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: http://www.gradsch.osu.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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Nurse Practitioner Core Competencies April 2011
Directory

Office of the Dean

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Student Data Manager
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Diversity and Inclusion Associate
Position Vacant 688-8633

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Undergraduate Studies Student Representative
Hannah Tyrrell 292-4041

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RN to BSN Program Director
Wendy Bowles, PhD, RN, CPNP 688-1850

Graduate Studies Committee Chair
Celia Wills, PhD, RN 292-4699
Doctor of Nursing Practice Program Director
Joyce Zurmehly, PhD, DNP, RN, NEA-BC  292-4524

PhD Program Director
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WHNP-BC, FAHA, FNAP, FAAN

MS Program Director
Kristine Browning, PhD, CNP  247-8116
Randee Masciola, RN, MS, CNP  292-4994

Graduate Entry Program Director
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Technology Learning Complex Director
Lisa Rohrig, RN  247-6466

Information Technology
Director of Information Technology
Awais Ali  688-5370
Systems Specialists
Scott Blake  292-8199
Joni Tornwall  292-6804
Jon Gutzwiller  292-8250
John Pryba  292-1402
Network Administrator
Erik Yarberry  292-0626

Alumni Society President
Stephanie Stelmaschuk, RN

Alumni and Donor Relations Coordinator
Colleen Pelasky  688-2255
Graduate Specialty Track Directors

Adult Gerontology Acute Care NP
Carolyn McClerking, MS, RN  688-2238

Adult Gerontology CNS & Primary Care NP
Janine Overcash, PhD, GNP-BC  247-2365

Clinical Nurse Leader
Janice Wilcox, DNP, RN, CNL  292-4934

Family Nurse Practitioner
Oralea Pittman, DNP, CRNP, FAANP  292-4742

Family Nurse Practitioner-Online
Alice Teall

Neonatal Nurse Practitioner
Deborah Steward, PhD, RN  292-4978

Midwifery and Women's Health NP
Sharon Ryan, DNP  292-4873

Nursing & Health Systems Management
Laureen Smith, PhD, RN  292-4578

Nursing Science
Interim: Cindy Anderson, PhD, RN, WHNP-BC, FAHA, FNAP, FAAN  292-4179

Pediatric Primary and Acute Care NP
Rosie Zeno, MSN, RN, CNP  292-4762

Psychiatric Mental Health NP
Barbara Warren, PhD, PMH, APRN-CNS-BC  292-4847
Vision, Mission, Goals, and Values Statements

Strategic Vision of the College of Nursing
The Ohio State University College of Nursing is the world’s preeminent college known for accomplishing what is considered impossible through its transformational leadership and innovation in nursing and health, evidence-based practice and unsurpassed wellness.

Strategic Mission of the College of Nursing
We exist to revolutionize healthcare and promote the highest levels of wellness in diverse individuals and communities throughout the nation and globe through innovative and transformational education, research and evidence-based clinical practice.

Core College Goals
- Produce the highest caliber of nurses, leaders and health professionals equipped to effectively promote health, impact policy and transform healthcare across culturally diverse individuals, groups and communities.
- Transform healthcare to positively impact and sustain wellness through transdisciplinary and innovative education, research and evidence-based clinical practice.
- Ensure that all students, faculty and staff engage in healthy lifestyle behaviors and promote the highest levels of wellness in diverse individuals, groups and communities.
- Foster collaborative, entrepreneurial initiatives with local, national and international partners to improve healthcare and health outcomes.
- Support faculty, staff and students to achieve their highest career aspirations by sustaining a positive and extraordinary culture of wellness and excellence to the point where everyone wants to come here to teach, conduct research, practice and to learn.

Core College Values
Excellence: in the standards we set, the results we produce, the relationships we are in, and the dedicated service we provide.

Collaboration and Authenticity: our aspirations demand we remove internal boundaries—we must share information, promote teamwork, and think creatively to make this happen. We must also be authentic and transparent in our relationships and activities.

Curiosity and Intellectual Rigor: we engage in lifelong learning, ignite a spirit of inquiry in our colleagues and students, and stimulate critical thinking to solve health and healthcare’s greatest challenges.
Integrity and Personal Accountability: we accept responsibility for our actions, we keep our word, we focus on solutions rather than fault and blame, and we take initiative to make things happen.

Openness, Trust and Respect: our communication is direct, honest and respectful; we are open to constructive feedback and coaching, and we give feedback with candor and respect.

Integrity and Personal Accountability: we adhere to a code of moral values and take responsibility for our actions.

Diversity in People and Ideas: we respect and welcome diverse individuals and ideas, and interact with them in a way to facilitate their growth and development.

Empathy and Compassion: our actions seek to understand and be sensitive to the feelings, thoughts and experiences of others; we routinely engage in acts of caring.

Personal and Professional Wellness: we engage in and model healthy lifestyle behaviors and interactions with our colleagues and students in order to achieve the highest level of wellness in our personal and professional lives.

Transformational and Innovation Leadership: we lead and inspire others to: innovatively solve the most pervasive problems in education, health and healthcare, and to be entrepreneurial; we walk our talk.

College of Nursing (2013). College of Nursing Strategic Plan 2011-2016. 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: 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. The Chair is in addition to the elected members.
- Elected Members: (5) - Six regular faculty, at least one of whom is tenured and one of whom is certified as an advanced practice nurse.
Students: (4) - One graduate entry, one traditional MS, one PhD student, and one DNP student.
Ex-officio: (8) - Associate dean for academic affairs, assistant deans, PhD director, DNP director, director of master’s program, graduate program manager, online programs coordinator

Functions
- Carries out specific functions required by the Graduate School and the dean of the College of Nursing.
- Reviews faculty for Graduate School appointment.
- Reviews and recommends to the faculty for approval or modification the aims, objectives, philosophy, conceptual framework, and offerings of the graduate programs.
- 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.
- Initiates and/or reviews proposals for new courses and/or any reorganization of the curriculum, and makes recommendations to the faculty for approval.
- Evaluates outcomes of the graduate program.
- Recommends to the faculty criteria consistent with the Graduate School for admissions, progression, and graduation.
- Reviews and selects candidates for admission to the graduate program.
- Monitors progression of students in the graduate program.
- Acts upon student petitions for exceptions to or modifications of policies or procedures for progress in (including reinstatements) and graduation for the graduate programs.
- Selects candidates for fellowships, grants, and honors.
- Communicates with graduate student recruiters regarding design, implementation, and outcomes of graduate student recruitment strategies.
- 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

- Chair: The chair of the DNP program committee will be the DNP Program Director.
- Category M and P faculty are elected to serve a three year staggered term and DNP student representatives are elected annually.
- Elected Members: (5) - Two from the P faculty and three from the doctorally-prepared M faculty.
- Students: (1) - One DNP student (volunteer).
- Ex-officio: (1) - Graduate Studies Committee chairperson

Functions

- Advises the GSC about DNP curriculum implementation including the development of new courses and proposals to alter the curriculum.
- Monitors programmatic quality indicators and consistency of the curriculum with the DNP Essentials and NONPF standards.
- Presents program evaluation data to the GSC annually.
- Reviews applications, conducts interviews of applicants, and recommends DNP program applicants for admission to the GSC.
- Implements and evaluates the Professional Doctoral Examination and the formats for the final project.
- Monitors progression of students in the DNP program.
Your Faculty 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 educational 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 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. Students should meet with the current advisor to discuss the proposed change, secure the agreement of the new proposed advisor, and notify the director of the DNP program in writing regarding the change.

Within the first semester, 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 the advisor, with an additional copy given to 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 Student Records Manager for placement in the student’s file.

Academic advising is an interactive process whose aim is to develop a plan that helps the student move smoothly through the academic endeavor s/he has chosen. This process works best when both parties (the advisor and the advisee) partner to achieve a mutually agreed upon outcome. Both parties have areas of accountability to assure that this process proceeds in a smooth and beneficial manner. Below are listed some elements of the responsibility the student has in the process:

- **Contact your advisor first.** The student must contact the advisor of record immediately after acceptance of admission in order to develop the curriculum plan.

- **Contact your advisor at least once per semester or session to discuss your progress.** Additionally, the student should contact the advisor at any time during the semester or session to inform him/her of any proposed changes in the curriculum plan that the student wishes to make to assure that the overall plan is still sound and meets progression requirements.

- **Contact the advisor if there are academic or other life issues that interfere with successful completion of a course or courses.** Although dialogue with the course instructors is essential, it is also essential that the student’s advisor be informed of any problems. Often, the advisor can help to plan strategies, give suggestions about appropriate petitions, and be a sounding board to recognize consequences of actions the student might think about implementing,
Discuss decisions to change specialty tracks, take a leave of absence, waive a course, or other decisions that affect completion of an academic program. Advisors recognize that goals, objectives, and commitments may change. Your advisor is the first line academic official with whom these changes should be discussed. Procedures, consequences, and suggestions for appropriate strategies are resources that advisors may use to help. The advisee usually is the one who initiates these discussions.

Discuss decisions about professional examination and final project procedural clarification. The advisor can often serve as the first line for recommendations for decisions about the professional exam or final project. The advisor is the person who can make initial and informed suggestions about the best people to have on the student’s committees. In most cases, the advisor would serve as the student’s committee chair.

Request, as needed, the advisor to serve as a professional reference after graduation. The advisor is a person who, in most cases, has known the student since the beginning of the student’s program. Advisors are often the best persons to complete a professional reference when the new graduate is applying for a position or entry into an advanced or terminal degree program.

Please also review APPENDIX F of the Graduate School Handbook for Graduate Advising Best Practices

The DNP Program at The Ohio State University

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 only. In autumn 2014, a BSN to DNP option will be offered. 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.

**Competencies of the DNP Graduate**

The National Organization of Nurse Practitioner Faculties (NONPF) released a unified set of core competencies for ALL nurse practitioners in April 2011. Amended in 2012, these competencies guide both masters and doctoral prepared nurse practitioners. Please see the appendix of the DNP handbook for a copy of the core competencies.

A link to the most recent list can be found online here: [http://www.nonpf.org/?page=14](http://www.nonpf.org/?page=14).


**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 DNP Program includes core courses as well as electives complementary to the student’s area of expertise that total a minimum of 50 semester credits. Students may elect a second area of clinical specialization in which to expand their practice such as mental health or acute care practice. This will 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. Upon approval by their DNP academic adviser and the DNP Subcommittee, students may complete their clinical requirements at their place of employment.

Graduate School Full Time Residency Requirement

The Graduate School requires a minimum of two consecutive pre-professional doctoral examination semesters or one semester and a summer session with full time enrollment while in residency at this university. Full time enrollment is considered a minimum of 8 credits during autumn and spring semesters, and a minimum of 4 credits during summer session. Students can meet this requirement by one of two approaches: (1) taking 8 credits during the autumn semester and 8 credits during the spring semester; OR, (2) by taking 8 credits during the spring semester and 4 credits during the summer session. For either option (1) or (2), the full time residence requirement must be met within the same academic calendar year, and must be met before taking the DNP Professional Examination.

Also required is a minimum of two consecutive semesters or a semester and summer session of residency with enrollment of at least six semester credits after the professional doctoral exam. This requirement is satisfied by completing the DNP immersion and Final Project during the final year of study.

Course Delivery Methods

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.

Elective Coursework Requirement

Depending on the student’s specialty track, each student selects 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 and ideally should be completed prior to the Professional Doctoral Examination.

Students may select among the wide range of graduate level courses offered throughout Ohio State University after obtaining instructor permission. Credit from courses taken elsewhere may be approved for transfer of credit towards the elective requirement through the petition process (see below). Courses taken as a degree-seeking student may not be transferred to Ohio State for credit, regardless of whether the courses were required as part of the degree or were electives. Only coursework taken as a non-degree student
prior to admission in a degree-granting program or after the graduation from a program may successfully be petitioned for transfer to Ohio State through the Graduate School. Ohio State courses may be waived through a College of Nursing petition process based on prior coursework, but the credit hour requirement must then be fulfilled using a different course so that the 50 credit hour requirement is met for the doctoral degree.

Appropriate online courses may also be available through Big Ten Committee on Institutional Cooperation (CIC) CourseShare and Traveling Scholar options. Additional information is available at [http://www.cic.net/Home/Projects/SharedCourses.aspx](http://www.cic.net/Home/Projects/SharedCourses.aspx).

**Additional Specializations**

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/graduate-interdisciplinary-specializations.html](http://www.gradsch.ohio-state.edu/graduate-interdisciplinary-specializations.html). Popular choices in the Graduate Programs include Global Health, Gerontology, and College and University Teaching. The specialization is noted on the student’s transcript. Graduate Minors will also be noted on transcripts. A list of available minors can be found on the same page.

**Transfer of Credit**

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

- For coursework already completed at another university, the student must complete the petition process no later than the second semester of enrollment.
- For proposed elective coursework to be taken outside of The Ohio State University the student must first secure advisor approval. A petition must then be made to and approved by the Graduate Studies Committee prior to taking new coursework towards the doctorate. An official transcript confirming the grade must then be sent to the Data Manager for final processing.
- Students must complete 80% of the required number of credits at The Ohio State University in order to graduate. If a student completes his or her MS and transfers in that credit, 80% of the remaining 50 credit hours for the post-master’s DNP must be taken at Ohio State over the period of two semesters.
Description of DNP Program Courses

NRSPRCT 8193  *Individual Studies (Variable credit, 1-6)*
Advanced individual studies in selected areas for the DNP student. Prereq: Admission to the DNP program, or permission of instructor. Repeatable to a maximum of 6 credit hours or two completions. This course is graded S/U. (CE, NE, BSN)

NRSPRCT 8402  *Innovation and Leadership Development for the DNP Nurse (3 credits)*
Examination of leadership development to maximize innovation and positive organizational impact with an exploration of own leadership development. Prereq: Enrollment in DNP program, or permission of instructor. (CE, NE, BSN)

NRSPRCT 8403  *Innovation and Complexity Foundations for the DNP Nurse (3 credits)*
Examination of the demands for innovations in thinking and solutions to pressing problems in nursing and health care with an emphasis on analysis of contemporary innovation theories and complexity science. Prereq: NRSPRCT 8402. (CE, NE)

NRSPRCT 8404  *Nurse Executive Leadership at the Corporate Level (3 credits)*
Analysis of the nurse executive position at the corporate level from a complexity leadership perspective with an emphasis on leadership theory and applications in complex healthcare systems. Prereq: NRSPRCT 8403. (CE, NE, BSN)

NRSPRCT 8480  *Quality Improvement in Doctoral Nursing Practice (3 credits)*
Advanced concepts in collaboration, design, leadership, implementation and evaluation of quality improvement initiatives. Prereq: Admission to the DNP program, or permission of instructor. Not open to students with credit for NURSPRCT 940.02. (CE, NE, BSN)

NRSPRCT 8490  *Health Promotion in the Age of Personalized Health Care (2 credits)*
Critical analysis of social determinants of health contributing to health disparities, their synthesis with theories of health behavior, and development of strategies to improve health outcomes. Prereq: Admission to the DNP program, or permission of instructor. Not open to students with credit for NURSPRCT 913. (CE, NE, BSN)
NRSPRCT 8500  Health Policy for Doctoral Nursing Practice (3 credits)
Analysis of policy and advocating for change that impacts health at institutional, local, state and federal levels. Prereq: Admission to the DNP program, or permission of instructor. Not open to students with credit for NURSPRCT 940.03. (CE, NE, BSN)

NURSING 8510  Ethics in Healthcare Practice, Research and Policy (2 credits)
Study of the central ethical dilemmas facing Nursing in health care practice, research, and policy. Prereq: Grad standing in Nursing or permission of instructor. Not open to students with credit for NURSING 755. (CE, NE, BSN)

