PREFACE

This College of Nursing DNP Student Handbook is designed to share information, procedures and policies specific to students enrolled in the College of Nursing. The information presented here will be helpful as you negotiate your way through your graduate studies. Our expectation is that you will use this Handbook as your first point of reference when you have questions concerning your program of study or academic policies within the college.

The primary reference for rules, policies and procedures concerning graduate education at The Ohio State University is the Graduate School Handbook published by the Graduate School. You may access it via the Graduate School web site: www.gradsch.ohio-state.edu. It is expected that all graduate students become familiar with the policies and rules contained in this document.

While the primary responsibility for your success lies with each of you, many individuals stand ready to assist you in your efforts. On behalf of the Dean, the faculty and the staff of the College of Nursing, we wish you continued success with your academic studies.
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COLLEGE OF NURSING DIRECTORY

Office of the Dean
Dean  Elizabeth Lenz, PhD, RN, FAAN  292-8900
Executive Assistant  Michelle Compston  247-5026

Associate Dean for Academic Affairs
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Associate Dean for Research
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Assistant Dean for Pre-Licensure Programs
Linda Daley, PhD, RN  292-4928

Office of Graduate Outreach and Admissions
Assistant Dean for
Student Affairs  Sandy Cody, MLS  292-4945
Graduate Program
Manager  Tamara Dunaeff  247-8604
Student Data Manager  Daniel Barnes  292-8962
Graduate Outreach
Coordinator  Jacqueline Min  688-8145
Diversity Coordinator  Jennifer Robb  292-6668
Graduate Administrative
Associate  Christina Douglas  688-8633

Graduate Studies Committee
Chair  Linda Bernhard, PhD, RN  292-8336

Student Representatives
Traditional Master of
Science option  Tara Massey  Massey.94
Graduate Entry option  Justin Kerr  Kerr.116
DNP Program  Brenda Vermillion  Vermillion.32
PhD Program  Helen Dale  Dale.28

DNP Program Director  Mary Margaret Gottesman, PhD, RN, FAAN  292-4989

DNP Student Representative  Stephen Crumb  Crumb.3
PhD Program Director  Pamela Salsberry, PhD, RN  292-4907
PhD Student Representative  Will Matcham  Matcham.1
MS Program Director  Elizabeth Barker, PhD, RN, FAANP  292-5684
Professional Misconduct Committee
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Technology Learning Complex
Director  Lisa Rohig, RN, BSN  247-6466

Preceptor Specialist  Stephanie Hall  247-2368

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Director of Information Technology  Awais Ali  688-5370
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                          Byron Roush  292-6804
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Graduate Specialty Program Directors
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Adult Psychiatric Mental Health  Barbara Warren, PhD, PMH APRN-CNS-BC  292-4878
Clinical Nurse Leader  Linda Bernhard, PhD, RN  292-8336
Family Nurse Practitioner  Elizabeth Barker, PhD, FNP, FAANP, BC, FACHE  292-5684
Nurse Midwifery and
    Women’s Health  Jeremy Neal, PhD, CNM, RNC  292-9848
Nursing Science (Interim)  Donna McCarthy, PhD, RN, FAAN  292-2356
Nursing & Health Systems Management  Barbara Polivka, PhD, RN  292-4902
Neonatal Nurse Practitioner  Deborah Steward, PhD, RN  292-4978
Pediatric Nurse Practitioner  Mary Margaret Gottesman, PhD, RN, FAAN  292-4989
USEFUL LINKS

**College of Nursing StudentWeb** Home Page (Sharepoint)
http://studentweb.con.ohio-state.edu/default.aspx

**College of Nursing Student Affairs** Home Page (Sharepoint)
http://studentweb.con.ohio-state.edu/sites/sa/default.aspx
Information and links concerning:
- CARMEN
- Commencement
- Deadlines
- Financial Aid
- Forms
- Graduate School
- Graduation
- Licensure/NCLEX
- Name changes
- Ohio Board of Nursing
- Petitions
- Professional Traineeships
- Registration
- Student handbooks
- University Directory

**College of Nursing IT** Home Page (Sharepoint)
http://studentweb.con.ohio-state.edu/sites/it/default.aspx
Information on CON information technology, resources, and support.

**Graduate School** Home Page
http://www.gradsch.ohio-state.edu/

**Graduate School Handbook**

**Graduate School Policies & Procedures**
http://www.gradsch.ohio-state.edu/Category.aspx?Category=1&itemid=1

**Graduate School Forms and Publications**
http://www.gradsch.ohio-state.edu/Category.aspx?Category=7&itemid=11

**Office of Information Technology (University)**
http://www.oit.osu.edu/
Includes the University IT Help Desk, webmail, software downloads and system status.

**Registrar/BuckeyeLink**
http://buckeyelink.osu.edu/
Access to registration, grades, course information, statement of account, etc.)

**Student Financial Aid**
http://www.sfa.osu.edu/
MISSION, VISION, VALUES, AND PHILOSOPHY STATEMENTS

MISSION
The mission of the College of Nursing is to enhance health and health care through excellence in education, research, scholarship, and service. We advance nursing science and practice in order to improve the health of the people of Ohio and the global community. Our educational programs prepare leaders for roles in health care, research and education.

VISION
Our vision is that the college will be recognized nationally and internationally for the excellence of its graduates and its outstanding contribution to knowledge gained through innovation and high-impact research.

VALUES
The Ohio State University College of Nursing will carry out its mission by committing to the following:

- **Collaboration**: Collaboration is a partnership between individuals and organizations that bring diverse skills and perspectives to a task.
- **Diversity**: Diversity is the acceptance and appreciation of differences in culture, thought and experience, and the integration of them into everything we do.
- **Excellence**: Excellence is the state of highest or finest quality. It is a condition of demonstrated superiority.
- **Innovation**: Innovation is the generation and discovery of new ideas and ways of doing things through creative inquiry.
- **Integrity**: Integrity is the maintenance of high and consistent standard that hold up under scrutiny.
- **Respect**: Respect is the acknowledgement, consideration and regard for the ideas and unique contribution of others.

PHILOSOPHY
The philosophy of the College of Nursing reflects the faculty’s beliefs about the nature of nursing and nursing education, people and their environment, and health and illness. As autonomous professionals who know and value the necessity of interdisciplinary collaboration, nurse’s work with other health care professionals to provide comprehensive care to individuals, families, and communities. Nursing is assessing, diagnosing, and treating human responses to actual or potential health problems and the planning, implementing, and evaluating of nursing care. The practice of nursing is based on nursing science, which includes knowledge of principles that govern life processes, the patterning of human behavior, the nature of human beings, and human interaction. The health care needs of individuals, families, and communities are defined within the context of personal, cultural and ethnic values, and social systems that influence function and resources. Therefore, a sound liberal and professional education is required to understand the complexity of responses. The need to improve human health and patient care is the stimulus for research into nursing practice.

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Professional nurses are committed to the overall goal of health promotion, assisting persons of all ages to attain, maintain, and regain their health, and enhancing the quality of their lives. Dedicated to the care and nurturing of the sick and well in order to help them achieve maximum human functioning, nurses help people achieve and maintain a healthy state, meet their basic needs, adapt to changes in their health status, recover from illness, and die with dignity. Humanistic, ethical, and scientific principles drawn from nursing science and other fields form the theoretical base of nursing care for individuals, families, and groups. All people have the right to access to health care. Individuals, families, and communities retain responsibility for their own health and the right to make decisions regarding health care.

People are complex organisms and human behavior and biological functioning are a result of the interaction between individuals and their environment. Humans are endowed with hereditary qualities that may be influenced in temporary or permanent ways by the interaction with others and the environment. Each person possesses strengths and limitations as a result of the interaction of hereditary and environmental factors and these, in turn, create the biological and behavioral potential.

Scientific principles related to the interplay of the mind, body and spirit form the basis of our understanding of health and illness. Health is a dynamic state in which a person’s developmental and behavioral potential is realized to the fullest extent possible. Illness is the alteration of normal biophysical and social-psychological mechanisms.

EDUCATIONAL PHILOSOPHY

The ideal climate for learning is characterized by a sense of purpose, dedication to excellence, models of exemplary scholarship, and collaborative faculty-student relationships. Optimal learning occurs when faculty and students share a defined purpose within an environment that encourages questioning, exploration, and innovation. The faculty of the College of Nursing believes that students are responsible for their own learning. Faculty are responsible for providing a learning environment that will help students reach their potential, develop appropriate professional values and behaviors, and commit themselves to life-long learning.

Teaching methods and strategies are chosen with due regard for the level of student, and increasing self-direction is expected. Faculty know and use tested principles of teaching and learning, and they are committed to continued development in the art and skill of teaching. Evaluation of student performance is an important part of the educational process and faculty use established criteria for these evaluations. Faculty help students meet their educational goals while they adhere to program requirements.

Faculty carry out the interrelated mission of the university--teaching, research, and service--and through these activities ultimately contribute to the improvement of nursing. In response to changing societal and professional trends and needs, the particular focus of these activities will change as the faculty stay at the forefront of the discipline.

*College of Nursing (2009). College of Nursing Strategic Plan 2009-2014. Columbus, OH: The Ohio State University.*
The Graduate Studies Committee

Purpose

Each academic unit which offers a graduate degree has a Graduate Studies Committee to oversee and administer the graduate programs offered by that academic unit and to serve as a liaison between the Graduate School and the graduate faculty. The Graduate Studies Committee is one of the standing committees of The Ohio State University College of Nursing.

Membership

Chair of the Graduate Studies Committee elected by the voting members of the faculty for a term of three years. A member can serve no more than two consecutive terms as chair.

(5) Elected members: Five regular faculty, at least one of whom is tenured and one of whom is certified as an advanced practice nurse. All must hold an appointment to the Graduate School with the majority holding Category P status.

(4) Students: one graduate entry, one traditional M.S., one Ph.D. and one DNP.

(7) Ex-officio: associate dean for academic affairs, assistant deans, director of the Ph.D. program, director of the master’s program, director of the DNP program, and the graduate program manager.

Functions

1. Carries out specific functions required by the Graduate School and the dean of the College of Nursing.

2. Reviews faculty for Graduate School appointment.

3. Reviews and recommends to the faculty for approval or modification the aims, objectives, philosophy, conceptual framework, and offerings of the graduate programs.

4. Reviews and approves revisions in existing courses, changes in course content, and changes in course titles or credits, and forwards to the faculty for approval.

5. Initiates and/or reviews proposals for new courses and/or any reorganization of the curriculum, and makes recommendations to the faculty for approval.

6. Evaluates outcomes of the graduate program.

7. Recommends to the faculty criteria consistent with the Graduate School for admissions, progression, and graduation.

8. Reviews and selects candidates for admission to the graduate program.

9. Monitors progression of students in the graduate program.
10. Acts upon student petitions for exceptions to or modifications of policies or procedures for progress in (including reinstatements) and graduation from the graduate programs.

11. Selects candidates for fellowships, grants, and honors.

12. Communicates with graduate student recruiters regarding design, implementation, and outcomes of graduate student recruitment strategies.

13. Appoints one member and one alternate to serve on the Professional Misconduct Committee.

Frequency of Meetings

The Graduate Studies Committee meets every other week during the academic year, with specific meeting dates arranged around the academic calendar.

Student Input

The Graduate Studies Committee is the formal channel whereby students can be involved in the policy- and decision-making of the graduate program. Students are, therefore, encouraged to familiarize themselves with the responsibilities of the Graduate Studies Committee and to provide input to this committee for its tasks. When students would like the committee to discuss policy, they may request through their representative that an item be placed on the committee’s agenda for discussion. Student representatives are chosen by anonymous voting by their peers. Students nominated to act as the representative for each cohort must agree to the nomination prior to the start of voting. Results are provided to all DNP students via email at the conclusion of the voting period.

DNP Program Subcommittee

The DNP Program Subcommittee is a permanent subcommittee of the Graduate Studies Committee. It reports to the Graduate Studies Committee.

Membership

The chair of the DNP program subcommittee will be the DNP Program Director

Category M and P faculty are elected to serve a three-year, staggered term and the DNP student representative is elected annually.

(1) Graduate Studies Committee chairperson – ex officio
(5) Elected members: 5 elected members – 2 from the P faculty and 3 from the doctorally-prepared M faculty
(1) One DNP student, elected

Functions

1. Advises the GSC about DNP curriculum implementation, including the development of new courses and proposals to alter the curriculum.
2. Monitors programmatic quality indicators and consistency of the curriculum with the DNP Essentials and NONPF standards.

3. Presents program evaluation data to the GSC annually.

4. Reviews applications, conducts interviews of applicants, and recommends DNP program applicants for admission to the GSC.

5. Implements and evaluates the Professional Doctoral Examination and the formats for the final project.

6. Monitors progression of students in the DNP program.
The Doctor of Nursing Practice degree program reflects the highest level of educational preparation for advanced practice nurses and administrators. The American Association of Colleges of Nursing (AACN) has proposed that the DNP degree be the level of entry for all advanced practice nurses by 2015. More information is available on-line at: http://www.aacn.nche.edu/DNP/index.htm.

At The Ohio State University College of Nursing, the Doctor of Nursing Practice Program is a post-master’s degree program at this time. Building on the student’s foundation of professional expertise, the program prepares nurses for the highest level of nursing practice with individuals, families, populations, and systems. Hallmarks of this program include strong foci on advanced nursing management of direct patient care; skill in quality improvement; the application of informatics to practice and health care improvement; health systems management and leadership; competence in health policy analysis, advocacy, and ethical decision making in health care.

At the completion of the DNP Program, the graduate will be prepared to:

- Practice at the highest level of nursing, integrating and applying knowledge from the sciences with the fields of organizational management, ethics, health policy, and information technology;
- Demonstrate leadership skills in organizational and health systems management to improve the safety and quality of health care;
- Apply analytical skills and translational science methodologies to practice-focused scholarship;
- Provide leadership in inter-professional collaborative teams to improve health outcomes for individuals, populations, and systems;
- Demonstrate high levels of skill in health promotion and disease prevention strategies for individuals, populations, and systems;
- Develop skill in the analysis and shaping of health policy.
- Demonstrate skill in the application of ethical decision-making frameworks to resolving ethical dilemmas for individuals, populations, and systems.
DNP Curriculum

The Doctor of Nursing Practice degree offers an enhanced level of preparation for experienced nurses holding a Master’s degree to prepare for the nursing practice environments of the future. The curriculum emphasizes health care and health care system issues for underserved and vulnerable populations, management skills, informatics, and quality improvement. Expansion of direct and indirect nursing practice skills tailored to the unique professional goals of each student, is the heart of the program.

Course of Study

The 75-quarter credit DNP Program includes DNP core courses as well as electives in the student’s area of specialization. Students may elect a second area of clinical specialization in which to expand their practice such as mental health or acute care practice. This may require additional credit hours to satisfy both credentialing requirements and the intent of the DNP clinical immersion experience. Students may also select among the university’s graduate interdisciplinary specializations, such as gerontology and early intervention. Upon approval by faculty, students may complete their clinical requirements at their place of employment.

The university requires three quarters of residency (enrollment for at least 9 quarter credits in three out of four consecutive quarters) prior to graduation. This requirement is satisfied for part time students during their final year of study when students are enrolled in 10 credits fall, winter, and spring.

Core coursework is offered using a variety of distance learning technologies, both synchronous and asynchronous. However, elective coursework may not be available in a distance format.

Description of DNP Core Courses

**NURSING 755 Nursing Ethics in Advanced Practice (3 credits, AU)**

Study of the central ethical dilemmas facing nursing in health care practice, research, and policy. Prerequisite: Enrollment in graduate nursing program or permission of professor.

**NURSING 885 Informatics Enabled Health Information (3 credits, AU)**

Addresses the appraisal of sources, validity and reliability of health information for clinicians in order to effectively use information to develop personalized health messages for consumers. Prerequisite: Enrollment in graduate nursing program or permission of instructor. Open only to graduate nursing students and nursing practice student (DNP).
**NURSING 893 Independent Study (Variable credit, 1-5)**

Advanced individual studies in selected area not otherwise offered in nursing. Prerequisite: Enrollment in graduate program or permission of the instructor.

**NURSPRCT 913 Health Promotion in the Age of Personalized Health Care (3 credits, SP)**

Critical analysis of the social determinants of health contributing to health disparities, their synthesis with theories of health behavior, and development of strategies to improve outcomes. Prerequisite: Enrollment in the Doctor of Nursing Practice (DNP) program.

**NURSPRCT 940.01 DNP Professional Seminar I (3 credits, AU)**

Socialization to leadership and excellence in multiple dimensions of the DNP role (leadership focus). Prerequisite: Enrollment in the DNP program or permission of instructor.

**NURSPRCT 940.02 DNP Professional Seminar II (3 credits, WI)**

Socialization to leadership and excellence in multiple dimensions of the DNP role (quality improvement focus). Prerequisite: Enrollment in the DNP program or permission of instructor.

**NURSPRCT 940.03 DNP Professional Seminar III (3 credits, SP)**

Socialization to leadership and excellence in multiple dimensions of the DNP role (health policy focus). Prerequisite: Enrollment in the DNP program or permission of instructor.

**NURSPRCT 945 Nursing Management for the Doctor of Nursing Practice (5 credits, WI)**

Integration of theoretical, technological, leadership and communication principles to design management strategies for evidence based practice approaches to improve health care to selected populations. Prerequisite: Enrollment in the DNP program.

**NURSPRCT 951 Scholarly Inquiry in Clinical Nursing Science (4 credits, AU)**

Theory and survey of methods for analyzing clinical situations, appraising data, applying theory to research, and translation of theory and research-based evidence to clinical practice. Prerequisite: Admission to the Doctor of Nursing Practice (DNP) Program or permission of the instructor.
**NURSPRCT 952 Methods and Measurement in Clinical Nursing Science (4 credits, WI)**

Theory and survey of research methods and measurement issues related to clinical nursing science. Emphasis is placed on the systematic identification and utilization of nursing knowledge. Prerequisite: Admission to the Doctor of Nursing Practice (DNP) Program.

**NURSPRCT 953 Clinical Effectiveness and Translation in Clinical Nursing Science (4 credits, SP)**

Theory and survey of methods of critical appraisal of clinically relevant nursing research related to clinical effectiveness and translational science. Emphasis is placed on the systematic appraisal and utilization of nursing knowledge. Prerequisite: Admission to the Doctor of Nursing Practice (DNP) Program or permission of the instructor.

