



UNC GREENSBORO

School of Nursing



DNP STUDENT HANDBOOK

DNP Student Handbook Template

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Introduction and Welcome

About this Handbook

The University of North Carolina Greensboro (UNCG) School of Nursing (SON) provides this handbook to all Doctor of Nursing Practice (DNP) students as a resource to be used during the course of their doctoral studies. The handbook is updated annually, and an electronic copy is available on the UNC Greensboro School of Nursing website.

The information contained in this handbook is for all DNP students:

- Post-Master's DNP degree concentration
- Post-Baccalaureate DNP degrees:
 - Adult/Gerontological Primary Care Nurse Practitioner concentration
 - Nurse Anesthesia concentration

At times, information in this Handbook will apply to a specific DNP concentration, but will be noted as such.

This Handbook is focused on key information for students in the DNP program. Every attempt has been made to ensure accuracy and inclusiveness; however, every policy of the School of Nursing and the University are not included. Students are responsible to use the School of Nursing and the University websites for additional resources and policies. Also, assigned advisors and the DNP program office can provide guidance for needed information.

Welcome from the Administrative Team



Hello friends,

UNC Greensboro is a unique place, and I am glad that you [found your way here](#). The UNCG School of Nursing embraces a rich history dating back to its early days at the Women's College. I am proud to be part of the Spartan family as the School's fifth dean of nursing and the first dean of color. Here we are committed to an **inclusive community**,

where diverse perspectives, experiences, talents, learning styles, and backgrounds fuel our extraordinary passion in pursuit of the ultimate goal of providing the best healthcare for patients and their families. We are a team of **passionate people** that includes our faculty and staff, and we are educators, scientists, practitioners, advocates, innovators, active-duty service members, veterans, and so much more. We are leaders! Our school is a place to find your way to a meaningful and rewarding career, whether through education or as a member of our team. **Innovative practices** are our norm, whether in our research, teaching/learning operations, active learning classrooms, online learning environments, skills and simulation labs, or through partnerships with our more than 700 clinical agencies in the community. All this culminates into our **extraordinary outcomes**. We have world-renowned faculty who are leaders in the field, staff who are among the best in their areas of expertise, and students who consistently demonstrate great success, such as high graduation rates, high licensure and certification pass rates, and great employment success. UNCG nursing graduates are highly sought after and are leaders in the field of nursing and healthcare.

This year, we are committed to a "Culture of Care" to facilitate student, staff, and faculty wellbeing. We have adopted the theme of "I CARE":

C – compassion

A – compassion needs action

R – reflection (what we learn to improve upon in interactions)

E – energy (it takes work to care, but it yields cultural energy and positivity)

Welcome to the UNCG School of Nursing! I CARE!

Debra J. Barksdale, PhD, FNP-BC, CNE, FAANP, ANEF, FAAN
Dean

Welcome, Welcome, Welcome...

It is my pleasure to welcome you to the University of North Carolina Greensboro Doctor of Nursing Practice (DNP) Program! We are excited that you have chosen UNCG to obtain your DNP degree. We look forward to working closely with you to help you achieve your goals. Please keep in mind that you have committed to obtaining a higher degree that will require time and commitment to advance your current skill set. I want to ensure you that our highly skilled and motivated faculty, Concentration Coordinators, and Administrative Staff are dedicated to assisting you on your journey towards your DNP and specialty concentrations.

The courses are designed to help facilitate your transition to advance practice and prepare you for your national certifications, academic, leadership, and advanced practice roles. We want you to succeed. If you find you are in need of additional support, reach out to your faculty, Academic Advisor, Concentration Coordinator, or me, your Program Director. We are a team that is here to ensure your on-going success!

Again, welcome, and I look forward to meeting you all.

