NURSING PRACTICE (DNP)

Designed for the Baccalaureate or Master’s Entry Registered Nurse graduate who wants to pursue Nurse Practitioner or Nurse Anesthesia education and training for national certification and/or experienced Certified Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist or Certified Nurse Midwife seeking a clinical doctorate to gain knowledge on the delivery of advanced nursing practice to patient populations in healthcare systems where they work, acquire competencies on clinical scholarship with a focus on translation of new knowledge to practice and evaluation of health care delivery models, develop organizational and systems leadership skills, apply clinical prevention and population health services, engage in health care policy-making as a vehicle for advocating health for all and appraise information systems/technology and patient care technology that can lead to the transformation of tomorrow’s health care. The DNP Program tracks include AGNP, FNP, DNP Completion, and CRNA (in partnership with NorthShore University HealthSystem School of Nurse Anesthesia).

Program Goals

The purposes of the graduate tracks in the doctor of nursing practice program are to prepare advanced practice nurses for leadership roles in the practice setting:

1. Integrate nursing science and knowledge with the knowledge of other disciplines and implement this knowledge in order to improve healthcare.
2. Evaluate and translate evidence-based practices to improve health and healthcare outcomes at the patient, family, population, clinical unit, system, and/or community level.
3. Demonstrate collaborative and leadership skills on intra-professional and inter-professional teams to foster effective communication, enhance patient outcomes, and create change in complex health care delivery systems.
4. Contribute to the specialty of advanced practice nursing through participation in systemic inquiry and other scholarly endeavors.
5. Use information systems and technology to improve patient care outcomes in advanced nursing practice.
6. Incorporate a philosophy of social caring based upon respect for the whole person, embodied in professional practice and service activities within a multicultural society.
7. Assume a leadership role in influencing the direction of healthcare at the local and national level.
8. Demonstrate competencies of advanced nursing practice within a defined specialty.

Expected Competencies

1. Integrate nursing theories and concepts with knowledge from biology, physics, pathophysiology, pharmacology, psychology, sociology and organizational sciences to deliver the highest level of advanced nursing practice in any practice setting and population focus.
2. Demonstrate safe, effective, and efficient professional practice, in a defined area of advanced nursing practice.
3. Develop the ability to work independently, accepting responsibility and accountability for one’s own advanced practice as an Advanced Practice Nurse.
4. Demonstrate responsibility to society by establishing an Advanced Practice Nurse practice that is based upon professional standards as well as ethical and moral principles.
5. Demonstrate the ability to develop public speaking skills through the use of presentations and dissemination of DNP project findings.
6. Demonstrate collaborative and leadership skills on intra-professional and inter-professional teams to foster effective communication, enhance patient outcomes, and create change in complex healthcare delivery systems.
7. Develop organizational and systems leadership skills for quality improvement and systems thinking to improve health outcomes at the local and national level.
8. Evaluate and translate evidence-based practices to improve health and healthcare outcomes at the patient, family, population, clinical unit, system, and/or community level.
9. Contribute to the specialty of advanced nursing practice through participation in or leading the conduct of systematic, practice-focused scientific inquiry and other scholarly endeavors.
11. Use existing and new computerized databases, analyze data accurately, critically appraise the literature, and develop and implement best practices in healthcare based on highest level of evidence.
12. Use information systems and technology to improve patient care outcomes in advanced nursing practice.
13. Use conceptual or theoretical framework to evaluate information systems and technology that can transform the future of healthcare.
14. Incorporate a philosophy of social caring based on respect for the whole person, embodied in professional practice and service activities within a multicultural society.
15. Analyze major factors and policy triggers that influence legislative health policy-making in order to achieve fair and just health-related policies, educate others about health disparities, and improve access to quality care.
16. Design, influence and implement health care policies that address social justice, equity, patient-centered care, cultural sensitivity, access to affordable healthcare, and quality, safe and effective healthcare for all.
17. Reflect on educational experiences and life lessons to gain insight into the development of a personal philosophy of healthcare and align advanced nursing practice and personal decisions both legally and ethically.

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Learning Outcomes

Students will be able to:

- Practice as an advanced practice clinician who demonstrates knowledge of population health issues, prevention strategies, and culturally relevant approaches to improve health.
- Provide organizational leadership through systems of care that utilize interdisciplinary collaboration and consultation to deliver safe, effective, and efficient patient-centered care, which influences policy.
• Design, implement, evaluate, and promote evidence-based care in complex situations through continuous quality improvement and clinical scholarship.
• Develop, implement, and evaluate transformational patient care technologies and analytical methods focused on safety and quality standards.
• Demonstrate an awareness of global health disparities, and in the Vincentian mission of the university, advocate for social justice, equity, and ethical policies that impact the overall health of individuals and communities.