**NURSPRCT DNP Clinical Immersion (7 credits, AU, WI, SP)**

Integration and synthesis of knowledge and practice experiences designed to help students achieve essential and specialty components of the DNP role. Prerequisite: Successful completion of the DNP Professional Doctoral Exam. Repeatable to a maximum of 21 credit hours.

**NURSPRCT 998 DNP Final Project (1-3 credits AU, WI, SP, SU)**

Students complete a scholarly clinical or research-centered project depending upon their goals and interests. Prerequisites: Enrollment as a student in the Doctor of Nursing Practice (DNP) program and completion of the DNP Professional Doctoral Examination. Repeatable to a maximum of 12 credit hours.

**Elective Coursework Requirement**

Each student selects at least 7 quarter credit hours of elective coursework in consultation with his or her DNP faculty advisor. Elective coursework provides a mechanism for individualized study within the student’s designated specialization and career focus. This requirement can be met in a wide variety of ways.

Students may select among the range of graduate level courses offered throughout Ohio State after obtaining instructor permission. Credit from courses taken elsewhere may be approved for transfer of credit towards the elective requirement (see below).

A second area of clinical specialization may be selected or students may select completion of coursework in a designated Graduate Interdisciplinary Specialization (GIS). Information about the specializations is available at [http://www.gradsch.ohio-state.edu/Category.aspx?Category=9&itemid=12](http://www.gradsch.ohio-state.edu/Category.aspx?Category=9&itemid=12). Popular choices in the Graduate Programs include Global Health, Gerontology, and College and University Teaching.

Appropriate on-line courses may also be available through Big Ten Committee on Institutional Cooperation (CIC) CourseShare and Traveling Scholar options [http://www.cic.net/Home/Projects/SharedCourses.aspx](http://www.cic.net/Home/Projects/SharedCourses.aspx). However, many courses are offered in a semester rather than a quarter format.
Transfer of Credit

The College of Nursing follows the Transfer of Credit policies of The Ohio State University Graduate School. This process also requires approval by the student’s academic advisor and a formal petition to the College of Nursing Graduate Studies Committee.

1. For coursework already completed at another university, the student must complete the petition process no later than the second quarter of enrollment.

2. Petition must be made to and approved by the Graduate Studies Committee prior to taking new coursework towards the doctorate outside of The Ohio State University.

Students Without Certification in Advanced Nursing Practice or Administration

Consistent with the recommendations set forth by AACN in the 2006 Essentials of Doctoral Nursing Education for Advanced Nursing Practice, students who do not meet the requirements for national certification as an APRN or administrator, must do so prior to entering the DNP immersion courses. Students should work with the advisor to develop a plan of study that includes provisions for becoming eligible for national certification. While students are not required to complete national certification prior to the DNP immersion courses, students are very strongly urged to do so prior to graduation from the program.

Your Advisor

It is the role of the advisor to help the student develop and complete a plan of study to meet the student’s individual needs as well as the requirements of the curriculum. Specifically, advisors assist with course selection and timing, chair and coordinate the Professional Doctoral Exam and Final Document Project Committees, assist with selection of other committee members, and facilitate student’s access to the resources of the university.

Upon admission, each student is initially assigned an advisor for academic advisement by the Chair of the DNP Subcommittee based upon the student’s initial focus for the Final Project. At any time during the program, the student may change to another advisor whose expertise is more congruent with student needs as they evolve during doctoral study. If the student wishes to change advisors, the director of the DNP program is to be notified in writing by the student.

Within the first quarter, the student and his or her advisor should create a plan of study using the DNP Plan of Study Form. A copy of the Plan of Study should be retained by the student, and by the advisor, with additional copies given to the Chair of the DNP Subcommittee and the Student Records Manager. The Plan of Study should be reviewed and updated at least annually with the advisor. A copy of any Plan of Study revisions should be provided to the Chair of the DNP Subcommittee and to the Student Records Manager. Students should arrange at least a quarterly meeting with their advisor via phone, Internet, or face-to-face meeting to review progress and confirm plans for the subsequent quarter.
## Sample Plans of Study

### SAMPLE Post-Master’s 2-Year Full Time Plan of Study

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<td>NURSING 755 Ethics</td>
<td>NURSPRCT 945 Management</td>
<td>NURSPRCT 913 Health Promotion</td>
<td>Professional Doctoral Exam</td>
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<td>3 credits</td>
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| **Year 2**                    |                                 |                                 |                                 |
| NURSPRCT 959 DNP Immersion    | NURSPRCT 959 DNP Immersion      | NURSPRCT 959 DNP Immersion      |                                 |
| 7 credits                     | 7 credits                       | 7 credits                       |                                 |
| NURSPRCT 998 Final Project    | NURSPRCT 998 Final Project      | NURSPRCT 998 Final Project      |                                 |
| 3 credits                     | 3 credits                       | 3 credits                       |                                 |
| **Total**                     | **10**                          | **10**                          | **10**                          |

Total 75 credits
SAMPLE Post-Master’s 3-Year Part Time Plan of Study

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The DNP Clinical Immersion Experience

The emphasis on practice in the DNP curriculum culminates with the clinical immersion experience. The clinical immersion provides the opportunity for students to synthesize and apply knowledge acquired across the program of study by practicing in the student’s area of expertise at a greater level of competence as well as providing the context in which the final document project is executed. The immersion experiences and the final project represent the results of scholarly inquiry and contribute to personal growth in nursing leadership, policy, or evidence-based practice. Together with the final project, the immersion provides evidence of an advanced understanding of relevant literature and policy/practice issues,documents the outcomes of the student’s educational experiences, provides measurable media for evaluating the immersion experience, and summarizes the student’s growth in knowledge and expertise.

The Written Immersion Plan

Entry into the immersion experience depends upon the student’s successful completion of the Professional Doctoral Examination in the summer prior to the first immersion experience in fall. DNP students complete a minimum of 396 hours of immersion experiences. The immersion is a set of individualized experiences aimed at expanding the student’s clinical and systems-level expertise and specialized knowledge in a selected area of advanced specialty nursing practice as well as the execution of the Final Project in the practice setting.

With the help of the student’s academic advisor, each DNP student develops a written Immersion Plan with objectives and activities to realize each objective, quarterly evaluation products to demonstrate progress, and a timeline for accomplishing each objective. The AACN Essentials document serves as the structure for shaping the immersion plan.

Advisors present the students’ immersion plans to the DNP Subcommittee for feedback and approval during the summer quarter prior to the beginning of the immersion experience in the upcoming fall quarter. The completed and approved Immersion Plan is a part of the student e-portfolio.

Selection of Preceptor-Mentors

Students should meet with their advisor and identify one or more clinical preceptor-mentors to guide their immersion experiences. Appropriate preceptor-mentors for the DNP 396-hour immersion experiences include a wide variety of experts. These include but are not limited to nurse executives, senior clinicians, skilled informaticists, leaders in health policy development, and leaders from other disciplines with expertise relevant to the DNP student’s area of specialization and immersion goals. The main criterion for preceptor-mentor selection is the senior leadership role of the immersion mentor(s), whether in practice or otherwise. Ideally, preceptors will hold a professional doctorate or a research doctorate; however, exceptions will be made for good reason. The student is responsible for obtaining the preceptor-mentor(s) completed preceptor data form(s) required by the College of Nursing and a current copy of the preceptor-mentor’s curriculum vitae or resume. Each preceptor data form and curriculum vitae should be uploaded into the immersion database as well as e-mailed to the DNP Program Director. The DNP Program Director forwards the materials to the clinical placement coordinator for entry into the College of Nursing Preceptor Database.
The student’s academic adviser will meet in person or via electronic means with the preceptor and student at least twice per quarter during each of the immersion courses. Written feedback will be provided to each student at the end of each quarter’s immersion experience. The student will complete a written evaluation of the preceptor-mentor at the end of the immersion experience.

Selection of Clinical Sites

In most cases, DNP students will complete their clinical immersion experiences within their place of employment. A valid clinical contract between the immersion site and the College of Nursing must be in place prior to the beginning of the first immersion course. Students may negotiate experiences outside of their regular place of employment. Faculty advisors will assist the student in meeting these desired experiences. Examples include: an intensive but brief period of time at the NIH hospitals, experiences with legislative aides in Washington, D.C., or visits to learn from premier patient care teams around the country or overseas. These placements may also require the execution of a placement agreement, so timely planning is essential.

These placements may also require the execution of a placement agreement, so timely planning is essential. The College of Nursing program manager for clinical placement agreements facilitates their execution. It is the responsibility of the Director of the DNP Program to assure that valid contracts for students in immersion experiences are in place.

The student will complete an evaluation of each immersion site used at the end of the time spent in each setting.

Resources:

This information is drawn from the following resource:

The eight AACN (2006) DNP role essentials include:

1. Scientific underpinnings for practice
2. Organizational and systems leadership for quality improvement and systems thinking
4. Information systems/technology and patient care technology for the improvement and transformation of health care
5. Healthcare policy for advocacy in health care
6. Interprofessional collaboration for improving patient and population health outcomes
7. Clinical prevention and population health for improving the nation’s health
8. Advanced nursing practice
Advanced Practice Nursing Focus Outcomes:

The Immersion plan should assure that students with a direct patient care focus demonstrate the following abilities at the end of the experience:

1. Holistic approaches to care
2. Development of therapeutic partnerships with individuals and their families and communities.
3. Demonstrate an expert level of understanding of nursing and related biological and behavioral sciences.
4. Skill in health promotion and disease prevention at each level of preventive care.
5. Excellence in clinical judgment and clinical performance.
6. Ability to provide diverse, evidence-based interventions in the management of health and illness.
7. Recognition of changes in practice trends and systemic changes that impact patient care and its quality.
8. Assumption of a leadership role in assuring meaningful and substantial quality improvement efforts.

Aggregate/Systems/Organizational Focus Outcomes

The Immersion plan should assure that students with an indirect patient care focus demonstrate the following abilities at the end of the experience:

1. Define actual and emerging problems.
2. Conduct comprehensive organizational, systems, and/or community assessments to identify health or system needs.
3. Design aggregate level health interventions.
4. Demonstrate an expert level of understanding of nursing and related biological, behavioral and other related sciences.
5. Create effective partnerships with diverse stakeholders for achieving health-related organizational or public policy goals.
6. Design patient-centered or population-focused care delivery systems or policy level delivery models.

Collaborative Institutional Training Initiative (CITI)

All doctoral students must take the Basic Human Research CITI training course regardless of whether or not they will apply to the IRB with a proposal. Students can take either the Biomedical or the Social/Behavioral course depending on their research focus. A subsequent refresher course will be required every 3 years as well. Once the course is completed, print out the completion certificate which should be turned in to Megan Peterseim, room 347 on the third floor in the College of Nursing. Information on the CITI training can be found at www.citiprogram.org. Information on the policy and additional details may be found at the Office of Responsible Research Practices website http://orrp.osu.edu/irb/training/citi.cfm.
HIPPA Training

The College of Nursing will require College Researchers and related College employees to take a Health System approved course(s) to educate themselves on HIPAA. Such training must be completed annually by all College Researchers and employees.
DNP Program Requirements

Enrollment

Students must be continuously enrolled per the DNP program, not including summer quarter. A formal Leave of Absence is required of any student who wishes to take a quarter off. A copy of the LOA form may be found in the DNP Student Handbook.

Post- Candidacy ( known as the Professional Examination for DNP students)

GRADUATE SCHOOL GUIDELINES

Section VII.8 of the Graduate School Handbook outlines that “All students who successfully complete the doctoral candidacy examination will be required to be enrolled in every quarter of their candidacy (summer excluded) until graduation. Students must be enrolled for at least 3 credits per quarter. While the Graduate School and the individual graduate programs will monitor the enrollment of all post-candidacy students, it ultimately will be the responsibility of each student to ensure that they are meeting the enrollment provisions of this policy.”

Additional regulations regarding non-enrollment, Leave of Absence as a post-candidacy student, and time limits are also found in this section of the Graduate School Handbook. Students are required to be familiar with these policies.

Professional Doctoral Exam

GRADUATE SCHOOL GUIDELINES

Section VII.17 of the Graduate School Handbook outlines that “students are required to take a Professional Doctoral Examination testing the student’s understanding of the theoretical and applied fundamentals of the field as well as the student’s readiness to engage in a sustained clinical or professional experience. The timing of the Professional Doctoral Examination is set in accordance with the requirements of professional preparation but generally precedes a sustained clinical or professional experience. Graduate Faculty Representatives do not serve on the Professional Doctoral Examination.”

Repeat

GRADUATE SCHOOL GUIDELINES

Section VII.17 of the Graduate School Handbook outlines that “A student who fails the professional doctoral examination twice is not allowed an additional examination. After two unsatisfactory attempts at the professional doctoral examination, a student is not permitted to be a doctoral candidate in the same or any other graduate program at this university.”
Eligibility and Preparation

A student is eligible to sit for the Professional Doctoral Examination after coursework is completed and in the summer quarter immediately preceding the clinical immersion courses and execution of the final document project. Ordinarily electives must also be completed prior to taking the Professional Doctoral Examination. However, a petition for an exception to the requirement may be made by the student for good reason.

The student’s academic advisor chairs the Professional Doctoral Examination Committee. There must be two additional Graduate Faculty Members on the committee, both of whom must be from the College of Nursing. The chair and two committee members must hold both M or P Graduate Faculty status and an appointment at OSU of at least 0.50 FTE. Other committee members may be added who do not hold Graduate Faculty M or P status, at the Committee Chair’s discretion. However, these additional members are not signing committee members. The Chair and student should collaborate in identifying committee members with relevant expertise. The student is responsible for obtaining the agreement of the faculty members to participate on his or her committee.

Format for the Professional Doctoral Examination

The professional doctoral examination for DNP degree candidacy is a written examination. The examination is summative and designed to evaluate the student’s: 1) comprehension of the approved program of study; 2) capacity to undertake the scholarly Final Document Project; 3) the ability to think and express ideas clearly; and 4) readiness for the DNP clinical immersion experience in the student’s area of expertise. The examination will consist of three questions written by the College of Nursing DNP Subcommittee members synthesizing the learning from across the required DNP courses only. The written examination is revised at least annually. All DNP students taking the examination in a specific year and quarter receive the same questions with responses expected to strongly reflect the student’s area of expertise.

Professional Doctoral Examination Procedures

The take-home examination is the written product of each individual student produced without consultation with others. It ordinarily takes place during the first two weeks of the summer quarter immediately preceding the DNP immersion experience. Students who are unable to take the professional doctoral examination for a substantial reason during this time period may petition the College of Nursing Graduate Studies Committee for an alternate testing period.

The examination questions will be distributed via the Carmen course management system on the first day of summer session. The student will have 14 days to prepare written responses to the three questions with a maximum of 40 pages total for the text of the examination, excluding the reference list, tables, figures, and appendices. All references shall be consistent with the 6th edition of the APA Publication Guide.
Upon completion of the examination, the student submits the examination responses to the Carmen Drop Box. The Student Data Manager forwards the student exam responses to all of the student’s Professional Doctoral Examination Committee members. Each committee member will have at least fourteen days to read the examination. All three committee members must agree that the student’s examination is Satisfactory in order for the student to successfully pass the Professional Doctoral Examination and achieve candidacy for the DNP degree.

The Chair and all committee members sign the Final Approval- Professional Doctorate form. The Student Data Manager submits the completed form to the Graduate School and places a copy in the student’s file folder. The Chair of the DNP Subcommittee emails a copy of the completed form to each student for his or her records.

A student receiving a grade of Unsatisfactory may repeat the Professional Doctoral Examination once. If the student fails to obtain a grade of Satisfactory from each of the three members, the student may not proceed to the Final Clinical Immersion or Final Document experiences and exits the DNP program.

The student has the right to appeal a grade of Unsatisfactory after the second attempt. The grievance processes and procedure to be followed are specified in the Graduate School Handbook in Appendix C--Graduate Student Grievance Review Guidelines (For grievances related to graduate examinations and graduate associate appointments).

The DNP Final Document Project

The Final Document Project

GRADUATE SCHOOL GUIDELINES

Section VII.17 of the Graduate School Handbook outlines that “Students in professional doctoral programs submit an original final document demonstrating original thinking and the ability to evaluate research in the field analytically. Students in professional doctoral programs are expected to follow the document formatting standards of their disciplines. Each committee member indicates approval of the student’s final document by signing the Final Document Approval form that must be submitted to the Graduate School. The final version of the student’s final document is retained permanently by the student’s program. Final documents must not contain material restricted from publication.”

Introduction

The Ohio State University College of Nursing is strongly committed to both the development of new knowledge through traditional research methods as well as to the application of knowledge to improve human health through translational science. The over-arching themes throughout the College’s efforts in research and scholarship include vulnerable populations, health disparities, and personalized health care.
The Purpose of the Final Document Project

The Department of Nursing of the Graduate School requires that each DNP student develop a Final Document Project representing an independent, creative project addressing a clinical issue in advanced nursing for individuals, groups, populations, or systems. The Final Document is an experience in clinical nursing scholarship that is completed under the direction of an advisor and two other Graduate Faculty members. It is an expectation that this project will be executed within the context of the student’s DNP Clinical Immersion experience.

DNP Options for the Final Document Project

In collaboration with one’s academic advisor, a student selects from one of the following options for the final project document.

**Practice**
- Design and evaluate a program
- Design and evaluate a new practice model
- Quality improvement project
- Research utilization project
- Collaborate with researchers to answer clinical questions, assuming a substantive role in a larger project
- Translate research into practice
- Implement and evaluate evidence based practice guidelines
- Provide leadership of inter-professional or intra-professional collaborative projects to evaluate models of care, care during transitions among health care professionals, quality improvement initiatives, etc.

**Health Policy**
- Analyze policy: develop, implement, evaluate, or revise policy
- Collaborate on legislative change using evidence.

**Health Systems**
- Provide leadership of interprofessional or intra-professional collaborative projects to implement systems’ level policy.
- Design and use databases to retrieve information for decision making, planning, evaluation
- Implement and evaluate innovative uses of technology to enhance/evaluate care
- Conduct financial analyses to compare care models and potential cost savings
- Develop, implement, or evaluate health programs tailored to underserved communities or address disparities in care, e.g. health promotion and disease prevention programs for vulnerable patients, groups, or communities in collaboration with lay and/ or professional coalitions.
Identifying a Topic for the Final Document Project

It is helpful to discuss ideas with the academic advisor. The advisor may suggest other faculty members with expertise relevant to the student’s area of interest. Assignments in each quarter’s classes offer the opportunity to develop a portion of the final document proposal if the topic is identified early.