NRSPRCT 8600  The Culture of Systems: Creating a Context for Organizational Peak Performance (3 credits)
Analysis of cultural theories in health care and the impact of culture on organizational structure, relationships, evaluation, and outcomes. Prereq: NRSPRCT 8402. (NE)

NRSPRCT 8610  Informatics for Leadership in Health and Healthcare (2 credits)
Analysis of theories and design as applied to health informatics, evaluation electronic health information resources and patient care technology, and application in DNP practice. Prereq: Admission to the DNP program, or permission of instructor. (CE, NE, BSN)

NRSPRCT 8781  Methods and Measurement in Clinical Nursing Science (3 credits)
Theory and survey of research methods and measurement issues related to clinical nursing science. Prereq: Admission to the DNP program, or permission of instructor. Not open to students with credit for NURSPRCT 951 or 952. (CE, NE, BSN)

NRSPRCT 8782  Foundations of Evidence-Based Practice (EBP) (3 credits)
Examination of the development and impact of evidence-based practice on health outcomes and the roles of the DNP in integrating evidence into practice and leading organizational change. Prereq: Admission to the DNP program, or permission of instructor. (CE, NE, BSN)
NRSPRCT 8783  Implementing, Facilitating, and Sustaining EBP (2 credits)
Application of EBP principles and the change process to implement, facilitate, evaluate, and sustain evidence-based-practice changes to improve healthcare. Prereq: NRSPRCT 8781 and 8782. (CE, NE, BSN)

NRSPRCT 8784  Disseminating Evidence to Advance Best Practices, Policy, and Outcomes in EBP (2 credits)
Internalization of the roles and responsibilities of the DNP in EBP through dissemination of evidence. Prereq: NRSPRCT 8783. (CE, NE, BSN)

NRSPRCT 8898  DNP Clinical Immersion (7 credits)
Integration and synthesis of knowledge and practice experiences designed to achieve essential and specialty components of the DNP role. Prereq: Successful completion of DNP Professional Examination. Repeatable to a maximum of 21 credits. (CE, NE, BSN)
Sample DNP Plans of Study

DNP Post-Master’s Nurse Executive track – Full Time

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Autumn</th>
<th>Spring</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015 – 2016</td>
<td>NP 8402 Innovation and Leadership Development for the DNP Nurse (2)</td>
<td>NP 8404 Nurse executive leadership at the corporate level (2)</td>
<td>NP 8480 Quality Improvement in doctoral nursing practice (2)</td>
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<td></td>
<td>NP 8403 Innovation and Complexity Foundations for the DNP Nurse (2)</td>
<td>NP 8500 Health policy for doctoral nursing practice (2)</td>
<td>NP 8600 The culture of systems: creating a context for organization peak performance (1)</td>
</tr>
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<td></td>
<td>NP 8781 Methods and measurement in clinical nursing science (2)</td>
<td>N 8510 Ethics in healthcare practice, research and policy (2)</td>
<td>NP 8610 Informatics for leadership in health and health care (2)</td>
</tr>
<tr>
<td></td>
<td>NP 8890 Professional Seminar (1) **</td>
<td>NP 8782 Foundations of evidence-based practice (2)</td>
<td>NP 8897 Practice Inquiry II (3)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NP 8896 Practice Inquiry I (3)</td>
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<td>DNP Professional Exam</td>
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<table>
<thead>
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<th>Year 2</th>
<th>Autumn</th>
<th>Spring</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016 – 2017</td>
<td>NP 8898 DNP Clinical Immersion (5)</td>
<td>NP 8898 DNP Clinical Immersion (5)</td>
<td>37 total hours</td>
</tr>
<tr>
<td></td>
<td>NP 8998 DNP Final Project (1)</td>
<td>NP 8998 DNP Final Project (1)</td>
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</tbody>
</table>

* Shaded terms meet the minimum credits for the Graduate School full-time residency requirement.

** Students with writing skills development needs will be strongly encouraged to take NP8890 during the first semester of the DNP program.
# DNP Post-Master’s Nurse Executive track – Part Time

## Year 1

<table>
<thead>
<tr>
<th>2015 – 2016</th>
<th>Autumn</th>
<th>Spring *</th>
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<tbody>
<tr>
<td>NP 8402 Innovation and Leadership Development for the DNP Nurse (2)</td>
<td>NP 8500 Health policy for doctoral nursing practice (2)</td>
<td>NP 8480 Quality Improvement in doctoral nursing practice (2)</td>
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<td>NP 8403 Innovation and Complexity Foundations for the DNP Nurse (2)</td>
<td>N 8510 Ethics in healthcare practice, research and policy (2)</td>
<td>NP 8610 Informatics for leadership in health and health care (2)</td>
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<tr>
<td>NP 8890 Professional Seminar (1) **</td>
<td>NP 8782 Foundations of evidence-based practice (2)</td>
<td>NP 8896 Practice Inquiry I (3)</td>
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## Year 2

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<th>Spring</th>
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<tbody>
<tr>
<td>NP 8781 Methods and measurement in clinical nursing science (2)</td>
<td>NP 8404 Nurse executive leadership at the corporate level (2)</td>
<td>NP 8897 Practice Inquiry II (3)</td>
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<td>NP 8600 The culture of systems: creating a context for organization peak performance (1)</td>
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<td>DNP Professional Exam</td>
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## Year 3

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<td>NP 8998 DNP Final Project (1)</td>
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* Shaded terms meet the minimum credits for the Graduate School full-time residency requirement.

** Students with writing skills development needs will be strongly encouraged to take NP8890 during the first semester of the DNP program.
## DNP Post-Master’s Clinical Expert track – Full Time

<table>
<thead>
<tr>
<th>Year 1</th>
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<tbody>
<tr>
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** Students with writing skills development needs will be strongly encouraged to take NP8890 during the first semester of the DNP program.

*** Encouraged to take NP 8600.
### DNP Post-Master's Clinical Expert track – Part Time

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<td>NP 8490 Health promotion in the age of personalized health care (2)</td>
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<td></td>
<td>Elective Course (1) ***</td>
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** Students with writing skills development needs will be strongly encouraged to take NP8890 during the first semester of the DNP program.

*** Encouraged to take NP 8600.
BSN to DNP Program Content

From the beginning of coursework through the completion of a student’s specialty practicum, certain aspects of nursing requirements will follow a combination of master’s-level and doctoral-level guidelines. To save on redundancy of information and document length, information regarding specialties and clinical compliance will be referenced in the Master of Science Student Handbook 2015-2016. A copy can be found online at http://studentweb.con.ohio-state.edu/sa/Student%20Handbooks/Forms/AllItems.aspx.

Specialties

Information regarding specialties can be found in the Master of Science Student Handbook 2015-2016 beginning on page 30 and ending on page 105.

Clinical Compliance

Information regarding clinical compliance for the specialty practicums can be found in the Master of Science Student Handbook 2015-2016 under the heading titled “Requirements for Clinical Courses (pp. 136-144).

Description of BSN to DNP Master’s-Level Program Courses

Completion of a master’s-level specialty will involve taking courses in assessment, pathophysiology, and pharmacology, as well as courses specific to the student’s specialty.

Assessment

**NURSING 7302 Advanced Health Assessment of the Neonate (3 credits)**

Development of advanced health assessment and psychomotor skills to comprehensively assess and manage high-risk neonates. Prereq: Enrollment in the Neonatal NP specialty. Not open to students with credit for 729.

**NURSING 7330 Advanced Pediatric Health Assessment (4 credits)**

Advanced knowledge and skills in the health assessment of children birth through young adulthood with an emphasis on sophisticated clinical reasoning. Prereq: Enrollment in Pediatric NP Primary, Acute Care, or Child and Adolescent Psychiatric Mental Health specialty. Not open to students with credit for 715.

**NURSING 7410 Advanced Health Assessment (3 credits)**

Development of advanced health assessment skills. Emphasis on acquisition of pertinent assessment data across the life span for advanced nursing care for multiple specialties. Prereq: N7450, Grad standing in Nursing; or permission of instructor. Not open to students with credit for 705.
Pathophysiology

NURSING 7300  Developmental Physiology and Pathophysiology of the High-Risk Neonate I (5 credits)

Biological basis for case management of the high-risk neonate incorporating analysis and synthesis of principles of embryology, developmental physiology, and pathophysiology. Prereq: N7302, Enrollment in the Neonatal NP specialty. Not open to students with credit for 727

NURSING 7301  Developmental Physiology and Pathophysiology of the High-Risk Neonate II (3 credits)

Biological basis for case management of the high-risk neonate incorporating analysis and synthesis of principles of embryology, developmental physiology, and pathophysiology. Prereq: 7300. Not open to students with credit for 728.

NURSING 7450  Pathophysiology of Altered Health States (5 credits)

Analysis of theories and research regarding alterations of health states across the life span with an emphasis on pathophysiological processes. Prereq: Grad standing in Nursing or permission of instructor. Not open to students with credit for 703 or 704.

Pharmacology

NURSING 7303  Advanced Newborn/Infant Pharmacology (3 credits)

Pharmacotherapeutic principles applied to the high-risk neonate/infant with an emphasis on pharmacokinetics and pharmacodynamics when applied to neonatal physiology. Prereq: N7302, Enrollment in the Neonatal NP specialty. Not open to students with credit for 708.

NURSING 7470  Advanced Pharmacology in Nursing (4 credits)

Pharmacokinetic principles and clinical application and principles of the use of drugs and therapeutic devices in the prevention of illness and maintenance of health. Meets criteria for APNs prescribing in Ohio. Prereq: N7450, Grad standing in Nursing or permission of instructor. Not open to students with credit for 706. Repeatable to a maximum of 12 cr hrs or 3 completions.
## Sample BSN to DNP Plan of Study

### BSN to DNP Clinical Expert track – Full Time

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Autumn</th>
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<th>Summer *</th>
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</thead>
<tbody>
<tr>
<td>2015 – 2016</td>
<td>N 7450 Pathophysiology of Altered Health States (5) NP 8402 Innovation and Leadership Development for the DNP Nurse (2) NP 8890 Professional Seminar (1) **</td>
<td>NP 8500 Health policy for doctoral nursing practice (2) N 8510 Ethics in healthcare practice, research and policy (2) NP 8782 Foundations of evidence-based practice (2) NP 8896 Practice Inquiry I (3) OR Specialty Support Course (2-3)</td>
<td>NP 8480 Quality Improvement in doctoral nursing practice (2) NP 8610 Informatics for leadership in health and health care (2)</td>
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<tr>
<th>Year 2</th>
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<tbody>
<tr>
<td>2016 – 2017</td>
<td>NP 8403 Innovation and Complexity Foundations for the DNP Nurse (2) NP 8781 Methods and measurement in clinical nursing science (2) NP 8897 Practice Inquiry II (3) Elective Course (1) ***</td>
<td>N 7410 Advanced Health Assessment (3) N 7470 Advanced Pharmacology in Nursing (4) NP 8490 Health promotion in the age of personalized health care (2)</td>
<td>Specialty Practicum (7-11)</td>
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<th>Year 3</th>
<th>Autumn</th>
<th>Spring</th>
<th>Summer</th>
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<tbody>
<tr>
<td>2017 – 2018</td>
<td>Specialty Practicum (8-12) DNP Professional Exam</td>
<td>Specialty Practicum (8-12)</td>
<td>NMW Practicum IV (10-11)</td>
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<tbody>
<tr>
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<td>NP 8898 DNP Clinical Immersion (5) NP 8998 DNP Final Project (1)</td>
<td>NP 8898 DNP Clinical Immersion (5) NP 8998 DNP Final Project (1)</td>
<td>Minimum of 67 total hours</td>
</tr>
</tbody>
</table>

* Shaded terms meet the minimum credits for the Graduate School full-time residency requirement.

** Students with writing skills development needs will be strongly encouraged to take NP8890 during the first semester of the DNP program.

*** Encouraged to take NP 8600.
**BSN to DNP Clinical Expert track – Part Time**

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<th>2015 – 2016</th>
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<tbody>
<tr>
<td></td>
<td>N 7450 Pathophysiology of Altered Health States (5)</td>
<td>NP 8500 Health policy for doctoral nursing practice (2)</td>
<td>NP 8896 Practice Inquiry I (3) OR Specialty Support Course (2-3)</td>
</tr>
<tr>
<td></td>
<td>NP 8402 Innovation and Leadership Development for the DNP Nurse (2)</td>
<td>N 8510 Ethics in healthcare practice, research and policy (2)</td>
<td>NP 8610 Informatics for leadership in health and health care (2)</td>
</tr>
<tr>
<td></td>
<td>NP 8890 Professional Seminar (1) **</td>
<td>NP 8782 Foundations of evidence-based practice (2)</td>
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<tr>
<td></td>
<td>NP 8403 Innovation and Complexity Foundations for the DNP Nurse (2)</td>
<td>N 7410 Advanced Health Assessment (3)*</td>
<td>Specialty Practicum (7-11)</td>
</tr>
<tr>
<td></td>
<td>NP 8781 Methods and measurement in clinical nursing science (2)</td>
<td>N 7470 Advanced Pharmacology in Nursing (4)*</td>
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<td>Specialty Practicum (8-12)</td>
<td>Specialty Practicum (8-12)</td>
<td>NMW Practicum IV (10-11)</td>
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<td></td>
<td>Elective Course (1) ***</td>
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### Year 5

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<td>NP 8998 DNP Final Project (1)</td>
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*** Encouraged to take NP 8600.
DNP Program Fees

Registrar Fees

Information on tuition and explanation of the fees charged by the Registrar may be found at http://registrar.osu.edu/FeeTables/MainFeeTables.asp.

Distance Education Fee

A distance education course is defined as those courses with no scheduled in-classroom or on-site activities. A distance education administration surcharge of $100 and a Nursing distance learning surcharge of $190 per student per term is charged for any student who is enrolled for only courses tagged as distance education courses. The revenue generated from this fee will fund 24/7 distance education support. If a distance education student is enrolled as a non-resident, a non-resident distance fee of $5 will be assessed, but the regular non-resident fee will be waived. Site-based fees (e.g. COTA Fee, Recreation Center Fee and the Ohio Union Fee) will also be waived for such a student. If a student has any regular or “hybrid” (regular courses that also have a significant distance education component but are not exclusively distance education) courses in addition to distance education classes, all regular fees will be assessed.

College of Nursing Fee

A Nursing Program Fee is a prorated fee based on full-time enrollment. All graduate nursing students, except Graduate Associates and Fellowship recipients, incur this fee each semester. The purpose of the fee is to balance the cost of quality education beyond tuition, which includes program/clinical experiences that require low faculty-student ratios.

Student Health Insurance

Students are required to have health insurance. You will be automatically enrolled in and billed for the OSU Comprehensive Student Health Insurance (SHI) plan if you do not make a selection by the deadline each year. To qualify for SHI the student must be enrolled part-time in eligible (on-campus) classes. Students who are enrolled exclusively in online distance-learning courses are not eligible to purchase or continue coverage through SHI. However, students taking only online courses and enrolled in a minimum of four credit hours may petition for coverage each term. Students must complete the petition form available through http://shi.osu.edu and contact the College of Nursing Online Programs Coordinator to request a letter of support. Petition decisions and notifications will come from the SHI office.
DNP Program Requirements

Enrollment

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

Once the Professional Doctoral Examination has been completed students are considered to be in “Post-Candidacy.” Students must remain continuously enrolled until graduation.

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 semester of their candidacy (summer session excluded) until graduation. Students must be enrolled for at least three credits per semester. 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.”