Degree Requirements
Course Requirements
Doctoral Core (38 credit hours)

Course | Title | Quarter Hours
--- | --- | ---
NSG 522 | FINANCE AND COSTING IN HEALTH CARE | 4
NSG 540 | CULTURE, ETHICS, AND POLICY ANALYSIS | 4
NSG 550 | HEALTHCARE ECONOMICS | 4
NSG 551 | LEADERSHIP AND ORGANIZATIONAL BEHAVIOR | 4
NSG 552 | PROGRAM EVALUATION | 4
NSG 554 | INFORMATICS AND TECHNOLOGY APPLICATIONS | 4
NSG 580 | BIOSTATISTICS & RESEARCH METHODS FOR ADVANCED PRACTICE | 4
NSG 600 | EVIDENCE-BASED PRACTICE RESEARCH | 4
NSG 601 | EVIDENCE-BASED PRACTICE RESEARCH II | 4
NSG 602 | DNP PROJECT PRACTICUM | 2
NSG 603 | DNP PROJECT CANDIDACY CONTINUATION | 0

Concentration Requirements
In addition to the Doctoral Core requirements, students must complete the track requirements for their one designated concentration track.

Other Requirements
DNP Project
Students will be required to complete a DNP Project which represents the cumulating work for their DNP program. The project is expected to be a tangible academic product that reflects the student’s educational experiences and should be evaluated by an academic committee. The DNP Project for the DePaul DNP students (NSG 600, NSG 601, and NSG 602) will include:

1. a needs assessment of an aggregate population, APN practice setting, healthcare institution policies, or healthcare delivery models using an Evidence Based Practice approach;
2. development and implementation of a research project to improve the health of a population, change practice, influence health policy, or revise healthcare delivery models;
3. evaluation of the program; and
4. a publishable quality manuscript and a formal oral presentation will be presented to the student’s DNP Committee for approval.

A poster representing the DNP Project will be produced by the student for presentation at the Grace Peterson Research Colloquium.

Concentrations, tracks and specializations provide focus to the degree. In addition to any degree requirements, students are required to choose one of the following:

• Adult-Gerontological Nurse Practitioner Track, Nursing Practice (DNP) (https://catalog.depaul.edu/programs/nursing-practice-dnp/adult-gerontological-nurse-practitioner-track-nursing-practice-dnp/)
• Family Nurse Practitioner Track, Nursing Practice (DNP) (https://catalog.depaul.edu/programs/nursing-practice-dnp/family-nurse-practitioner-track-nursing-practice-dnp/)
• Nurse Anesthetist Track, Nursing Practice (DNP) (https://catalog.depaul.edu/programs/nursing-practice-dnp/nurse-anesthetist-track-nursing-practice-dnp/)

Program Graduate Academic Student Handbook
A complete list of policies specific to this program of study is contained in the Student Handbook that is updated regularly on the website for the School of Nursing. The complete DNP handbook can be found here: DNP Student Handbook (https://csh.depaul.edu/academics/nursing/student-resources/Documents/DNP%20Student%20Handbook%20Revised%202019.pdf).

Retention Policies
1. To be retained in the nursing program, students must maintain a cumulative grade point average of 3.0 in all academic work at the University.
2. Graduate students must maintain a cumulative grade point average of at least 3.0 in all academic work at the University.
3. Students must earn a grade of B- or better to receive graduate credit for any 400-600 level courses.
4. Graduate students with < B- grade in any required nursing course will be dismissed from the program.
5. Clinical courses may not be re-taken to raise an unsatisfactory grade.
6. Students who drop below the required cumulative GPA of 3.0 will be placed on probationary status. Students who have less than the required GPA for two quarters will be dismissed from the program.
7. In accordance with the nursing licensing regulations, students found to be convicted of serious crimes (felonies, substance abuse) will be reviewed by the Admission, Progression and Retention Committee and may be suspended or dismissed from the program.
8. The School of Nursing expects a respectful environment conducive to teaching and learning from all students, faculty, and staff. Inappropriate conduct is defined as any action that interferes with the creation and maintenance of an effective learning environment. Students are expected to display civility in all aspects of their educational experience at DePaul University.
9. Appropriate student conduct is outlined in detail in the School of Nursing Professional Development Guidelines (DNP Student Handbook (https://csh.depaul.edu/academics/nursing/student-
Students must meet with their academic advisor at the end of the first academic year and at least once during each subsequent academic year to review progress in the program and plan for the following year. Advisors may not be available during the months of July and August.

A student may not register for any course that has a prerequisite if that student has an incomplete in the prerequisite course.

Students may not attend classes in a course for which enrollment is blocked. No credit will be awarded for assignments completed when not officially enrolled in a course. This includes assignments previously completed and turned-in for courses taken in the past.

All required health records, evidence of CPR certification, criminal background checks, licensure, personal health insurance, and professional liability insurance must be kept on file in the SON. It is each individual student’s responsibility to keep all of their records up-to-date. Drug screens are required for clinical placements. See Clinical Guidelines for further information. Failure to have all records present and up-to-date before the start of each course will result in inability to attend the clinical component of the course.