Sincerely,

Wanda M. Williams, PhD, RN, WHNP-BC, CNE
DNP Program Director
UNCG School of Nursing

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SON Overview

Transforming the Future of Nursing: Inclusive Communities, Passionate People, Innovative Practices, Extraordinary Outcomes

SON Mission

At the UNCG School of Nursing, we are taking giant steps anchored by transformation and focused on:

- Inclusive Communities
- Passionate People
- Innovative Practices
- Extraordinary Outcomes

SON Strategic Vision

At the UNCG SoN we are taking giant steps anchored by transformation and focused on: Inclusive Communities, Passionate People, Innovative Practices, and Extraordinary Outcomes.

SON Philosophy

The philosophy of the faculty at the School of Nursing is a statement of the beliefs and values they hold about the discipline and profession of nursing as well as nursing education.

The conceptual framework and the goals of the undergraduate and graduate programs are built upon this philosophy.

Nursing is both a practice discipline and a profession. Comprising the discipline is a unique body of knowledge that is integral to nursing practice, nursing education, and nursing administration. The body of knowledge is continuously developed and refined as an outcome of scientific, historical, philosophical, and ethical inquiry. Nursing knowledge is generated about health experiences and behaviors of persons across the life span. Testing and validation of interventions used in nursing practice generates evidence to support best practices. The metaparadigm concepts of person, environment, health, and nursing form the foundation upon which inquiry and the profession are based.

Nurses use knowledge developed by the discipline to promote optimal health and achieve professional goals. Nursing is an essential component of the healthcare delivery system and includes the promotion of wellness, the detection of alterations in health, and the provision of care for those with illness, disease, or dysfunction. Professional nursing is characterized by inquiry, caring, and practice. Nurses are professionally, ethically, and legally accountable for the care they provide; and their practice includes independent and collaborative functions.

Nursing education is built upon a foundation of a broad general education and professional nursing curriculum that provides opportunities for learners to attain knowledge and competencies required to

practice nursing. Mature learners identify their own learning needs and assume responsibility for continued learning. Effective teachers establish a learner-centered environment that promotes collaboration among themselves and their learners for achievement of educational goals. Baccalaureate education prepares nurses to practice as generalists, while specialty education at the master's level prepares nursing administrators and educators. At the doctoral level, nurses are prepared as scientists for academia and industry, and as advanced practice nurses for the delivery of healthcare.

Conceptual Framework

The conceptual framework of the School of Nursing may be summarized in the following statements: Health is a result of the interaction of a person with the environment and constantly changes across time. Nursing is the resource in the environment that can influence the health of a person through use of the processes of inquiry, caring, and practice. The conceptual framework serves as a guide for the selection of nursing content, ordering of courses, and sequencing of meaningful learning experiences. The movement through the curriculum has as bi-determinants both content and process components.

Content Components

The four concepts central to the curriculum are person, environment, health, and nursing. the concepts are defined as follows:

Person

Person incorporates the concepts of learner, self, individuals, families, groups, and communities. Human beings are unique individuals who have worth, rights, and inherent dignity. Persons have biological, psychological, social, spiritual, and cultural traits that influence their development. Throughout the lifespan, individuals exist within a cultural and social milieu and encounter phenomena that have an impact on optimal health and development.

Environment

Environment is the sum-total of all internal and external phenomena and processes that have an impact on people. Environment includes physical, psychological, social, spiritual, and cultural elements as well as historical, political, and economic conditions. Nursing is a resource in the environment that can influence the health of a person.

Health

Health represents a dynamic state of being resulting from interaction of person and environment. Health is actualized through competent personal care, goal directed behavior, and satisfying relationships with others. Adjustments are made as needed to maintain stability and structural integrity. A person's state of health can vary from optimum wellness to illness, disease, and dysfunction and changes throughout an individuals' lifespan, including at the end of life.

Nursing

Nursing is the teaching of health promotion practices, the continuous care of the acutely or chronically ill; the restorative care during convalescence and rehabilitation; the supportive care given to maintain the optimum level of health of diverse individuals, families, groups, and communities; the teaching and evaluation of those who perform or are learning to perform these functions; the support and conduct of research to extend knowledge and practice; and the management of health care delivery.