Eligibility and Preparation

A student is eligible to sit for the Professional Doctoral Examination after coursework is completed and in the spring session 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 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 member’s relevant expertise. The student is responsible for obtaining the agreement of the faculty members to participate on his or her committee.

**Initial Paperwork**

**The Graduate School is currently implementing an online form submission system. Information regarding the submission of paperwork is subject to change.**

- During Autumn term, an e-mail message will be sent by the Student Data Manager to ALL DNP faculty and all DNP grad students (especially those who are considered “2nd year”) announcing the deadline to complete the paperwork for the DNP Professional Examination, as the end of Autumn term. That message, appropriate forms, and instructions, will be made available in in the Student Affairs area of the StudentWeb (Sharepoint).

Graduate School paperwork: [http://www.gradsch.osu.edu/Depo/PDF/ProfDoc_Notify.pdf](http://www.gradsch.osu.edu/Depo/PDF/ProfDoc_Notify.pdf)

- Student will need to download the form, complete their information, and send the form (electronically or hard copy) to their adviser (also committee chair) before the end of autumn term.

- The adviser will need to make sure that two additional committee members (i.e. readers) are listed on the form; and that these members have agreed to, and are aware of, the commitment and procedures involved. Once this is done, but no later than the end of spring term, the adviser will sign the form and forward it to the Student Data Manager.

- The Student Data Manager will fill in the additional information regarding the date of the exam, make copies for the students’ records, and submit the completed forms to the Graduate School, by the deadline.

**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. The examination consists of 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 semester or summer session receive the same questions with responses expected to strongly reflect the student’s area of expertise as well as knowledge achieved in the elective courses.

Pre-Examination Procedures

- The exam will be created by the DNP Subcommittee during autumn term.
- The DNP Subcommittee will provide the exam questions and all related materials to the Student Records Manager by the end of autumn term.
- The Student Records Manager and Graduate Program Manager will work with the designated IT person to create a single CARMEN site specifically for the DNP Professional Examination. Instructor level access will be provided to the Director of the DNP Program, the Student Data Manager, the Graduate Program Manager, and the Graduate Studies Committee Chair. This site will not be connected to a specific course.
- The Student Data Manager, Graduate Program Manager, and IT will work together to make sure that the correct students will have access to the CARMEN site as appropriate.
- Students will need to be enrolled for three Graduate credit hours, and have paid their fees, for summer.

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 spring session or term 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. Written responses to the three questions should include the text of the examination and the reference list used in developing each response. Students may also include tables, figures, and appendices as needed to clarify responses. All references shall be consistent with the 6th edition of the APA Publication Guide.

- The exam will be taken during the spring semester
- No exceptions will be made, or alternate dates provided, except in extreme emergencies preapproved by the DNP Subcommittee and the GSC.
- The exam, materials, and related information will made available on the CARMEN site.
- The students’ will upload their answers to the CARMEN drop box by the due date.
o Student’s answers will be retrieved from the CARMEN drop box by the Student Data Manager.

Grading of Exams / Final Paperwork

o Exam answers will be sent to committee members (readers) via email.

o Readers can initially indicate “satisfactory” or “unsatisfactory” ratings by responding to the same email, within two weeks.

o Readers will have 10 days to review the exam(s) and reach a decision.

o Students will be notified by their advisers whether or not they have successfully completed the examination.

o The Student Data Manager will notify readers that they need to come to his office to sign the DNP Examination Report forms that were generated by the Graduate School. These forms must be signed by all readers no later than three weeks after the closing date of the exam. If the Student Data Manager is out of the office, the forms will be stored in a pre-designated location made known to the readers. The Student Data Manager will submit the forms to the Graduate School.

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. If even one committee member judges the exam not to be a passing response, the student fails the exam.

Repeating the Professional Doctoral Exam

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.”

The Chair identifies several potential meeting dates for the committee to meet with the student to provide feedback. The Chair notifies the student by phone and email regarding the exam outcome and provides the potential dates and times for the student to meet with the committee, confirming the time selected and place for the meeting to all attendees. The Chair also notifies the Student Data Manager of the exam outcome and the Chair of the DNP Subcommittee. During the meeting, the Chair assists the student in selecting a new test period when all committee members are available to read the exam in a timely manner.

The Subcommittee Chair is apprised of the new test period and is responsible for securing a new exam for the second test period. The second exam is made available on Carmen and the student has two weeks in which to complete the exam and return it to the Carmen
Drop Box after which a two week reading period ensues for the committee members. The Chair once again polls the committee members, notifies the student of the outcome via phone and email, and notifies the Student Data Manager of the outcome so that the Final Approval- Professional Doctorate form may be completed and submitted to the Graduate School.

A student receiving a grade of Unsatisfactory may repeat the Professional Doctoral Examination only once. If the student again 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 D--Graduate Student Grievance Review Guidelines (For grievances related to graduate examinations and graduate associate appointments).

The DNP Clinical Immersion Experience

The emphasis on high level nursing 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 independent scholarly inquiry and contribute to the student’s personal growth in nursing leadership, health policy, or evidence-based practice. Together with the final project, the immersion provides evidence of the student’s 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. Students may not work together on any portion of the immersion plan.

The Written Immersion Plan

Entry into the immersion experience depends upon the student’s successful completion of the Professional Doctoral Examination in the spring semester prior to the first immersion experience in autumn. Over several semesters early in the DNP program, students will have a minimum of 30 hours in clinical application of content in each of three courses (leadership, quality improvement, and health policy) for a minimum of 90 hours, prior to the 410 minimum hours of clinical immersion experiences in the final year of the program. This will result in a minimum of 500 post-master’s clinical hours (more if they completed less than 500 hours in their master’s program). Those enrolled in the post-BSN DNP program include a set of didactic and clinical courses specific to that role and population.
for which they are seeking specialty APRN certification. All DNP students must complete a minimum of 1,000 hours of post-BSN clinical/practicum experience.

The immersion is a set of individualized learning experiences aimed at expanding the student’s clinical and systems-level expertise and specialized knowledge in advanced specialty nursing practice. The execution of the Final Project occurs within the immersion practice setting and forms a portion of the immersion experience.

With the help of the student’s academic advisor, each DNP student develops a written Immersion Plan with no more than three, major learning objectives spanning the final academic year. In selecting the objectives, students should carefully consider the competencies identified in the DNP Essentials and develop objectives in areas in which the student would benefit from building his or her expertise. For each objective, well-specified activities relevant to meeting the objective should be identified for each semester of the immersion experience. Evaluation products presented to the advisor each semester to demonstrate student progress should also be developed for each objective.

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 immersion experiences include a wide variety of potential experts from which the student may choose. 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 objectives. 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 providing the preceptor/mentors contact information on the DNP Immersion Form. All of the preceptor information and resources are located online at http://nursing.osu.edu/precepting-for-the-college-of-nursing/.

Selection of Clinical Sites

Faculty advisors will assist the student in securing these desired experiences. Examples may 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.

Formal contracts are necessary for placements in clinical agencies. DNP students may complete their clinical experiences within their place of employment, as long as the experiences differ from their standard assignment. Students may negotiate experiences outside of their regular place of employment. A valid clinical contract between the clinical site and the CON must be in place prior to the beginning of the first practicum/immersion course. Faculty advisors assist the student in meeting demands for these desired experiences. The director of the DNP program and the specialty track directors work in conjunction with the contracts and compliance managers to assure that valid affiliation
agreements for immersion/clinical experiences are in place, that students have met all compliance requirements in the agreements, and that preceptors/placements continue to meet student learning outcomes. The CON program manager for clinical placement agreements collaborates with student affairs support staff and faculty in the implementation of procedures for assuring compliance requirements, including collecting the relevant documentation.

Approval Process

Students should complete the electronic draft of the Immersion Plan located in their e-portfolio by the end of the spring semester during the second year of the program.

- The student will verify all the information by checking the box on the electronic form and submitting to their advisor.
- The adviser reviews and approves the electronic draft immersion plan via electronic signature and returning to the student.
- The student sends one electronic copy draft plan to the DNP Subcommittee Chair by Friday of spring semester final exam week.
- The student also submits a copy to DNPforms@osu.edu.

The DNP Subcommittee reviews the proposed plans for each student’s immersion experience during the first two weeks of the summer session. If any recommendations for refinement to the proposed immersion plan is determined the Chair of the DNP Subcommittee provides both the adviser and student with a written summary of the proposed immersion plans by the last two weeks of summer session. Students have two weeks in which to complete the amendments and enter them into the online immersion format. The DNP Subcommittee meets again to review the amended plans and provide additional feedback. When the Subcommittee approves the student’s plan, the Chair of the DNP Subcommittee electronically approves the plan and an email notice is sent to the student.

Immersion plans may undergo substantive changes as the experience unfolds. Substantive changes should be incorporated into Immersion Plan, reviewed and approved by the advisor and sent for the DNP Subcommittee’s review and approval. Immersion plans for each semester must be finalized prior to the first day of the semester if amendments have been made.

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

- Define actual and emerging problems.
- Conduct comprehensive organizational, systems, and/or community assessments to identify health or system needs.
- Design aggregate level health interventions.
- Demonstrate an expert level of understanding of nursing and related biological, behavioral and other related sciences.
o Create effective partnerships with diverse stakeholders for achieving health-related organizational or public policy goals.

o Design patient-centered or population-focused care delivery systems or policy level delivery models.

**Requirements for Clinical Courses**

**Health Requirements**

Health requirements are necessary for students for the protection of their own health as well as for that of the patients and clients for whom they will be caring in the nursing program. The health requirements in place for students are requirements set by the health care agencies where students are assigned for clinical study. As agency health requirements change, health requirements for students enrolled in the College of Nursing may also change. Some health requirements require a YEARLY update and it is the student’s responsibility to assure that the tests are completed and the report submitted to the Wilce Health Center, as indicated below.

If health requirements are not met, students will not be permitted to engage in clinical coursework. A Compliance Tracking Form is available for student use at http://studentweb.con.ohio-state.edu/sa/default.aspx under the Compliance section.

**Immunizations**

Required immunizations and testing include:

1. Diphtheria/tetanus immunization within the past ten years;
2. Verification of immune status or vaccine administration for the following infectious diseases:
   a. Hepatitis B
   b. Mumps
   c. Rubella
   d. Rubeola/Measles
   e. Varicella
3. Annual PPD after initial two-step PPD. If there is a history of a positive PPD, then a chest X-ray is required.
4. Seasonal flu vaccine within a month of release to our students, for those students at Nationwide Children’s Hospital. Students with clinical placement elsewhere will be required to have the vaccine by November 30.

Students who are pregnant or think they are pregnant should report their condition to the Nursing Clinical Compliance Coordinator in order to update their record. Some health requirements may be waived for pregnant students or for individual students whose
situations may warrant such action. A waiver from a physician will be required in these situations.

Health records for incoming students are maintained online through the Wilce Student Health Center. Records may be mailed, dropped off, or faxed to Wilce using the fax cover sheet found on the Student Web under Student Affairs- Clinical Compliance Information. A Compliance Tracking Form is available for self-auditing purposes in the same area.

If your health records are not accepted by Wilce please contact the Student Affairs Office at (614) 292-4041 or by emailing CONCompliance@osu.edu.

**Criminal Background Check**

Students are required by state law to complete a criminal background check. Students will be fingerprinted before they begin their initial clinical experience for the purpose of identifying those who may have a criminal record. Students with a criminal record may be denied the ability to participate in clinical study based on agency and College of Nursing policies.

**Mandatory Drug Screening**

All students enrolled in a clinical course will be required to provide a sample for a urine drug screen. This is a requirement among agencies that accept our students for clinical experience. Students may pay for their drug screen at http://nursing.osu.edu/checkout/proficiency.aspx.

**Insurance**

Students are covered for general and malpractice insurance by The Ohio State University. Students may access evidence of required insurance coverage procured by Ohio State for clinical compliance by accessing the following URL: http://busfin.osu.edu/FileStore/PDFs/OSU_2014_Student%20GL.pdf. Inquires may be sent to insurance@osu.edu. Notwithstanding anything to the contrary herein, Ohio State shall have the right to elect to self-insure for the amount of the liability coverage Ohio State is required to carry hereunder.

In addition, the College of Nursing requires that all students carry health insurance through a family, employment, or student policy comparable to The Ohio State University Student Health Insurance Plan. Verification must be completed on the Registrar’s web site at the time of course registration.

**Cardio-Pulmonary Resuscitation (CPR) Certification**

Students need to be certified in CPR before they can participate in clinical course work. The only acceptable certification is:

* American Heart Association, BLS for the Healthcare Provider (good for two years)

**Collaborative Institutional Training Initiative (CITI)**
Because DNP students are engaged in practice-based scholarship throughout the program, they are required to complete both CITI training and HIPPA training, maintaining their competency throughout their education. It is critical that doctoral students are aware of the rules governing access to patient data and recognize the instances in which IRB review and approval are mandatory.

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 may 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 the Chair of the DNP Subcommittee by September 30 of the first fall semester of enrollment. 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. DNP students should complete the training and submit evidence of completion during their first autumn semester of study. If the student has already completed CITI training, printed proof of successful completion must be provided by the end of September in the first year of study.

HIPPA Training

The College of Nursing requires College Researchers and related College employees to take a Health System approved course(s) to educate themselves on HIPAA issues and standards. Such training must be completed annually by all College Researchers, research assistants, doctoral students and employees. HIPPA training verification should be submitted annually to the Chair of the DNP Subcommittee by September 30.

The DNP 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 DNP Project

The Department of Nursing of the Graduate School requires that each DNP student develop a Final Document representing an independent project addressing a clinical issue in advanced nursing for individuals, groups, populations, or systems. The Final Document is reflective of 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. The Final Project Document is a report that represents an individual student’s effort and collaboration with other students is not permitted. The specific format for the project document is negotiated with the DNP committee chair. The final project document may take the form of:

- Scholarly Paper
- Manuscript suitable for publication
- Following final revisions the report is submitted in both electronic and paper formats to the College of Nursing.

Identifying a Topic for the DNP Project

It is helpful to discuss ideas with the academic advisor. The advisor suggests other faculty members with expertise relevant to the student’s area of interest who will assist in the development of the Final Document Project’s focus. Assignments in each semester’s classes offer the opportunity to develop a portion of the final document proposal or build the literature review 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. This is particularly critical for students selecting the full time study option, who will need to develop a project proposal by the end of the first year of study. Students must have committee approval of the proposal prior to submitting IRB materials during the summer term or session in which the Professional Doctoral Examination is taken if the student aims to graduate in the spring semester of the academic year ahead.

Options for the Final Project

In collaboration with one’s academic advisor, the student selects the final project topic. Following is a listing of activities that can typically be expected as final project topics.
Practice

- Implement and/or evaluate a program of care
- Implement and/or evaluate a new practice model
- Implement and/or Evaluate Quality improvement project
- Collaborate with researchers to answer clinical questions, assuming a substantive role in a larger project
- Implement and evaluate an evidence based practice guideline
- Provide evidenced based leadership to an inter-professional or intra-professional collaborative team to evaluate models of care, care during transitions among health care professionals, quality improvement initiatives, etc.

Health Policy

- Provide leadership in analyzing, developing, revising, implement, or evaluating, a policy based on best evidence
- Collaborate on legislative change project using evidence

Health Systems

- Provide evidence-based leadership of an inter-professional or intra-professional collaborative projects team to implement systems’ level projects or policy
- Provide leadership in designing and use of databases to retrieve information for decision-making, planning, evaluation
- Implement and evaluate innovative uses of technology to enhance/evaluate care
- Lead financial analyses to compare care models and potential cost savings
- 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.