7. Leave of Absence:
   a. Students who need to interrupt their studies for personal, health or other reasons may request a leave of absence for up to one full year from the date of approval. The request to the faculty adviser, Associate Director of the program and the Admission, Progression and Retention Committee all should be notified. An on-line Leave of Absence Request form found on Campus Connect under search Academics: needs to be filled out and submitted.
   b. Students who wish to return to the program following a leave of absence will need to submit a written request for resuming coursework to the Admissions, Progression, and Retention Committee. It is the student’s responsibility to send a copy of such request to the Director of the School of Nursing, the student’s faculty advisor and the Associate Director of the Program. This written request should demonstrate the resolution of the extenuating circumstances contributing to the original need to leave the DePaul Nursing Program. This request for reinstatement must be made no less than 6 weeks prior to resuming the nursing course sequence. Students will be notified in writing regarding the decision concerning their re-entry to the program. Individual assessment of current knowledge and clinical skills will be made prior to placement of the student back into the nursing program. Students who become “out of sequence students” due to dismissal, withdrawal, or military/medical/family leave of absence will resume course work based upon roster space availability in required courses offered at that time.

8. Students who have taken a leave of absence from the program for greater than 12 calendar months must re-apply to the university. Their re-application will then be considered with all other qualified applicants applying for admission to DNP program.

9. A student who withdraws from any nursing course while in good standing cannot progress in the sequenced nursing curriculum until that course has been successfully completed. In courses that contain both a clinical practicum and a didactic theory portion, both course segments must be completed simultaneously. Exceptions may be identified and defined by the Admissions, Progressions and Retention Committee (APR) in consultation with either the Director of the School of Nursing or Associate Director of the Program and the course faculty.

10. A student who withdraws from any nursing course who is ‘not in good standing’ (with a grade of “C” or lower on probation) at the time of withdrawal, will be referred to the Admissions, Progressions, and Retention Committee (APR). The APR will meet to review the student’s past and current performance and to elicit recommendations from the course faculty. A representative of the APR committee may then meet with the course faculty and the Associate Director of the Program and student to counsel the student and to establish a contract for academic improvement. Such students may not progress in the sequenced nursing curriculum until the course has been retaken and successfully completed. In courses that contain both a clinical practicum and a didactic theory portion, both course segments must be completed simultaneously.

11. A student may withdraw from any nursing courses ‘in good standing’ (with a grade of “B-” or higher) only twice during their program of study. A third such withdrawal will result in dismissal from the program.
12. All out of sequence students will be placed in courses on a space/faculty available basis. Priority will be given to students who are out of sequence for military service, severe illness, or family leave rather than for failure or withdrawal ‘not in good standing’.

13. A student who has a grade of B- (86% or less) at mid-quarter will be notified by the instructor. The student must satisfactorily fulfill all course requirements by the end of the quarter in order to receive a course grade.

14. A student currently enrolled in a degree program in which revisions are approved while their studies are in progress may elect to formally adopt the revised requirements.

### Academic Integrity Policy

Violations of academic integrity in any form are detrimental to the values of DePaul, to the students’ own development as responsible members of society and to the pursuit of knowledge and the transmission of ideas. Violations of academic integrity include but are not limited to: cheating, plagiarism, fabrications, falsification or sabotage of research data, falsification of clinical data, destruction or misuse of the university’s academic resources, academic misconduct, and complicity. If an instructor finds that a student has violated the Academic Integrity Policy, the appropriate initial sanction is at the instructor’s discretion. An instructor may choose to file an academic integrity violation with the university. Actions taken by the instructor do not preclude the college or the university from taking further action, including dismissal from the university. Conduct that is punishable under the Academic Integrity Policy could result in criminal or civil prosecution. The full Academic Integrity Policy can be found here [https://offices.depaul.edu/academic-affairs/faculty-resources/academic-integrity/Pages/default.aspx](https://offices.depaul.edu/academic-affairs/faculty-resources/academic-integrity/Pages/default.aspx).

### Academic Integrity Policy Extension for Clinical and Service Settings

DePaul University is committed to education that engages its students, faculty and staff in work within Chicago’s institutions and communities. As DePaul representatives to our partner institutions and community organizations, we ask that you take seriously your responsibilities to these institutions during service and clinical experiences and internships. The community and its institutions are extensions of the DePaul classroom. The University’s Academic Integrity Policy and Code of Responsibility apply to professional interactions as well.

### Student Advising/Program of Study

1. A faculty advisor will be assigned to each student upon acceptance to the program. The advisor will assist in developing an appropriate program of studies according to the student’s preferences, abilities, and anticipated course availability. Students are required to meet with their advisors during their first quarter in the program, at the end of the first academic year and once per academic year following.