The earlier the student identifies the project topic, the easier it is to complete the project and graduate on time within the schedule the student has developed with the academic advisor. This is particularly critical for students selecting the full time study option, who will need a project proposal by the end of the first year of study. Students must have committee approval during the summer quarter during which the Professional Doctoral Examination is taken if the student aims to graduate in the spring quarter of the academic year ahead.

Final Document Committee

GRADUATE SCHOOL GUIDELINES

Section VII.17 of the Graduate School Handbook outlines that “The Final Document Committee is composed of the advisor, who must be a Category P Graduate Faculty member of the student’s home program, and at least two other authorized Graduate Faculty Members. Graduate Faculty Representatives do not serve on the Final Document Committee.”

In the DNP Program, the advisor can be either a Category M or P Graduate Faculty member. This was approved by the Dean of the Graduate School. The DNP student’s academic advisor, whether M or P status, serves as the chair of the student’s Final Document Project Committee. In consultation with the advisor, the student also selects and requests the participation of two additional Graduate Faculty Members with M or P status, at least one of whom must be from the Department of Nursing, and each holding an appointment of at least 0.50 FTE.

Overview Final Document Proposal Processes

The Final Document Project proposal develops over time under the primary supervision of the student’s academic advisor, who serves as the Chair of the student’s Professional Doctoral Examination Committee and the Final Document Project Committee. The following is a recommended process to follow in developing the Final Document Project.

a) Identify a general area of interest and share it with your faculty advisor.
b) Obtain agreement from the advisor that the topic is within the advisor’s area of expertise and is willing to work with you in this area of scholarship.
c) Identify the type of project you wish to do from the list of options and a research question in collaboration with your advisor.
d) Write a draft of your proposal.
e) Submit the draft to your advisor and revise as directed.
f) In consultation with your advisor, identify two other Graduate Faculty members with appropriate expertise relative to the proposed project, and ask them to be on your committee.
g) When the proposal is in satisfactory form, share the proposal with the two additional Committee members for their review and critique.
h) After successful completion of the Professional Doctoral Examination for DNP candidacy, meet with the committee for approval of the final document project proposal.

i) Submit revisions to the Chair until the chair judges that the proposal satisfactorily reflects the input from the entire Committee membership.

j) Submit the completed IRB forms for project approval with the academic advisor listed as the principal investigator and the student as the co-investigator. This is a policy of The Ohio State University Center for Responsible Research Practices. Depending upon where the study is to be conducted, it may be necessary to have the proposal reviewed by another institutional IRB committee.

k) IRB approval must be obtained prior to beginning the Final Document project.

l) Students must adhere to the Graduate Student Code of Research and Scholarly Conduct found in Appendix A of this document.

m) Complete the project, usually within the DNP clinical immersion.

Writing the Final Document Project Proposal

The length of proposal should be approximately 20 pages excluding references, diagrams, figures, and tables. Students may find that they need to rework their proposal several times to achieve clarity, brevity, and completeness. Proposals must be succinct, direct, and free of jargon. All proposals are written in the future tense. Thus, statements should be stated as, “This proposed study will collect data using…” or “Results of this study will be used to …. Also, the proposal should be written in third person, a writing style that does not include a personal identification (“I”, “we”) or a given name (“Jane Doe”) should be used.

Chapter One: Introduction
   1. Problem
   2. Purpose
   3. Significance of study to nursing and health care
   4. Project Objectives

Chapter Two: Review of Literature
   1. Theoretical Framework
   2. Related Research

Chapter Three: Methods
   1. Research Design
   2. Sample
   3. Methods
   4. Instruments
   5. Data Analysis Plan
Practical Advice in Maintaining Momentum towards Completion of The Final Document Project and Graduation

The time frame for completion of the project is THE STUDENT’s responsibility.

The student is responsible for identifying a project focus and faculty members to work with, persisting in working on the project through to completion, and staying in touch with the Chair through live meetings or electronic communication regularly along the way. Develop a time frame for development of the project proposal and approval, obtaining IRB review, conducting the project, writing the final project, having the final document approved, and graduation date.

When developing the project’s time frame, be sure to leave enough time at the end for writing and revising the paper. Unlike a course paper, the Final Document will need to be revised until it is acceptable to all members of the Final Document Project Committee. This takes time, because the committee members need a reasonable amount of time to critique the document and provide feedback. Revisions need to be addressed by the student in conjunction with the student’s Chair.

Keeping in Touch with Committee Members

Each student works primarily with the Final Document Project Chair. Usually, the student and Chair set up regular meetings so that the student maintains progress towards timely completion of the project. Initial drafts should be given to the Final Document Project Chair for feedback and to make necessary revisions; however, you may also seek input from the other committee members. When the Chair approves the project proposal draft, the student provides the other committee members with the draft and arranges a meeting to review the entire project proposal with the full committee.

Writing the Final Project Document

The proposal forms the basis for writing the Final Project Document report. The student should review what he or she already has written, incorporate recommendations from the chair and committee members, update and edit the original three sections of work in the proposal. Ideally this occurs in fall quarter following the Professional Doctoral Examination while the student also collects data for the project. During winter quarter, the student completes data collection, analyzes the data, and drafts the final report sections describing what was done, the findings, and the conclusions. The tense found in the proposal changes from future (what is the plan) to past (what was done). Any deviation from the proposal is noted and explained. The Final Document should be concise and no more than 30 pages of double-spaced text excluding references, tables, and figures.

The elements of the completed Final Document are listed below.

Chapter One: Nature of the Project
1. Introduction to the project
2. Purpose
3. Significance of study to nursing and health care
4. Project Objectives
Chapter Two: Review of Literature
   1. Theoretical Framework
   2. Related Research

Chapter Three: Methods
   1. Research Design
   2. Sample
   3. Methods
   4. Instruments
   5. Data Analysis

Chapter Four: Findings
   1. Results
   2. Discussion
   3. Conclusions

Chapter Five:
   1. Summary
   2. Limitations
   3. Implications for practice

References
Appendices

Overview of the Final Document Completion Processes

a) Write a complete draft of your Final Document Project Report, submitting completed sections for review by your advisor according to the agreed upon schedule.
b) Submit the revised Final Document Project Report to members of the Final Document Project Committee for their review and feedback when the Chair indicates the Final Document Project Report is ready for full committee review.
c) Set a date for the approval of the Final Document Project Report by your Final Document Project Committee
d) Make any requested revisions of the Final Document Project Report and submit them to the Chair and other committee members as requested.
e) Successfully complete the DNP exit requirement.
f) Submit completed electronic copies of the Final Document Project Report to the Chair and to each of the Final Document Committee members.
g) Submit the Final Document to the Ohio State Library Knowledge Bank.
External Reviewers

GRADUATE SCHOOL GUIDELINES

Section VII.17 of the Graduate School Handbook outlines that “External reviewers may assist in the evaluation of professional doctorate candidates by reviewing the final document or by participating in the exit requirement.”

Exit Requirement Processes

GRADUATE SCHOOL GUIDELINES

Section VII.17 of the Graduate School Handbook outlines that “Students are required to complete an exit requirement designed by the professional doctoral program to demonstrate candidates’ preparation for advanced practice in the profession. The exit requirement is structured around the final document.”

The quarter before the student expects to graduate, the candidate should contact the Student Record Manager and provide the staff member with a completed Application to Graduate – Professional Doctorate form. Although the Application to Graduate form must be submitted to the Graduate School no later than the second Friday of the quarter in which graduation is expected, DNP students are strongly recommended to do so the quarter prior to graduation. The Application to Graduate – Professional Doctorate form is available on the Graduate School website at http://www.gradsch.ohio-state.edu/Category.aspx?Category=7&itemid=11). The Student Records Manager provides the candidate with graduation materials and discusses deadline logistics.

The DNP Exit Requirement is a two-step process consisting of a public presentation and an oral defense of the Final Document Project before the full Final Document Project Committee. Upon the student’s successful completion of both steps of the DNP Exit Requirement, the Chair of the student’s Final Document Committee obtains all necessary signatures on the Final Approval – Professional Doctorate form. When properly signed, the Chair provides the original form and three copies to the student. The student brings the original form to the Graduate School. One copy of the form is sent to the Graduate Studies Committee Chair, one copy is retained by the student, and the fourth copy is given to the Student Data Manager for placement in the student’s file.

The deadline for submission of the Final Approval Professional Doctorate form is established by the Graduate School. This information is available on the Graduate School website. Refer to the Checklist for DNP Program Requirements in the DNP College of Nursing Student Handbook.

Grading

Performance on the final document project by the Final Document Project Committee will be evaluated as either satisfactory or unsatisfactory.

- Satisfactory implies that the doctoral candidate has met or exceeded requirements for the final document project, its presentation and oral defense.
- Unsatisfactory implies that the doctoral candidate has not met requirements for the final document project, its presentation and oral defense.
Criteria for Satisfactory Oral Defense

1. The student’s ability to adequately explain and interpret what he or she did for the final document project
2. To present a satisfactory rationale for the choices that he or she made (e.g., regarding selection of particular theoretical frameworks or methodologies or statistics
3. To demonstrate familiarity with the relevant literature
4. To discuss the implications of the final document project results for enhancing patient outcomes
5. To articulate next steps in the student’s program of scholarship

Appeal

GRADUATE SCHOOL GUIDELINES

Section VII.17 of the Graduate School Handbook outlines that “On written appeal by the student, the Graduate School Grievance Committee will review the professional doctoral examination or exit requirement to ensure its conformity to Graduate School rules and to determine if it was conducted fairly and without prejudice to the student. The Graduate Council has established review procedures (Appendix C).”

The College of Nursing recognizes the student’s right to appeal a decision of unsatisfactory performance on the Final Document and supports the student’s use of the appeal processes laid out by the university.

Time to Degree

GRADUATE SCHOOL GUIDELINES

Section VII.17 of the Graduate School Handbook outlines that “Professional doctoral degree requirements must be completed within five years after a student passes the professional doctoral examination.”

DNP students are expected to complete their projects in three to four quarters of candidacy.
Checklist for DNP Program Requirements

Attainment of a DNP requires successful completion of the following. This Handbook provides additional information regarding each requirement. Other sources of information include the Graduate School Handbook and College of Nursing faculty, specifically major advisors.

Graduation Requirements

The requirements for awarding the DNP include:

1. Completion of an approved program of study with a minimum cumulative point-hour ratio of 3.0 on a 4.0 scale.

2. Successful completion of the Professional Doctoral Examination.

3. Completion and successful oral defense of the Final Document Project.

4. Completion of the minimum Graduate School requirements for the DNP degree.

5. Registration for at least three graduate credit hours during the quarters when the Professional Doctoral Exam and Final Oral Examinations are taken and during the quarter in which graduation is expected.

6. Completion of a minimum of 120 graduate credit hours, at least 75 of which must be completed beyond the master’s degree.

7. Completion of the following residence requirements after the master’s degree has been earned or after the first 45 hours of graduate credit have been completed
   a. a minimum of 45 graduate credit hours at this University
   b. a minimum of three out of four consecutive quarters with an enrollment of at least 9 graduate credit hours per quarter at this University
   c. a minimum of six graduate credit hours over a period of at least two quarters must be completed after admission to candidacy

8. Completion of DNP degree requirements within five years after successfully completing the Professional Doctoral Exam

9. Student delivers original Final Approval Form to Graduate School, one copy to the Final Document Project Committee Chair, one copy to the Graduate Data Manager, and retains one for his or her records

10. Submission of electronic copies of the Final Document Project to the advisor, committee members and Graduate Data Manager.
End of Quarter

A student who does not meet published graduation deadlines but who does complete all degree requirements by the last business day prior to the first day of classes for the following quarter may graduate the following quarter without registering or paying fees.

Application for Graduation

The quarter before the doctoral candidate expects to graduate, the candidate should contact the Graduate Records Office in Room 252 Newton Hall. The records associate will give the candidate graduation materials and discuss deadline logistics. The Application to Graduate – Professional Doctorate form must be submitted to the Graduate School no later than the second Friday of the quarter in which graduation is expected.

Convocation

The College of Nursing has their Convocation Ceremony. Convocation is a very special ceremony for all nursing graduates, their friends and families. You as the graduate are being celebrated by the faculty and staff of the College of Nursing! Undergraduates receive their nursing pins, master’s graduates receive their specialty certificates and doctoral graduates receive special recognition on stage with their advisor. This is also the time that awards and honors from the college are presented to the recipients. All graduates are expected to wear their caps and gowns. The ceremony will be held at The Franklin County Veteran’s Memorial Saturday morning. Detailed information will be distributed through OSU e-mail during the early part of winter quarter.

All information regarding the convocation ceremony can be addressed to:

Lynn Ellingsworth
Program Manager, Special Events and Alumni Affairs
145 Newton Hall
614-292-4843
ellingsworth.1@osu.edu

Sunday

The Ohio State University has their Commencement Ceremony. This ceremony is for the entire university and it is when all graduates receive their diplomas. All graduates are expected to wear their caps and gowns. The ceremony is held in The Ohio Stadium. More detailed commencement information can be found midway through spring quarter at: http://commencement.osu.edu

Graduate students- You will receive further instructions and your number in the commencement line from the graduate school.
Additional questions regarding the commencement ceremony can be addressed to:
Graduation Services
Graduate School
250 University Hall
230 N Oval Mall
614-292-6031
Academic Policies for Graduate Students

Academic Standards

GRADUATE SCHOOL GUIDELINES

Section V. of the Graduate School Handbook outlines that “To be in good standing in the Graduate School, a student must maintain a cumulative point-hour ratio (CPHR) of 3.0 or better in all graduate credit courses and must maintain reasonable progress toward graduate program requirements. The Graduate School rules concerning probation and dismissal apply to students:

a) Whose CPHR drops below a 3.0 or
b) Are determined to not be making reasonable progress toward graduate program requirements.”

Reasonable progress is defined below.

In addition, the College of Nursing stipulates that:

c) A grade of C+ or below in a required course in the nursing graduate program will not contribute to credit for graduation.

Any student receiving a C+ or below, or a U, shall be reviewed for progression by the Graduate Studies Committee. A student who earns a grade of C+ or below in a required course in the nursing major, or a U in any course, will be issued a lack of progression warning, stipulating that:

i. The student is required to repeat the course, earning a grade of B- or better, or an S in the case of a U grade.

ii. Earning a second grade of C+ or below in a required course in the nursing major and/or a U in any course, may result in dismissal from the program.

iii. All course prerequisites must be met in order to progress in the program. The student may not take a subsequent course if they received a C+ or below, or a U, in a course for which that course is listed as a prerequisite.

d) The student who earns a U in an independent study course must repeat that course with the faculty member who assigned the U grade.

e) No more than 5 credits of C+ or below in cognate courses will contribute to graduation.

f) Beginning Winter quarter 2011, graduate students who have two or more withdrawals from required courses will be reviewed by the Graduate Studies Committee and may be disenrolled from the Nursing program.

Progression in the Program

A student is making reasonable progress in the program if he or she receives a B- or better in all required courses and the student’s overall GPA is 3.0 or above. All course prerequisites must be met in order to progress in the program (e.g., Clinical courses must be taken in consecutive order; the
previous clinical course is a prerequisite for the next consecutive clinical course). Many of the required courses in the College of Nursing are only offered once per year. If it becomes necessary for a student to repeat a course, this may require waiting a full year before the course can be repeated.

A student in the doctoral program is expected to complete a minimum of one course each of the four quarters. Students who require an exception to these expectations may request a leave of absence by petition submitted to the chair of Graduate Studies.

Grade Changes

A change of grade is made only when an error has been discovered in the evaluation or recording of a grade. In no case will a grade be revised in accordance with criteria other than those applied to all students in the class (e.g., extra credits cannot be granted to one student but not offered to all in the class). Action to change a grade must be initiated before the end of the second succeeding quarter. For more information, see rule 3335-8-23 [http://trustees.osu.edu/rules8/ru8-22-231.html].

Grade Grievance Procedures

If a student believes that a procedural error in grading was made, the student should meet with the instructor. If the instructor does not agree that a procedural error was made, the student may request a review by the Associate Dean of Academic Affairs. The Associate Dean of Academic Affairs shall respond to the student no later than thirty days after the student has requested a review. Upon receipt of the Associate Dean of Academic Affair’s response, if the issue is not resolved to the satisfaction of the student, the student may within two weeks request in writing, by duplicate submission to the Dean and the Associate Dean of Academic Affairs, review by a college faculty committee appointed by the Associate Dean of Academic Affairs. The Hearing Committee will report and make recommendations to the Associate Dean of Academic Affairs. The Associate Dean of Academic Affairs will send a written letter to the student notifying him/her of the Hearing Committee’s decision. For more information see rule 3335-8-23 [http://trustees.osu.edu/rules8/ru8-22-231.html].

Other Grievances

Other student grievances (see grade grievance procedure above) should be discussed with the student’s instructor, advisor, the graduate student representative to the Graduate Studies Committee, or the Graduate Studies Committee Chair. The student’s concern may be forwarded to the Graduate Studies Committee. If the problem remains unresolved, the student may discuss the problem with the Assistant Dean for Prelicensure Studies or the Associate Dean of Academic Affairs. In instances when local processes do not lead to the resolution of a grievance, the Graduate School is available to offer advice, and in certain situations, to provide a formal hearing and adjudication. The Graduate School is specifically authorized by the rules of the Graduate Faculty to review grievances related to graduate examinations and Graduate Associate appointments. Graduate Student Grievance Review Guidelines are provided in Appendix C in the University’s Graduate School Handbook. In accordance with University policy, complaints of harassment and allegations of scholarly misconduct are directed to the appropriate offices authorized to address them.
Code of Student Conduct and Academic Integrity

While enrolled at The Ohio State University, graduate students are expected to abide by the Code of Student Conduct (see http://studentaffairs.osu.edu/resource_csc.asp). This Code prohibits certain types of student behavior such as inflicting emotional or bodily harm, dishonest conduct, failure to comply with University officials, and academic misconduct. Cases of alleged academic misconduct are adjudicated through a formal hearing process by the Committee on Academic Misconduct (COAM), a standing committee of the University Senate.

