become pregnant must have medical approval to continue in the nursing program. In each case of pregnancy, the student will be required to inform the clinical faculty of pregnancy and to file with the instructor a written statement from qualified provider stating the following:

- A. Confirmation the provider has reviewed CBU's College of Nursing's written functional abilities essential for nurse practice;
- B. The expected date of delivery;
- C. Approval until the date of delivery to continue in the nursing program either with or without accommodation; however, if with accommodation, for the provider to specify what that accommodation or accommodations would be either until delivery date or until a specified date. If accommodation is being required by the student's provider, the College of Nursing will determine whether or not it can reasonably provide such an accommodation before allowing the student to continue on in the program. If the College of Nursing determines it cannot provide the accommodation, the student will have the right to go through the grievance procedure set forth in the Nursing Student Handbook.

It is further required that the student notify the faculty if the provider finds any medical reason to limit activities or to recommend withdrawal from the program anytime during the pregnancy. The student who elects to continue in the program accepts full responsibility for any risks to herself and baby associated with an assignment in the hospital setting. In an effort to reduce known potential hazards, pregnant students will not be assigned to known risk areas.


Following delivery, if the student anticipates re-entering a course before four weeks after birth, written approval from the provider must also be obtained and filed with nursing faculty.

In the event the student should begin labor or experience symptoms of complications while in class attendance, either on campus or in a participating agency, the student will be expected to do one of the following:

- A. Report to emergency room if in hospital, or appropriate evaluation prior to leaving hospital or
- B. Wait at the college or hospital until a responsible family member arrives to take her home, or
- C. Makes arrangements to be transported by responsible person or ambulance to the hospital where she plans to deliver.

Physical Activity Restriction



	Effective Date: 2015	Revisions/Re-approval: 2017
	Section 5: Clinical Affiliations	Sub-Section: 6.5
Subject: Physical Activity Restriction		Responsible Department: College of Nursing

If the student becomes aware of any problem in their health status (examples: broken bone, skin lesions, chest pain, contagious disease, pregnancy, injury, back injury, surgery), the student as a precondition to having any further client contact, is required to obtain from a qualified provider a written statement providing the following:

- A. Confirmation the provider has reviewed CBU’s College of Nursing’s written functional abilities essential for nurse practice;
- B. Confirmation if applicable, that the student has approval to continue in the MSN program either with or without accommodation; however, if with accommodation, for the program to specify what that accommodation or accommodations would be or until a specified date. If accommodation is being required by the student’s provider, the College of Nursing will determine whether or not it can reasonably provide such an accommodation before allowing the student to continue on in the program. If the College of Nursing determines it cannot provide the accommodation, the student will have the right to go through the grievance procedure set forth in the Nursing Student Handbook.

This statement must be on file prior to the student having client contact.

Restricted physical activities may prohibit participation in clinical experience and may delay progress in the DNP program until the restriction is discontinued and normal unrestricted clinical nursing activities may be resumed.

This policy is necessary to ensure client and student safety.


ADA Guidelines apply to all qualified persons. If a student has a diagnosed disability that needs specific consideration, it is the student’s responsibility to notify the Director of Clinical Affiliations and Health Records Analyst. Under California law, disability has been defined as any situation wherein the individual’s condition interferes with their “normal life activities”.

A person with a diagnosed disability is a person who is otherwise qualified with reasonable modifications to rules, policies, or practices, the removal of architectural, communication or transportation barriers, or the provision of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services, or the participation in programs or activities provided by a private entity and must be able to perform the “essential functions” of the position with reasonable accommodations.

Physical Activity Restriction

Any student who, because of a disabling condition, may require some special arrangements in order to meet course requirements should contact the Director of Clinical Affiliations and Health Records Analyst as soon as possible to make necessary accommodations. Students should be prepared to present a disability verification form from their physician and the CBU Disabilities Office.