2. Classes are scheduled so that a full-time student can complete the typical program of studies in the designated time frame. Part-time students or students taking courses out-of-sequence, may experience delay in obtaining necessary courses for timely progression in the program.

3. Students who need to change to part-time status must follow the steps below and need to be aware that they may experience delay in obtaining necessary courses for timely progression in the program. To request a change from full- to part-time status, the student must:
   a. Meet with his/her academic advisor and the Associate Director of the Program.
   b. Upon approval of change in status, the Associate Director of the Program will become the student’s academic advisor.
   c. The Associate Director and student will develop an adjusted program of study that the student will follow.

4. The student is responsible for setting-up an appointment with the designated advisor to develop an individualized program of studies.

5. The student is responsible for obtaining a copy of the program of studies worked out during the faculty-student advising session.

6. The student is responsible for enrolling in classes in the sequence identified in the program of studies. Should circumstances interrupt or delay registering for the designated classes, students must notify the Associate Director of the Program, the department administrative assistant, and faculty advisor for modification of the planned program of studies. The Admissions, Progression, and Retention Committee, will be notified by the faculty advisor of the proposed interruption.

7. The student is responsible for meeting all prerequisites to courses for which the student is registering.

8. The student is responsible for scheduling periodic student-advisor, and student-instructor conferences.

9. The student may not register for any DNP course until all conditions of admission are completed. Students who are not in compliance will be withdrawn from the course(s) for which they are currently registered. Students will be denied progression in the program up to and including being denied graduation until all requirements are met.

### Clinical Guidelines

The student acknowledges that all DePaul University and School of Nursing academic and conduct policies remain in place during clinical experiences. The student also agrees to comply with all of the policies set forth by the clinical site. The student understands that failure to comply with university or School of Nursing policies or the policies of the clinical site may result in sanctions, including removal from the clinical site and/or the course. A student may be dropped from clinical coursework for not participating in clinical orientation. The student understands that it is his/her responsibility to immediately notify his/her clinical instructor in the event that the student encounters problems with his/her mentor, preceptor, or staff at the site or at the site generally. DNP students are expected to find clinical preceptors and/or mentors at clinical sites in which DePaul University has an affiliation contract with.

If none exists then a request for a clinical affiliation contract must be secured and signed by both institutions. Once an affiliation contract is in place, a student can start clinical. Additionally a request for a clinical preceptor agreement must be submitted using a Request for Letter of Agreement form along with the preceptor’s CV or Preceptor Profile and copy of verification of licensure in the state.

Students are required to:

1. Attend ALL scheduled learning activities including orientation, lectures, exams, seminars, laboratories, simulation activities, observations, clinical practicums, evaluation conferences, and other comparable activities. If any scheduled learning activities are missed, the student will need to make-up these learning activities or withdraw from the course. Students are advised that opportunities for making up learning activities are subject to clinical faculty, site and laboratory availability.

Students are responsible for notifying the appropriate faculty member when an absence from a scheduled learning activity cannot be completed. Notification of faculty prior to an absence is expected,
Students can use the same clinics or work settings where they are supervised by the student working as an RN since the student is employed and assumes responsibilities for the nursing care of patients rendered failure. Neither the university nor the School of Nursing has or scholastic standing and place themselves "at risk" for academic demonstration that students who work in excess endanger their safety during periods when classes are in session. Previous experience has shown that students limit their outside employment hours per week but not limited to drug screening.

Bring reference books and materials to the clinical setting as needed. Students are not allowed to transport clients or client diaphragm and bell (dual head), a penlight, and lab coat with DePaul Nursing patches, name pin/badge, black ball point ink pen.

Required clinical equipment and dress a watch with a second hand or digital second reading capability, a stethoscope with both a diaphragm and bell (dual head), a penlight, and lab coat with DePaul Nursing patches, name pin/badge. The initials RN/SNP/SRNA or SN are to be worn in or around the student's place of employment.

The students lab coat with DePaul Nursing patches, name pin/badge nor any part of it, is not to be worn in or around the student's place of employment.

A student may be dropped from clinical coursework for not participating in clinical orientation.

Unsafe Clinical Performance

A student is responsible for implementation of safe patient care during the supervised clinical practicum. Unsafe behavior can result in suspension from the clinical site, student remediation, failure of the course, and/or dismissal from the program. Unsafe practice is defined as behavior that has the potential to cause serious harm to a patient.