Academic integrity is essential to maintaining an environment that fosters excellence in teaching, research, and other educational and scholarly activities. Thus, The Ohio State University and the Committee on Academic Misconduct (COAM) expect that all students have read and understand the University’s Code of Student Conduct, and that all students will complete all academic and scholarly assignments with fairness and honesty. Students must recognize that failure to follow the rules and guidelines established in the University’s Code of Student Conduct may constitute “Academic Misconduct.” The Ohio State University’s Code of Student Conduct (Section 3335-23-01) defines academic misconduct as: “Any activity that tends to compromise the academic integrity of the University, or subvert the educational process.” Ignorance of the University’s Code of Student Conduct is never considered an “excuse” for academic misconduct. While many people associate academic misconduct with "cheating," academic misconduct actually includes a wider scope of student behaviors. Examples of academic misconduct include (but are not limited to):

- Violation of course rules;
- Violation of program regulations;
- Knowingly providing or receiving information during a course exam or program assignment;
- Possession and/or use of unauthorized materials during a course exam or program assignment;
- Knowingly providing or using assistance in the laboratory, on field work, or on a course assignment, unless such assistance has been authorized specifically by the course instructor or, where appropriate, a project/research supervisor;
- Submission of work not performed in a course: This includes (but is not limited to) instances where a student fabricates and/or falsifies data or information for a laboratory experiment (i.e., a "dry lab") or other academic assignment. It also includes instances where a student submits data or information (such as a lab report or term paper) from one course to satisfy the requirements of another course, unless submission of such work is permitted by the instructor of the course or supervisor of the research for which the work is being submitted;
- Submitting plagiarized work for a course/program assignment;
- Falsification, fabrication, or dishonesty in conducting or reporting laboratory (research) results;
- Serving as or asking another student to serve as a substitute (a 'ringer') while taking an exam;
- Alteration of grades in an effort to change earned credit or a grade;
- Alteration and/or unauthorized use of University forms or records.

If a faculty member suspects that a student has committed academic misconduct, s/he is obligated by University Rules to report his/her suspicions to the Committee on Academic Misconduct. If COAM determines a student has violated the University’s Code of Student Conduct (i.e., committed academic misconduct), sanctions for the misconduct could include a failing grade and suspension or dismissal from the University.
If you have any questions about the above policy or what constitutes academic misconduct in a course, please contact the Chair of the Graduate Studies Committee. Other sources of information on academic misconduct (integrity) to which you can refer include:

- The Committee on Academic Misconduct web pages (oaa.osu.edu/coam/home.html)
- Ten Suggestions for Preserving Academic Integrity (oaa.osu.edu/coam/ten-suggestions.html)
- Eight Cardinal Rules of Academic Integrity (www.northwestern.edu/uacc/8cards.html)

Cell Phone and E-transmission Policy

The use of cell phones is prohibited during class/seminar/clinical with the exception of break times. Students who need to have a cell phone on for emergency purposes should discuss the issue with the designated faculty course head. Students found in violation of this policy should be aware that faculty have the option of lowering the course grade and/or reporting the violation to the academic and/or professional misconduct committee chair. Taking pictures of the College of Nursing/College of Nursing property, clinical sites, and patients using ANY device is prohibited without the written consent of the institution and all parties involved.

Please be aware that electronic transmission of data related to patient specific identifiers and student to student health information obtained in physical assessment labs with student identifiers is a violation of HIPAA.

Reactivation

GRADUATE SCHOOL GUIDELINES

Section VII.2 of the Graduate School Handbook outlines that “Enrollment eligibility for a pre-candidacy doctoral student who has not registered in the Graduate School within the preceding two full calendar years will be automatically deactivated. Eligibility for doctoral students who have passed the candidacy examination is automatically deactivated at the end of the five-year candidacy period if they have not graduated by then. To reenroll, the student must petition the Graduate Studies Committee for reactivation. If the petition is approved, the Graduate Studies Committee notifies the Graduate School, which then reactivates the enrollment eligibility.”

Petition Policies

Students may petition the Graduate Studies Committee for an exception to standard curriculum requirements and policies with the signature of his/her advisor. All student petitions must be accompanied by a supporting letter from the academic advisor and submitted by the student at least two full weeks prior to the Graduate Studies Committee meeting. Within one week following the GSC meeting, the student will be informed of the decision by the Graduate Program Manager or GSC Chair and is encouraged to speak to their advisor regarding curriculum plan changes and/or other considerations that may arise following the GSC decision.
If there is not satisfaction with the outcome of the Committee’s decision regarding the petition, the student should discuss the matter with his/her faculty advisor or the Graduate Studies Committee Chair. If the student is able to provide additional information that may have bearing on the committee’s decision, the student may appeal the original decision and resubmit the petition with the inclusion of the additional information. Following a second review, the Graduate Studies Committee will render a decision that is final.

The Graduate Studies Committee has developed procedures for the following requests:
- Request for transfer of credit
- Request for course waiver
- Request for leave of absence

Petition Submission Guidelines

- **Petition forms** (including specific directions) are available in the Student Affairs area of the StudentWeb sharepoint at [http://studentweb.con.ohio-state.edu/sites/sa/default.aspx](http://studentweb.con.ohio-state.edu/sites/sa/default.aspx)

- **Petition submission.** All student petitions must be submitted by the student at least 2 full weeks prior to the Graduate Studies Committee (GSC) meeting. The list of dates for the GSC meetings are also available at the website listed above. Any petitions submitted after this submission deadline will be placed on the agenda of the following GSC meeting.

- **Student notification.** Within one week following the GSC meeting, the student will be informed of the decision by the Graduate Program Manager or GSC Chair and is encouraged to speak to their advisor regarding curriculum plan changes and/or other considerations that may arise following the GSC decision.

- **Faculty notification.** A hard copy of the petition decision will be sent by the *Graduate Records Office* to the student’s advisor (or Specialty Program Director if a new advisor must be assigned) as a prompt to update curriculum plans and/or perform any other advising related functions.

- **Record keeping.** A hard copy of the petition and all supporting documentation will be placed in the student’s file.

- **Appeal.** Students are permitted one appeal. Decisions rendered by the Graduate Studies Committee following a second review are final.

Copies of each of the petition forms follow. If you wish to make such a request, please follow the directions on the appropriate form.
The Ohio State University
College of Nursing Graduate Program

Request to Waive a Course in the Graduate Program

**Please note:** The Graduate Studies Committee will not accept undergraduate coursework in place of required graduate courses.

To request a course waiver, please provide the following:

1. This form (including student’s name, course # to be waived, and advisor’s name/signature).

2. A cover letter detailing relevant information when applicable:
   a. Course(s) title and number which you are requesting to have waived
   b. Course(s) title, description and number related to the requested “waived” course
   c. Institution from which the course(s) was taken.
   d. Earned grade(s)
   e. Other pertinent prior experiences related to the course content
   f. Explanation of how your prior experiences/coursework meet each of the objectives of the current course in CON program
   g. Credit Hours (please indicate if the hours are quarter or semester)

3. Course syllabus

Three copies of ALL materials **should be submitted to Graduate Records in Room 252 Newton Hall**

**Course Number __________**  **Advisor Name ____________________**

**Advisor Signature**

*A curriculum plan must be on file for the student.

Advisor recommendation:

☐ Petition recommended  ☐ Petition not recommended

**Student name ____________________________________________**
The Ohio State University College of Nursing Graduate Program

Request to Transfer a Course into the CON Graduate Program
(The Ohio State University Graduate School form entitled Request for Transfer of Graduate Credit should be included with this petition.)

Transfer Credit is governed by the rules of The Ohio State University Graduate School, found in the Graduate School Handbook, Sections II.3.2.3. Graduate credit earned at another university may be transferred to this university. The following conditions must be satisfied in order to transfer graduate credit:

1. The graduate credit was earned as a graduate student at an accredited university; and,
2. The student earned at least a grade of “B” or satisfactory in each course for which credit is to be transferred; and,
3. The Graduate Studies Committee approves the transfer.

Please note the following Graduate School requirement: Credits should be transferred at the time the student is admitted but no later than the end of the second quarter of enrollment in the Graduate School.

To have a transfer request reviewed for a decision by the Graduate Studies Committee, the following must be received:

A. This form including student’s name, advisor’s name and the course number to be waived
B. A cover letter detailing the following information:
   • Course title and number
   • Course description.
   • Institution from which the course was taken.
   • Earned grade

Also, is this course to count for a required course in your program? If so, what course? How does this course (the transferring course) meet the objectives of the current course in CON program?

C. Previously completed course syllabus

Three copies of ALL Materials should be submitted to Graduate Records in Room 252 Newton

OSU Course Number __________________Advisor______________________________________________

Advisor Signature ______________________________________________________________________

Student name ________________________________________________________________

Office Use Only

Approved Not Approved

X________________________ Graduate Studies Committee Chair __________________________

Date ________________

Grad School Approval Date __________________________

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The Ohio State University College of Nursing Graduate Program

Request for Leave of Absence (LOA) From the Program of Study

A student who needs a LOA must notify his or her advisor and the Graduate Studies Committee (Chair). The Ohio State University Graduate School student status is automatically deactivated if students have not registered for classes during the preceding two years. Also, taking an LOA may alter the availability of clinical placement sites.

To have Request for Leave of Absence reviewed, the Graduate Studies Committee Chair must be in receipt of this form (with student’s name, advisor, advisor’s signature and effective dates of LOA) and a letter detailing the following information:

- Earned grade(s) to-date, listed on an Advising Report
- How many more credit hours do you need to satisfy your degree requirements?
- Course title(s) and course number that must be revised in your program of study.
- How will your proposed program of study meet your degree objectives? And when do you propose to graduate?

ALL Materials should be submitted to Graduate Records in Room 252 Newton Hall at least one month prior to the desired decision.

Student Name_____________________________________________________

Advisor  _________________________________________________________
Advisor Signature ______________________________________________________

Last quarter of enrollment ______________________________
Returning quarter ______________________________________

Office Use Only

Date______________________________________________________________

Graduate Studies Chair ____________________________________________
Non-Academic Policies for Graduate Students

College of Nursing Non-Smoking and Tobacco Free Policy

To protect the health and safety of our faculty, staff, students, and guests, the College of Nursing joined The Ohio State University Medical Center and became smoking and tobacco free July 10, 2006. This means that smoking or use of other tobacco products will be prohibited inside the building, outside the building, or in the loading dock and parking areas. This policy is in line with the College of Nursing’s mission and values.

Where can I smoke?
You are permitted to smoke in any other area outside of the College or Medical Center grounds that is designated as a smoking area or permissible by law. The Medical Center, Health Sciences Colleges contiguous to the Medical Center including Fry, Newton, Parks and Postle halls, as well as all Biological Sciences buildings (Aronoff Lab, Biological Sciences Building, Biological Sciences Greenhouse, General Biology Annex, Jennings Hall, and Riffe Building) are now tobacco-free. The ban on all smoking and tobacco products will be observed in all indoor and outdoor areas and parking areas on the main medical center campus, University Hospital East, all other OSU Medical Center properties, and the buildings listed above. Signage will notify individuals where they can or cannot smoke or use tobacco products.

What is considered a tobacco product and therefore prohibited?
Tobacco products include, but are not limited to cigarettes, cigars, chewing tobacco and pipe smoking.

How will the new policy be enforced?
The College of Nursing will encourage faculty, staff, and students to take the lead in helping to make the College a healthy environment by being courteous and informing others of the tobacco-free policy. Corrective action will be taken with employees who do not follow this policy. Students who are not employees will be referred to the Office of Student Judicial Affairs.

Are there resources to help students with smoking cessation?
All students, faculty, and staff are encouraged to refrain from smoking and using tobacco products while attending classes, working or visiting the College of Nursing and the Medical Center. The OSU James Cancer Hospital provides smoking cessation opportunities through the Kick-It program. Go to www.jamesline.com or call 1-800-293-5066 for more information. The OSU College of Dentistry Tobacco Cessation Clinic is located at 305 West 12th Avenue. More information is available by calling 614-292-1140 or at http://dent.osu.edu/outreach/Tobacco_Cessation.htm. Students can contact the Ohio Tobacco Quit Line at 1-800-QUIT-NOW. Programs are also available online at www.quitnet.com. The Student Wellness Center has quit kits that can be picked up in B130 in the Recreation and Physical Activity Center (RPAC) with a valid BuckID. MyStudentBody.com also has a resource for successful smoking cessation. Go to www.mystudentbody.com and use the school code “Buckeyes” to enter the site.

The university’s revised non-smoking policy (Policy #7.20) can be viewed online at: http://hr.osu.edu/policy/policy720.pdf. Contact Human Resources: 293-4988 or 292-2800.
Food and Drink in the Technical Learning Complex and Computer Lab Policy

Eating and drinking in the rooms of the Technical Learning Complex (TLC), or clinical education lab, are prohibited.

The TLC is being updated at a cost of over $1.5 million to create a setting that simulates the clinical environment as closely as possible. Food and drink are not permitted on hospital units except in designated areas (break rooms or lounges). To have food or drink on the clinical unit otherwise is an OSHA violation resulting in fines and violates a Joint Commission requirement. Just as food and drink are strictly prohibited in science laboratories on campus and universally as a matter of Federal and state good laboratory practices and as an accreditation/certification requirement, it is appropriate that the College of Nursing adhere to the same standards for our clinical education lab.

Designated eating areas include the student lounge on the second floor and the newly redecorated lobby. Please use care when eating in the lobby to keep this area as nice as possible for others.

The following guidelines apply to eating and drinking in the computer lab (220 Newton Hall) and the computer classroom (260):

- Snacks are permitted.
- Beverages are permitted in covered, preferably spill-resistant, containers.
- Be considerate of others and avoid messy or smelly foods. Hot foods or fast foods are discouraged.
- “Group/party foods” are not appropriate (pizzas, cakes, etc.).
- Food deliveries will be turned away.
- Properly dispose of leftovers, empty containers and wrappers.
Professional Standards

The American Nurses Association (ANA) and the National Student Nurses Association provide guidance regarding what constitutes professional conduct in documents such as the ANA Code for Nurses, the ANA Standards of Clinical Nursing Practice, and the Student Nurse Association Code of Academic and Clinical Professional Conduct. Nursing students are responsible for conducting themselves in accordance with these professional standards. Professional conduct is manifest by behaviors that embody the values of Nursing including integrity, regard for self and others, respect, and responsibility. Professional misconduct includes activities that undermine the values of Nursing. Professional standards augment the behavioral expectations for all students at The Ohio State University as stated in the University Code of Student Conduct. The professional standards to which students are expected to adhere include the following adapted from the Student Nurse Association Code of Academic and Clinical Professional Conduct, the rules promulgated from the law regulating the practice of nursing (Ohio Board of Nursing), and The Ohio State University College of Nursing Professional Standards.

Students in the College of Nursing are expected to:

- Treat others with respect in all areas of the clinical and academic setting.
- Facilitate an environment in the classroom and clinical setting that promotes learning and allows faculty to educate nursing students.
- Comply with the directives of a college official.
- Comply with requirements in course syllabi and the College of Nursing policies as outlined in the current College of Nursing Handbook.
- Comply with the Code of Student Conduct.
- Arrive punctually and prepared for clinical and other academic experiences or inform appropriate individuals in a timely fashion if unable to attend.
- Refrain from performing any technique or procedure, including medication administration, for which they are unprepared by education or experience and/or without faculty or preceptor approval.
- Accurately identify and represent self as a nursing student in all professional and clinical settings.
- Communicate academic and clinical information in a truthful, timely and accurate manner.
- Abstain from the use of alcoholic beverages, illicit substances and/or any substance that may impair judgment while in the academic and clinical setting.
• Identify variables in own health state that would impair clinical performance and arrange for substitute clinical experiences as needed.

• Accept the moral, ethical and legal responsibility for own actions.

• Maintain patient/client confidentiality in all written, verbal and non-verbal communication.

• Serve all patient/clients impartially and accept no personal compensation from those entrusted to their care.

• Strive for excellence by maintaining and promoting integrity, truthfulness and honor in all aspects of academic and clinical responsibilities.

• Uphold school policies and regulations related to academic and clinical performance.

• Refrain from any deliberate action or omission of care in the clinical setting that creates risk of injury to the client, self, or others.

• Refrain from any deliberate action in the academic setting that creates risk of injury to self or others.

• Provide care for the client in a timely, compassionate, and professional manner.

• Promptly report known violations of any professional standard by other nursing students to a College of Nursing official.

Students in the College of Nursing are also expected to follow the Ohio Board of Nursing requirements (BON 4723-5-12 B 1-23) as outlined below.

(1) A student shall, in a complete, accurate, and timely manner, report and document nursing assessments or observations, the care provided by the students for the client, and the client’s response to that care.

(2) A student shall, in an accurate and timely manner, report to the appropriate practitioner errors in or deviations from the current valid order.

(3) A student shall not falsify any client record or any other document prepared or utilized in the course of, or in conjunction with, nursing practice. This includes, but is not limited to case management documents or reports or time records, reports, and other documents related to billing for nursing services.

(4) A student shall implement measures to promote a safe environment for each client.

(5) A student shall delineate, establish, and maintain professional boundaries with each client.

(6) At all times when a student is providing direct nursing care to a client the student shall:  
   (a) Provide privacy during examination or treatment and in the care of personal or bodily needs; and  
   (b) Treat each client with courtesy, respect, and with full recognition of dignity and individuality.

(7) A student shall practice within the appropriate scope of practice as set forth in division (B)
(8) A student shall use universal blood and body fluid precautions established by Chapter 4723-20 of the Administrative Code;

(9) A student shall not:
   (a) Engage in behavior that causes or may cause physical, verbal, mental, or emotional abuse to the client;
   (b) Engage in behavior toward a client that may reasonably be interpreted as physical, verbal, mental, or emotional abuse.

(10) A student shall not misappropriate a client’s property or:
   (a) Engage in behavior to seek or obtain personal gain at the client’s expense;
   (b) Engage in behavior that may reasonably be interpreted as behavior to seek or obtain personal gain at the client’s expense;
   (c) Engage in behavior that constitutes inappropriate involvement in the client’s personal relationships;
   (d) Engage in behavior that may reasonably be interpreted as inappropriate involvement in the client’s personal relationships.