Process Components

Interwoven with the concepts which determine content are those process concepts which nursing uses to maintain and improve the health of persons in their environment. These processes include inquiry, caring, and practice and are conceptualized as follows:

Inquiry

Inquiry is the process of seeking, developing, and applying knowledge. Inquiry includes the nursing process, scientific process, and research process. It also includes critical thinking, a deliberate and systematic process, which involves analysis and interpretation, inductive and deductive reasoning, drawing logical inferences, and evaluating and justifying conclusions. Inquiry is the basis of evidence-based practice and the cornerstone of high quality, safe and effective nursing care.

Caring

Caring is an active process. In a caring relationship, a person or idea is experienced both as an extension and as something separate from oneself. The recipient of care is treated as having dignity and worth with potential for growth and development. Caring is the antithesis of possessing, manipulating, or dominating. In any actual instance of caring, there must be someone or something specific that is cared for. Caring cannot occur in the abstract, nor can it occur by sheer habit. An essential ingredient of caring is communication: a dynamic, developmental process of transmitting perceptions, thoughts, and ideas in verbal, non-verbal, and written interactions. Within an intentional caring process, messages are effectively conveyed by persons or through technology. Other essential ingredients of the caring process are knowledge, self-awareness, patience, honesty, trust, humility, hope, and courage.

Practice

The ability to provide evidence-based nursing interventions is the core of professional nursing practice. Nursing interventions are those direct or indirect interactions that occur between a nurse and client to diagnose and treat human responses to actual or potential health problems. Furthermore, nursing interventions have cultural and ethnic relevance for the client and are carried out within the ethical and legal domains of practice. In clinical practice, nurses use the nursing process to interact with diverse clients in achieving mutual goals. The nursing process is informed through nursing research and consists of activities related to assessment, diagnosis, analysis, planning, implementation, and evaluation. Professional nurses acquire and maintain current knowledge and are willing to participate in peer review and other activities that ensure quality of care. Nurses also communicate effectively with clients, families, and interprofessional healthcare providers to promote a safe, effective quality care environment.

Equity, Diversity, and Inclusion

SON Operating Principles and Practices

We have G.R.I.T.

Good Intentions and Will:

Assume best intentions in all interactions.

Practices:

- Listen generously first, do not jump to conclusions.
- Be aware of verbal and nonverbal communication.
- Ask, listen, verify, and confirm.

Respect:

Respect ourselves and others. Embrace and value all relationships. Engage in direct transparent, honest, and respectful communication.

Practices:

- Do not interrupt/talk over, everyone gets a voice
- Do not gossip.
- Be committed to getting something resolved by talking directly within 24-48 hours

Inspire:

Innovate and aim for excellence, be open to all possibilities (fun, joy, humor, challenges). Create an inclusive and supportive environment for learning (collegial, collaborative, innovative, supportive, learner-centered).

Practices:

- Include positive staff, student, and faculty stories in communications.
- Listen openly to new ideas and new possibilities.
- Organize, be involved, bring your full self to relaxing, fun school activities.

Teamwork & Unity:

Celebrate differences and foster unity. Value individuals, their expertise and contributions. Be committed to work outside of “comfort zones,” across boundaries of gender, race, ethnicity, sexual orientation, culture, religion, and disabilities.

Practices:

- Engage in shared governance.
- End every meeting with 5 min. of acknowledgement.
- If you cannot resolve differences in a few emails (3), meet or call.
- Call out unacceptable behavior when witnessed.

Academic Calendars

DNP Program Overview

DNP Accreditation

The Doctor of Nursing Practice program is accredited by the Commission on Collegiate Nursing Education (<http://www.cneaccreditation.org>).