Examples of unsafe clinical behavior in clinical practice include, but are not limited to:

1. Violating HIPAA requirements
2. Violating OSHA requirements
3. Performing a procedure outside the domain of nursing
4. Performing a procedure in which he/she has not been prepared
5. Failing to use universal precautions
6. Administering treatments/medications in any form via any route without consent and/or supervision from the clinical preceptor.
7. Advising patients about diagnosis or prognosis or referring patients to treatments, agencies, medications, without first discussing such with the clinical preceptor.
8. Administering treatments/medications in any form via any route without consent and/or supervision from the clinical preceptor.
9. Inability to correctly calculate math/medication problems
10. Knowingly exposing patients, colleagues, and others to actual or potential life threatening communicable diseases.
11. Stealing drugs, supplies, or belongings from an agency or patient.
12. Removing copies of patient care documents from healthcare agencies.
14. Failing to adhere to DePaul School of Nursing and/or clinical agency policies.
15. Falsifying patient records or fabricating patient experiences.
16. Neglecting to give appropriate care.
17. Providing patient care in a harmful manner or exhibiting careless or negligent behavior in the process of providing care to a patient.
18. Refusing to assume the assigned role of a patient, or failing to inform the instructor of an inability to care for a patient.
19. Willfully or intentionally causing physical or emotional harm to a patient.
20. Failing to report an error in assessment, treatment, or medication or failure to report an unusual occurrence or an adverse reaction.
21. Failing to comply with DePaul’s Drug Free Campus policy.
22. Performance not in compliance with stated student expectations as outlined in lecture or course syllabi.

Any student whose pattern of behavior demonstrates unsafe clinical practice that endangers a patient, colleague, or self in the clinical area will be suspended immediately from the clinical experience. The faculty of record will meet with the student to discuss the unsafe behavior and prepare written evidence of the event. This will be forwarded within 24 hours to the course coordinator. A copy of this document will be placed...
in the student file and forwarded to the Director of the School of Nursing, Associate Director of the program, and Admissions, Progression and Retention Committee. If appropriate, an incident report will be filed at the clinical site.

If, in the clinical preceptor's clinical judgment, a student is unsafe to continue in the clinical practicum, the clinical preceptor will take the following steps:

1. Dismiss the student for the remainder of the clinical day. The preceptor will follow institutional guidelines as appropriate.
2. Contact the course instructor and the Associate Director of the Program.
3. Submit a written report of the incident to the clinical instructor and Associate Director's office within one working day. The clinical instructor will schedule a meeting with the student within 24 hours of the incident or as soon as is practical, and prepare a written report that describes the incident that resulted in the student's dismissal from clinical. The student will be given a copy of the report at this time.
4. The clinical instructor will advise the student that he or she will not be able to return to clinical until the meeting with the Associate Director takes place. The Director of the School of Nursing may also be involved in the meeting.
5. Within 3 working days, or as soon as is practical, a meeting will be held. In attendance at the meeting will be the clinical instructor, the student, the course coordinator and the Associate Director of the Program and Director of School of Nursing. The student may have his or her advisor present at the meeting. A decision regarding the student's continuation in the program will be made. This meeting will determine whether the student will be administratively withdrawn with a grade of F or is allowed to return to complete the clinical. The clinical instructor initiating the meeting is not involved in the decision regarding the student's progression in the program. A decision is made at the meeting and communicated to the student.
6. The documentation related to unsafe clinical practice will be kept in a secured file within the SON offices.
7. The Admissions and Progression and Retention Committee (APR) reviews any administrative course withdrawal resulting in an F. The APR will determine if the student is dismissed from the program or may return in an appropriate quarter per the procedures of the APR. The student may elect to appeal this decision per procedures in the student handbook.

Clinical Performance Limitation Related to Temporary Disability

A student who incurs an injury or has any other physical limitation of a temporary nature must notify the clinical instructor and course coordinator and provide documentation from his/her health care provider that he/she is able to safely carry out the duties of a student in the clinical setting. This must occur as soon as possible and prior to attendance at clinical. The final decision as to whether the student is allowed in the clinical setting rests with the clinical agency.

Clinical Probation/Remediation

A student requires a clinical contract when one or more clinical course objectives are not being met. These behaviors, if not addressed, put the student at risk for receiving a non-passing final grade in the course. The process is initiated as soon as an instructor and/or course coordinator recognizes that a student’s performance or behavior may jeopardize the successful completion of a course. The clinical contract can be initiated at any time during the quarter.

The clinical contract is documented on the Student Faculty Contract form (Appendix A in the Student Handbook) and is completed by the course coordinator and clinical instructor. The course coordinator and clinical instructor will document, in writing, on the contract form, the areas of deficient student performance and identify behaviors the student will need to demonstrate in order to receive a passing grade. The student will receive a copy of this contract. The student's academic advisor will be notified as will the Associate Director of the Program. The academic advisor will follow-up with the course coordinator regarding the student’s remediation progress. By the end of the quarter (or completion of the course in the event of a withdrawal), the student must demonstrate satisfactory remediation of all areas of concern noted in the contract without further additional deficits or risk failing the course.

Clinical Failure

In the event that a student does not receive a passing grade in the clinical component of a course, the student’s grade for that course will automatically become an F.