For the purpose of this paragraph, the client is always presumed incapable of giving free, full, or informed consent to the behaviors by the student set forth in this paragraph.

(11) A student shall not:
   (a) Engage in sexual conduct with a client;
   (b) Engage in conduct in the course of practice that may reasonably be interpreted as sexual;
   (c) Engage in any verbal behavior that is seductive or sexually demeaning to a client;
   (d) Engage in verbal behavior that may reasonably be interpreted as seductive, or sexually demeaning to a client.

For the purpose of this paragraph, the client is always presumed incapable of giving free, full, or informed consent to sexual activity with the student.

(12) A student shall not, regardless of whether the contact or verbal behavior is consensual, engage with a patient other than the spouse of the student in any of the following:
   (a) Sexual contact, as defined in section 2907.01 of the Revised Code;
   (b) Verbal behavior that is sexually demeaning to the patient or may be reasonably interpreted by the patient as sexually demeaning.

(13) A student shall not self-administer or otherwise take into the body any dangerous drug, as defined in section 4729.01 of the Revised Code, in any way not in accordance with a legal, valid prescription issued for the student.

(14) A student shall not habitually indulge in the use of controlled substances, other habit forming drugs, or alcohol or other chemical substances to an extent that impairs ability to practice.

(15) A student shall not have impairment of the ability to practice according to acceptable and prevailing standards of safe nursing care because of habitual or excessive use of drugs, alcohol, or other chemical substances that impair the ability to practice.

(16) A student shall not have impairment of the ability to practice according to acceptable and prevailing standards of safe nursing care because of a physical or mental disability;

(17) A student shall not assault or cause harm to a patient or deprive a patient of the means to summon assistance.
(18) A student shall not obtain or attempt to obtain money or anything of value by intentional misrepresentation or material deception in the course of practice;

(19) A student shall not have been adjudicated by a probate court of being mentally ill or mentally incompetent, unless restored to competency by the court.

(20) A student shall not aid and abet a person in that person’s practice of nursing without a license, practice as a dialysis technician without a certificate issued by the board, or administration of medications as a medication aide without a certificate issued by the board.

(21) A student shall not prescribe any drug or device to perform or induce an abortion, or otherwise perform or induce an abortion;

(22) A student shall not assist suicide as defined in section 3795.01 of the Revised Code.

(23) A student shall not submit or cause to be submitted any false, misleading or deceptive statements, information, or document to the nursing program, its faculty or preceptors, or to the board.

A completed list of all Ohio Board of Nursing laws and rules can be accessed at: http://www.nursing.ohio.gov/Law_and_Rule.htm. Please refer to this website for updated information.

Professional Misconduct
The College of Nursing Professional Misconduct Committee (PMC) conducts hearings in accordance with the procedures outlined in the Undergraduate or Graduate College of Nursing Handbook for suspected incidences of professional misconduct by nurses enrolled in the College of Nursing. The committee is comprised of the chair, representatives from Undergraduate and Graduate Studies committees, and clinical instructors. Nurses who are suspected and accused of committing professional misconduct are subject to a hearing in the College of Nursing according to the following procedure.

PROCEDURE FOR ALLEGED MISCONDUCT

All College of Nursing personnel are obligated to report suspected incidences of professional misconduct to the chair of the Professional Misconduct Committee (PMC). The following will apply for cases of alleged violation of the professional standards of the College of Nursing.

Following is a description of the process for reporting an alleged professional misconduct.

- Any person (including students) may report an incident of professional misconduct to any faculty member.

- If the allegation is made by a student, the initial report, along with a witness statement from the student making the allegation, is submitted by the faculty member receiving the report to a college official who forwards a written description of the alleged incident to the chair of the PMC promptly. College official is defined as faculty, staff, clinical instructor, teaching associate, or college administrator.

- If a college official observes an alleged professional misconduct, the college official forwards a written description of the alleged incident to the chair of PMC promptly after the allegation comes to his/her attention.
• Upon receipt of the written report of an alleged incident, the PMC chair will notify the student in writing about receipt of the written allegation.

• Within 30 days of receiving notification of the alleged incident, the PMC chair or her/his designee will investigate the alleged incident to determine if the incident meets the criteria for professional misconduct. The PMC chair may consult with others to determine if there are other sites of adjudication in addition to the College of Nursing. If the adjudication body is not the PMC, then the university procedures outlined in the Student Code will be followed. However, behavior may constitute both professional and academic misconduct and thus, could be adjudicated in more than one place.

• If the PMC chair determines that the severity of the alleged incident does not merit a hearing for professional misconduct but does represent behavior that is not in accordance with College of Nursing policies or professional standards, the PMC chair will meet with the student to issue an informal admonition. An informal admonition is not considered a disciplinary sanction, but may be considered in any future hearings. Following the issuance of an informal admonition, the student can request a hearing of the incident. A written request for a hearing must be filed with the PMC chair within 5 working days of the student’s receipt of the informal admonition.

• If the PMC chair determines that there is probable cause to believe professional misconduct has occurred he/she submits a report of the incident to the appropriate associate dean for informational purposes and initiates the hearing procedure. The PMC chair will also give the accused student prompt written notice of the allegation.

Hearing Procedure

After the PMC chair has notified the student(s) involved of the specific charges of alleged professional misconduct, the chair will:

• Inform the student(s) of the procedures for the hearing process.

• Make all materials received pertaining to the incident available to the student(s).

• Notify the student(s) of the hearing date at least seven (7) days in advance of the hearing. The student may request a continuance for just cause.

• Appoint a hearing panel from among the members of the standing Professional Misconduct Committee within 14 days of notifying the student of the disposition of the allegation. The panel will consist of one representative from both Undergraduate and Graduate Studies committees or an appropriate alternate, two students at the level of the student who is charged with misconduct, and one clinical instructor or clinical faculty, all of whom can hear the case without prejudice. The PMC chair serves as chair of this panel. The PMC chair serves as an ex-officio member without vote. If the PMC chair cannot hear the case without prejudice, then the PMC chair will appoint an alternate panel chair.

• Instruct the hearing panel that all hearing proceedings are confidential.
- Make a tape recording of the hearing.

The student against whom the alleged incident is charged is initially presumed to be “not in violation” of the professional standards of the College of Nursing. Those present at the hearing include individuals directly involved in the alleged incident and witnesses requested by the PMC chair or the accused student. The accused student may have a person present to provide advice and/or support. The advisor may only counsel the student and may not actively participate in the hearing. If a student reported the incident to a college official, the official making the report will be present in the hearing.

During the hearing, both student(s) and college official (person forwarding the allegation) will be given the opportunity to describe the alleged incident without interruption. Following their presentations, panel members will ask questions of all parties until they are satisfied that their understanding of the incident is clear. After the information has been gathered and clarified, the college official and the student(s) leave the hearing room so the panel can go into closed (untaped) session to discuss the evidence and render a decision. An outcome of “in violation” is based on the greater weight of the evidence. An outcome of “in violation” is reported to the Office of Judicial Affairs.

- The proceedings are kept confidential and not shared with anyone outside of the committee except the dean when the student is found in violation.

Sanctions

If found in violation, the letter from the Office of Judicial Affairs is opened to determine if there have been previous violations. The committee then determines the sanction based on current and previous findings. The range of sanctions imposed by the College of Nursing hearing panel is the same as used by other university adjudicatory bodies. Sanctions are listed below. Educational sanctions can accompany any of the listed sanctions. These sanctions follow Faculty Rule 3335-29.

- Formal Reprimand
- Disciplinary probation
- Disenrollment from the College of Nursing for a specified term
- Other sanctions

Appeal

The student has the right to appeal the decision made by the hearing panel. Appeals must be filed with the appeals officer (college dean) within 14 days of the date on the sanction letter. Appeals are based on any of the following:

- Procedural error
- Finding of “in violation” not supported by the greater weight of the evidence
- Substantial new evidence not available at the time of the hearing
- Sanction grossly disproportionate to the violation
The dean will review all pertinent materials. After reviewing the materials, the dean may uphold the original sanction, dismiss the original sanction, impose a lesser sanction, or order a new hearing. The dean’s disposition is final.

**Notification**

The student(s) and the college official(s) reporting the incident are notified in writing of the panel’s decision within seven days following the hearing.

If the student is found in violation, the PMC chair notifies the dean of the hearing and the panel’s decision.

**Records**

All records pertaining to the incident are given to the College of Nursing secretary at the end of the hearing. These records are confidential and retained for five years in a file separate from the student’s record.

**Evaluation**

The PMC chair will prepare an annual report of hearing actions that is submitted to the dean.
Technical Standards for Nursing Students

The College of Nursing is committed to equal access for all qualified program applicants and thus has identified technical standards essential to the delivery of safe, effective nursing care while enrolled as a student in the program. These standards determine the students’ ability to acquire knowledge and develop the clinical skills required by the curriculum. The student must meet these standards throughout their course of study in nursing for successful program completion.

Intent: All students applying for admission to the College of Nursing need to be aware of the technical standards required of all students in the program. Enrollment into the College of Nursing is contingent upon signed submission of this form acknowledging that the applicant has read the form and is able (with or without accommodation) to meet the standards as described below. This form must accompany the student application to the program.

General Abilities: Must be able to utilize the data typically received by the senses so it can be integrated into care in an accurate manner. Examples include: interpreting patient’s verbal and non-verbal expression of pain; identifying baseline physical assessment findings and changes in temperature, vibration, color and movement; identifying and interpreting heart, lung, abdominal sounds and blood pressure; having the ability to respond to equipment monitors alarms; interpreting charts and computer data accurately.

Communication: Must be able to communicate effectively with both spoken and written communication in real time with a primarily English speaking population. Examples include: performing patient teaching, communicating patient status changes, and maintaining accurate patient records.

Patient Care: Must possess the ability to independently perform nursing skills within a safe time frame and engage in activities over an extended period of time (i.e., 6-12 hour clinical practicum). Examples of activities include: the ability to support and transfer patients; position and manipulate medical equipment using both fine and gross motor skills; prepare and administer medications; use the techniques of palpation and percussion; perform CPR.

Professional Behavior and Conduct: Must be responsible and accountable in behavior and actions, demonstrating sound judgment consistent with the professions’ (ANA) Scope & Standards of Practice and Code of Ethics for Nurses. Examples include: handling stressful situations in a calm manner, interacting with patients, families and other healthcare team members with compassion, concern and sensitivity; acting with honesty, integrity and confidentiality; dressing appropriately; acting professionally.

Clinical Judgment: Must have the ability to think critically and abstractly, and assess, analyze, problem-solve and make clinical judgments and decisions for safe patient care. Examples include: measuring, calculating, prioritizing, reasoning, recognizing urgent or emergent situations, responding appropriately and using both short and long term memory functions.

If you have questions about the accommodation process at The Ohio State University you can contact the Office of Disability Services at: 150 Pomerene Hall, 1760 Neil Avenue, phone (614) 292-3307 or TDD (614) 292-0901.
I hereby attest that I have read this form and understand the technical standards necessary for successful program completion. I further attest that I am able to meet these technical standards, with or without reasonable accommodations, consistent with the Americans with Disabilities Act (ADA).

_________________________                                                                 ___________
Applicant Signature             Date
Student Policy Regarding Impaired Practice

Overview

Substance abuse is a universal health problem affecting all segments of society, including the profession of Nursing. According to the American Association of Colleges of Nursing (1999) and the Substance Abuse and Mental Health Services Administration (1997), college students are one of the segments of the population at highest risk for substance use and abuse problems. Students’ use and abuse of substances not only compromises their educational process but also their ability to provide patient care.

The College of Nursing has the responsibility to educate students who will be responsible professional, knowledgeable nurses who provide quality health care. Students with impaired practice involving substance abuse are incapable of providing this care. Therefore, it is imperative that students with impaired practice be identified and referred for evaluation and treatment of their substance use/abuse problems. Specific criteria for identification of a student with impaired practice are listed in the identification and documentation section of this policy. The purpose of this policy is to establish a process to facilitate the identification and management of nursing student substance abuse problems within the College of Nursing. The policy was developed based upon the recommendations and guidelines from AACN, SAMHSA, and The Ohio State University Student Health Services.

Identification and Documentation of Student With Impaired Practice

Faculty in the College of Nursing have a professional and ethical responsibility for the identification, documentation and referral of students who are suspected of having an impaired practice to the Professional Misconduct Committee. Confidentiality for every student is to be maintained throughout the entire process. Identification of a student with possible impaired practice is based on a pattern of observed and/or objective behaviors that may indicate substance use and/or abuse. This pattern of behaviors includes the violation of professional standards policy, alcohol on the breath, cognitive impairment, slurred speech, motor incapacity, absenteeism, tardiness, and inconsistent performance.

Specific information based on behaviors arising from impaired practice must be documented in the student’s academic and/or clinical record. Faculty involved in the identification of a possible substance use/abuse problem must initially meet with the student. A subsequent meeting will then occur between the student, faculty involved in the identification of the problem, and a member of the Professional Misconduct Committee. After this meeting, it is the responsibility of the Professional Misconduct Committee to review written materials regarding a student who is suspected and/or identified as having an impaired practice.

The committee is also responsible for any additional or continued action necessary for each student case. In addition, this committee has the responsibility for the referral of a student who is identified as having impaired practice to The Ohio State University Student Health Services for evaluation, intervention, and treatment of their substance use and/or abuse problems. Any student who is identified and verified as having a substance use/abuse problem will not be allowed in any clinical area as long as the use/abuse continues. Finally, this committee also has the responsibility to determine whether the re-entry of the student into clinical and/or academic settings can occur.
Procedure for a student with a positive urine drug screen

Laboratory results for urine drug screen will be sent to the Associate Dean for Academic Affairs. The Associate Dean for Academic Affairs will review the urinalysis test results to determine whether a legitimate medical explanation could account for any “confirmed positive” result reported by the laboratory. This is accomplished by an in-person interview with the specimen donor and by giving the donor an opportunity to provide evidence of legally prescribed medication use that may have caused the positive lab result. If the Associate Dean determines that a legitimate medical explanation exists, the results reported will be recorded as “negative.”

If there is no legitimate medical explanation, the protocol for a positive drug screen will be implemented. Any student testing positive will not be permitted in a clinical setting. A student who tests positive will be asked to make an appointment with the Counseling and Consultation Services (CCS) at The Ohio State University Younkin Success Center. CCS will ask the student to attend three one-hour assessment sessions. The student will be asked to sign a release notifying the Associate Dean for Academic Affairs of the disposition of the visits. The student will be asked to be tested again, at the student’s expense, prior to returning to a clinical course. If the student tests positive the second time, the student will be asked to withdraw from the program and will need to petition to re-enter. Upon petition to re-enter the program, the student will provide the Associate Dean for Academic Affairs with documentation from a certified drug and alcohol counselor indicating readiness to return to the program and prognosis for full recovery.

After a student has completed the required counseling sessions at CCS, has a negative drug screen, and returns to the clinical setting, random drug testing will occur periodically until the student graduates from the program. The Associate Dean of Academic Affairs office will notify students of the required random drug screening which will be completed within five days of notification, at the student’s expense. If a positive drug screen occurs, the student will be asked to withdraw from the program and will need to petition to re-enter as indicated in previous paragraph.

Evaluation of Student Progress

A student may be granted re-entrance into the clinical area, one time only, upon completion of his or her treatment programs as defined in accordance with The Ohio State University Student Health Services. The Undergraduate Studies and/or Graduate Studies Committee is responsible for the review and maintenance of documentation of all materials regarding re-entry of any student into clinical and/or academic areas. Any student who is identified as having impaired practice more than once will be disenrolled from the College of Nursing. Re-admission to the College of Nursing will be determined using standard re-enrollment procedures.
Policy and Guidelines for the Prevention and Management of Infectious Diseases

Introduction

During the performance of clinical practice or research activities, students may have contact with patients or research participants with infectious diseases. This contact may place the student at risk for exposure to an infectious agent and/or may result in an infectious disease being transmitted to others. This policy has been established to address The Ohio State University, College of Nursing’s concern for protecting both students and clients from the risk of infectious diseases. The policy is in accordance recommendations of the American Association of Colleges of Nursing (AACN) and recognizes individual rights, voluntary testing, and the confidentiality of test results of all involved. The document is organized in relation to: (1) Prevention, (2) Responsibilities of the student in the care of infected patients, and (3) Post-exposure safety measures.

Prevention

Students can be reasonably protected from the risk of contracting and transmitting an infectious disease in the course of nursing practice with appropriate education, skills training, and immunizations.

Education

Students will receive printed materials and oral instruction on potential infectious hazards, risk behaviors, and preventive measures in accordance with the current guidelines of the Centers for Disease Control (CDC). In addition, students are expected to have the necessary basic science content (anatomy/physiology of the immune system), pathophysiology, epidemiology, and standard precaution information necessary to provide safe care to patients and protection for themselves.

Adherence to Standard Precautions

Students are expected to understand and strictly adhere to Standard Precaution guidelines and infection control practices as established by the CDC and the Occupational Safety and Health Administration (OSHA) to reduce the risk of contact, droplet and airborne transmission of pathogenic microorganisms.

Responsibilities of the student in the care of infected patients

Nurses are front-line providers of health care, and the delivery of nursing care is not without safety hazards. All nursing personnel are professionally and ethically obligated to provide client/patient care with compassion and respect for human dignity and the uniqueness of the persons for whom they care, unrestricted by considerations of social and economic status, personal attributes, or the nature of health problems (ANA, 2001). Students who follow the recommendations developed by the Centers for Disease Control have minimal danger of contracting any infection in the course of their clinical practice/research activities.

Refusal to care for an infected patient is contrary to the ethics of the nursing profession. Students who express apprehension or concern over personal safety and health because of a clinical assignment that brings him/her in contact with individuals who are at risk for or who are infected with an infectious disease will be counseled by his/her clinical instructor and directed to specific information concerning
the pathogenic organism and recommended precautions. Students who refuse to care for an infected individual because of the belief that it will place him/her at risk of exposure, when reasonable risk cannot be demonstrated (e.g., the student is immunosuppressed), will be advised that such action is not in accordance with satisfactory clinical performance. Such cases will be handled as individual instances in which students have not met the course requirements. Career counseling may be recommended to determine if the student should continue a career in nursing. Students who are pregnant will be considered on a case to case basis with consideration of CDC and institutional policy.