	Effective Date: 2011	Revisions/Re-approval: 2018
	Section 5: Clinical Affiliations	Sub-Section: 6.6
Subject: Latex Allergy		Responsible Department: College of Nursing

Purpose

1. To provide guidelines to reduce exposure to natural rubber latex and decrease the risk for development of latex allergy among nursing students.
2. To establish protocols for the identification and management of students with documented latex allergy.

Scope

This policy applies to all California Baptist University, College of Nursing, faculty, staff, and students. A documented case of latex allergy is defined as: an individual experiencing nasal, eye, or sinus irritation, hives, shortness of breath, coughing, wheezing, or unexplained shock after latex exposure; and has been diagnosed by a healthcare provider using results from a medical history, physical examination, and tests (NIOSH, 1997). A new or suspect case of latex allergy is defined as: an individual developing nasal, eye, or sinus irritation, hives, shortness of breath, coughing, wheezing, or unexplained shock after latex exposure.

Policy Statement

California Baptist University, College of Nursing, cannot provide or ensure a latex-free environment in the classroom buildings on campus or at the affiliated clinical sites off campus. The CBU CON will, as feasible, provide a reduced or latex-safe environment for students participating in the nursing program. This will include, at a minimum, powder-free latex gloves for general use and non-latex gloves for those with documented latex allergy. Students with a documented or suspected latex allergy must consult with their primary care provider, and provide a medical clearance to the CON for participation in clinical aspects of the program. If the student elects to continue in the nursing program, the student must assume the risk of continued exposure to latex, as well as the responsibility to follow this policy. In the event of a severe allergic reaction, emergency measures will be taken which may include reporting to the emergency department of an affiliated clinical site or dialing 911 for emergency transport as consistent with University healthcare policy found in the student handbook and nursing student handbook.


Responsibilities

1. Health Records Analyst: Review the history and physical examination forms submitted by each student. Assess the risk of latex allergy based on potential symptoms, food allergies, and history of spina bifida, asthma, atopic dermatitis, eczema, or multiple allergies. If a documented or suspect case of latex allergy is identified, request and obtain a medical clearance for the student. Evaluate the current policy every 2 years, or in the event that a new or suspect case of latex allergy is identified in a nursing student.

2. Faculty: Integrate latex exposures and the potential for complications for both students and patients into the nursing program curricula. If a student experiences symptoms related to an allergic reaction after latex exposure, take the necessary precautions, and have the student report to the Health Records Analyst as soon as possible, after any treatment has been received. Collaborate with Employee Health, or designee, at the affiliated clinical site to review necessary modifications for students with documented latex allergy (Haynes, 2001).
3. LRC Director: Maintain an inventory list of all products containing natural rubber latex. Provide powder-free latex, with reduced protein, exam and sterile gloves for general use in all skills or simulation laboratories. Provide latex-free (nitrile or vinyl) exam and sterile gloves for those students identified with a documented latex allergy. Procure latex-free supplies and equipment when possible (Haynes, 2001).
4. Students:
 - a. All students: Wash and dry hands immediately after removing gloves. Read labels to determine the presence of latex. Use powder-free, reduced protein gloves, and other appropriate barrier protection as needed. If wearing latex gloves, avoid oil-based hand creams or lotions (NIOSH, 1997). Learn the signs and symptoms of latex allergy (skin rash, redness, hives, flushing, itching, nasal/eye/sinus symptoms, asthma, and shock).
 - b. Students with suspected latex allergy: Follow responsibilities for all students plus, if the above symptoms are experienced, remove gloves, wash and dry hands immediately and avoid direct contact with latex items. Report this immediately to your faculty supervisor. Seek medical attention immediately as needed. Follow-up with the Health Records Analyst as soon as possible. The student will be excluded from participation in the clinical environment until there is a medical evaluation by a physician and the student receives a documented medical clearance.
 - c. Students with documented latex allergy: In addition to the above responsibilities, avoid direct contact with latex gloves and other products containing latex (NIOSH, 1997). It is the student's responsibility to inform each of their faculty members regarding their latex allergy, as well as to follow instructions provided by their provider to reduce latex exposures.
5. Housekeeping: Wet mop and dust with damp cloth all skills/simulation laboratories daily to remove latex-containing dust (Haynes, 2001).