Student Dress Code

1. The student is to be well groomed at all times presenting a professional image. The rationale behind this and the following requirements comes from the belief that it is the client who is the focus of the nurse-client relationship.
2. Hair must be kept off the face and above the collar or pulled back and secured. Natural hair tones only. Sideburns, moustaches, and beards must be neatly trimmed. Make-up, if worn, must be minimal and conservative. Personal care products may only be lightly scented. Other fragrances are not to be worn.
3. Nails may not extend beyond the tip of the finger. NO artificial nails or nail polish is permissible.
4. The ONLY acceptable accessories are: One single or pair of stud earrings-one on each lobe; one plain ring/ring set on one finger; NO other body jewelry or accessories is acceptable. Note: in some clinical areas all jewelry must be removed.
5. Tattoos are to be covered.
6. When giving direct patient care, in the office or clinic setting, students must wear their white lab coat with DePaul School of Nursing patch, their SON student name pin, and professional dress consisting of a dress shirt, sweater, and/or blouse with pants or skirt, closed toe shoes in good repair with a low heel and in neutral color, with neutral hosiery or socks. No high tops or bare foot sandals.
7. Inappropriate clothing would include: sweatshirts; sweat pants; tight or sleeveless tops; shirts with lettering, pictures or hoods; stirrup pants; leggings; Capri pants; shorts; blue jeans; tight or revealing clothing; visibly worn, torn, or faded clothing; midriff tops; low necklines; open-backed clothing; cleavage or underwear showing; or flip-flops.
8. These guidelines are subject to modification by the clinical instructor, based on the instructor's judgment, individual student religious or cultural practices, the sensibilities of the population, and the dress code of the particular office or clinic setting or event where the student is in attendance or practicing.

Confidentiality

Patient/Client Privacy
1. The student is expected to adhere to the American Nurses Association Code for Nurses and act in accordance with the Patient's Bill of Rights.

2. Confidentiality is the protection of a client’s privacy through careful use of oral and written communications. The client’s right to privacy is safeguarded by judicial protection of confidential information. The student should adhere to the School of Nursing Social Media policy (Appendix C in the Student Handbook) regarding maintenance of confidentiality and protection of privacy as it relates to communication via social media.

3. A client’s chart is a legal document. Information from the client and chart is confidential and cannot be disclosed to those not caring for the client. All entries must be accurate and legible. No part of the client’s Medical record can leave the office or clinic setting.

4. Information communicated by clients to students may not be repeated to anyone outside of the direct care team. Care should be taken when in the corridors, lounge, classroom, dining rooms, or other public areas, so that conversations are not overheard.

5. An individual can withhold any information about himself/herself that he/she desires. Nursing students must be especially careful regarding the invasion of the client’s privacy.

6. Students should use only the initials of the client when filling out history & physical exam forms, SOAP notes and any other documents which are a part of their educational experience.

Unprotected Exposures

In the event of any unprotected exposure to blood or body fluids, the student is to follow the procedures of the DePaul University School of Nursing Bloodborne Pathogens Exposure Control Plan (https://csh.depaul.edu/academics/nursing/student-resources/Pages/exposure-control-plan.aspx).

Exposure at DePaul University

Any student who incurs an exposure incident at DPU should obtain confidential post-exposure evaluation and follow-up.

Students who would like to obtain this confidential post-exposure evaluation and follow-up from Advocate Illinois Masonic Medical Center may contact DePaul Public Safety, who will facilitate transportation to Advocate Illinois Masonic Medical Center.

The post-exposure evaluations and follow-up should include at least, the following elements:

• Documentation of the route(s) and circumstances of the exposure;
• The results of the source individual's blood testing, if available; and
• All medical records relevant to the appropriate treatment of the student, including vaccination status, the Safety Officer or his/her designee will maintain these records.

Collection and testing of blood for HBV and HIV serological status will comply with the following:

• The exposed student’s blood shall be collected as soon as feasible and tested after consent is obtained;
• The student may have his/her blood collected for testing of the student’s HIV/HBV serological status. The blood sample will be preserved for up to 90 days to provide time for the student to decide if the blood should be tested for HIV serological status.

The student is responsible for costs associated with the medical evaluation.

Exposure at an Outside Facility while Performing Duties within Student Role

Any student incurring such an exposure should follow both DPU’s post exposure policy as well as the institution's policy where the exposure occurred. All student exposure incidents, whether they occur at DPU or off-campus while conducting learning or training activities under the SON must be reported to the Safety Officer or his/her designee as soon as possible, but no later than one business day after the incident.

Students are encouraged to speak with their health care provider about any additional follow-up post-exposure prophylaxis that may be recommended.

When possible, the Safety Officer, his/her designee, or institution where the exposure took place, will look into testing the exposure source individual for HIV, hepatitis B, and/or hepatitis C. Testing of the source individual’s blood does not need to be repeated if the source individual is already known to be infected with HIV, hepatitis B, and/or hepatitis C.