When caring for persons with infectious diseases, students and faculty are expected to understand and follow current HIPAA rules of privacy and confidentiality.

**POST-EXPOSURE SAFETY METHODS**

*Management of Student Exposed to Pathogenic Microorganisms*

Any incident that exposes a student or a patient to the risk of a pathogenic microorganism by needle puncture or contact with secretions/body fluids while in the clinical setting should be reported to the student’s clinical instructor and clinical nursing supervisor (preceptor and/or charge nurse) immediately. Specific agency/institution procedures for such contact should be adhered to. Immediate actions should include:

- Wash needle sticks and cuts with soap and water
- Flush splashes to the nose, mouth, or skin with water
- Irrigate eyes with clean water, saline, or sterile irrigants
- Immediately seek medical treatment.

Treatment areas at the OSU Medical Center include: Employee Health (293-8146), Occupational Medicine (257-3559), or, after hours and on weekends and holidays, Emergency Department (293-8333). Any questions should be directed to the Ohio State University Environmental Health and Safety Office (292-1284). Students who are at agencies other than the OSUMC system should follow the guidelines according to the placement agency.

For more information on blood borne pathogen exposures, please refer to the Wilce Student Health Center web site: [http://shs.osu.edu/services/prevention-immunizations/health-professional-students/](http://shs.osu.edu/services/prevention-immunizations/health-professional-students/).

*Management of Student who is a Source of Pathogenic Organism*

Students who have been diagnosed with infectious diseases should understand that they may pose a risk to patients, particularly highly vulnerable populations like neonates, oncology patients and those immunocompromised from disease or treatment. Students have an ethical duty to be aware of their immunity status or chronic infectious disease (e.g., Hepatitis B, HIV) status to ensure they do not place others at risk of infection. Students who know they are infected are encouraged to voluntarily inform the Academic Associate Dean in the college who will refer the students to the Office of Disability Services for modifications or accommodations in clinical education. Such modifications will be made on a case by case basis considering compliance with CDC recommendations and University policy.

It is the desire of the College of Nursing to prevent discrimination against students who may have an infectious disease. Qualified individuals cannot and will not be denied admission to the nursing
program solely on the basis of his/her infectious disease status. Screening of potential candidates or inquiry into infectious disease status should not be part of the student application processes.

References


Centers for Disease Control (CDC) Web site: www.cdc.gov/niosh/topics/bbp/.


* Note: This policy is based on currently available information. It will be updated as new information is forthcoming from the Centers for Disease Control (CDC). In the absence of new CDC directives, the policy will be reviewed annually in accordance with the University Infection Control guidelines/requirements. Policy review will be initiated by the Assistant Dean and approved by the faculty of the College of Nursing. A copy of the policy will be included in student handbooks given to entering students. It is the responsibility of faculty members and students to familiarize themselves with this policy.

LAST REVIEW/REVISION DATE: September 2010
Resources Available to Graduate Students

Computing Resources

The College of Nursing is primarily a Windows-based department. In order to facilitate support, course software planning, and other compatibility issues, we recommend that students use Microsoft Windows-based computers. If a student would like to use an Apple Mac OS X based computer, they may do so, but please understand that there may be points in the program that require the use of a Microsoft Windows-based computer meeting the minimum specifications set forth in this document. If using an Apple computer the student can login to the College of Nursing remote access server to access the Windows environment.

<table>
<thead>
<tr>
<th>Minimum</th>
<th>Recommended</th>
<th>Apple Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating System</td>
<td>Windows XP</td>
<td>Windows XP, Vista or Windows 7 OS X 10.4</td>
</tr>
<tr>
<td>Processor</td>
<td>1.5 GHZ</td>
<td>Dual Core G4</td>
</tr>
<tr>
<td>Memory</td>
<td>1GB (1024 MB)</td>
<td>2GB (2048 MB)</td>
</tr>
<tr>
<td>Available Storage</td>
<td>15GB</td>
<td>15GB</td>
</tr>
<tr>
<td>Web browser</td>
<td>Internet Explorer 7</td>
<td>Internet Explorer 8 Firefox 3.6 Safari 4</td>
</tr>
<tr>
<td>Java Version</td>
<td>1.6</td>
<td>1.6</td>
</tr>
<tr>
<td>Screen Resolution</td>
<td>1024x768</td>
<td>1024x768</td>
</tr>
<tr>
<td>Other</td>
<td>DVD/CD-RW</td>
<td>DVD/CD-RW</td>
</tr>
<tr>
<td>Connection Speed</td>
<td>56.6kbps</td>
<td>DSL/Cable</td>
</tr>
</tbody>
</table>

Software Requirements

Students should prepare their computer in advance to handle a variety of media and document formats, the list of required software including version follows, if students have any questions about meeting these guidelines, they should contact s-help@con.ohio-state.edu via e-mail for support.

<table>
<thead>
<tr>
<th>Software Name</th>
<th>Recommended Version</th>
<th>Minimum Version</th>
<th>Mac Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating System</td>
<td>Windows 7</td>
<td>Windows XP</td>
<td>OS X 10.4</td>
</tr>
<tr>
<td>Web Browser</td>
<td>Internet Explorer 8</td>
<td>Internet Explorer 7 Firefox 3.6</td>
<td></td>
</tr>
<tr>
<td>Media Players</td>
<td>Windows Media Player 11 Quicktime 7 Real Player 11 Flash Player 9</td>
<td>Windows Media Player 10 Quicktime 6 Real Player 10 Flash Player 8 Quicktime 7 Windows Media Components for Quicktime Real Player 11</td>
<td></td>
</tr>
</tbody>
</table>
CARMEN And Distance Learning

Carmen is the course management system at Ohio State University. All of your online courses will be delivered through this University based system. Carmen is accessible at all campus locations or wherever internet access is available. It will allow ease and flexibility in the distance education portion of the program.

- The Carmen site can be found at: http://carmen.osu.edu
- The following link provides a user’s guide for CARMEN: http://telr.osu.edu/carmen/students/

Below are a few of the important items to consider as a distance learner:

- A dedicated computer or laptop that stores your work
- Microsoft Word processing software
- Adobe Acrobat reader
- Power Point software (recommended)
- Cable or high speed internet connection (highly recommended)
- Supported Browsers:

To ensure satisfaction with your Carmen courses, it is essential that you use a fully supported browser. Browser choice is limited to a few common brands; other browsers may work, but full functionality cannot be guaranteed. If you are using a browser other than the ones listed below, you may discover problems that can neither be confirmed nor supported by the help desk. Should you encounter problems with an unsupported browser, your only recourse is to move to a fully supported browser.

For additional information about browser configuration, see http://8help.osu.edu/2302.html.

<table>
<thead>
<tr>
<th>System</th>
<th>Supported</th>
<th>Recommended</th>
</tr>
</thead>
</table>
| Windows |- Internet Explorer 7.0+ [Download]; pre-support for Internet Explorer 7.0
- Firefox 3.0 | Internet Explorer 8.0
Firefox 3.6 |
| MAC |- Safari 3 [Download] | |
| Linux | Mozilla 3.5 [Download] | Mozilla 3.6 [Download] |
System Requirements

<table>
<thead>
<tr>
<th>Component</th>
<th>Required</th>
<th>Recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating System</td>
<td>• Windows XP or higher</td>
<td>• Windows XP or higher</td>
</tr>
<tr>
<td></td>
<td>• Mac OS X</td>
<td>• Mac OS X</td>
</tr>
<tr>
<td>Video Resolution</td>
<td>at least 800x600</td>
<td>1024x768 or greater</td>
</tr>
<tr>
<td>Internet Speed</td>
<td>at least 56K modem</td>
<td>56K, DSL, or cable modem</td>
</tr>
<tr>
<td>Sun Java Runtime Environment</td>
<td>JRE v 1.6.xx (required to run</td>
<td></td>
</tr>
<tr>
<td></td>
<td>LiveRoom)</td>
<td></td>
</tr>
<tr>
<td>Java Script</td>
<td>Enabled</td>
<td></td>
</tr>
<tr>
<td>Cookies</td>
<td>Enabled</td>
<td></td>
</tr>
</tbody>
</table>

Software for Students

Students now obtain Microsoft software at attractive prices under OSU's companion license, Microsoft Student Select. This is marketed as the Microsoft Personal Use Program.

**Personal Use Program:** Faculty, staff and students may purchase Personal-Use licenses on the Personal Use Program for their owned home computer. Faculty, staff and students own these perpetual licenses, which do not include upgrades. These copies may not be installed onto OSU-owned machines.

Products currently available to faculty, staff and students on the Personal Use Program are:

- Office Enterprise 2007 -- $99.95
- Office Professional Plus 2007 -- $79.95
- Office Standard 2007 -- $63.95
- Office 2004 for Mac Professional Edition -- $79.95
- Office 2008 for Mac Professional Edition -- $63.95
- Office SharePoint Designer 2007 -- $57.95
- Office OneNote 2007 -- $19.95
- Office Project Professional 2007 with 1 Project Sever CAL -- $133.95
- Office Visio Professional 2007 -- $78.95
- Windows Vista Business Upgrade (32-bit) -- $77.95*
- Windows Vista Ultimate Upgrade (32-bit) -- $107.95*

* — Must be installed only onto a computer with a previous full Windows operating system license, as an upgrade.
Software can be purchased at the following locations:

- Columbus Campus: Cop-ez at Tuttle Park Place, 2055 Millikin Way (in the ground floor of the Tuttle Parking Garage) between the hours of 8:00 AM and 4:00 PM, Monday through Friday.

Students must be currently enrolled for at least one credit hour and must be able to provide a valid BuckID or a picture ID and either a class schedule, paid fee slip, or letter of acceptance. Cash, check, credit card, and BuckID are accepted.

OFFICE OF INFORMATION TECHNOLOGY

The Office of Information Technology (OIT) provides students with technical support related to computing issues. Their home page is located at: http://oit.osu.edu/.

Part of OIT is 8help, the OIT Technology Support Center Help Desk. OIT handles questions, problem reports, service requests, and inquiries from faculty, staff, and students regarding computer hardware and software, Internet connectivity, and related topics. You can call them at 614-688-HELP (4357) (TDD: 614-688-8743) or email them at 8help@osu.edu. To see availability of OIT staff, view the standard hours of operation @ http://8help.osu.edu/1691.html.

Email: To check your OSU Internet e-mail from the web, go to OSU Buckeye Mail or Webmail at webmail.osu.edu.

UNIVERSITY STUDENT EMAIL POLICY

The Ohio State University, recognizing the increasing need for electronic communication with students, has established email as an official means of communication with students. An official Ohio State University (OSU) email address is issued to each student upon admission to Ohio State, or upon initial enrollment, whichever occurs first. Students are responsible for activating their email account by going to the OIT web site at www.oit.osu.edu.

The university will routinely send official communications to the university email address.

Since email has been adopted as a primary mechanism for sending official communications to students at OSU, students must check email regularly in order to read important messages and notifications. Certain communications may be time-sensitive. Failure to read official university communications sent to the students’ official OSU email addresses does not absolve students from knowing and complying with the content of those official communications. Students must also ensure that there is sufficient space in their e-mail postboxes to allow email to be delivered and received.

Students who choose to have their email forwarded to a private email address outside the official university network address will be doing so at their own risk. The university is not responsible for any difficulties that may occur in the proper or timely transmission or access of email forwarded to any third-party email address. Any such problems will not absolve students of their responsibility to know and comply with the content of official communications sent to students’ official Ohio State University email addresses.
All use of email will be consistent with other Ohio State University policies including the Policy on Abuse of Computers and Networks.

HAS YOUR NAME CHANGED?

Go to http://www.oit.osu.edu/. This site authorizes you to create a new OSU Internet Username following a name change. It requires that you already have an OSU Internet Username and password. Your new OSU Internet Username will be your (new) name_. Your password will not change.

Under Quick Links….
- Click on ‘Account Management’
- Under ‘OSU Internet Username’
- select ‘Rename Account’

COLLEGE OF NURSING WEB SITE

The College of Nursing provides a student web (located at http://studentweb.con.ohio-state.edu) that can be accessed from any computer on or off campus. The Student Web provides a wealth of information and resources to currently registered students. These include links to the many of OSU’s libraries, email, ask an advisor, clinical scheduling and graduation information.

HOW TO CHANGE YOUR COLLEGE OF NURSING PASSWORD

You may change your password by going to https://studentweb.con.ohio-state.edu/secure/. You will need to login using your OSU name_. and password. After you have established your identity you can pick a new College of Nursing password. Remember your College of Nursing username is name_ (note the underscore). Your password must be 9 or more characters long and must contain characters from at least 3 of the 4 following categories:

- Capital letters (A-Z)
- Lowercase letters (a-z)
- Numbers (0-9)
- Special characters (!, @, #, $...)

Accessing the Student Web

In order to access the Student Web, you are assigned a user name and password. Your user name is your last name and number, just like your osu e-mail address only instead of a ‘.’, you have an ‘_’.

  e.g.  If your OSU e-mail address is “smith.2345@osu.edu”, or “smith.2345@buckeyemail.osu.edu” your CON user name is “smith_2345”

Your CON password will be emailed to your OSU e-mail address (lastname.#@osu.edu) or (lastname.#@buckeyemail.osu.edu) one week prior to the quarter you start. Please make sure your OSU email address is active and not full in order to receive your CON credentials.
Accessing the Student Web in the College of Nursing
If you are in the building and are utilizing a college computer, you will see the start menu, click start -> log off… to log off the person before you. You will then see a screen that says “Windows XP Professional”. Press “CTRL+ALT+DELETE” at the same time. This will bring up the following screen:

![Log On to Windows](image)

Now, simply enter your user name and password in their respective fields and either click “OK” or press enter.

Accessing the Student Web at Home
In order to access the Student web from home you must be using Internet Explorer (IE), Firefox or Safari. If you have an older web browser, you can download the browser for free from Microsoft’s website. However, since IE comes bundled with Windows 98 or later, every computer purchased in the last three years meets this requirement. **If you are an AOL user or use any other third-party web browser, please minimize this window and use the Internet Explorer icon on your desktop or start menu.**

Open your Web Browser to the following address:  
http://studentweb.con.ohio-state.edu

1. Type your College of Nursing Credentials when Prompted
   a. Username = Your Username
   b. Password = Your Password
   c. Domain = OSUCON
      i. Please note: The domain must be entered. This is often overlooked by mistake.
ii. Note: If you are using Windows XP, you will not be prompted for a domain. If this is the case, you will need to type osucon\username in the username field.

This will now open up the college student portal.

Important Links:
http://www.osu.edu/ (OSU homepage)
http://cio.osu.edu/policies/responsible_use.html (OSU Policy on Responsible Use of University Computing Resources)
http://superview.con.ohio-state.edu:8129 (College of Nursing video server.
Username: conwatch Password: conwatch)
https://webmail.osu.edu (Check your OSU email from any computer with internet access)

Email Addresses:
8help@osu.edu (OSU support for OSU accounts and university systems)
S-HELP@con.ohio-state.edu (College of Nursing technical support)

CAMPUS COMPUTER RESOURCES

The College of Nursing student computer lab, located in room 220 Newton Hall, is provided for the use of nursing students. The lab is open between the hours of 8:00 a.m. and 8:00 p.m. Monday through Friday and is monitored by IT Department staff and student employees. The lab is equipped with workstations running Windows XP, Microsoft Office 2007 as well as many other academic software packages. All computers have Internet access. All of the workstations in the lab are equipped with CD-RW drive and there is a high quality scanner available on one workstation. Students also receive 500 pages of free printing in the computer lab each quarter, the college also provides staplers, and hole punches for student use. The College of Nursing at Newton Hall also has wireless capabilities throughout most of the building. Please see IT staff in the computer lab to configure your device for Wifi access.

RESPONSIBLE COMPUTING

Students may wish to review the university’s “Policy on Responsible Use of University Computing Resources” at www.oit.ohio-state.edu/responsible.html. This policy states in part:

“As a part of the physical and social learning infrastructure, The Ohio State University acquires, develops, and maintains computers, computer systems, and networks. These computing resources are intended for university-related purposes, including direct and indirect support of the university's instruction, research, and service missions; of university administrative functions; of student and campus life activities; and of the free exchange of ideas among members of the university community and between the university community and the wider local, national, and world communities.

The rights of academic freedom and freedom of expression apply to the use of university computing resources. So, too, however, do the responsibilities and limitations associated with those rights. The
use of university computing resources, like the use of any other university-provided resource and like any other university-related activity, is subject to the normal requirements of legal and ethical behavior within the university community. Thus, legitimate use of a computer, computer system, or network does not extend to whatever is technically possible. Although some limitations are built into computer operating systems and networks, those limitations are not the sole restrictions on what is permissible. Users must abide by all applicable restrictions, whether or not they are built into the operating system or network, and whether or not they can be circumvented by technical means."

Modification, deletion, or copying of installed software is prohibited, as is the installation of new software unless approved by computing personnel. All work should be saved to students’ diskettes, which are available for purchase at the OSU Bookstore. Food, beverages, and chewing gum are not permitted in the lab. Students who do not obey Computer Lab rules and regulations are subject to charges of professional misconduct.

Computing support personnel are available for questions relating to the use of software specific to the College of Nursing. Questions concerning common word processing, spreadsheet, and database packages should be directed to the Microcomputer Consulting Office of University Technology Services at 614-292-2919. Questions concerning statistical software (SAS) should be directed to Statistical Consulting at 614-292-0408. Public microcomputer sites, maintained by University Technology Services, are available for personal computing needs. Contact University Technology Services at 614-292-4843 for locations and hours.

STUDENT WEB PORTAL

The student web has a variety of resources and frequently used links. Job resources and financial aid information is also available at the site. It can be located at http://studentweb.con.ohio-state.edu/default.aspx.

CONnections

During the academic year, the Office of Student Affairs posts to student email accounts a monthly newsletter to help students stay informed about academic issues, activities occurring in the college, and career opportunities. Students may submit items for inclusion in CONnections. Printed copies of CONnections are posted on bulletin boards throughout Newton Hall and are available in the Office of Student Affairs.