DNP Project 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 exception to the general rule 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.

In addition, there are some individuals who have been specially approved by the Graduate School to serve on DNP Professional Examination and Final Project committees without a petition being required to be submitted to the Graduate School. These individuals are not Graduate Faculty (with M or P status) but instead are appointed as External faculty by the Graduate School in EX (External) status.

The Graduate Studies Committee maintains a current list of individuals who have approval of the Graduate School to serve on DNP Professional Examination and Final Project committees in one of the three categories of appointment (P, M, EX), which is available at: http://studentweb.con.ohio-state.edu/sa/Shared%20Documents/Graduate%20Student%20Advisors%20-%20Advisement%20Committee%20Service%20eligibility.pdf. Please note that this list is updated frequently; therefore, older paper-based versions of the document should not be relied on for the most current information about committee service eligibility. Please direct any questions about committee service eligibility to the Graduate Studies Chairperson (Dr. Wills) or to the Graduate Records Manager (Daniel Barnes).

Overview of DNP Project Processes and Timeline

The DNP 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 DNP Project Committee. The following is a recommended process to follow in developing the DNP Project. It is recommended for students to determine the focus of the DNP Project early when you begin doctoral study.

Year One of DNP Program

- Identify a general area of interest and share it with your faculty advisor.
- Obtain agreement from the advisor that the topic is within the advisor’s area of expertise.
o Identify the type of project you wish to do from the list of options and formulate your project focus in collaboration with your advisor.

o Confirm your project focus in early fall term and in collaboration with the advisor, identify two additional M or P faculty members to serve on your committee who have expertise relevant to the proposed project and invite them to serve on the committee.

Year Two of the DNP Program

o In autumn semester, write Sections 1 and 2 of your proposal, sharing the chapters with your advisor as you are developing them and revising based on the advisor’s feedback.

o In spring semester, write Section 3.

o Submit the draft to your advisor and revise as directed throughout each term.

o Meet with your entire committee at the end of each semester to receive their input and guidance for use in subsequent revisions of your proposal. It is the student’s responsibility to identify the and time for the meeting that works for all committee members and to ensure that each one has received and updated draft of the proposal at least 5 days in advance of the meeting.

o Your goal is to have a coherent proposal by the end of spring semester of the first year for full time students and by the end of the spring semester of the second year for part time students. Your committee members must approve the proposal prior to submission to the IRB. You may not submit your IRB paperwork until after you successfully complete your Professional Candidacy Exam in summer term or session.

o Submit the completed IRB forms as soon as possible after you have passed the Professional Doctoral Exam and received your chair and Committee’s approval to proceed. The academic advisor should be 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.

o IRB approval must be obtained prior to beginning the DNP Project. The IRB-approved project may not be changed in any manner without first notifying the IRB and obtaining their approval. All changes in protocol should be made in collaboration with your DNP Project Chair. The goal is to have your project approved by the start of autumn semester in your final year of study.

o Students must adhere to the Graduate Student Code of Research and Scholarly Conduct found in Appendix A of this document. Sanctions may apply for violations of the Code.

Final Year of the DNP Program
Complete DNP Final Project

Begin Final Project when IRB approval or exemption is received.

Set up a schedule for checking in with your Chair regularly on your Final Project.

Begin refining the proposal’s language by changing the future tense to past tense, and finalizing the literature review section.

Refine the methods and measurement sections of the report

Complete data collection

Complete Final Project Report

Schedule a presentation and defense date for the Final Document

Complete revisions on the Final Document Project Report

With the permission of your chair, submit the Final Document to the Knowledge Bank

Please note this is a process and timeline recommendation for part-time plans of study. Students within a full-time or BSN to DNP plan of study will work with their advisor and within their specialty plans of study to achieve DNP project objectives and outcomes.

Practical Advice in Maintaining Momentum towards Completion of the DNP Project

The time frame for completion of the project is the student’s responsibility. The student is responsible for moving the DNP Project forward in a timely manner. It is critical that the student meet regularly with the advisor to update him or her on your progress or to seek assistance with unanticipated problems. The chair leads the preparation of the final report. Plan to allow at least two weeks for the advisor to read drafts of your work in order to receive timely feedback.

Unlike a course paper, the DNP Project needs to be revised until it is acceptable to all members of the DNP Project Committee. This takes time. The committee members need at least a two-week period of time to critique the proposal and provide feedback. All revisions need to be addressed by the student in conjunction with the student’s Chair.

Writing the DNP Final Project Document

The proposal forms the basis for writing the DNP Final Project document. The student should review what he or she already has written, incorporate recommendations from the chair and committee members, update and edit the original sections of work in the proposal. Ideally this occurs in summer semester following the Professional Doctoral Examination. At a minimum the report should contain all of the Sections as indicated under Final Project Outline. The specific format i.e. manuscript or scholarly paper decision ideally occurs in autumn semester following the Professional Doctoral Examination
During autumn semester, the student completes data collection and prepares the data for analysis. During early spring semester, the tables of results are developed and the final chapters describing the results, discussing the findings, and developing implications for practice, and conclusions are written. 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 DNP Project report should be concise and no more than 30 pages of double-spaced text excluding references, tables, and figures.

**Publication**

In compliance with DNP requirements, students may develop a faculty-approved manuscript suitable for publication in a professional journal. A minimum of one manuscript may be prepared.

**It is not a graduation requirement to have the article submitted or officially accepted for publication.**

**Authorship**

Authorship of the article is as follows:

- the DNP student is the first author, and
- The Final Project Committee Chair will help the student determine listing of authors. The following guidelines of the International Committee of Medical Journal Editors (ICMJE) apply:

According to the ICMJE guidelines, “Authorship credit should be based on:

1. substantial contributions to the conception and design, or acquisition of data, or analysis and interpretation of data;
2. drafting the article or revising it critically for important intellectual content; and
3. final approval of the version to be published.”

Each person listed as an author should meet all three criteria, and all persons who so qualify should be listed as authors. The corresponding author should be prepared to explain the inclusion of all coauthors and their order in the byline. (Some journals require the submission of specific information about the contributions of each author, and include this information in the published article.) The order of authors should be a joint decision. It is not the role of editors to make authorship/contributorship decisions or to arbitrate conflicts related to authorship.

**If the Final Project Article Is Submitted for Publication**

The journal review process for articles is time-consuming: you need to exhibit patience while the submission is in review. Some journals use online submission systems that allow authors to track the progress of their manuscripts through this process, which typically takes several months. If there is no electronic process, and you have not heard from the journal after several months, you may contact the editor.
If the manuscript is accepted by the journal with or without revisions the student should consult the Committee Chair to discuss the editor’s response, and if revisions are recommended, changes must be made prior to final submission of the article. This needs to be done in a timely fashion.

If a manuscript is rejected by the journal to which it was initially submitted, the student should consult with the Capstone Chair to identify other journals for article submission. The article should then be revised as needed and submitted to the next journal that is selected as most relevant, and if this is not successful to a third or even a fourth journal. Although we hope that your first journal submission is successful, it is not unusual for an article rejected by one journal to be accepted after subsequent submission to another journal.

If the article submitted to the first journal or subsequent journals is not accepted, and the student declines to re-submit to another journal within three months, the right to the manuscript will be transferred to the Committee Chair, who will be the first author on the article if it is resubmitted and accepted for publication. The student will become the second author and in this capacity will be notified whenever the manuscript is submitted to a new journal.

Faculty believe that dissemination of results is an integral part of scholarly work. We encourage you to work with your Committee Chair to publish your results.

Finally, in addition to publishing your Final Project, we encourage you to submit abstracts for oral presentations and poster presentations at professional meetings. Consult your Committee Chair for guidance on submitting your work and preparing presentations.

**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**

- The student’s ability to adequately explain and interpret what he or she did for the final document project

- 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

- To demonstrate familiarity with the relevant literature
To discuss the implications of the final document project results for enhancing patient outcomes

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 D).”

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.

Submission of the DNP Project Report

After the student has successfully defended the Final Document Report, any final refinements suggested by the Committee are the responsibility of the student. An abstract must be prepared as well. The student submits final revisions to the Chair and or Committee members as directed. When the abstract and report are reviewed and approved, the Chair converts them into PDF documents and returns them to the student. The Chair notifies the Student Data Manager, the Graduate Program Manager, and the Knowledge Bank Faculty Liaison that the documents have been approved. The Graduate Program Manager notifies the Knowledge Bank of the impending submission.

The student uploads the abstract and Final Document report on the Knowledge Bank website and provides electronic files to the Student Data Manager. This must be completed by the Graduate School’s published deadline for graduation requirement completion.

DNP Project Report submission to the Knowledge Bank

The Knowledge Bank is a permanent archive, meaning projects should be in their absolute final form before they are submitted. As the instructions state, "All items submitted remain as is at the time of submission, just as books once published remain in the form in which they were printed. PDF files once placed in the Knowledge Bank will not be modified." Here are the steps for Knowledge Bank submission:

- Students should set up their account through the knowledge bank prior to week 5 of the final semester of their final project.

- Here is the link for the Knowledge Bank: http://kb.osu.edu/dspace/handle/1811/48671. Here’s the link for the DNP KB
Once the student has successfully defended their project and the Chair and committee have given final approval to the document, the student should submit the final approved document in WORD to Dr. Gerene Bauldoff (Knowledge Bank Faculty Liaison) via email (bauldoff.1@osu.edu)

The Faculty Liaison will review the document for correct formatting, etc. If there are major issues, the document will be send it back to the student and the advisor. Please submit the document in Word to permit MINOR formatting changes (pagination, margins, page breaks, etc). Content will not be edited to avoid overstepping the chair or the committee.

Once the document has been reviewed and approved, it will be converted to the required PDF.

The PDF document will be emailed back to the student, their chair and Brian Stamper at the Knowledge Bank to provide notification that it has been approved for upload.

The student will then take the approved PDF and submit that to the knowledge bank for uploading.

Students submit their project to the Knowledge Bank, using the "Submission Guidelines" which are linked to from the instructions page. The KB does a final review then it goes "live" in the Knowledge Bank. The KB Staff will provide the student a permanent stable URL to their project in the KB.

The students are permitted to request an "embargo" of 1, 3, or 5 years. This allows them to delay public access to their project, during which time the public can see that it exists, but access to full text will not be available. When the embargo period is over, the KB staff update the item to make it publicly accessible.

DNP Project Outline

The sections of the completed Final Project Document Report are listed below:

Cover page
Acknowledgements (optional)
Dedication (optional)
Abstract – 250 words
1. Introduction to the Problem

Provide an overview of the problem including; evidence to support the significance, rationale for addressing, and relevance to nursing. Include references as appropriate to support the overview. Provide a short description of the events or situation that led you to the problem you plan to address, i.e.; what was your clinical inquiry?”

2. Purpose of Project
A. This is a broad reflection of the focus of your project.
B. Purpose has logical flow from introduction to the problem.
C. Include population of interest, setting, and potential intervention(s).

3. Clinical Practice Problem Statement

The Clinical Practice Problem is to be formulated and stated using the PICO(T) format of Population, Intervention, Comparison, Outcome, Timeline.

4. Evaluation/Summary of the Evidence from the Literature

A. Develop and implement an exhaustive search process
B. Describe in a narrative format the following items:
   a. Literature search method.
   b. Selection criteria.
   c. Publication years included in search.
C. Synthesize the evidence that supports the project utilizing appropriate synthesis table(s) followed by a narrative synthesis including the following items; strength of the body of evidence, quality of the body of evidence, generalizability of the body of evidence to answer your inquiry, feasibility of implementing the evidence in the proposed setting.
   a. Review current research and other related literature.
   b. Complete an Evaluation/Summary Table to summarize the literature (Appendix).
   c. Review of current guidelines on the topic pertinent to your clinical question, which may be found in the following informational databases:
      i. National Guideline Clearinghouse
      ii. Best Evidence
      iii. Joanna Briggs Institute
      iv. Others
   d. If guidelines exist, rate the guidelines using the Appraisal of Guidelines for Research and Evaluation II (AGREE II) Instrument.
D. Review each article using Critical Appraisal Tools.
E. There must be adequate evidence to support the proposed problem and the subsequent proposed recommendation for practice change.
F. Evaluation/Summary of the Internal (Organizational) Evidence. Examples may include:
a. QI Data;
b. Quality Metrics (HCAPS, core measures, NDNQI).

5. Critical Appraisal of the Evidence

This is an essential step of the evidence-based practice project that moves the analysis beyond a mere review of evidence; you are appraising the quality and the strength of the evidence to answer your clinical question.

A. Synthesize the evidence that supports the project utilizing appropriate synthesis table(s) followed by a narrative synthesis including the following items; strength of the body of evidence, quality of the body of evidence, generalizability of the body of evidence to answer your inquiry, feasibility of implementing the evidence in the proposed setting.

B. Interventions should then be evaluated for Effectiveness as related to Scholarly Project. Examples of rating systems are provided in Evaluation of the Level of Effectiveness (Appendix). Record on Summary of Effectiveness Table (Appendix).

C. Utilizing a Synthesis Table (appendix) followed by a narrative summary.

Synthesis would include steps such as:

A. Synthesize the body of evidence assembled to answer the clinical question including a synthesis of;

B. the strength of the body of evidence;

C. the body of evidence related to outcomes of interest;

D. the body of evidence related to practice change recommendations;

E. the body of evidence related to implementation strategies, etc.

6. Presentation of Theoretical Basis

Theoretical base for investigation of the clinical problem or implementation of the intervention is provided. This may include a conceptual framework; mid-range theory to guide the formulation of the intervention; theoretical framework for implementation (i.e., change theory, EBP models).

A. Presentation would include:

a. Providing theoretical basis for the investigation of the problem (conceptual framework, etc.).

b. Providing an EBP model that will guide the project (Iowa, Rosswurm and Larabee, etc.).

c. Providing a description of how the project fits the organizational nursing department’s theory of practice, or the organizational strategic plan or mission statement.
7. Recommendations Summary
   A. Statement of the recommendations.
   B. Reference(s) in support of the recommendations.
   C. Identification of key stakeholders.
   D. Strategies to engage.
   E. Identification of potential barriers.
   F. Strategies to address.

8. Utility/Feasibility
   A. Complete a critique of applicability of your proposed intervention/implementation.
   B. Determine the clinical feasibility and usefulness of your proposed intervention/implementation.
      a. Feasibility goes beyond cost. Other considerations are time involvement, adequate resources; training needs if applicable, space needs, institutional interest and commitment, etc.
   C. Analyze the benefits and risks of use of intervention/implementation.
   D. Complete a cost analysis and resources needed to implement change including:
      a. A budget.
      b. Education plan if applicable.
      c. Timeline.
      d. Including but not limited to i.e. personnel, operational, equipment.
   E. Summarize information and present this information in the Analysis of Utility Table – Appendix.

9. Recommendations for Implementation of Practice Change
   Use the Synthesis tables of Evidence to develop the practice change plan. In narrative form, state the practice change plan developed from the evidence- based recommendations.

10. Plan for Implementation of the EBP Practice Change
    This is where you will lay out - in detail - your implementation strategy. What do you propose as effective strategies to promote behavior change and implementation of evidence? How will it be carried out in the allotted time? What is the role of your clinical agency?
A. Identify specific evidence-based practice model for implementation/dissemination of the project (e.g., Iowa, Rogers, Johns Hopkins, ACE Star with supporting statements related to selection of particular model selected.