Unusual Occurrence



	Effective Date: 2015	Revisions/Re-approval: 2017
	Section 5: Clinical Affiliations	Sub-Section: 6.7
Subject: Unusual Occurrence	Responsible Department: College of Nursing	

A Report of an *Unusual Occurrence* form is to be completed when any unusual occurrence involving a CBU DNP student in the clinical setting. This is to be done regardless of whether or not an agency incident report is required.

Scope

This policy applies to all CBU DNP students in the clinical setting. The scope of this policy covers student involvement in any unusual occurrence such as but not limited to procedure errors, medication errors, patient incidents, breach of facility policy and procedures, and disclosure of confidential information (HIPAA violations).

Policy statement


Students will follow facility policies and procedures. In the event of an unusual occurrence in the clinical setting, the student will immediately notify the clinical faculty. The facility supervisor will be notified immediately and facility procedures for unusual occurrences will be followed.

Procedure

1. Report the incident to the preceptor per facility protocol.
2. The clinical faculty is responsible for having the student complete the Report of Unusual Occurrence form (see Appendix) in the clinical area.
3. The clinical faculty will sign and distribute copies to the appropriate individuals: Lead Faculty, Concentration Director, Chair, Associate Dean, and Dean.
4. In collaboration with lead faculty, the clinical faculty is responsible for counseling the student.
5. A student involved in an unusual occurrence in one semester will be placed on contract. Repeated and/or serious clinical errors/unusual occurrences may result in immediate withdrawal from the DNP program.
6. A copy of each completed report will be placed in the students file until graduation.
7. If an agency report is not required in the situation, the lead faculty will use discretion as to whether a copy of this report should be returned to the agency.
8. Each incident will be evaluated in terms of the consequences or outcomes to the client. In the case of any single error with serious or life-threatening outcomes, the student will be evaluated by faculty for progression and/or retention and may result in immediate withdrawal from the DNP program.
9. Any unusual occurrence will be reflected on the overall clinical evaluation.

Liability Insurance



	Effective Date: 2015	Revisions/Re-approval: 2017
	Section 5: Clinical Affiliations	Sub-Section: 6.8
Subject: Liability Insurance	Responsible Department: College of Nursing	

All graduate nursing students must carry professional liability insurance at a minimum of one million per case/ 3 million dollar aggregate against malpractice. Insurance must be obtained within the first semester of enrollment and maintained through the entire program.

Organizational Chart College of Nursing July 1, 2020

CON Support Staff:

Receptionist

Yolanda Edmundson

Administrative Manager

Jeannette Russell

Administrative Assistant

Colleen Haller

Student Services Coordinators

Ashley Sonke / Sarah Millikan

Clinical Affiliations Assistant Director

Beth Morabito

Program Specialist

Marilla Keck

Graduate Administrative Assistant

Beth-Jayne Carranza

Admissions Coordinator / Data Technician

Ian Liardon

Director of Simulation & Standardized Patient Program

Sarah Pearce

Technical Coordinator

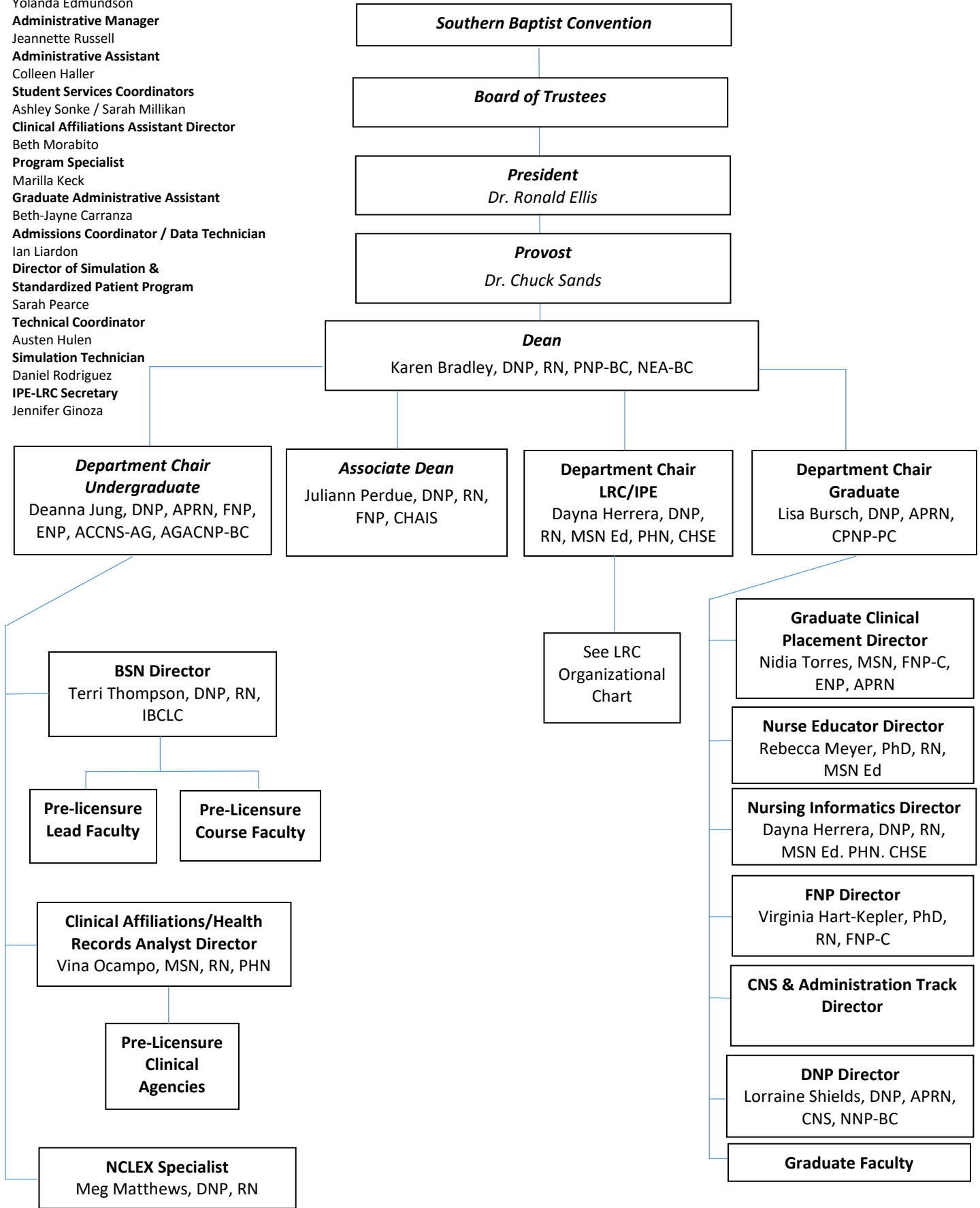
Austen Hulen

Simulation Technician

Daniel Rodriguez

IPE-LRC Secretary

Jennifer Ginoza



**CALIFORNIA BAPTIST UNIVERSITY
COLLEGE OF NURSING
STUDENT CONTRACT FOR SUCCESS**

Student: _____

Date: _____

Faculty: _____

Course & grade: _____

Possible areas of concern:

Inadequate study related to:

- Procrastination, &/or poor organization skills
- Poor study habits secondary to inadequate knowledge or learning disability
- Failure to use multiple learning strategies (Review style questions; case studies; Shadow Health)
- Family discord; spiritual unrest; emotional concerns; physical distress/illness
- Other: _____