Locker Assignments

There are a limited number of lockers available to students in the basement of Newton Hall. They are assigned on a first-come, first-served basis. Please contact the Office of Student Affairs for a locker assignment. Students are responsible for providing their own lock; all items and the lock must be removed from lockers by the end of spring quarter of each year. Items kept in lockers must be limited to non-perishable items that are in compliance with The Ohio State University’s Code of Student Conduct.
APPENDIX
Guidelines for the Review and Investigation of Allegations of Scholarly Misconduct by Graduate Students

I. Introduction

A. Purpose

1. These guidelines are used by the Graduate School when reviewing and investigating allegations of scholarly misconduct made against a person while a graduate student. They are to be used in conjunction with guidelines published by a funding agency if the allegations involve research sponsored by that agency.

2. These guidelines are intended to
   a. establish and insure a fair and complete process through which to adjudicate allegations of scholarly misconduct;
   b. insure, as far as possible, that a graduate student’s career is not jeopardized when allegations of scholarly misconduct cannot be substantiated;
   c. protect those making allegations against repercussions when the allegations are made in good faith;
   d. maintain confidentiality of all involved parties to the maximum extent permitted by law;
   e. comply with requirements of extramural funding agencies, such as the Public Health Service and the National Science Foundation.

B. Definitions

1. “Scholarly misconduct” is not the same as “academic misconduct.” They are differentiated chiefly by the context in which each occurs.
   a. Graduate students, as professional apprentices, are expected to uphold the standards of scholarship, research and creative activity of the academic community. Scholarly misconduct is the deviation from these standards and is generally understood to include but not be limited to intentional falsification, fabrication, plagiarism, or other practices that seriously depart from those that are commonly accepted within the relevant scholarly community for proposing, conducting, reviewing, or reporting research. The context for scholarly misconduct by graduate students is understood to include but not be limited to dissertation research, thesis research, research pursued under a fellowship, employment as a Graduate Research Associate, and research funded through any grant. It does not include honest error or honest differences in interpretation or judgment about data or its meaning.
b. “Academic misconduct” is generally understood as: cheating in courses or examinations, plagiarism, violation of course rules, and in the altering of course grades within the context of classroom and course work activities. The context for academic misconduct by graduate students is understood to include but not be limited to taking classes as a student and completing the written sections of both the Comprehensive Masters Examination and the Candidacy Examination for the Ph.D.

2. The process described in these guidelines envisions three stages: a review by the Dean of the Graduate School, an inquiry by the Policy and Standards Committee of the Council on Research and Graduate Studies, and a formal investigation with determination of sanctions by an ad hoc Committee of Investigation.

3. Throughout this document reference is made to the graduate student. This will be taken as equivalent to the person or persons under investigation for scholarly misconduct. It may refer to both current and former graduate students.

4. A case may involve allegations against more than one graduate student. In such a case, it may be practical to apply the process in parallel, with some sharing of interview and hearing events. Decisions are nevertheless to be made with respect to individuals as such and not as a class.

5. Reference is made in this document to the necessity for avoiding a conflict of interest or its appearance on the part of those involved in deciding the matter on all stages. Possible conflicts of interest include co-authorship of a work within the recent past with any individuals involved with the alleged misconduct, or a professional or personal relationship with the accused beyond that of mere acquaintance. Such a relationship might be that of current or former student or mentor, direct supervisor or subordinate, or marriage, among others. If such a relationship is present, the individual should excuse himself or herself from any investigative or decisional role in the case.

C. Oversight Authority

1. Allegations of scholarly misconduct made against graduate students will be governed by this document. Allegations of academic misconduct made against graduate students will be governed by the rules of the Committee on Academic Misconduct (3335-31-02).

2. In those cases not fitting the definitions and practical interests above, and where there is a question of jurisdiction, the Dean of the Graduate School and the Chairperson of the Committee on Academic Misconduct shall consult to determine the appropriate body to hear the case. In cases of jurisdictional disagreement, the Policy and Standards Committee shall be consulted for an opinion. The final decision will be made by the Dean of the Graduate School.

3. Violation of governmental regulations dealing with the conduct of research may be, but is not necessarily, classified as scholarly misconduct; allegations involving such regulations will be referred to the Vice President for Research. The Office of Research will consult with the Dean of the Graduate School regarding the disposition of these allegations.
D. Records

1. The written records of the Deans Review, the Committee of Inquiry, and the Committee of Investigation shall be kept safely and securely in the Graduate School for at least three years.

E. Deadlines

1. Each stage of the process is associated with a deadline for the protection of the student. In the event that a deadline cannot be met, an interim progress report and request for extension will be submitted in writing to the Dean of the Graduate School.

II. Process of Review, Inquiry and Investigation Concerning Scholarly Misconduct

A. Stage One: Dean’s Review

1. Upon receipt of information indicating the possibility of scholarly misconduct by a graduate student, the Dean of the Graduate School shall immediately initiate a review. The dean or one or more persons designated by the dean may conduct the review.

2. The reviewer will inform the graduate student in writing that an allegation of scholarly misconduct has been made against that student.

3. At the point of their first involvement in the process, all parties shall receive copies of these guidelines.

4. Once the review has begun, the case will proceed until a decision is reached regarding the allegation of misconduct, even if the graduate student has left the university.

5. The review will determine if the allegation is 1) substantial, 2) made in good faith, 3) fits the definition of scholarly misconduct, and 4) involves only graduate students.

   a. The reviewer may interview the graduate student, the advisor, and the individual(s) raising the allegations, among others.

   b. The Dean of the Graduate School may take interim administrative action to protect the health and safety of others, to preserve research data, or to protect the interests of The Ohio State University.

6. Normally within 10 days, the reviewer, when not the Dean of the Graduate School, will make a written report to the dean. The dean shall communicate in writing the findings of the review to the graduate student and to any individual bringing an allegation.

   The review may 1) find that there was insufficient evidence of scholarly misconduct and recommend the closing of the case; 2) find that the alleged misconduct is more appropriately handled by the Committee on Academic Misconduct is more appropriately
handled by the Committee on Academic Misconduct or the Office of Research; or 3) find that further inquiry is warranted and refer the matter to the Committee of Inquiry.

B. Stage Two: The Committee of Inquiry

1. The Policy and Standards Committee of the Council of Research and Graduate Study shall serve as the Committee of Inquiry. Policy and Standards may refer the matter to a subcommittee, which shall have at least three members, one of whom is a graduate student. If a conflict of interest may exist, an alternate shall be chosen from among the members and alternative members of the Council of Research and Graduate Studies.

   a. The committee of Inquiry shall receive and review the report completed in the stage-one review. The Committee of Inquiry may hold interviews and gather additional evidence.

   b. The Committee of Inquiry shall submit a written report to the Dean of the Graduate School within 30 days of receipt of the review. The report of the Committee of Inquiry shall recommend to the Dean of the Graduate School 1) that there was insufficient evidence of scholarly misconduct and advise the dean to close the case, or 2) that the alleged misconduct is more appropriately handled by the Committee on Academic Misconduct or the Office of Research, or 3) that scholarly misconduct may have occurred.

      (1) If the Committee of Inquiry finds that scholarly misconduct by persons other than a graduate student may have occurred, the Dean of the Graduate School shall notify the appropriate university officials, in writing, of the findings of the Committee of Inquiry.

      (2) If the Committee of Inquiry finds that scholarly misconduct by a graduate student may be have occurred, the Dean of the Graduate School shall form a Committee of Investigation to investigate the allegations and render a decision.

      (3) If it appears that an extramural funding agency was involved, the Committee of Inquiry shall notify the Vice President for Research that an investigation is to be conducted. All contact with extramural funding agencies shall be handled by the Office of Research.

C. Stage Three: The Committee of Investigation

1. The Committee of Investigation consists of 6 persons appointed by the Dean of the Graduate School. They shall take care to avoid a conflict of interest or its appearance. If the accused or another individual involved in the case perceives a conflict of interest, that individual may raise an objection to the appointment. The Dean of the Graduate School makes the final decision in such a case. Members of the Policy and Standards Committee shall not serve on the Committee of Investigation. The membership of the Committee of
Investigation may be altered to conform to guidelines of an extramural funding agency. If an extramural funding agency is not involved, the committee shall consist of:

a. one member of the Senate Committee on Academic Freedom and Responsibility,

b. one member of the Research and Graduate Council,

c. one member of the Council of Graduate Students, and either

d. three disinterested members of the graduate faculty who are expert in an area relevant to the case, or

e. two disinterested members of the graduate faculty and one disinterested person who is not a member of the The Ohio State University each of whom is expert in the area relevant to the case.

2. The dean shall designate one member to serve as chairperson of the committee.

3. The Committee of Investigation shall review and evaluate the information obtained during the first two stages of this process, and may gather additional evidence.

a. The Committee of Investigation shall

   (1) decide the case after a formal hearing,

   (2) forward a written report of its conclusions and a summary of the investigation process to the Dean of the Graduate School within 60 days after the appointment of the committee, and

   (3) recommend appropriate sanctions if it determines that the graduate student committed scholarly misconduct.

b. The Dean of the Graduate School shall review the report of the Committee of Investigation and impose the appropriate sanction based upon the recommendation of the committee. The dean shall notify the individual bringing the allegation, the graduate student, the advisor, the relevant chairperson of the graduate studies committee, all committee members associated with the case, and others as necessary regarding the disposition of the case.

   (1) “Others” will not include funding agencies, but may include professional licensing boards, editors of journals and the like.

   (2) In the event that an extramural funding agency was involved, the Dean of the Graduate School shall notify the Vice President for Research of the disposition of the case, so that the funding agency may be so advised by the Vice President for Research.
D. Appeals

1. Within 10 days of notification of the outcome of the case, the graduate student may file a written appeal of the decision of the Committee of Investigation to the Dean of the Graduate School.

2. Grounds for appeal are limited to failure to follow appropriate procedures in the review and investigation processes, evidence of an arbitrary or capricious decision, or new information having come to light that was not available before or during the hearing.

3. The decision of the Dean of the Graduate School is final.

E. Allegations Made in Bad Faith

1. If at any time in this process it is determined that the allegation of scholarly misconduct was not made in good faith, appropriate disciplinary action against the person generating the allegation may be recommended to the Dean of the Graduate School.

III. Procedures for Conducting the Stage-Three Investigation

A. Establishment of the hearing

1. The purpose of the formal hearing is to provide the graduate student with the opportunity to respond directly to the allegation of scholarly misconduct.

2. At least two weeks prior to the hearing, the Chairperson of the Committee of Investigation shall send a letter to the committee members, the graduate student, and the person(s) making the allegation; the letter shall detail the nature of the allegation and establish the time, location, and expected duration of the hearing. The various reports and written records made to this point will also be provided to the accused.

3. Additional persons who may attend the hearing include the resource personnel from the Graduate School and counsel, including legal counsel representing the accused, and relevant witnesses. Notice must be given to the Graduate School at least one week in advance of the hearing if the accused is to be accompanied by legal counsel or is to invite witnesses to appear.

B. Conduct of the hearing

1. At the beginning of the hearing, the chairperson shall review the charges and evidence presented, and outline the procedures to be followed.

2. The chairperson shall allocate a specific amount of time for the statement of the case of the accused.

3. The members of the Committee of Investigation shall be present during the entire testimony portion of the hearing.
4. The accused is expected to be present to hear and participate in the entire testimony portion of the hearing.

5. Involvement of counsel in the hearing is controlled by the chairperson, and shall normally be limited to the advising of the party.

6. The testimony presented at the hearing shall be recorded on audio tape. Any party to the case may request a copy of the tape.

7. Committee members may ask questions to obtain the full understanding of the case.

8. At the conclusion of the testimony, all persons attending the hearing are excused, except for the Committee of Investigation and Graduate School personnel.

C. Committee decision and action

1. The decision of the Committee of Investigation is reached in closed session with only the committee members and relevant university and Graduate School personnel present.

2. All members of the committee shall vote on the outcome. The Graduate School personnel may participate in the discussion but do not vote.

3. The Committee shall decide on the basis of a simple majority vote whether:

   a. the graduate student committed scholarly misconduct; or

   b. the allegations of scholarly misconduct were not substantiated; or

   c. The allegations of scholarly misconduct were not substantiated, but errors in scholarship were discovered.

4. If the graduate student committed scholarly misconduct, the committee shall recommend appropriate sanctions. Possible sanctions are:

   a. **Warning.** The student is given a warning letter detailing the nature of the violation. A copy of the letter is sent to the advisor and to the chairperson of the students graduate studies committee.

   b. **Suspension.** The student is separated from the university for a period not to exceed three full academic quarters. The student is eligible for re-enrollment after the expiration of the term.

   c. **Dismissal.** The student is separated from the university for four full quarters or more. Re-enrollment of the student at the university after dismissal requires formal petition for reinstatement.
d. Rescission. If the graduate student has already been awarded the degree, it may be withdrawn from the university.

e. Other sanctions. The Committee of Investigation may recommend other sanctions, such as research assignments, counseling, or additional course work, as appropriate to the offense and the circumstances of the particular case.

5. If the committee discovers errors in scholarship, appropriate remediation may be recommended.

6. The Chairperson of the Committee of Investigation shall file a written report to the Dean of the Graduate School detailing the committee’s findings and recommendations.
The Ohio State University Medical Center
Vendor Interaction Policy

Approved OSUMC Executive Cabinet, March 12, 2009
Policy effective July 1, 2009

Purpose

All healthcare professionals and institutions have an ethical obligation to provide safe, effective, patient-centered, timely, efficient, and high-quality care for their patients. In order to ensure that the care provided is always in the best interest of the patient, healthcare professionals and institutions should always strive to maintain the trust of their patients and to minimize any conflicts of interest in the delivery of care. The fiduciary nature of the relationship between patients and the healthcare professionals who treat them is based on an inequality of information about medicine and an imbalance of control between the parties. However, it is also based on an implicit understanding that a healthcare professional will make decisions that are in the best interest of the patient as opposed to the best interest of the professional.

Over the past twenty years, healthcare professionals have continued to redefine the appropriate ethical boundaries for relationships with vendor corporations and their representatives that have an interest in marketing products or services to professionals, institutions and patients. Since the early 1990’s, a variety of professional and vendor organizations have developed broad statements of ethical principles related to this issue. In the last few years, a number of medical centers and medical schools have developed detailed policies that operationalize those ethical statements. These policies tend to include (but are often not limited to) a focus on the issues of gifts to healthcare professionals, payment to healthcare professionals for consulting or other advisory work, and payment to healthcare professionals who participate in speakers’ bureaus or other educational programs.

The purpose of this policy is to outline a set of acceptable business practices and ethical principles that will guide the interactions of all faculty, staff, and trainees of The Ohio State University Medical Center with vendor corporations and vendor representatives. The goal of this policy is not to completely or even materially limit the ability of vendor representatives to enter Medical Center facilities or to interact with individual Medical Center staff members. A separate policy entitled “Vendor Access and Control” covers the physical access of our facilities for vendor representatives. Ethical relationships between healthcare professionals, institutions, and vendor representatives can often be beneficial for all parties involved – including patients – in that these relationships may be the basis of advances in research, education and patient care. The goal of this policy is simply to place ethical boundaries on the actions of both parties.

Policy

1) Definitions:

a) Scope: This policy applies to all sites operated by or affiliated with the OSU Medical Center including but not limited to:
the OSU Health System, including all hospital business units, the Primary Care Network and the Specialty Care Network.
the James Cancer Hospital and Solove Research Institute.
the Office of Health Sciences.
the College of Medicine including the School of Biomedical Sciences, the School of Allied Medical
Professions, and all clinical departments.
the Comprehensive Cancer Center, the Davis Heart Lung Research Institute, and all other research labs
or other entities under the OSU Medical Center.
the sites operated by Ohio State University Physicians (OSUP) and Nationwide Children’s Hospital
will operate under a vendor interaction policy with similar principles that will be adopted by their
respective organizations.

b) Medical Center Unit: The use of the term “Medical Center unit” in this policy refers to an
identifiable administrative unit within those areas outlined in section 1.a of this policy. For example,
this could include an academic department, a division, a training program, a research center, a
diagnostic department, a patient care unit, etc.
c) Medical Center Staff: The use of the term “Medical Center staff” in this policy applies to:
All regular faculty members, auxiliary faculty members employed full-time by the University, and all
employees (including clinical, administrative, clerical and other support staff members) working
within any entity within or affiliated with the OSU Medical Center as noted in section 1.a.
The term also applies to any student, intern, resident, clinical fellow, postdoctoral fellow, or other
trainee enrolled in an educational program through the OSU College of Medicine or one of its
departments.
The term also applies to all members of the medical staff of University Hospital and/or the James
Cancer Hospital who may or may not be directly employed by the University.

This policy does not apply to auxiliary or volunteer faculty (e.g., those with a “no salary” appointment)
who are not working at a site noted in Section 1.a. However, those individuals are strongly encouraged
to adopt this policy in their respective practices, especially when OSU trainees are rotating in that
setting.
d) “Off-site and After-Hours Activities”: For those individuals to whom this policy applies as defined
in this section, this policy should be considered to apply equally to both on-campus activities as well as
off-site, out of town, or after-hours (e.g., evening, weekend, etc.) activities.

Vendor Corporation: This policy applies to those businesses, corporations or other entities that supply
or wish to supply equipment, goods, services or other clinically related products to physicians, nurses,
administrators or hospitals. This also includes organizations to which OSUMC patients are referred for
clinical services (e.g., extended care facilities, skilled nursing facilities, etc.).
Vendor Representative: This policy applies to any individual who is employed by or who represents
any entity defined in section 1.e who is not also an OSUMC faculty member, staff or student. Vendor
representatives are guests of the Medical Center and, as such, must provide their services in
accordance with acceptable rules of conduct as determined by this policy and in a manner that provides
the greatest benefit to the Medical Center and to our patients.

Continuing Medical Education (CME) or Continuing Education: In this policy, the use of the terms
“continuing medical education” and “continuing education” relate to a certified or accredited
continuing professional education activity that provides credit toward maintenance of licensure for a
healthcare professional. For example, CME in this document means a program that has been certified
to provide Category 1 CME credit by an Accreditation Council for Continuing Medical Education
(ACCME) accredited CME provider.
2) Gifts to Individuals

Individual Medical Center staff members are prohibited from accepting any gifts from vendor representatives or vendor corporations regardless of the value of the gift. This includes items of minimal value like pens, mugs, notepads, etc. that have been commonly distributed by vendors in the past.

Individual Medical Center staff members may receive marketing, instructional, warning or other educational information from a vendor about the vendor’s products at any time.