B. Sample/Practice Setting/Clinical Context Description/Patient Preferences/Values
   i. Identify and describe the sample and setting. Approximately what size is the patient population you will be using? (Type of facility, number of beds, setting where the project will be implemented, type of patients seen in this setting, rational for selecting this setting).
   ii. How does this patient population and unit/department/setting compare with those described in the literature?
   iii. Describe the process in the selection of a particular unit/department/setting (as needed). Include a copy of your educational/information process or procedure and/or materials i.e. flyers, educational materials, new EBP protocols in the appendix (also needed for IRB approval, if applicable).
   iv. Identify the patient population including preferences and overall values.

C. Identify the organization’s readiness for change.
   i. Include a summary of the organization’s readiness for change and for EBP.

D. Construct a summary of the plan for implementation of the EBP practice change according to the guidelines established by DiCenso, Guyatt, & Ciliska, 2005 and Melnyk & Fineout-Overholt, 2011 including:
   i. Potential barriers.
      i. Plan/strategy to address.
   ii. Potential facilitators.
      i. Plan/strategy to engage

E. Measurement Methods/Tools
   i. Outcome measurement: What indicators will you use to measure the success of implementing the innovation/change? Consider outcome measures such as “patient outcomes, patient satisfaction, provider satisfaction, access to care, resource allocation, and organization performance indicators” (Melnyk & Fineout-Overholt, 2011, p. 226 – 237). Goode (2000) includes other outcomes: “…benchmarking data; cost effective analysis; quality improvement and risk data; international, national, and local standards; infection control data” (p. 223).
   ii. Describe the instrument/measurements to be used to measure your variables/outcome measures (directly or as a proxy measure; how
scored; limitations) and describe why this instrument/measure is appropriate.

iii. If using an established tool, identify the reliability and validity properties. Describe what populations this tool has been used in and how that is different/similar to the population you plan to use it on. Provide an electronic copy of the instrument and permission for use (if not public domain) in your appendix.

F. Data Collection Process and Logistics
   i. Identify who will collect data and how they will be trained. If more than one person is collecting data, discuss how you will determine inter-rater reliability.
   ii. Describe the process of data collection (e.g. access to data, privacy provision, administration of the tool, any anticipated barriers to data collection).
   iii. Identify the time frame for data collection (e.g., before you implement the change, how long you will wait before you re-measure)

G. Plan for Data Analysis
   i. If using quantitative data, describe how statistical procedures or other procedures will be utilized and why they are appropriate (what level of data will the tool yield)?
   ii. If using qualitative approach, describe the qualitative process that will be used to analyze the data.
   iii. Describe the how you will prepare the data for analysis (i.e., who will enter data? Into what computer? Will there be double entry of data to insure no mistakes?, who will transcribe narrative?, How have these individuals been trained?, who is the statistical consultant for the project if needed?).

H. Practice Model Use Analysis
   i. Describe how you followed the steps/model for using an evidence based practice model for implementation/dissemination of the project (e.g., Iowa, Rogers, Johns Hopkins, ACE Star)

I. Proposed Budget, Time, and Resources Plan
   i. Provide a budget table. This will help you think through the resources needed. If you plan on applying for a grant. Think about who will finance each aspect of the project. If you are the only financial support, you will have to manage the project accordingly. If you plan on a grant application, include details.
ii. Provide a timeline for implementation of the plan (3-semester grid). This might change as you progress with the project. Usually every step takes longer than you anticipate. Be prepared to alter your plans if needed.

iii. Identify resources available and/or needed (e.g., information technology, databases, personnel, statistician, settings).

iv. Identify deficiencies and how to alleviate those to achieve this plan (what you do not have and how you might get it; skills you may need to develop; consultants you may need to secure).

11. Dissemination
Describe one or two methods of dissemination of the results of your project including:

A. A statement on why these venues were selected and are the best/most impactful.
B. A description of who you would want to reach as your audience and why.

Writing Form and Style

A. This is not a specific heading of the paper; however, the paper will be judged on the following in terms of professional presentation.
B. Use of clear, organized progression in writing.
C. Use of correct grammar and sentence structure.
D. Correct use of APA in body, text, tables, appendices, reference list, and reference citations.
E. Limited to page number recommendations provided.
F. Use of current reputable evidence appropriate for topic.

ePortfolio Guidelines

As a student in a doctoral program at the OSUCON you will be required to utilize an electronic portfolio throughout your academic career. The ePortfolio is a comprehensive, competency based assessment of learning in the Doctor of Nursing Practice and PhD programs in the OSU College of Nursing. This electronic document is based on literature that proposes an ePortfolio offers students the opportunity to demonstrate their ability to integrate knowledge amassed during the course of study and apply this learning to direct care of patient populations. Standardized templates have been created for use by the DNP and PhD students free of charge and are located at www.blogs.nursing.osu.edu

The ePortfolio serves three distinct purposes in the OSUCON curricula for doctoral education.
1. **Individual Assessment**: The ePortfolio provides a standardized template for students to display artifacts of learning, demonstrate progression within the curricula and provide reflection on learned activities. Annually, the ePortfolios are assessed by the DNP/PhD subcommittee to determine individual student progression, degree goal achievement and to ensure the program is providing resources the student needs to succeed.

2. **Program Assessment**: The ePortfolios provide data for collective evaluation of overall program effectiveness and program outcome evaluation to ensure the curricula builds student competence, knowledge remains relevant to best-practice and curricula aligns with regulatory initiatives (DNP essentials, etc.).

3. **Accreditation Review**: The ePortfolios provide a structured presentation platform for accreditation and administrative auditing of the curricula. The ePortfolio may also be used as a presentation platform for prospective employers.

**Student Responsibilities**

- Utilize the ePortfolio system for intended academic purposes only.
- Students are responsible for all content creation and maintenance on their ePortfolio.
- Use the standardized theme and template. Do not change the themes, logos or page layouts.
- Determine what personal information is posted in your ePortfolio and set appropriate privacy settings because information can be viewed by all individuals authorized to access your account.
- Maintain integrity of account by not sharing passwords or contracting outside consultants to modify, maintain or complete your ePortfolio.
- Contact con-informationtechnology@osu.edu with questions about account function, privacy setting or if you think your password has been compromised.

**Data Retention Policy**

- ePortfolio data will be retained on the server for a minimum of 10 years after graduation.
- To ensure integrity, data is automatically backed up to both a local and remote secure server each day.

**Access**

The software and infrastructure of the ePortfolio system is owned and maintained by the OSU College of Nursing. All data entered into the ePortfolio template is owned by the student. To protect privacy and comply with FERPA rules, access to the information is restricted to the student and other authorized users. In order to facilitate tracking clinical hours and compliance with accreditation bodies, certain people will automatically be
granted authority to access your ePortfolio. The following people will have access to the ePortfolio:

- The student
- The student’s primary advisor
- The appropriate Graduate Studies subcommittee (DNP/PhD) for annual review each May
- Instructional faculty of the DNP clinical courses to track compliance and experience hours logs. Access will only be for the semester in which the course is taken (Leadership, Health Policy, Quality improvement, Immersion)
- Instructional faculty of any pre-immersion clinical courses to track compliance and experience hours logs
- Legally authorized system administrators in pursuit of accreditation reviews, legal actions or compliance requirements as designated by the College of Nursing Dean

Additional accounts may be created upon request of the student. This includes access by other students, family, faculty and potential employers. Please contact informationtechnology@osu.edu to request additional access accounts.

**After Graduation**

Students will continue to have regular access to the eportfolio with current credentials for 6 months after graduation. If longer access is desired, please contact informationtechnology@osu.edu. At any time, the student may make of copy of their eportfolio and transfer it to a free Wordpress account. The eportfolios can also be exported to a file for long-term storage.

**Note that free accounts do not have built-in security features to protect personal data. Students are highly encouraged to speak to an IT specialist before transferring data to an outside service.**


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**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 semester 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 first Friday of the summer session or third Friday of the semester in which graduation is expected, DNP students are strongly recommended to do so the semester prior to graduation. The Application to Graduate – Professional Doctorate form is available on the Graduate School website at http://www.gradsch.ohio-state.edu/Depo/PDF/ProDoctoralGraduate.pdf. 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 one 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.

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 semesters after passing the professional doctoral examination.
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:

- Completion of an approved program of study with a minimum cumulative point-hour ratio of 3.0 on a 4.0 scale.
- Successful completion of the Professional Doctoral Examination.
- Completion and successful oral defense of the DNP Project.
- Completion of the minimum Graduate School requirements for the DNP degree.
- Registration for at least three graduate credit hours during the semester or summer session when the Professional Doctoral Exam and Final Oral Examinations are taken and during the semester in which graduation is expected.
- Completion of a minimum of 66 graduate credit hours, at least 36 of which must be completed beyond the master’s degree.
- Completion of the following residence requirements after the master’s degree has been earned or after the first 30 hours of graduate credit have been completed:
  - Minimum of 24 graduate credit hours completed at this University
  - Minimum of two consecutive pre-candidacy semesters or one semester and a summer session with full time enrollment
  - A minimum of six graduate credit hours over a period of at least two semesters or one semester and a summer session after admission to candidacy
- Completion of DNP degree requirements within five years after successfully completing the Professional Doctoral Exam.
- Submission of electronic copies of the Final Document Project to the advisor, committee members, Graduate Data Manager and Knowledge Bank.

Initiating Graduation

*The Graduate School is currently implementing an online form submission system. Information regarding the submission of paperwork is subject to change.*

- The Application to Graduate – Professional Doctorate form is available for Chairs to complete and sign at the end of autumn semester in Room 252. It is submitted to
the Graduate School by the Graduate Record Manager by the third Friday of the semester in which graduation is expected.

- At the beginning of spring semester Craig Farmer will send you information about ordering your academic regalia for students participating in Convocation or Commencement. The deadline for ordering will be February. Regalia are picked up at the Book Store.

- Students submits the Commencement Absence Form if not attending Commencement. Turn in to Daniel Barnes. The form is located on the Graduate School website and among the DNP Documents and Resources online.

- Review the DNP Graduation Checklist on page 48 of the DNP Handbook.

**DNP Project**

About 40 pages in length excluding references, tables, figures, charts, graphs, and appendices. Use Times New Roman size 11 font, one inch margins around the page, and APA 6th edition guidelines for references, tables, figures, charts, and graphs.

**Exit Requirement**

- See page 47 of the DNP Handbook. The Exit Requirement is a two-step process – a 30 minute public presentation and question period followed by a one hour defense in closed session with the committee members. April 16, 2015 (date subject to change) is the last date for a defense for graduation on May 10, 2015.

- With the permission of the full committee, the students schedules the presentation and defense allowing for a two-hour period of time and at least two weeks’ notice before the event.

- The chair schedules the rooms for the Exit Requirement.

- The chair notifies Daniel Barnes of the title of the final project, date and location of the public presentation. Daniel will post it to the College of Nursing Intranet and the electronic notice board.

- After the completion of the 30-minute public presentation, the audience leaves the room and committee and student remain for a closed defense questioning. At the end of the question period, the student will be asked to step out of the room and wait nearby why the committee members agree upon the evaluation of the defense and any changes to the final project report. The student will be invited to return to the room to hear the evaluation and additional requests from the committee prior to submission of the final project report.

- The chair is responsible for submitting the Final Approval –Professional Doctorate Form to the Student Records Manager as soon as possible after the defense.

- The student is responsible for making any last amendments to the final project write up, obtaining the chair’s approval.
Once the final document is approved by the chair, the student submits the final document in WORD format to the Knowledge Bank Faculty Liaison (Dr. Gerene Bauldoff). The Knowledge Bank liaison will review the document and convert it to a PDF. The document will then be returned to the student, the Chair and Brian Stamper of the Knowledge Bank as the approved document. Please see the Final Document Submission to the Knowledge Bank policy for detailed instructions.

Once the approved PDF document is received, the student will upload the document to the Knowledge Bank.

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 semester or summer session may graduate the following semester or summer session without registering or paying fees.

Commencement Weekend Information

There are two separate ceremonies for College of Nursing graduates every spring semester graduation weekend.

**Saturday:** 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. Detailed information will be distributed through OSU e-mail during the early part of spring semester.

All information regarding the convocation ceremony can be addressed to Ken Sigler, Assistant Dean for Student Affairs

**Sunday:** The Ohio State University has their Commencement Ceremony Sundays. 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 semester at: [http://commencement.osu.edu](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.1 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:

1. Whose CPHR drops below a 3.0 (see Graduate School Handbook, sections II.4.1 to II.4.5), or
2. Are determined to not be making reasonable progress toward graduate program requirements (see Graduate School Handbook, sections II.4.6 to II.4.9). Reasonable progress is defined below.

In addition, the College of Nursing stipulates that:

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

4. 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:
   a. 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.
   b. 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.
   c. 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.

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

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

7. The student who earns a W in a required course in the nursing major will be reviewed for progression by the Graduate Studies Committee and may be issued a lack of progression warning, stipulating that:
a. The student is required to repeat the course, earning a grade of B- or better, or S in the case of a pass-fail course.

b. 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 W in a course for which that course is listed as a prerequisite.

c. Graduate students who have two or more withdrawals from required nursing courses will be reviewed by the Graduate Studies Committee and may be disenrolled from the nursing program.

Note: Students who withdraw from a course after the posted course drop date earn a grade of “W” for withdrawing from the course. Students who drop courses before this deadline are not subject to progression review by the Graduate Studies Committee. Students are responsible for being aware of course drop dates that are posted in the Registrar’s website at: http://registrar.osu.edu/registration/index.asp.

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 three-credit course each semester. Students who require an exception to these expectations may request a leave of absence by petition submitted to the chair of Graduate Studies.

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 semester or summer session. For more information, see rule 3335-8-23: http://trustees.osu.edu/rules/university-rules/rules8/ru8-23.html.

Grade Grievance Procedures

If a student believes that a procedural error in grading was made as defined in the OSU Board of Trustees rule 3335-8-23 paragraph (A), 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 College of Nursing Dean, Vice Dean, and the
Associate Dean of Academic Affairs, a review by a College of Nursing Faculty Review
Committee appointed by the Vice Dean. The Faculty Review Committee shall consult both
the student and the instructor and shall determine the validity of the grade grievance due
to grading procedures as described in the OSU Board of Trustees rule 3335-8-23
paragraph (B). The Faculty Review Committee will provide its findings in writing to the
student, the instructor, and the College of Nursing Dean, Vice Dean, and Associate Dean
of Academic Affairs, within thirty days of the student’s written request for a Faculty Review
Committee.

Unresolved cases of grade grievance due to grading procedures are subject to paragraph
(B) of rule 3335-8-23; unresolved cases of grade grievance due to other causes are not
subject to paragraph (B) of this rule. For more information see the OSU Board of Trustees
university rule 3335-8-23.

Faculty Review Committee Composition

- The Vice Dean appoints a Faculty Review Committee within 2 weeks of receipt of
  the student’s written request for a Faculty Review Committee.

- The Faculty Review Committee will consist of one representative from either the
  Undergraduate and Graduate Studies Committees or an appropriate alternate, and
two other faculty members, all of whom are voting members and can review the
grade grievance without prejudice.

- The Vice Dean appoints the chair of the Faculty Review Committee from among
  the three members of the committee.

- If the grievance concerns a grade for a clinical course, a clinical faculty member
  shall serve as a member of the Faculty Review Committee.

- The College Secretary serves as a non-voting ex officio member of the Faculty
  Review Committee.

Faculty Review Committee Procedures

- The Vice Dean provides the Hearing Committee with the grade grievance
documentation from the Associate Dean for Academic Affairs and arranges for a
Faculty Review Committee meeting with the student.

- The Faculty Review Committee consults the instructor for the course prior to the
  meeting with the student.