Referrals for success:

- Counseling Center
- Academic Success Center
- Student Services or Other _____

Improve study techniques:

- Decrease work hours if possible; apply for financial aid; scholarships; partnerships with hospitals
- Seek help for procrastination, poor organizational skills, reading difficulty, poor study habits. Some tips:
 - Break whole into parts
 - Use calendar (include reading each day)
 - Preview/outline chapter before class
 - Put God & spiritual renewal first
 - Use glossaries/flash cards for terminology
 - Join a study group! Consider advice from students who are passing course
 - Use of resources: Textbooks for studying, meet with professor
- Recognize the impact family discord; spiritual unrest &/or emotional concerns may have in your ability to study and be successful. Prayerfully address these concerns with guidance from support services.
- Address physical concerns; seek medical advice.

Plan of Action:

- Participate in study group. List name of members.
- Turn in a weekly log on activities.
- Ask questions when topics are unclear.
- Student will review exams with instructor.
- Student will develop objectives to achieve by the end of the semester
- Use the Writing Center


Student's Expectation of Instruction:

- To present up to date content.
- Present information that can help facilitate learning
- To reach out and assess my ability to understand content.

Additional comments/recommendations: _____

I understand this contract and I know that I need to implement these strategies if I am to be successful in this nursing course. I recognize that I must earn 80% on all tests and quizzes, and receive an 80% in this course in order to pass the course, or pass in a pass/fail course.

Student's Signature / Date

	DNP Mentor Agreement
	Course Titles: DNP Project Planning I-III, Translational Research Residency I & 2 Academic Year: _____

STUDENT INFORMATION:

Student Name: _____ Student ID#: _____

Cell Phone: _____ Email: _____

Emergency Contact: Name: _____ Phone: _____

DNP MENTOR INFORMATION:

Organization: _____ Phone: _____

Email: _____

Address: _____

Nursing Office Administrator: _____ Phone: _____

Mentor Name: _____ Phone: _____

Department/Title: _____ Specialty Area: _____ Years in Practice: _____

License (circle) RN / FNP / MD / DO/Other: _____ License Number (if Applicable): _____

Certifying Body (if applicable): _____ Number: _____

Highest Education Achieved (circle): MSN / MBA/DNP / MD / PHD/ Other (specify): _____

As a mentor, I have experience in my leadership role and I agree to mentor the above student, in collaboration with the faculty advisor, for the tenure of the DNP project.

Preceptor Signature _____ Date: _____

<u>FOR OFFICE USE ONLY:</u>	
Contract Established/Current: Y / N Mentor License Checked/Cleared: Y / N/ NA	
Clinical Affiliations Assistant Signature: _____	Date: _____
Graduate Clinical Placement Director Signature: _____	Date: _____

See the DNP Mentor Agreement Process

DNP Mentor Academic and Experience Form

Complete this section the first time you serve as DNP Mentor or if any information has changed.

Check this box if you have previously completed the academic experience form.

Academic Preparation:

Years	Degree	Institution
-------	--------	-------------

Years	Degree	Institution
-------	--------	-------------

Years	Degree	Institution
-------	--------	-------------

Years	Degree	Institution
-------	--------	-------------

Years	Degree	Institution
-------	--------	-------------

Last 10 Years of Work Experience:

Employer/Job Title/Years of Service

Employer/Job Title/Years of Service

Employer/Job Title/Years of Service

Employer/Job Title/Years of Service

Employer/Job Title/Years of Service

Incident, Injury, and Unexplained Illness

California Baptist University | College of Nursing
STUDENT INCIDENT/INJURY/UNEXPLAINED ILLNESS REPORT

- Any incident should be reported to the clinical instructor immediately.
- This form should be completed as soon as is practical after an incident.
Return to Health Records Analyst.