Student Clinical Requirements

It is mandatory that all students have all of their clinical requirements completed and a copy in their Castle Branch account by August 1st for Fall Quarter. It is the responsibility of the student to insure that all clinical requirements are kept current. Students must submit copies of renewed coverage, updated lab results, and renewed skills PRIOR to the anniversary of the expiration date. Non-compliance with clinical requirements will result in the student’s withdrawal from their clinical course and subsequent delay progression in their program of study.

The student must submit COPIES (NOT ORIGINALS) of the following:

1. A complete physical examination signed by a licensed primary care provider (MD, DO, NP, PA).
2. A Non-Reactive TWO-STEP Tuberculin Skin Test or Quantiferon Gold TB Blood Test. The Two-Step TB Skin Test requires that you receive two separate Mantoux skin tests at least one week apart AND no longer than 3 weeks apart. This test must be renewed YEARLY with a single step TB skin test or a Quantiferon Gold TB Blood Test. If previously positive, a student must submit a chest x-ray and/or TB symptom assessment statement that verifies the student is free from Tuberculosis signed by a licensed primary care provider (see above).
3. A Mantoux test or Quantiferon Gold test must be taken and results uploaded to Castle Branch every 12 months following the initial TB test.
4. Titers for Rubeola, Mumps, Rubella, Varicella, and Hepatitis B. A TITER is MANDATORY to document immunity. (Note: Vaccination or history of the disease is necessary to develop immunity). The titer MUST contain the titer value as well as the reference norm. The required titers are as follows:
   a. Rubeola IgG
   b. Mumps IgG
   c. Rubella IgG
   d. Varicella IgG
   e. Hepatitis B surface antibody (quantitative).

If the Hepatitis B immunization series has not been completed prior to beginning clinical attendance, the first of the three must be received prior to the first clinical day. It is the student’s
The School of Nursing may not be able to place students in a clinical setting if they have a criminal background. If a student has a criminal background, they may need to have another criminal background check. As a result, a student will not be able to complete the requirements of the program.

12. Drug Screening: Nursing students are required to have a ten-panel drug screen as required by clinical institutions. The test may be obtained from any health care agency, or from Castle Branch through Quest Diagnostics Lab. The drug test MUST follow a “Chain-of-custody” procedure. The student should sign a release to have the results sent to the School of Nursing Coordinator of Clinical Placements. See below for the School of Nursing Policy on Drug Use and Testing.

The School of Nursing may not be able to place students in a clinical setting if there are positive findings on the drug screen. As a result, a student will not be able to complete the requirements of the program.

**Drug Use and Testing**

In accordance with DePaul University policies, the School of Nursing will impose disciplinary sanctions upon any student found to be in violation of laws or policies relating to the unlawful possession, use, or distribution of drugs or alcohol. Nursing students may be required to have a ten-panel drug screen based on clinical affiliates’ requirements. Release forms must be signed to have the results sent to the Clinical Placement Coordinator.

If a student’s drug test is positive, secondary or confirmatory testing will be performed and the student will be expected to cooperate with interviews and follow-up procedures to ascertain and endeavor to confirm whether there was an explanation for the positive test result that did not involve illegal conduct, e.g., ingestion of lawful drugs, food, or beverages that could cause positive results.

If the positive test is confirmed and no sufficiently credible explanation of relevant lawful conduct is forthcoming, clinical placement in a clinical course and successful completion of the program will be jeopardized due to failure to qualify for placement and/or successful completion of the program. Students with confirmed positive tests and/or no sufficiently credible explanation of relevant lawful conduct will be advised that the DePaul University School of Nursing cannot place them in a clinical setting. As a result, a student would not be able to complete the requirements of the program.

**DNP Residency**

The DNP residency is a key component of the DNP program. The essential components of residency are scholarly activities that support the implementation and completion of a DNP Project. These may include time spent with a preceptor/mentor in a professional institution, clinic or community-based organization which provide care to an underserved/disadvantaged patient population due to lack of access or socioeconomic reasons. Continuing education conferences and workshops that expand/support the DNP Project may also be used. A minimum of 300 hours is required for the DNP NP Track residency; the student is required to maintain a record log of the scholarly activities that includes a reflection analysis of each experience. The reflection journal will be incorporated in the ePortfolio. The academic advisor/course director is responsible for supervision of the DNP residency.

- Baccalaureate & Post-Masters entry Registered Nurse DNP NP Track student - the DNP residency occurs after 600 hours of preceptor clinical in the nurse practitioner track have been completed in NSG 487, NSG 490. A minimum of 300 Residency clinical hours occur in NSG 700 and NSG 701.
• Post masters Nurse Practitioner, Clinical Nurse Specialist and Nurse Midwife DNP Completion Student - the DNP residency is 300 hours of clinical or less based upon the number of documented preceptor clinical hours in their master’s nurse practitioner program verified by transcript or letter from the director of the program. Residency hours occur in NSG 700 and NSG 701. Post masters Nurse Anesthesia DNP Student – the DNP residency is 100 hours of clinical in NSG 615 and NSG 616.