- The student may have one person present at the Faculty Review Committee
  meeting to provide advice and/or support. The support person may only counsel
the student and may not actively participate in the committee consultation with the student.
- The student will complete and sign a Student Consent Form to authorize the presence of the support person at the meeting and for discussion of the student’s academic record with the support person at the Faculty Review Committee meeting.
- When applicable, an Authorization to Release Information form (FERPA form) also will be completed and signed by the student to provide authorization for the release of information in educational records to a support person who is present at the Faculty Review Committee meeting, which will disclose the name and address of the person/agency to receive information and the purpose of the information to be released in relation to the role of the support person at the meeting.
- At the start of the meeting, the Faculty Review Committee chairperson provides an orientation to procedures, including the confidentiality of committee proceedings.
- The Faculty Review Committee chairperson shall make a tape recording of the hearing.
- There will be the opportunity at the Faculty Review committee meeting for the student to present his/her concern about his/her grade in relation to procedural error in grading. Unresolved cases of grade grievance due to grading procedures are subject to paragraph (B) of rule 3335-8-23; unresolved cases of grade grievance due to other causes are not subject to paragraph (B) of this rule.
- The Faculty Review Committee will have the opportunity to discuss the matter with the student until any necessary information has been gathered and clarified. Following this process, the student and any support person will be excused from the room so that the committee can go into a closed untaped session to discuss the evidence and render a decision.
- An outcome of either “no procedural error in grading” or “procedural error in grading” is based on the greater weight of the evidence. The Faculty Review Committee will provide its findings in writing to the student, the instructor, and the College of Nursing Dean, Vice Dean, and Associate Dean of Academic Affairs, within thirty days of the student’s written request for a Faculty Review Committee.

Records

All records pertaining to the incident are given to the College Secretary at the end of the hearing. These records are confidential and retained for five years in a file in the Graduate Records Office that is separate from the student’s academic record.

Other Grievances

Other student grievances 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 D 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/csc/](http://studentaffairs.osu.edu/csc/)). 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;
o Knowingly providing or receiving information during a course exam or program assignment;

o Possession and/or use of unauthorized materials during a course exam or program assignment;

o 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;

o 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;

o Submitting plagiarized work for a course/program assignment;

o Falsification, fabrication, or dishonesty in conducting or reporting laboratory (research) results;

o Serving as or asking another student to serve as a substitute (a 'ringer') while taking an exam;

o Alteration of grades in an effort to change earned credit or a grade;

o 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:

o The Committee on Academic Misconduct web pages (http://oaa.osu.edu/coam.html)

o Ten Suggestions for Preserving Academic Integrity (http://oaa.osu.edu/coamtensuggestions.html)

o Eight Cardinal Rules of Academic Integrity (http://oaa.osu.edu/coameightcardinalrules.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 VI.1 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.”

Option 1

A former student who has been enrolled within the previous two years and has taken a Leave of Absence from the College may petition to reactivate a program of study. This petition should be directed to the DNP Program Director and the Graduate Studies Committee Chairperson, the names of which may be found in the current DNP Student Handbook. The petition should then be submitted in writing to the Online Programs Coordinator. The student should also submit a “Permission to Reactivate Enrollment Eligibility” form found on the Graduate School’s website at http://www.gradsch.ohio-
Please note the GSC Chair approval is required for any graduate nursing student who wishes to reactivate, regardless of the length of time the student has been absent from the program.

Instructions:

1. The petitioner should include in the petition:
   - Date of leaving the program
   - Reason for leaving the program
   - Whether an official Leave of Absence petition has been filed with the GSC and approved
   - Rationale for wanting to reactivate
   - Term of desired re-entry
   - Coursework left to complete

2. Sign and date the petition.

3. Email the statement and reactivation form to the Online Programs Coordinator, who will facilitate the approval of the petition and the reactivation of the student.

**Option 2**

A student who has **not been enrolled** for two consecutive years or more, and has not graduated from the nursing graduate program, may petition to reactivate a program of study. This petition should be submitted in writing to the Graduate Studies Committee. The petition must include the rationale for wanting to reactivate and tentative plans for completing the program of study.

Instructions:

1. The petitioner should include in the petition:
   - Date of leaving the program
   - Reason for leaving the program
   - If the reason for leaving the program was due to academic non-progression, include actions taken during absence that will improve academic performance and/or clinical performance
   - Rationale for wanting to reactivate
   - Term of desired re-entry

2. Sign and date petition

3. Include postal address, phone number, and email address
4. Send petition to:

Graduate Studies Committee  
The Ohio State University College of Nursing  
1585 Neil Avenue  
Columbus, OH  43210-1289  
FAX:  (614) 247-8618

5. The Graduate Studies Committee meets every other week during the academic year. Petitions must be received two weeks in advance of a meeting to be reviewed by the committee.

6. Petitioners will be notified by email of the Graduate Studies Committee decision.

7. If the petitioner has been previously dismissed from the OSU Graduate School, but the committee approves the petition, a recommendation from the Graduate Studies Committee will be sent to the OSU Graduate School to approve reactivation of the petitioner. The OSU Graduate School will make the final decision regarding the petitioner’s reactivation. The OSU Graduate School will send the final decision via postal mail to the petitioner.

8. If the petitioner has not been previously dismissed from the OSU Graduate School and the committee approves the petition, the Graduate Studies Committee will instruct the OSU Graduate School to reactivate the petitioner.

- The petitioner should also submit a reactivation request form to the College of Nursing Online Programs Coordinator, which will then be submitted to the Graduate School.

Option 3

A former student who has not been enrolled for two consecutive years and has graduated from the nursing graduate program may petition to reactivate a program of study. This petition should be submitted in writing to the Graduate Studies Committee. The petition must include the rationale for wanting to reactivate as well as the requested term of reactivation. The petitioner should also submit a reactivation request form to the College of Nursing Online Programs Coordinator, which will then be submitted to the Graduate School.

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 Online Programs Coordinator 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.

Please note: The Graduate Studies Committee accepts electronic versions of petitions and will use e-mails from a student’s advisors in lieu of a signed petition form.

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, including but not limited to:

- Request for transfer of credit
- Request for course waiver
- Request for leave of absence
- Request to change DNP program track
- Request for dual DNP and specialty certification status
- Request for enrollment in Individual Study courses

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/sa/DNP%20Documents%20and%20Resources/Forms/AllItems.aspx](http://studentweb.con.ohio-state.edu/sa/DNP%20Documents%20and%20Resources/Forms/AllItems.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 Online Programs Coordinator 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.

**Petition to enroll in additional credits over the Graduate School limit**

Students wishing to take more than the allowable number of credits specified by the Graduate School should discuss the possibility first with his or her advisor. The student must be in good academic standing with a strong GPA, and there should be clear and compelling rationale why the student will be able to manage such a course load. If the advisor agrees, the student and advisor each write a letter of request specifying the academic rationale for the credit overload to the Graduate Studies Committee Chair. If the GSC Chair approves the petition he or she will write a letter of support and the three letters will be sent to the Graduate School. The Graduate School will increase the credit limit if approved. Increases of one or two credits over the Graduate School limit for our College will be supported by the Graduate Studies Committee; more than two credits is unlikely.

**Non-Academic Policies for Graduate Students**

**Ohio State University Tobacco Free Policy**

Ohio State has adopted a tobacco free policy that supports a healthy environment for all members of the Buckeye Nation. Effective January 1, 2014, the use of all types of tobacco products is prohibited in all university buildings and on all university-owned properties, including parking lots, garages, and all outside areas.

The full policy can be found online at [http://hr.osu.edu/policy/policy720.pdf](http://hr.osu.edu/policy/policy720.pdf)

A detailed FAQ is available online at [http://hr.osu.edu/policy/resources/720faq.pdf](http://hr.osu.edu/policy/resources/720faq.pdf)

**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:
o Treat others with respect in all areas of the clinical and academic setting.

o Facilitate an environment in the classroom and clinical setting that promotes learning and allows faculty to educate nursing students.

o Comply with the directives of a college official which is defined as faculty, staff, clinical instructor, teaching assistants, or college administrator.

o Comply with requirements in course syllabi and the College of Nursing policies as outlined in the current College of Nursing Handbook.

o Comply with the Code of Student Conduct.

o Arrive punctually and prepared for clinical and other academic experiences or inform appropriate individuals in a timely fashion if unable to attend.

o 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.

o Accurately identify and represent self as a nursing student in all professional and clinical settings.

o Communicate academic and clinical information in a truthful, timely and accurate manner.

o Abstain from the use of alcoholic beverages, illicit substances and/or any substance that may impair judgment while in the academic and clinical setting.

o Identify variables in own health state that would impair clinical performance and arrange for substitute clinical experiences as needed.

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

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

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

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

o Uphold policies and regulations related to academic and clinical performance.

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

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

o 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 regulations prescribed in Rule 4723-5-12(C) of the Ohio Administrative Code 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 student for the patient, and the patient’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 patient 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, time records or reports, and other documents related to billing for nursing services.

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

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

(6) At all times when a student is providing direct nursing care to a patient the student shall:

   (a) Provide privacy during examination or treatment and in the care of personal or bodily needs; and

   (b) Treat each patient 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 Chapter 4723, section 4723.01 of the Revised Code for Registered Nurses;

(8) A student shall use universal and standard 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 a patient;

   (b) Engage in behavior toward a patient that may reasonably be interpreted as physical, verbal, mental, or emotional abuse.

(10) A student shall not misappropriate a patient’s property or:

   (a) Engage in behavior to seek or obtain personal gain at the patient’s expense;

   (b) Engage in behavior that may reasonably be interpreted as behavior to seek or obtain personal gain at the patient’s expense;
(c) Engage in behavior that constitutes inappropriate involvement in the patient's personal relationships; or

(d) Engage in behavior that may reasonably be interpreted as inappropriate involvement in the patient's personal relationships.

For the purpose of section 10 above, the patient 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 patient;

(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 patient;

(d) Engage in verbal behavior that may reasonably be interpreted as seductive, or sexually demeaning to a patient.

For the purpose of section 11 above, the patient 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, or self-administer or otherwise take into the body any drug that is a schedule I controlled substance.

(14) A student shall not habitually or excessively use 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 the use of drugs, alcohol, or other chemical substances.

(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 misappropriate or attempt to misappropriate money or anything of value by intentional misrepresentation or material deception in the course of practice.

(19) A student shall not be allowed in the nursing program and/or attend clinical if they 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 administrators, faculty, teaching assistants, preceptors, or to the board.

(24) A student shall maintain the confidentiality of patient information. The student shall communicate patient information with other members of the health care team for health care purposes only, shall access patient information only for purposes of patient care or for otherwise fulfilling the student's assigned clinical responsibilities, and shall not disseminate patient information for purposes other than patient care or for otherwise fulfilling the student's assigned clinical responsibilities through social media, texting, emailing or any other form of communication. Any use of unofficial electronic media is strictly prohibited.

(25) To the maximum extent feasible, identifiable patient health care information shall not be disclosed by a student unless the patient has consented to the disclosure of identifiable patient health care information. A student shall report individually identifiable patient information without written consent in limited circumstances only and in accordance with an authorized law, rule, or other recognized legal authority.

(26) For purposes of these sections, a student shall not use social media, texting, emailing, or other forms of communication with, or about a patient, for non-health care purposes or for purposes other than fulfilling the student's assigned clinical responsibilities.

A complete list of all Ohio Board of Nursing rules, and the Ohio Nurse Practice Act, can be accessed from: http://www.nursing.ohio.gov/Law_and_Rule.htm. Law and rules change periodically; please refer to this website for current information. Be advised that licensed RNs in the graduate programs must comply with all relevant Ohio laws and rules while students in the program.
Professional Misconduct Process

The College of Nursing Professional Misconduct Committee (PMC) conducts hearings in accordance with the procedures outlined in the Undergraduate and 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, faculty representatives from Undergraduate and Graduate Studies committees, clinical instructors, and nursing students. Students who are suspected and accused of committing professional misconduct are subject to a hearing in the College of Nursing according to the following procedure.

Faculty and/or a preceptor may remove a student from the clinical area when either deems that a student exhibits behavior that is unsatisfactory, not safe, unprofessional, or violates the professional standards set forth in the College of Nursing Student Handbooks. Permanent removal from a clinical site is under the judgment of the faculty of record for the relevant course.

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 College Official who promptly forwards a written description of the alleged incident to the chair of the PMC. A college official is defined as faculty, staff, clinical instructor, teaching assistants, or college administrator.

- If a college official directly 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 site.

- 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 confidential 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 committee chair.
  - Instruct the hearing panel that all hearing proceedings are confidential.
  - Make an audio 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. If the support person is an attorney,
member from The Ohio State University Office of Legal Affairs will be present at the initial meeting between the PMC Chair and the student as well as during the hearing. During the hearing, the support person 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 (no audio) 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 Legal Affairs.

If a student is found in violation of Professional Standard, the College Secretary maintains records of the allegations and hearing according to the College’s records retention policy. A record of the allegations and hearing is also kept in the University’s Office of Legal Affairs. All records are confidential.

- 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 a student is found in violation of the allegations, the College Secretary will open a letter from the Office of Legal Affairs to ascertain whether there has been any previous violations. The committee then determines the sanction based on current and previous findings. The range of sanctions imposed by the College of Nursing’s PMC 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 [http://trustees.osu.edu/rules/code-of-student-conduct/3335-23-17.html](http://trustees.osu.edu/rules/code-of-student-conduct/3335-23-17.html) Exemplars of sanction may include but are not restricted to the following:

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

**Notification Process**

The student(s) and the college official(s) reporting the incident are notified in writing of the PMC’s decision within seven days following the hearing. If the student is found in violation, the PMC chair notifies the Dean of the PMC’s decision.
Appeal Process

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.

Records

All records pertaining to the incident are given to the College Secretary at the end of the hearing to be placed in a locked file in the Student Affairs Records Office. These records are confidential and retained for five years in a file separate from the student’s academic file.

Annual Reporting Process

The PMC chair will prepare an annual report of hearing actions that is submitted to the Dean. Findings will be de-identified and include the type of violation, subsequent action and any implications for ongoing program improvement. The PMC chair will track and analyze all data and institute immediate action with the appropriate college official should program enhancements be needed.

Student Policy Regarding Impaired Practice Involving Substance Abuse

The policy was developed based upon the recommendations and guidelines from American Association of Colleges of Nursing (AACN), and The Ohio State University Student Health Services. According to AACN, substance abuse is a universal health problem affecting all segments of society, including the profession of Nursing. Moreover, college students are one of the segments of the population at highest risk for substance use and abuse problems. Nursing students’ use and abuse of substances not only compromises their educational process but also their ability to provide patient care (http://www.aacn.nche.edu/publications/position/substance-abuse-policy-and-guidelines).

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.

**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**

Students in the College of Nursing are required to undergo urinary drug screen testing according to College and Agency guidelines in which students may be located for clinical and/or research experiences. Students will be responsible for incurring any costs associated with urine drug screen testing.

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

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 with 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.

Mandatory Vaccination/Testing

Undergraduate and Graduate students must meet The Ohio State University College of Nursing health requirements prior to contact with a clinical setting.

NOTE: Students who are pregnant or think they are pregnant should report their condition to the nurse in Preventive Medicine at the Student Health Clinic. Some health requirements may be waived for pregnant students or for individual students whose situations may warrant such action. In general, pregnant women should be advised to avoid live vaccines and to avoid becoming pregnant within 28 days of having received one (no harm to the fetus has been reported from the accidental administration of these vaccines during pregnancy) [http://www.cdc.gov/nip/publications/preg_guide.htm](http://www.cdc.gov/nip/publications/preg_guide.htm).