The DNP curriculum is based on The Essentials of the Doctoral Education for Advanced Nursing Practice guidelines issued by the American Association of Colleges of Nursing (AACN) in 2006 and is in accordance with the guidelines issued by nursing specialty practice organizations. The DNP curriculum is organized around these eight essentials and is a rigorous course of study in which information in each course builds upon knowledge obtained in previous coursework. The DNP Essential are listed below:

1. Scientific Underpinnings for Practice
2. Organizational and Systems Leadership for Quality Improvement and Systems Thinking

3. Clinical Scholarship and Analytical Methods for Evidence-Based Practice
4. Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care
5. Health Care Policy for Advocacy in Health Care
6. Interprofessional Collaboration for Improving Patient and Population Health Outcomes
7. Clinical Prevention and Population Health for Improving the Nation's Health
8. Advanced Nursing Practice

The American Association of Colleges of Nursing (AACN) provided more information about the DNP at <https://www.aacnnursing.org/DNP/About>.

DNP Project Guidelines

DNP Projects are designed for DNP students to immerse themselves in a specific nursing/health care problem or topic of interest and use the knowledge and skills gained during their coursework and clinical experiences in designed and completing the DNP project. Working with a Project Team, the student designs a project by carefully identifying the problem, reviewing relevant literature, identifying the purpose and aims, developing a methodological approach and analytic plan, conducting the project in collaboration with an on-site mentor, analyzing the results, and making recommendations for practice and, if appropriate, future research. The student formally disseminates the results of the DNP Project as a poster presentation and submits a scholarly paper by the end of the third year of study.

The DNP Project work begins no later than when students are enrolled in NUR 898A and is completed over the course of five semesters. Faculty will work closely with students to facilitate the development of the project. When the DNP project plan has been developed, students must submit the UNCG DNP School of Nursing DNP Project Tracking and Approval form. This form is used to formalize the DNP project topic and general plan by the Team Leader and the DNP Program Director. The form must be revised if significant changes have been made to the project plan.

This list reflects a range of types of scholarly projects (National Organization of Nurse Practitioner Faculties, 2007). This is a sample list and it not exhaustive.

- Translate research into practice
- Quality improvement (Care processes, Patient outcomes)
- Implement and evaluate evidence-based practice guidelines
- Analyze policy: Develop, implement, evaluate, or revise policy
- Design and use databases to retrieve information for decision making, planning, evaluation
- Conduct financial analyses to compare care models and potential cost savings, etc.
- Implement and evaluate innovation uses of technology to enhance/evaluate care
- Design and evaluate new models of care
- Design and evaluate programs
- Provide leadership of inter-professional and/or intra-professional collaborative projects to implement policy, evaluate care models, transitions, etc.
- Collaborate with researchers to answer clinical questions
- Collaborate on legislative change using evidence
- Work with lay and/or professional coalitions to develop, implement or evaluate health programs (such as health promotion and disease prevention programs for vulnerable patients, groups, or communities)

The DNP Projects are guided by a Project Team which will consist of the DNP students, a DNP Faculty Member (Team Leader), and a Project Team Member (often from outside the University and may be the contact person at the site of the project or an expert in some area of the project). Once a potential site is identified by the student it must be approved by the student's DNP Project Team. A site support letter for the project is required...on-site letterhead with an original signature.

During the student's last semester, the Graduate School requires an updated plan of study showing all courses completed including grades; and a Graduate School DNP Project form. This is a required part of the graduation process. The DNP Program Office will initiate this review and will contact the student for assistance with signatures and updated information. The Graduate School DNP Project form is NOT included in the Appendices of this Handbook. It will be distributed to students by the DNP Program office prior to the end of the student's course of study.

DNP Project Procedures

NOTE: Prior to the initiation of any DNP project in a clinical setting, even if the setting is your employer, students must obtain clinical clearance. The contact for DNP students is Emily Watkins, the Clinical Coordinator, located at the USC building 390G, phone 336-553-6082, or email emily.watkins@uncg.edu. Information was included in Orientation folders and students can begin the process at any time. Reminders will be sent by Ms. Watkins at appropriate times in the program. The DNP Post-BSN Adult Gerontology Primary Care Nurse Practitioner (AGPCNP) and Post-BSN Student Registered Nurse Anesthetists (SRNA) students will complete these requirements prior to clinical rotations and will need to keep them current.