Any gifts that are delivered directly to an individual Medical Center staff member at any site must be either:

- Returned directly by the Medical Center staff member to the vendor, or
- Forwarded to the Medical Center Corporate Compliance Office (N-143 Doan Hall) which will return the gift to the vendor.

In either case, a standard letter will be prepared by the Compliance Office that should accompany the returned gift that explains that individuals can no longer accept any gifts from vendors.

3) Gifts to Medical Center Units

Any Medical Center unit may accept cash donations, gifts or other items of value that support the education, clinical or research missions of the unit from a vendor corporation in accordance with this policy.

Any donations or gifts accepted by a Medical Center unit should remain the property of the Medical Center.

i) In the case of a cash donation to a Medical Center unit, those funds may be used by a Medical Center unit to:

1) purchase items that may be given to individual Medical Center staff members to use in relation to their professional duties (e.g., textbooks for trainees) or
2) to compensate individual Medical Center staff members for work done on behalf of the Medical Center unit.

Samples of equipment for non-patient care related activities (e.g., sample research equipment, a sample textbook for evaluation for use in a course, etc.) may be accepted by Medical Center units in accordance with the policies of the respective purchasing department assigned to work that Medical Center unit. These non-patient care related sample equipment must remain the property of the Medical Center unit.

d) When working with vendors who would like to provide a donation, gift, or other item of value to a Medical Center unit, the unit leadership must work with Medical Center development to ensure that the gift is appropriately processed and that the vendor gets appropriate recognition with the University for
the gift. When possible, Medical Center development should be contacted before the plans for the gift are finalized to ensure that appropriate processes are followed.

If the gift is provided to support a research project or program, OSURF must be contacted regarding the policy for accepting funds to support research programs.

If the gift is provided to support a CME education program, the Center for CME must be consulted regarding the policy for accepting funds to support a CME education program.

If the gift is provided to support a GME training program, the GME Office must be consulted regarding the policy for accepting funds to support a GME training program.

If the gift is for another purpose beyond those listed above, the unit accepting the gift must work with the appropriate University or Medical Center administrative oversight entities to coordinate the gift based on the gift’s purpose.

e) All donations and gifts from vendors to Medical Center units should be documented in writing. Although no specific form is required, at a minimum, this documentation should include:

the total amount of the gift,

the timeframe over which the gift will be given (e.g., lump sum, quarterly, annually, etc.), and

the intended use of the funds or the gift.

f) All gifts to a Medical Center unit of greater than $10,000 (either in individual or cumulative gifts from one vendor to one unit over the course of a fiscal year) must be reviewed by the Medical Center Associate General Counsel’s Office to ensure that they are being documented and managed appropriately.

4) Meals

Vendors are prohibited from directly supplying meals, food, snacks or other food items to Medical Center staff. The exceptions to this rule are:

a modest meal as part of an event that grants CME or other continuing education credit when the event is sponsored by the vendor. This does not include departmental Grand Rounds or other OSUMC sponsored CME/CE events that are officially sponsored by a Medical Center unit but that may have some funding support from a vendor corporation.

a meal in conjunction with an individual’s role as an advisor or consultant to a vendor corporation. Medical Center units are allowed to provide meals, food, snacks or other food items to staff members at any time in accordance with applicable Medical Center and University policies. The source of funding for the unit to provide such food may be a donation from a vendor or vendor representative but the Medical Center unit must be responsible for providing and paying for the food.

5) Vendor Sponsored Events

Medical Center staff members are permitted to attend, participate in and/or lead any off-site event that offers CME or other continuing education credit regardless of the sponsor of the event.

Individual Medical Center staff members may attend any non-CME/CE dinners or other events sponsored by a vendor only if the staff member pays for their own meal, beverages, etc.
Documentation of payment by the individual should be maintained and must be produced upon request by a supervisor.

Individual Medical Center staff members are prohibited from receiving payment or gifts in exchange for attendance as an audience member at any event.

An individual Medical Center staff member is permitted to accept an item with a vendor logo on it in conjunction with an educational conference (e.g., a tote bag, a water bottle, etc.) if:

the item has the name of the conference or sponsoring organization on it,

the item is provided by the educational conference

the item is provided to all conference attendees

Meetings with vendors regarding the potential purchase, lease or rental of equipment or services from the vendor and any meals provided at such a meeting must be in accordance with the policies of the respective purchasing department working with that Medical Center unit and the laws of the State of Ohio. In general, all costs for meals, travel, lodging, etc. for these meetings should be covered by a Medical Center unit and not by the vendor unless explicitly approved by a member of the purchasing department or other senior administrator.

Vendor sponsorship

If a vendor is interested in providing support to a Medical Center unit to underwrite an educational event or conference (including for the purchase of food by the Medical Center unit), the vendor should make a monetary donation to the Medical Center unit to facilitate the event.

(1) The planning and coordination of the event must remain under control of the Medical Center unit that is sponsoring the event.

(2) The donated funds must remain under the control of the Medical Center unit that is sponsoring the event.

(3) The Medical Center unit is required to provide appropriate recognition of the vendor support for the event especially when the activity is granting CME or other continuing education credit.

(4) At the discretion of the Medical Center unit leader responsible for the event, the vendor representative(s) from the corporation providing support for the event:

(a) May attend the event
(b) May be introduced/recognized at the event
(c) May set up a table in an area adjacent to but separate from the educational event where he/she may distribute marketing or scientific literature
(d) May not distribute any gifts or meals, beverages, snacks, candy or other food items
(e) May not conduct any marketing or commercial activities within the room where the educational event is occurring
Vendors are prohibited from providing funds directly to any Medical Center staff member to attend any CME or other continuing education event (with the exception of section 5.e.ii below). Vendors wishing to provide support for a specific CME or other continuing education event or program should make a donation to the sponsor of the event to reduce the cost for all attendees.

ii) In the case of students, house staff, and other trainees, a vendor may provide support for one or more individual trainees to attend an educational conference with the following stipulations:

1. The individual(s) chosen to attend the event must be chosen by the director of the educational program or the department chair.

2. The director of the educational program must approve the educational conference that is being attended to ensure that the conference is of substantial value to the trainee’s education.

3. The Vice Dean for Education or the Associate Dean responsible for the educational program must also endorse the decision of the program director.

4. The funding support must be given to the Medical Center unit which will then either pay for the expenses or reimburse the individual(s) for the expenses related to attending the event.

6) Consulting, Speakers’ Bureaus and Other Business Arrangements
a) Individual Medical Center staff members may serve as paid consultants or advisors to vendor corporations in accordance with this and other applicable University policies on work outside the University (please see University HR Policy 1.30 and applicable Faculty Senate Policies). Medical Center staff members may receive complimentary meals from a vendor only in direct relation to their work for the vendor as a paid consultant or advisor (e.g., a lunch or dinner at an advisory committee meeting). This does not include meals or gifts from a vendor not in conjunction with their work as an advisor or consultant (e.g., one-on-one lunch with a vendor representative unrelated to their paid position).

Any paid advisory or consulting relationships must be disclosed by a Medical Center staff member in the course of leading any educational activity for Medical Center students, house staff, faculty, or other employees if the topic being discussed relates to products or services that they provide consultation on to the vendor. This includes both CME/CE and non-CME/CE educational activities.

Any paid consulting relationship with a vendor corporation must be disclosed through the annual University disclosure process and should be discussed directly with the individual’s unit leader.

Consulting or advisory relationships should be entered into by Medical Center staff members carefully. The work that will be done for the vendor corporation must be:

1. generally commensurate with the amount of compensation provided by the vendor and

2. the compensation must approximate fair market value.
There should be a signed agreement that outlines, at a minimum, the work to be done for the vendor corporation and the compensation to be provided by the vendor.

(1) If this agreement is between the vendor and the individual, all aspects of University HR policy 1.30 and Faculty Senate Rules still apply.

(a) The agreement with the vendor must be produced by the individual staff member if requested by a Medical Center unit leader or by the University. 
(b) The individual must report to the University if any intellectual property will be created as a part of this activity.

(2) If this agreement is between the vendor and the University, the Medical Center, or a Medical Center unit, the document should be reviewed and approved in advance by the office of the Medical Center Associate General Counsel.

Faculty and staff serving as a paid consultant, advisor, etc. for a vendor should comply with University HR and faculty policies regarding the requirement to use appropriate leave time for these activities when required.

b) Speakers’ Bureau and Educational Events
Medical Center staff members are permitted to participate in a vendor-sponsored speakers’ bureau or other educational event only:
(1) when the presentation is to be made in an academic setting (e.g., grand rounds, visiting professor, guest lecturer etc. at an academic medical center or other teaching hospital), or 
(2) at any event granting CME/CE credit regardless of the location, or 
(3) when the presentation is an educational or training activity for a vendor’s employees

When presenting at a vendor-sponsored speakers’ bureau or other educational event, any slides and other information presented by the Medical Center staff member must have been prepared by the Medical Center staff member. Use of slides or other vendor-prepared educational materials by the Medical Center staff member is not permitted with the exception of FDA-approved slides that are mandated for use when discussing a specific product.

Medical Center faculty members may receive an honorarium or speaker fee for lecturing in a permitted vendor sponsored or supported educational event as defined in this policy.

(1) If the event occurs in an academic setting (i.e., an academic medical center, teaching hospital, etc.), the honorarium or speaker fee must be from the academic institution.

(2) If the event occurs as a part of a CME/CE event, the honorarium or speaker fee must be from the organization sponsoring the CME/CE event.

Medical Center faculty members are prohibited from receiving a retainer or other similar payments simply for being a member of a speakers’ bureau. Any payments for involvement with a speakers’ bureau must be in relation to actually performing a service as a speaker, lecturer, etc.
In accordance with University policies, non-faculty employees are never permitted to receive an honorarium for such an event.

Medical Center faculty members are prohibited from participating in and receiving an honorarium for a vendor sponsored “speakers’ bureau” event when the goal of the activity is marketing of the vendor’s products.

“Token consulting” arrangements are strictly forbidden.

“Token consulting” arrangements are agreements to pay a Medical Center staff member for consulting or advising a vendor corporation when either:

(1) No substantive work is done on behalf of the vendor, or

(2) The work done for the vendor is not commensurate with the amount of compensation provided by the vendor, or

(3) When the compensation is not at fair market value as determined by acceptable benchmarks (e.g., AAMC faculty or MGMA practicing physician salary benchmarks).

(4) If there are any concerns that a consulting arrangement could be considered “token consulting,” please consult the office of the Medical Center Associate General Counsel for further review.

Ghost-writing of publications, abstracts, case reports or other scholarly work by vendor representatives on behalf of a Medical Center staff member is strictly prohibited. Faculty and staff should be aware of published guidelines in the medical literature regarding taking credit for authorship of an article, abstract, or other scholarly work.

7) Promotional materials
Vendor corporations and vendor representatives are prohibited from directly placing any promotional materials or educational materials in any patient care area or waiting area of any Medical Center inpatient or outpatient site.

Medical Center units and individual staff members are permitted to distribute or display high-quality patient education materials produced by a vendor corporation in patient care areas or waiting rooms of any inpatient or outpatient site provided that the materials are unbiased and are not product-specific.

c) Promotional materials that are product-specific or that directly market a vendor’s products may be distributed to patients:
only after they have been reviewed specifically by the Medical Center unit to ensure that they are generally complete and accurate regarding the vendor’s product, and only after it is determined that the patient needs or potentially needs to use the product or medication covered in the promotional material, and preferably by the unit’s faculty or staff and not directly by a vendor representative.
This policy should not be construed in any way to limit the distribution of accurate and complete instructions for use or safety warnings for any product or medication regardless of the source of the information after an item has been ordered or prescribed for use by a patient.

8) Samples
In order to ensure patient safety and the appropriate storage and distribution of medication samples, the distribution of medication samples will be prohibited except as noted under Section 8.b below.

i) In an attempt to minimize the need for samples:

(1) vendors are encouraged to provide vouchers to clinical units or clinics within the Medical Center that may be distributed to patients. These vouchers, in addition to a valid prescription, will allow a patient to receive free or discounted medications at a retail pharmacy.

(2) prescribers are encouraged to prescribe generic medications for those patients who cannot easily afford prescription medications and in those clinical situations when a generic medication is appropriate for the patient’s condition.

If members of a clinical unit believe that their clinical practice requires the continued use of medication samples for a specific medication or for a special patient population, they may apply to the Health System Pharmacy and Therapeutics Committee for an exception to this rule. As a part of that approval, the unit or clinic will be required to annually report the following to the Pharmacy and Therapeutics Committee:

The medication samples that are routinely stocked in the clinic,

The process for ensuring the proper storage, security and distribution for samples,

The process for monitoring the expiration dates on medication samples, and

The process for the documentation of distribution to patients.

For non-medication product samples, the unit or clinic should ensure that any samples provided to patients are appropriately packaged, in good condition and have not expired.

9) Conflict of Interest in Purchasing Decisions

Any Medical Center staff member who is involved in the evaluation of a product, selection of a vendor, negotiation with a vendor, or the decision to purchase a product must fully disclose any equity positions, consulting agreements, or other compensation relationships between him/herself or a member of his/her family (as defined by applicable University policy) with a vendor under consideration. This conflict of interest should be disclosed in writing to the Medical Center staff member’s direct supervisor as well as to the applicable staff from the respective purchasing department assigned to the purchase.

Both the individual’s supervisor as well as the respective purchasing department staff member are required to review the conflict of interest with the Medical Center staff member. If the conflict of interest is significant or cannot be managed appropriately in the opinion of the supervisor or the purchasing department representative, the individual must remove themselves from the process. If additional assistance is needed to evaluate the conflict of interest, the Medical Center Associate General Counsel, the Professionalism Council and the Office of the Senior Vice President are additional resources that can be utilized.
If an individual Medical Center staff member is in any position to materially benefit from the Medical Center relationship with the vendor or if the conflict is deemed too significant by either the Purchasing Department or the individual’s supervisor to be managed appropriately, the individual must immediately remove him/herself from any further discussions, meetings or negotiations.

Any Medical Center staff member who is involved in the evaluation of a product, selection of a vendor, negotiation with a vendor, or the decision to purchase a product should be generally familiar with all Purchasing Department policies regarding their role in the process.

Communication between Medical Center staff members and vendor representatives related to selection of a vendor, negotiation with a vendor or a decision to purchase a product should occur only in accordance with Purchasing Department policies.

All costs related to meals, travel, lodging, etc. for meetings, site visits, or other activities related to a purchasing decision must be covered by a Medical Center unit and not the vendor unless explicitly approved by a member of the Purchasing Department or other senior administrator.

10) Conflict of Interest in Research
Individual Medical Center staff members involved in any form of research should be generally familiar with and compliant with any applicable Medical Center, University, OSURF and IRB policies that govern conflicts of interest in research. Funding or other support for research from vendors may be received in accordance with applicable Medical Center, University, OSURF and IRB policies that govern industry-funded research.

As a part of the IRB approval process, individual Medical Center staff members must disclose to the IRB any financial conflicts regarding the research they are undertaking according to applicable Medical Center, University, OSURF and IRB policies.

As a part of the informed consent process, individual Medical Center staff members must disclose to prospective research subjects any substantial conflicts of interest regarding the research they are undertaking when required to do so by the IRB.

11) Non-compliance
Medical Center unit leaders are charged with ensuring that all Medical Center staff members (e.g., faculty, staff, trainees, etc.) in their unit are educated about this policy.

If a potentially non-compliant act or event is brought to the attention of any Medical Center unit leader, that leader must either directly investigate the issue or refer the issue to their supervisor or to the Professionalism Council for further investigation.

Reporting of potential non-compliance with this policy may be done through a variety of mechanisms.

i) Report entered in the Ethics Point compliance reporting system
(1) Web URL: https://secure.ethicspoint.com then select Ohio State University as the organization.
(2) Toll Free number: 1-866-294-9350
ii) Report directly to the Medical Center Compliance Office
iii) Report directly to Medical Center Risk Management
iv) Report to an appropriate unit, department or Medical Center leader

Determination of non-compliance and disciplinary action: Determination of non-compliance by a vendor representative or OSUMC staff member and the determination of any disciplinary action will be done with the cooperation of the applicable administrative, academic, research and/or clinical unit leadership where the alleged issue(s) occurred. For faculty members, this should also include the Department Chair for the individual involved. Additional assistance in any investigation, determination of non-compliance with this policy, or determination of disciplinary action can also be provided by the Chief Medical Officer, OSUMC legal counsel, the Dean, the Office of the Senior Vice President, or the Professionalism Council.

Vendor non-compliance: Each issue of non-compliance with this policy will be dealt with on an individualized basis taking into account the actual events that occurred and any previous non-compliance with OSUMC policies. Non-compliance may result in actions including, but not limited to, a warning, a temporary suspension of access to the Medical Center, permanent revocation of the individual vendor representative’s access to the Medical Center, or complete termination of business with the vendor corporation.

f) Staff non-compliance: Each issue of non-compliance with this policy will be dealt with on an individualized basis taking into account the actual events that occur, any previous non-compliance with OSUMC policies, and the individual’s overall applicable work or academic record. Any disciplinary action will be consistent with regard to existing disciplinary policies that apply to the individual in question. Non-compliance may result in disciplinary action, including but not limited to, a warning, probation, suspension, removal from a position whose duties include vendor interaction, or termination.

Any disciplinary action may be appealed in accordance with applicable Medical Center and University HR policies and through a process that is based on the individual’s status within the University (i.e., student, faculty, A&P staff, trainee, union member, etc.).

12) References

1) OSU Health System Policy 09-14, “Vendor Access and Control”
4) Chapter 2921 of the Ohio Revised Code
5) PhRMA Code on Interactions with Healthcare Professionals, PhRMA, April 2002
6) OIG Compliance Program Guidance for Pharmaceuticals Manufacturers, April, 2003
7) American Medical Association Council on Ethical and Judicial Affairs (CEJA) Ethics Opinion E-8.061 – Gifts to Physicians from Industry
8) American Medical Association Council on Ethical and Judicial Affairs (CEJA) Ethics Opinion E-9.011 – Continuing Medical Education


11) Ohio State University HR Policy 1.30 – “Conflict of Interest and Work Outside the University”

12) Ohio State University Faculty Senate Policy – “Paid External Consulting Policy”

13) Ohio State University Faculty Senate Policy – “Financial Conflict of Interest Policy for Faculty”

Approved by the OSUMC Executive Cabinet, March 12, 2009

**Effective July 1, 2009**