Discretionary Vaccination/Testing

**Meningococcal Meningitis**: College freshmen, particularly those who live in dormitories, are at a small increased risk for meningococcal disease relative to other persons their age. Vaccination with the currently available quadrivalent meningococcal polysaccharide vaccine will decrease the risk for meningococcal disease among such persons. Vaccination does not eliminate risk because a) the vaccine confers no protection against serogroup B disease and b) although the vaccine is highly effective against serogroups C, Y, W-135, and A, efficacy is <100%. The risk for meningococcal disease among college students is low; therefore, vaccination of all college students, all freshmen, or only freshmen who live in dormitories or residence halls is not recommended, but is available to students who desire to reduce their risk.
Hepatitis A Virus (HAV): The risk of acquiring HAV is considered low in Ohio. Hepatitis A vaccination is not required of nursing students, but recommended to students traveling to areas where hepatitis A is prevalent (primarily west coast and developing countries). Groups at greatest risk for HAV are travelers, children ages 5-14, injecting and non-injecting drug users, persons who have clotting factors disorders, MSM (men who have sex with men), persons working with primates, and persons who have liver disease.

HIV Testing: Nursing students who are at risk for HIV and who have a desire to be tested can avail themselves of testing and pre and post testing counseling through the Columbus Health Department or The Ohio State University Student Health Services.

Smallpox: Routine smallpox vaccination is currently only recommended for persons who are designated by the appropriate federal, state, and local bioterrorism and public health authorities to conduct investigation and follow-up of initial smallpox cases that might necessitate direct patient contact (CDC, 2003). Additionally, vaccination is recommended to persons responsible for administering smallpox vaccine in a pre-event smallpox vaccination program.

Anthrax: Routine Anthrax vaccination is currently only recommended by the CDC for military personnel.

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.

**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.

Resources Available To Graduate Students

Career Resources
The College of Nursing offers a variety of career resources to students, including career advising, job fairs, and job posting information. Lisa Mowry, advisor in the Office of Student Affairs, serves as the College’s career advisor and helps all students with all
issues and questions relating to career planning. She advises students on career exploration, resumes, cover letters, interviewing tips, as well as any other topic related to the employment search process (full or part time jobs, externships, internships, etc.). Reference materials on selected career topics can be found in the Office of Student Affairs and online in the Student Affairs section of StudentWeb. Students can also find job information at the College of Nursing job site, http://www.nursing.osu.edu/jobboard/. The website contains postings from hospitals and health care agencies.

**College of Nursing Diversity Committee**

“Diversity” refers to the variety of differences and similarities/dimensions among people, which can be along the lines of gender, race/ethnicity, tribal/indigenous origins, age, culture, generation, religion, class/caste, language, education, geography, nationality, different abilities, sexual orientation, work style, work experience, job role and function, military involvement, thinking style, personality type, and other ideologies. Welcoming diversity requires moving beyond simple tolerance to respecting and embracing differences in a safe, positive, and nurturing environment.

OSU College of Nursing Diversity Committee is comprised of faculty, staff, and students, who meet monthly to develop opportunities that enrich student, faculty, and staff cultural experiences and to create an environment that values and supports diversity.

If you have any recommendations on how to strengthen diversity efforts, or if you have experienced or witnessed an act of bias, please contact:

Jen Robb, Diversity Coordinator, robb.48@osu.edu, 614-292-6668

Jodi Ford, Faculty Liaison for Diversity, ford.553@osu.edu, 614-292-6862

**Bias Assessment Response Team (BART)**

**What is BART?** The Bias Assessment and Response Team (BART) is an initiative of the Ohio State University Office of Student Life. The team receives, monitors, refers, makes recommendations, and, as necessary, coordinates university responses to hate and bias-related incidents that impact all or a significant portion of the university community.

**What is a Bias Incident?** An act or behavior motivated by the offender's bias against a race, religion, disability, veteran status, ethnic/national origin groups or sexual and gender identity group. While such an act does not necessarily rise to the level of a crime, a violation of state law, University policy, or the student code of conduct; a bias act may contribute to creating an unsafe, negative, or unwelcoming environment for the victim, anyone who shares the same social identity as the victim, and/or community members of the University.

**Where can I file a report?** Website: www.studentlife.osu.edu/bias

**When do I file a report?**

- When you are experiencing an act of bias
- When you witnessed an act of bias
When you hear about an act of bias incident

**What happens once I submit a BART Form?**

- Your report will be received by the BART Convener, Rebecca Nelson, nelson.4@osu.edu; 614-292-1090
- You will receive an e-mail confirming the receipt of your incident form within 48 hours (if you requested follow up)
- If you requested follow up, you will be contacted within 48 hours by a BART member via the preferred method identified on the form
- The BART member will contact you and talk about the specifics of the case and possible types of follow up

**What happens if I submit anonymously?**

- You will only receive the generic submission complete form
- The specifics of the incident (date, type of incident, a brief summary) are listed into a data base
- The status of the incident is updated regularly Portions of the data base will be made available on the BART website (www.studentlife.osu.edu/bias)

**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 semester 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.

**Computer Hardware and Software Recommendations**

These recommendations cover computer hardware and software that you will need to participate in courses and view course materials. It also describes the minimum technical skills that you need to participate successfully in your nursing courses. The recommended systems, devices, and software are intended to meet your needs throughout your time in the program. If you have any questions about the recommendations in this document or if you need technical support, contact con-s-help@osu.edu. If you are on campus, you can also visit the Student Computer Lab in the College of Nursing (Newton Hall, Room 220, open 8 a.m.-8 p.m. Monday-Friday).
Computer Recommendations

The College of Nursing operates with Windows and Macintosh platforms. In order to facilitate support, course software planning, and other compatibility issues, we recommend that students use whichever system they are more comfortable in. We also have a Windows-based and Mac-based Student Computer Lab (Newton Hall, Room 220, open 8 a.m.-8 p.m., Monday-Friday).

<table>
<thead>
<tr>
<th>Operating System</th>
<th>Recommended (PC)</th>
<th>Minimum</th>
<th>Mac Recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Windows 7 or 8</td>
<td>Windows 7</td>
<td></td>
<td>OS X 10.9</td>
</tr>
<tr>
<td>Multi-core Intel “i” series</td>
<td>Intel/AMD 1.5 Ghz</td>
<td>Multi-core Intel “i” series</td>
<td></td>
</tr>
<tr>
<td>4GB (32 bit) or 8GB (64 bit)</td>
<td>2 GB</td>
<td>2GB (2048 MB)</td>
<td></td>
</tr>
<tr>
<td>At least 75 GB</td>
<td>50 GB</td>
<td>75 GB</td>
<td></td>
</tr>
</tbody>
</table>

Screen Resolution

<table>
<thead>
<tr>
<th>Operating System</th>
<th>Recommended (PC)</th>
<th>Minimum</th>
<th>Mac Recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td>1920x1080 or better</td>
<td>1366x768 minimum</td>
<td></td>
<td>1366x768 minimum</td>
</tr>
<tr>
<td>DVD/CD-RW</td>
<td></td>
<td>DVD/CD-RW</td>
<td></td>
</tr>
<tr>
<td>3 Mbps</td>
<td>1-5 Mbps Internet</td>
<td>3-5 Mbps Internet</td>
<td></td>
</tr>
</tbody>
</table>

Software Requirements

Students should prepare their computer in advance to handle a variety of media and document formats. The required software follows, if students have any questions about meeting these guidelines, they should contact con-s-help@osu.edu 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>Office Suite*</td>
<td>Microsoft Office 2013 Professional or Microsoft Office 365 University**</td>
<td>Office 2010 Professional</td>
<td>Office Mac: 2011 or Microsoft 365 University**</td>
</tr>
<tr>
<td>Web Browser</td>
<td>Internet Explorer 10 or current Firefox</td>
<td>Internet Explorer 9 or current Firefox</td>
<td>Current Firefox, Safari</td>
</tr>
<tr>
<td>Media Players</td>
<td>Current Versions of:</td>
<td>Current Versions of:</td>
<td>Current Versions of:</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------------------------------</td>
<td>-------------------------------</td>
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</tr>
</tbody>
</table>
| Windows Media Player  | Windows Media Player          | Quicktime Windows Media Components for Quicktime Real Player Real Player Adobe Flash Player
| Quicktime             | Quicktime                     |                              |                              |
| Real Player           | Real Player                   |                              |                              |
| Adobe Flash Player    | Adobe Flash Player            |                              |                              |
|                      | *                              |                              |                              |
| Virus Scan            | Microsoft Security Essentials | Microsoft Security Essentials | Clam AV or Sophos Antivirus for Mac |
| Adobe PDF Reader      | Current Version (www.adobe.com)| Current Version (www.adobe.com)| Preview (Part of OS X) or Adobe Reader 8 |

*Microsoft Office 2011 may be purchased at a discounted student price from the University. See [http://uniprint.osu.edu/services/software.aspx/](http://uniprint.osu.edu/services/software.aspx/) for more information.


# If running a 64-bit operating system, install the 64-bit version of Java

**Minimum Technical Skills (for success in the program)**

Recommended technology skills include the following Internet and computer competencies:

- Ability to use a Web browser—such as Internet Explorer or Mozilla Firefox
- Knowledge of search engines and how to search efficiently
- Ability to download and view files in Adobe PDF format
- Competence with using e-mail and protecting against viruses
- Competence with Microsoft Word and PowerPoint
- Competence with Ohio State's Carmen platform. If you need basic instruction and trouble-shooting assistance with using Carmen, please refer to [Carmen Help for Students](http://uniprint.osu.edu/services/software.aspx/).
Configuration and testing

Below are a few links to examples of various types of media that you will probably use at some point during your nursing program. Click on these links to access the media and test your playback performance on your computer.

Test your Silverlight Plugin (if you can view these videos, you’ve got it):

- iSWAT (for physical assessment videos): [http://nucleus.con.ohio-state.edu/Embedded/Embedded/705sp11/ThoraxandLungs/defa ult.html](http://nucleus.con.ohio-state.edu/Embedded/Embedded/705sp11/ThoraxandLungs/default.html)
- Panopto: [http://panopto.con.ohio-state.edu/Panopto/Pages/Viewer/Default.aspx?id=0ca83dbd-434b-4cd0-aefe-5eced068cd34](http://panopto.con.ohio-state.edu/Panopto/Pages/Viewer/Default.aspx?id=0ca83dbd-434b-4cd0-aefe-5eced068cd34)


Test your Flash player: [http://helpx.adobe.com/flash-player/kb/find-version-flash-player.html](http://helpx.adobe.com/flash-player/kb/find-version-flash-player.html)

Carmen Connect

- Test your Adobe Connect: [https://ocio.osu.edu/elearning/services/tools/carmenconnect/plansession/connection-test/](https://ocio.osu.edu/elearning/services/tools/carmenconnect/plansession/connection-test/) (Follow the instructions and click on the link to the Connection Test.)
- Participant Information for joining a Connect meeting: [https://ocio.osu.edu/elearning/services/tools/carmenconnect/participants/](https://ocio.osu.edu/elearning/services/tools/carmenconnect/participants/)
- You'll need a headset for Connect meetings. Headset information: [https://ocio.osu.edu/elearning/services/tools/carmenconnect/hold-session/headset-information/](https://ocio.osu.edu/elearning/services/tools/carmenconnect/hold-session/headset-information/)

Office of Information Technology

The Office of the Chief Information Officer (OCIO) provides students with technical support related to computing issues. Part of OCIO is 8help, the OCIO Technology Support Center Help Desk. OCIO 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. You may view the standard hours of operation at [http://8help.osu.edu/1691.html](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](http://webmail.osu.edu)
University Student E-Mail 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 my.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.

Name Changes

Go to http://www.my.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.

College of Nursing Website

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:
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 '_'. If your OSU e-mail address is “smith.2345@osu.edu” or “smith.2345@buckeyemail.osu.edu,” then 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 semester 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 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.

1. Open your Web Browser to the following address: http://studentweb.con.ohio-state.edu
2. Type your College of Nursing Credentials when Prompted
   a. Username = Your Username
   b. Password = Your Password
   c. Domain = OSUCON
      i. The domain must be entered. This is often overlooked by mistake.
      ii. If you are using certain version of Windows, you will not be prompted for a domain. If this is the case, you will need to type OSUCON\username in the username field.
3. 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://nucleus.con.ohio-state.edu (College of Nursing video server.)

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)

**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](http://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’ flash drives, 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.
Graduate School Policy on the Investigation of Allegations of Research Misconduct by a Graduate Student

This document is used by the Graduate School when allegations of research misconduct by a graduate student have been forwarded by the Committee of Inquiry as detailed in the document “University Policy and Procedures Concerning Research Misconduct.” When a Committee of Inquiry determines that an allegation of research misconduct by a graduate student has substance so as to warrant further investigation, such investigation shall be handled by the Graduate School.

Upon receipt of the final report by the Committee of Inquiry, the Dean of the Graduate School shall appoint an Investigation Committee. The Committee shall be composed of at least five members: two members of the Graduate Council (one of whom shall chair the Committee), one member of the graduate Faculty from the college in which the student is enrolled, one member of the Graduate Faculty with academic expertise relevant to the field of study of the student alleged to have committed research misconduct, and one graduate student selected in consultation with the president of the Council of Graduate Students. If the Dean of the Graduate School determines that the complexity of the case requires that the Committee be larger than five members, additional members may be added at the discretion of the Dean of the Graduate School.

Upon receipt of a referral from the Dean of the Graduate School, the Investigation Committee shall review any documentary evidence submitted by the Committee of Inquiry and shall meet with the graduate student alleged to have committed research misconduct. At its discretion, the Committee shall interview individuals having information relevant to the allegation(s). The student shall be given copies of any documentary evidence submitted by the Committee of Inquiry. However, the student shall not have the right to be present when witnesses are interviewed or to question such witnesses. When the student is interviewed, he or she may be accompanied by legal counsel or other advisor, but the role of such person in the process shall be limited to advising the student. The student may submit any relevant evidence for consideration by the Investigation Committee and may request that witnesses with information directly relevant to the allegation of research misconduct be interviewed by the Committee.

Findings of the Committee shall be based on greater weight of the evidence and the decision is reached by simple majority vote of the Investigation Committee. At the conclusion of its investigation, the Committee shall report its findings to the Dean of the Graduate School, including a conclusion concerning the merits of the complaint.

The Investigation Committee shall make every effort to conduct its investigation and submit its report to the Dean of the Graduate School within 45 days. If the Investigation Committee finds that the greater weight of evidence indicates research misconduct, the dean shall forward the Committee’s report to the coordinator of the Committee on Academic Misconduct. The coordinator shall schedule a hearing of the Committee on Academic Misconduct for the determination of sanctions. This hearing shall be held within
a reasonable time, not to exceed 30 days. The rules of the Committee on Academic Misconduct will serve to inform this hearing and any appeal which may be filed.

Graduate Student Grievance Review Guidelines

(For grievances related to graduate examinations and graduate associate appointments)

I. Overview

The Graduate School is specifically authorized by the Graduate Council to review grievances related to graduate examinations and graduate associate appointments. The purpose of this document is to outline the process for the systematic review of grievances filed by graduate students related to graduate examinations and graduate associate appointments. The aim of the guidelines is to ensure that a graduate student who is unable to resolve a dispute over a graduate examination or a GA appointment locally has access to a review by a knowledgeable group of neutral faculty and graduate students who are not associated with the student’s graduate program or appointing unit or who in any other way have a conflict of interest.1 2

II. Authority

Under the rules of the Graduate Faculty, the Graduate School is authorized to review two specific kinds of grievances:

- Graduate examinations
- Graduate associate appointments

III. Procedures

A. When the Dean of the Graduate School receives a petition for the review of a grievance related either to a graduate examination or to a graduate associate appointment, the dean will determine first that there has been an attempt to resolve the problem at the local graduate program or individual appointing unit level. If such a resolution is not achieved, the dean will review the petition and determine if the matter should be referred to the chair of the Graduate School Grievance Committee.