Most DNP projects are not considered research, but quality improvement or evidence-based practice projects must follow research guidelines of the SON Research Office and the University ORI; as well as any research guidelines of other entities associated with the project. DNP projects must have a Team Leader—as explained earlier in this Handbook; however, for the purposes of the UNCG IRB the Team Leader is considered the Faculty Advisor and is entered into the IRB application in that category. The Faculty Advisor designation is only pertinent to the IRB application. The DNP Team Leader (Faculty Advisor) is responsible for ensuring that the IRB procedures for review and conduct of the DNP Project are followed appropriately. Faculty members who supervise DNP Projects conducted by students are responsible for the scientific integrity of the DNP project, for safeguarding the rights and welfare of subjects in the research.

All DNP students and faculty working with projects must complete the CITI modules that are required by the UNCG ORI; for students this is an assignment in the NUR 705 course. In addition, some institutions that are sites for DNP projects will require additional CITI modules. The CITI system will recognize and give credit for completed modules, only any missing modules will appear under the new heading. The project Team Leaders or the SON Research and Scholarship Committee can assist with questions about adding CITI modules. All DNP Projects must be cleared by the School of Nursing Associate Dean for Research (ADR) or designee. Therefore, as the project topic is being developed, the Project Team Leader will involve the ADR at the appropriate point in the process in order to minimize extensive changes in the project.

Using SON Faculty, Staff, or Students as Subjects

It is required that all proposed DNP projects that involve School of Nursing students, staff, or faculty as subjects are reviewed and approved by the School of Nursing Associate Dean for Research, in consultation with the Research and Scholarship Committee and the DNP Project Team Leader, to determine whether the proposed activities are consistent with the goals and mission of the School, and whether they place inappropriate burdens on faculty, staff, or students. UNCG limits the number of studies that can be done with UNCG students during a given semester.

UNCG Institutional Review Board (IRB)

The UNCG Institutional Review Board (IRB) must review and approve DNP projects prior to the beginning of the project. The IRB must also review and approve all revisions, modifications, or amendments to project protocols before any changes are implemented. This is an online application on the University OIT IRB website. Information, forms, and procedures are also on the IRB website: <http://integrity.uncg.edu/>. (Also see <https://integrity.uncg.edu/institutional-review-board/> for more details on IRB procedures and forms.)

A. Procedures of obtaining IRB approval for DNP Projects are as follows:

The DNP student is the Principal Investigator (PI) on the IRB application. The student works with the Faculty Team Leader to develop an appropriate DNP project topic. The DNP statistician should be involved in refining the topic prior to IRB submission. The DNP Project Team Leader will notify the student when information can begin to be entered into the actual IRB application. Edits to the application are easily done as project refinement progresses. When the IRB application is fully developed and the DNP Project Team Leader has reviewed the summary, design, procedures, site agreement letters, consent/information sheet, questionnaires/tools/interventions, and any other documents are attached to the IRB application; the Associate Dean for Research (ADR) (or designee) will coordinate review of the application. Once this review is complete the ADR will notify the Faculty Advisor regarding revisions.

When final approval is received from the ADR and the Team Leader, the student may submit the online application to the IRB. Very quickly following submission both the PI and the Faculty Advisor will receive an email from the IRB requesting the application be certified. It is important that this is done promptly—the same day if possible. It involves a few clicks to the application, then the application can be reviewed.

REMINDER: All IRB applications should be submitted to the UNCG IRB at least 30 days from when data collection initiation is desired. Additional time must be planned if outside IRBs or outside nursing research departments are involved.