Student Name: _____ CBU ID # _____

Date of Injury: _____ Time of Injury: _____

Location of Incident: _____

What was happening prior to the incident?

Description of incident and any apparent injuries:

Describe the evaluation and treatment following the incident:

Describe preventative measures appropriate to this incident:

Names of any witnesses:

Signature of Student: _____

Date

Signature of Clinical Faculty: _____

Date

Signature of Lead Faculty: _____

Date

Signature of Program Director: _____

Date

Signature of Health Records Analyst: _____

Date

Signature of Department Chair: _____

Date

Report of Unusual Occurrence

California Baptist University
College of Nursing
REPORT OF UNUSUAL OCCURRENCE/MEDICATION ERROR
(ACTUAL/POTENTIAL)

Date of Incident:	Location of Incident (Facility and Unit):
Time of Incident:	
Name of Student/Employee:	
Briefly and objectively describe the events of the unusual occurrence/medication (actual/potential) error:	

Physician Notified: YES <input type="checkbox"/> NO <input type="checkbox"/>	Orders received (if applicable):
Name of Physician:	

Describe the evaluation and any treatment following the unusual occurrence/medication (actual/potential) error:

Recommendations/action plan for prevention of recurrence:

Incident Report filed (Clinical Facility/Institution):
--

Signatures:	Date:
Student:	
Clinical Faculty:	
Lead Faculty:	
Health Records Analyst:	
Program Director:	
Department Chair:	

Copy to: Student

COVID-19 Exposure or Potential Exposure Occurred During **Clinicals or School-Related Function**

1. Was the student:
(A) **within 6 feet**
(B) **for ≥ to 15 minutes**
and (C) without PPE?



2. **Or** was the student:
(A) **directly exposed to secretions or excretions**
or (B) completing any aerosol-generating procedures (AGP's)?



Yes, begin 14-day quarantine.

CBU College of Nursing COVID-19 Exposure Protocol For Students

Versus

Note: Please refer to Page 2 for Definitions and References.

COVID-19 Exposure or Potential Exposure Occurred During **Non-School-Related Function**

1. Was the student:
(A) **within 6 feet**
(B) **for ≥ to 15 minutes**
and (C) without PPE?



2. **Or** was the student:
(A) **directly exposed to secretions or excretions**
or (B) completing any aerosol-generating procedures (AGP's)?



No, continue participating in school and clinicals.

- ✓ Student will **immediately notify their faculty and Vina Ocampo, MSN, RN, PHN, Health Records Analyst (HRA), at 951-552-8940 or via E-Mail at VOcampo@CalBaptist.edu** for Health Clearance and/or, if school-related, complete an incident report for filing and processing with CBU Human Resources (HR).
- ✓ Student **begins 14-day quarantine (excluded from physically participating in school and clinicals)** after last day of exposure and will **continue to monitor themselves for symptoms** of COVID-19.
- ✓ Student will be **scheduled for COVID-19 Testing** through CBU HR (if school-related) or self-schedule testing at <https://www.rivcoph.org/coronavirus/testing> (if non-school related).
- ✓ Student will **continue to monitor themselves for symptoms of COVID-19** and preventative measures such as, social distancing and handwashing, etc. and **report any changes in their health/symptoms to HRA** accordingly.
- ✓ Student will **report COVID-19 test results and/or Work Status Report/ Health Clearance to HRA** as soon as possible to determine status to resume physically participating in school and clinical activities.

- ✓ Student **may continue participating in school and clinicals while wearing a facemask.**
- ✓ Student will **continue to monitor themselves for symptoms** of COVID-19. If the student becomes sick or symptomatic, student will immediately notify their faculty and **Vina Ocampo, MSN, RN, PHN, Health Records Analyst (HRA), at 951-552-8940 or via E-Mail at VOcampo@CalBaptist.edu** for Health Clearance.
- ✓ Student will **maintain social distancing of 6 feet** apart from all persons.
- ✓ Student will continue to **wash their hands** for at least 20 seconds before and after contact with potentially infected surfaces and persons.
- ✓ Student will **avoid touching their eyes, nose, and mouth** with unwashed hands.