**Professional Portfolio**

During their program of studies, the DNP student is required to develop a professional electronic portfolio, a digitalized, purposeful collection of their selected work (documents, images, or videos), that provides evidence of their scholarly and professional development and achievement of the program’s learning outcomes. The ePortfolio is started at the beginning of the program in NSG 554 and continues to be added to throughout their DNP Program of study being completed in NSG 602. The DNP student will develop their portfolio on Digication, the ePortfolio system at DePaul. The student will have access to their portfolio after they graduate and can continue to highlight selected personal and professional accomplishments and experiences. Throughout their enrollment, students have unlimited access to the Writing Center for one-on-one Digication training and ePortfolio development support.

**DNP Project**

DNP students are required to complete an evidence-based DNP Project related to their area of advanced nurse practitioner practice. The DNP Project is a culmination of the knowledge gained in the DNP courses and provides an opportunity to demonstrate an analytical approach to programmatic, administrative, policy or practice issues in a format that supports the synthesis, transfer and utilization of knowledge. The intent is to demonstrate identification and resolution of a practice problem through the scholarship of application/integration. The project is expected to contribute to a practice or educational arena, examples include: an evaluation of a program or intervention, an analysis of a health care policy, developing a practice training program, quality improvement or safety program, a comprehensive systematic review for determination of best practice, or a strategic plan for the delivery of healthcare.

The DNP Project proposal will be developed in NSG 600. The student will identify a DNP Project Committee with a two member minimum: one being a DePaul or North Shore faculty member as the Committee Chair & a second committee member (content expert/mentor) with a master’s or higher degree (from the School of Nursing/North Shore School of Nurse Anesthesia faculty and/or from an outside institution). In NSG 601, the students will obtain approval from the DePaul University IRB and prepare to implement their projects. Continuation of the project will occur in NSG 602 in which 100 DNP Project hours are required of all DNP students. A formal oral presentation and a publishable manuscript will be presented to the student’s DNP Committee for approval at the end of the program.

Group Projects: Student wishing to do a DNP project as a group of two must show evidence and a rubric of division of labor that there is enough content and work for both students. The work distribution must be equitable (see guidelines below from the AACN Task Force White Paper published on August 2015). This will be effective for Classes of 2017, 2018, and later.

Group/Team Projects can be a valuable experience, helping to prepare graduates to function in interprofessional teams in the future, but often present challenges, particularly for student evaluation and grading. Group projects are acceptable when appropriate to the students’ area of practice and goals, and the project aims are consistent with the focus of the program. Guidelines for the entire project as well as for individual contributions to the project and a rubric used for each individual’s evaluation should be developed and shared with students prior to the initiation of the project. Each member of the group must meet all expectations of planning, implementation, and evaluation of the project, and be evaluated accordingly. Each student must have a leadership role in at least one component of the project and be held accountable for a deliverable. The following serve as illustrative examples:

1. The student serves as a vital member of an interprofessional team, implementing and evaluating a component of a larger project.
2. Students work on the same project, for example improving hand washing, across multiple units within the same organization or across multiple organizations.
3. Students focus on different aspects of improving diabetic outcomes of care by meeting criteria for guidelines for diabetes care such as eye exams, time frames for Hg A1-c screening, and foot care.
4. Students analyze and implement changes in state immunization policies to improve access to immunizations and increase immunization rates.

**Access to Student Records**

1. A student may have access to his/her personal student record upon request. Confidentiality is maintained with all student files. Release of information is granted upon written request by the student.
2. No specific or detailed information concerning specific medical diagnoses will be provided to faculty outside the department, administrators, or even parents, without the expressed written permission of the individual in each case. This position with respect to health records is supported by amendment to the Family Education Rights and Privacy Act of 1974. Health officials and other institutional officers must remember that all confidential medical/health care information is protected by statutes and that any unauthorized disclosure may create legal liability.

**Graduation**

DePaul University awards the Doctor of Nursing Practice degree to students who successfully completed the DNP program. All requirements of the University, College, and School of Nursing must be met as outlined in the current Catalog, including earning at least a minimum cumulative GPA of 3.0 in courses required by the program.

The student is responsible for completing the application for degree conferral and commencement by the deadline posted in the academic calendar.
Students are responsible for changes reflecting new program requirements if the department gives sufficient notice. Part-time students and students who do not enroll in classes for one or more quarters will follow their original program of study.

**Legal Limitations for Licensure**

Requirements for certification licensure may vary from state to state. Those students wishing to take their certification exam outside of Illinois are advised to check with that state’s licensure requirements early in the academic program. Baccalaureate and master-entry DNP students will be eligible to take their national certification exam upon completion of their NP courses and 600 precepted clinical hours. Verification of passing the certification exam will not be given until the student completes their DNP degree program.