The NUR 898 courses have samples of documents to assist students with the IRB application. Federal guidelines require some types of studies to be reviewed by the full IRB committee but allow others to be reviewed by a subcommittee in an expedited process. If the application requires review by the full IRB committee, the PI will be invited to attend. It is highly recommended that the PI attend the review meeting, so she/he can answer any questions the IRB has concerning the application. When applications by students are reviewed, faculty sponsors should also attend. The decision of the level of review (Full, Exempt, Expedited) is determined by the IRB, not investigators. PIs may submit an

Exemption Review Request Application, but be aware that if not approved, the complete IRB application must be submitted.

The UNCG IRB will either approve or disapprove the DNP project. No data collection, recruitment of subjects, or other project activities can be conducted until approval of the IRB is obtained. The IRB will notify the PI and the Team Leader (Faculty Advisor) of the disposition of the application.

When funding is sought, a copy of the disposition should be provided to the SON Research Office. The PI should retain a copy of the disposition notification for his/her records. IRB approval is valid for no more than a one-year time period. The IRB Renewal Application must be completed and approved at least one month before the expiration date for research activities to continue. If the project has been completed, the PI (or faculty advisor, for student projects) must indicate this on the renewal application and return it to ORI. If a protocol is renewed after four years, the Fifth Year Renewal Procedures must be followed.

B. Procedures of obtaining IRB approval for a change to an already approved DNP project:

When a PI wishes to make a change to an already approved DNP project, she/he completes an Application for Modification to an Approved IRB Protocol (available from the IRB website) and submits it to the IRB Office. (See <https://integrity.uncg.edu/institutional-review-board/> for more details on these procedures and forms). If the project is funded, a copy should also be provided to the SON Associate Dean for Research. The project change cannot be implemented until approved by the IRB.

C. Procedures for Conducting a Study:

Confidentiality forms, data records, questionnaires, subject contact lists, and signed consent forms from human subjects must be retained in a secure location. Storage and security should be per approved IRB protocol. The records, data, and consent forms must be available for review by the IRB, Compliance Officer, and SON Research Office and committee for data safety monitoring as requested. The Project Team Leader should notify the School of Nursing Associate Dean for Research and Office of Compliance immediately if any injury or harm to subjects occurs during a DNP project, or if any unexpected circumstances arise. In the case of harm resulting from unanticipated risks, the PI must discontinue all data collection until the IRB has reviewed the incident. An Adverse Problem form may be filed.

Scientific Integrity

Ensuring Scientific Integrity is expected by all students, staff, and faculty members. This includes not only the appropriate conduct of studies, protection of human subjects, financial disclosure, conflict of interest, and storage and use of data, but authorship and ownership issues. SON Guidelines for Authorship and Ownership are discussed in a later section. Additional federal and UNCG policies apply as noted throughout this section and on the UNCG website. Additional oversight is provided by various School and University committees, as well as funding and state or federal agencies.

Data Safety Monitoring

The UNCG Compliance Officer coordinates Data Safety Monitoring. The UNCG IRB and the SON Research and Scholarship Committee assist with safety and compliance monitoring to ensure adherence to approved

DNP project procedures and consent procedures, security of data, protection of subject confidentiality, and provision of appropriate protections to subjects.

Human Subjects

The following are the School of Nursing guidelines for data safety monitoring for human subjects research. This includes DNP projects. In June 1998, the National Institutes of Health (NIH) issued a policy on data and safety monitoring (<https://grants.nih.gov/policy/humansubjects/policies-and-regulations/data-safety.htm>) that requires oversight and monitoring of all intervention studies to ensure the safety of participants and the validity and integrity of the data. The policy further elaborates that monitoring should be commensurate with risks and with the size and complexity of the trials. While the NIH policy is specifically directed to clinical trials, a DSMB may be appropriate if the studies have multiple clinical sites, are blinded (masked), or employ particularly high-risk interventions or vulnerable populations. A DSMB can greatly slow a DNP project and if possible, topics that would require a DSMB should be avoided.

UNCG and the School of Nursing include data safety and monitoring as part of its commitment to the assurance of human subject's protection in research. Also, the guidelines assist faculty, students, and staff in the conduct of research. The annual SON review will consist of at least 50% of funded studies and 10% of all active protocols.