B. Upon receipt of such a request from the dean, the Graduate School Grievance Committee will conduct, expeditiously, a hearing for the review of the grievance. The Graduate School Grievance Committee will consist of the following members:

- Three Graduate Faculty members of Graduate Council (voting)
- Two graduate student members of Graduate Council (voting)
- An Associate Dean of the Graduate School (nonvoting), who will serve as chair of the Grievance Committee. In the event of a tie vote, the chair casts the deciding vote.

In cases where any of the individuals serving in these roles have a conflict of interest or perceived conflict of interest, substitutions will be permitted with the permission of the Dean of the Graduate School.
C. The chair of the Grievance Committee will convene the hearing. Faculty members or graduate students who are members of the graduate program(s) involved are disqualified from sitting on the Grievance Committee.

D. At least one week prior to the hearing, the chair of the Grievance Committee will provide the materials listed below to all members of the Grievance Committee and to all parties to the grievance, depending on the nature of the grievance:

Many graduate programs have local procedures for resolving grievances, such as discussions with an advisor, supervisor, graduate studies committee chair, department chair, or college dean. Graduate associates should also consult their appointment documents.

The Graduate School is occasionally called upon to address a complaint by a graduate student related to other academic matters. The Graduate School becomes involved in such matters only after all reasonable local efforts to resolve the problem have failed. In accordance with university policy, complaints of harassment, sexual or otherwise, and allegations of scholarly misconduct are directed to the appropriate offices authorized to address them.

- A letter detailing the nature of the grievance and establishing the time, location, and expected duration of the hearing
- A copy of these guidelines
- A copy of the complainant’s letter to the dean

E. Each party is expected to attend the hearing in person to present his or her case and may call witnesses in his or her behalf. A party unable to attend the hearing may submit a written statement. Parties are defined as follows:

1. Graduate Examination Grievance
   - the student
   - the members of the examination committee, including the Graduate Faculty Representative (doctoral-level examinations only)

2. Graduate Associate Grievance
   - the student
   - the student’s GA supervisor and/or head of the GA appointing unit

F. Additional persons who may attend the hearing include the Graduate Studies Committee chair of the student’s graduate program and resource personnel from the Graduate School.

G. The parties may submit written statements related to the charges. Such documents must be received no later than three working days prior to the scheduled date of the
hearing. All materials so submitted will be shared with all parties and the Grievance Committee members on a confidential basis.

H. Notice must be given to the Graduate School at least one week prior to the hearing if any of the parties is to be accompanied by witnesses and/or legal counsel.

IV. Conduct of the Hearing

A. At the beginning of the hearing, the chair will outline the procedures to be followed in the hearing.
   - The chair shall allocate a specific amount of time to each party to state his or her case.
   - Members of the Grievance Committee shall be present during the entire testimony portion of the hearing.
   - Parties to the grievance are expected to be present to hear and participate in the entire testimony portion of the hearing.
   - Witnesses, if called by either party, may attend only the portion of the hearing directly related to their testimony.

B. The testimony presented at the hearing will be recorded on audiotape. A party to a grievance may request a copy of the tape.

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

D. At the conclusion of the testimony portion, all persons attending the hearing are excused except for the Grievance Committee members and the Graduate School personnel. The parties to the hearing will be asked to wait in a designated location outside the hearing room until freed to leave by the chair.

V. Hearing Committee Decision and Action

A. The decision of the Grievance Committee is reached in closed session, with only the hearing committee members and the Graduate School personnel present.

B. All members of the Grievance Committee vote on the outcome. The Graduate School personnel, including the associate dean who serves as the chair, may participate in the discussion and decision, but they do not vote (except when the chair votes to break a tie vote).

C. The Grievance Committee will decide on the basis of a simple majority as follows:
   - The Grievance Committee shall decide whether the master’s examination, candidacy examination, or final oral examination was conducted in conformity with Graduate School rules and those of the local graduate program.
   - The Grievance Committee shall decide whether actions taken with respect to a graduate associate appointment were in conformance with the rules of the appointing unit and the Graduate School. As stipulated in the Graduate School
According to the *Handbook*, the appointing unit is required to develop, publish, and make available its graduate associate rules.

- The chair of the Grievance Committee will report the committee’s finding in writing to the Dean of the Graduate School.
- If the Grievance Committee finds that a violation of Graduate School rules or other violation has occurred, the chair of the committee will also communicate a recommended resolution.
- The Dean of the Graduate School shall make the final decision regarding the grievance and the recommendation of the Grievance Committee and shall notify all the participants in the proceeding.
Vendor Interaction Policy

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

Updates approved by OSUWMC Executive Cabinet, October 14, 2013

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:
      i) the OSU Health System, including all hospital business units, the Primary Care Network and the Specialty Care Network.
      ii) the James Cancer Hospital and Solove Research Institute.
      iii) the Office of Health Sciences.
      iv) the College of Medicine including the School of Biomedical Sciences, the School of Allied Medical Professions, and all clinical departments.
      v) the Comprehensive Cancer Center, the Davis Heart Lung Research Institute, and all other research labs or other entities under the OSU Medical Center.
      vi) 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:
      i) 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.
      ii) 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.
      iii) 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.
      iv) 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.

e) 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.).

f) 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.

g) 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

a) 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.

b) 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.

c) Any gifts that are delivered directly to an individual Medical Center staff member at any site must be either:
   i) Returned directly by the Medical Center staff member to the vendor,
   ii) or Forwarded to the Medical Center Corporate Compliance Office which will return the gift to the vendor,

3) Gifts to Medical Center Units

a) 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.

b) Any donations or gifts accepted by a Medical Center unit should remain the property of the Medical Center. In the case of a cash donation to a Medical Center unit, those funds may be used by a Medical Center unit to:
   i) 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
ii) to compensate individual Medical Center staff members for work done on behalf of the Medical Center unit.

c) 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.

i) 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.

ii) 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.

iii) 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.

iv) 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:

i) the total amount of the gift,

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

iii) 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

a) Vendors are prohibited from directly supplying meals, food, snacks or other food items to Medical Center staff. The exceptions to this rule are:
i) a modest meal as part of an event that grants CME or other continuing education credit. 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.

ii) a meal in conjunction with an individual's role as an advisor or consultant to a vendor corporation.

b) 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

a) 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.

b) 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.

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

d) 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:

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

ii) the item is provided by the educational conference

iii) the item is provided to all conference attendees

e) 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.

f) Vendor sponsorship

i) 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

(5) 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, housestaff, 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).
      i) 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).

ii) 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, housestaff, 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.

iii) 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.

iv) 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.

v) 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.

vi) 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

i) Medical Center staff members are permitted to participate in a vendorsponsored 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 lecture etc.), at an office practice educating trainees, at an academic medical center or at a 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

ii) 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 regarding a specific product.

iii) 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 should be from the academic institution when possible.

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

iv) 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.

v) In accordance with University policies, non-faculty employees are never permitted to receive an honorarium for such an event.

vi) 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.

c) “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:

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

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

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

iv) 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.

d) 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
   a) 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.
   b) 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:
      i) 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
      ii) only after it is determined that the patient needs or potentially needs to use the product or medication covered in the promotional material, and
      iii) preferably by the unit’s faculty or staff and not directly by a vendor representative.
   d) 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
   a) 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. In an attempt to minimize the need for samples:
      i) 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.
      ii) 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.
   b) If members of a clinical unit believe that their clinical practice requires the continued use of medication samples, they may apply to the Chief Medical Officer 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 Chief Medical Officer: i) The medication samples that are routinely stocked in the clinic, ii) The process for ensuring the proper storage, security and distribution for samples, 12 iii) The process for
monitoring the expiration dates on medication samples, and iv) The process for the documentation of distribution to patients.

c) 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

a) 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.

b) 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.

i) 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.

ii) 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.

c) 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.

d) 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.

e) 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.

f) 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
a) 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.

b) 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.

c) 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.

d) 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

a) 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.

b) 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.

c) 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

d) Determination of non-compliance and disciplinary action: Determination of
noncompliance 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.

e) 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. Noncompliance may result in actions including, but not limited to,

i) a warning,
ii) a temporary suspension of access to the Medical Center,
iii) permanent revocation of the individual vendor representative’s access to the Medical Center, or
iv) 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. Noncompliance may result in disciplinary action, including but not limited to,

i) a warning,
ii) probation,
iii) suspension,
iv) removal from a position whose duties include vendor interaction, or
v) termination.

vi) 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

a) OSU Health System Policy 09-14, “Vendor Access and Control”
d) Chapter 2921 of the Ohio Revised Code
e) PhRMA Code on Interactions with Healthcare Professionals, PhRMA, April 2002
f) OIG Compliance Program Guidance for Pharmaceuticals Manufacturers, April, 2003
g) American Medical Association Council on Ethical and Judicial Affairs (CEJA) Ethics Opinion E-8.061 – Gifts to Physicians from Industry
h) American Medical Association Council on Ethical and Judicial Affairs (CEJA) Ethics Opinion E-9.011 – Continuing Medical Education
k) Ohio State University HR Policy 1.30 – “Conflict of Interest and Work Outside the University”
l) Ohio State University Faculty Senate Policy – “Paid External Consulting Policy”
m) Ohio State University Faculty Senate Policy – “Financial Conflict of Interest Policy for Faculty”
Nurse Practitioner Core Competencies April 2011

Amended 2012*

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**Preamble**

In August 2008, NONPF endorsed the evolution of the Doctorate of Nursing Practice (DNP) as the entry level for nurse practitioner (NP) practice (NONPF, 2008a). Nurse practitioner education, which is based upon the NONPF competencies, recognizes that the student’s ability to show successful achievement of the NONPF competencies for NP education is of greater value than the number of clinical hours the student has performed (NONPF, 2008b).

The Nurse Practitioner Core Competencies (NP Core Competencies) integrate and build upon existing Master’s and DNP core competencies and are guidelines for educational programs preparing NPs to implement the full scope of practice as a **licensed independent practitioner**. The competencies are essential behaviors of all NPs. These competencies are demonstrated upon graduation regardless of the population focus of the program and are necessary for NPs to meet the complex challenges of translating rapidly expanding knowledge into practice and function in a changing health care environment.

Nurse Practitioner graduates have knowledge, skills, and abilities that are essential to independent clinical practice. The NP Core Competencies are acquired through mentored patient care experiences with emphasis on **independent** and **interprofessional** practice; analytic skills for evaluating and providing **evidence-based, patient centered care** across settings; and advanced knowledge of the health care delivery system. Doctorally-prepared NPs apply knowledge of scientific foundations in practice for quality care. They are able to apply skills in technology and **information literacy**, and engage in practice inquiry to improve health outcomes, policy, and healthcare delivery. Areas of increased knowledge, skills, and expertise include advanced communication skills, collaboration, complex decision making, leadership, and the business of health care. The competencies elaborated here build upon previous work that identified knowledge and skills essential to DNP competencies (AACN 1996; AACN, 2006; NONPF & National Panel, 2006) and are consistent with the recommendations of the Institute of Medicine’s report, *The Future of Nursing* (IOM, 2011).

At completion of the NP program, the NP graduate possesses the nine (9) core competencies regardless of population focus.

*Amended as result of additional validation through the 2011-2012 Population-Focused Competencies Task Force. Competencies 7, 6, & 7 added to “Leadership,” “Practice Inquiry,” “Health Care Delivery Systems” core, respectively, to reflect that they cross all populations.*
Nurse Practitioner Core Competencies

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

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

Quality Competencies
1) Uses best available evidence to continuously improve quality of clinical practice.
2) Evaluates the relationships among access, cost, quality, and safety and their influence on health care.
3) Evaluates how organizational structure, care processes, financing, marketing and policy decisions impact the quality of health care.
4) Applies skills in peer review to promote a culture of excellence.
5) Anticipates variations in practice and is proactive in implementing interventions to ensure quality.
Practice Inquiry Competencies
1) Provides leadership in the translation of new knowledge into practice.
2) Generates knowledge from clinical practice to improve practice and patient outcomes.
3) Applies clinical investigative skills to improve health outcomes.
4) Leads practice inquiry, individually or in partnership with others.
5) Disseminates evidence from inquiry to diverse audiences using multiple modalities.
6) Analyzes clinical guidelines for individualized application into practice

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

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

Health Delivery System Competencies
1) Applies knowledge of organizational practices and complex systems to improve health care delivery.
2) Effects health care change using broad based skills including negotiating, consensus-building, and partnering.
3) Minimizes risk to patients and providers at the individual and systems level.
4) Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders.

5) Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment.

6) Analyzes organizational structure, functions and resources to improve the delivery of care.

7) Collaborates in planning for transitions across the continuum of care.

**Ethics Competencies**

1) Integrates ethical principles in decision making.

2) Evaluates the ethical consequences of decisions.

3) Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.

**Independent Practice Competencies**

1) Functions as a licensed independent practitioner.

2) Demonstrates the highest level of accountability for professional practice.

3) Practices independently managing previously diagnosed and undiagnosed patients.
   a) Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative, and end of life care.
   b) Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.
   c) Employs screening and diagnostic strategies in the development of diagnoses.
   d) Prescribes medications within scope of practice.
   e) Manages the health/illness status of patients and families over time.

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

**Glossary of Terms**

**Care processes:** Actions or changes that occur during the delivery of health care.

**Clinical investigative skills:** Those skills needed to conduct inquiry of practice questions/therapies, evaluate discovered evidence, and then translate it into practice.
**Cultural diversity:** Common beliefs, values, practices and behaviors shared by multiple subgroups or individuals.

**Culture of excellence:** The environment developed through the internalization of core values and a shared commitment in which the highest standards of personal integrity, professionalism, and clinical expertise are upheld.

**Evidence-based practice:** The "conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. Individual clinical expertise is integrated with the best available external evidence from systematic research." (modified from Sackett, 1996).

**Globalization:** The interrelated influence of actions, resources, cultures, and economies across nations.

**Health policy:** The set of decisions pertaining to health whether made at local, state, national, and global levels that influences health resource allocation.

**Independent practice:** Recognizes independent licensure of nurse practitioners who provide autonomous care and promote implementation of the full scope of practice.

**Independently:** Having the educational preparation and authority to make clinical decisions without the need or requirement for supervision by others.

**Information literacy:** The use of digital technology, communications tools, and/or networks to access, manage, integrate, evaluate, create, and effectively communicate information.

**Interprofessional practice:** Occurs when multiple health workers from different professional backgrounds work together with patients, families, and communities to deliver the highest quality of care.

**Interprofessional education:** When two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.

**Knowledge management:** Strategies that identify, create, represent, distribute, and enable the efficient use of all types of information.

**Licensed independent practitioner:** An individual with a recognized scientific knowledge base that is permitted by law to provide care and services without direction or supervision.

**Quality care:** The degree to which health services to individuals and populations increase the desired health outcomes consistent with professional knowledge and standards. Quality care also means avoiding underuse, overuse, and misuse of health care services.

**Patient centered care:** Care based on a partnership between the patient and health care provider that is focused on the patient’s values, preferences, and needs.

**Peer review:** Evaluation of the processes and/or outcomes of care by professionals with similar knowledge, skills and abilities.
References