CBU College of Nursing COVID-19 Exposure Protocol Definitions & References

1. Exposure to COVID-19 is defined as the following:

- Prolonged, close contact with a confirmed COVID-19 positive person **within 6 feet** for **≥ to 15 minutes**.
- OR**
- Having **unprotected direct contact with infectious secretions or excretions (such as aerosol-generating procedures) for any period of time** of a confirmed COVID-19 positive person.

2. Exposure to COVID-19 can occur if **Personal Protective Equipment (PPE)** is not used as follows:

- Student is not wearing a respirator or facemask **within 6 feet** for **≥ to 15 minutes**.
- Student is not wearing eye protection **within 6 feet** for **≥ to 15 minutes** if the person with COVID-19 was not wearing a cloth face covering or facemask.
- Student is not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure for **any period of time**.

References:

1. <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>
2. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>
3. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>
4. <https://www.cdc.gov/niosh/npptl/pdfs/UnderstandDifferenceInfggrap-hic-508.pdf>

For Preventive Measures, please see the following:

1. <https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>
2. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>
3. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html>

3. Aerosol-Generating Procedures (AGP's) are commonly performed medical procedures that create uncontrolled respiratory secretions and include:

- open suctioning of airways
- sputum induction
- cardiopulmonary resuscitation
- endotracheal intubation and extubation
- non-invasive ventilation (e.g., BiPAP, CPAP)
- bronchoscopy
- manual ventilation

Based on limited available data, it is uncertain whether aerosols generated from some procedures may be infectious, such as:

- nebulizer administration*
- high flow O2 delivery

*Aerosols generated by nebulizers are derived from medication in the nebulizer. It is uncertain whether potential associations between performing this common procedure and increased risk of infection might be due to aerosols generated by the procedure or due to increased contact between those administering the nebulized medication and infected patients.

References:

1. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-faq.html#procedures-aerosol>
2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3338532/#!po=72.2222>

For information on when to quarantine versus return to school or work & COVID-19 Testing, please see the following:

1. <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>
2. <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>
3. <https://www.rivcoph.org/Portals/0/Documents/CoronaVirus/Toolkits/Public/WhenCanIBeAroundOthers%20RUHS.pdf>
4. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>
5. https://www.rivcoph.org/Portals/0/Documents/CoronaVirus/Toolkits/Health/Protocol_for_Health_Care_Workers_6-28.pdf?ver=2020-07-01-082347-687×tamp=1593617030307
6. <https://www.cdc.gov/coronavirus/2019-ncov/faq.html#Testing>
7. <https://www.rivcoph.org/coronavirus/testing>
8. Appointments can be made for any of the **County of Riverside** testing sites by calling **(800) 945-6171**. Appointments for the **State of California** testing sites can be made online at <https://lhi.care/covidtesting> or by calling **(888) 634-1123**.

4. Symptoms of COVID-19 are as follows:

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. **Symptoms may appear 2-14 days after exposure to the virus.** People with these symptoms may have COVID-19:

- Fever (100.0°F [37.8°C] or higher)** or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19. Fever is defined as subjective fever (feeling feverish) or a measured temperature of 100.0°F (37.8°C) or higher. Note that fever may be intermittent or may not be present in some people, such as those who are elderly, immunocompromised, or taking certain fever-reducing medications (e.g., nonsteroidal anti-inflammatory drugs [NSAIDs]).

When to Seek Emergency Medical Attention

Look for **emergency warning signs*** for COVID-19. If someone is showing any of these signs, **seek emergency medical care immediately**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.

References:

1. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>
2. <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
3. <https://www.cdc.gov/coronavirus/2019-ncov/downloads/Please-Read.pdf>