Oversight within the SON does not replace or supersede the University Institutional Review Board (IRB) guidelines, the Food and Drug Administration (FDA) requirements, or special NIH/DHHS guidelines (e.g., NIH Guidelines for Research Involving Recombinant DNA Molecules).

The Associate Dean for Research (ADR) in collaboration with the SON Research and Scholarship committee chair will coordinate SON Data Safety and Monitoring activities. SON Research and Scholarship Committee members will conduct the reviews. In the event that SON committee members are not available due to conflict of interest, a designated faculty member from the SON or another academic unit on campus will be selected by the ADR to conduct the review. All persons conducting reviews must hold doctoral degrees and have written confirmation of Human Subjects Protection certification files with the SON Research Office. The Associate Dean will provide an orientation, information, and training session for reviewers.

Principal Investigators (Project Team Leaders) will be notified of the pending review in writing (paper or electronic) or by personal contact. Faculty sponsors (if a PI is a student) will be notified and are responsible to notify the student, provide access to materials and ensure compliance with procedures. Investigators should be aware that prior notice is not required to conduct the reviews, but every effort will be made to avoid conflicts with investigator's required course and meeting schedules. Investigators are expected to cooperate fully and in a timely manner with the reviews.

Investigators should plan for annual review of:

1. Signed consent forms, confidentiality forms, data forms, and storage of those items according to the approved protocol.
2. Sampling plan, recruitment efforts, and subject accrual information.
3. Documentation of any adverse events, expected or unexpected.
4. Adherence to data collection procedures.
5. Review of data, databases, data points, and analyses.

6. Personal contact with data sources (including agencies and individual subjects) by reviewers to verify compliance with procedures.

The completed checklist and a summary report written by the review member should be forwarded to the ADR. The ADR will discuss any deficiencies or concerns with the PI. A written summary of this discussion will be completed as part of the review report, as well as a written plan for removing or avoiding deficiencies. All reviews will be kept in a locked file in the SON Research Office. The ADR may provide reports to the IRB when the PI is not available or has not reported such to the IRB in a timely manner. The UNCG IRB may also request reports for any approved protocol.

The UNCG Compliance Officer, IRB, and SON ADR may suspend any DNP project until IRB notification has taken place and a plan for assurance of correction of deficiencies is approved. It is the responsibility of the PI, in consultation with the UNCG IRB and Office of Compliance, to notify a funding agency of deficiencies and the plan of action. The consultation and notification should be documented in writing and a copy filed with the ADR.

Review members will be required to maintain confidentiality for each protocol, associated data, and subject contact and review findings. Reviewers must avoid conflicts of interest with protocols and reviews.

If the PI has a concern that the review may cause or increase risks to human subjects, especially to confidentiality, the PI should notify the Compliance Officer or SON ADR prior to the initiation of the review. Assistance from the UNCG IRB and legal counsel will be sought to determine the most effective manner with which to conduct a review and remove or decrease any risk to subjects.

A report will be filed annually with the UNCG IRB and the SON Research Office.

Authorship & Ownership

These guidelines are to assist faculty, students, staff, and other persons in the assurance that credit and acknowledgement of effort and responsibility for DNP projects, research, scholarship, and creative activity, especially for funding, publications, and patents, are appropriately assigned.

DNP projects, scholarship, and creative activity are becoming an increasingly collaborative activity with both faculty, staff, students, consultants, and agency personnel involved in the initiation, conduct, and evaluation of projects. The dissemination and legal ownership should also reflect such collaboration. Several published guides provide insight into decisions of authorship and ownership. Two sources particularly important are:

1. The UNCG Guidelines for Good Practice in Graduate Education requires that faculty “acknowledge student contributions to (Project outcomes)/research presented at conferences, in professional publications, or in applications for copyright and patents.” Likewise, students are expected to “acknowledge the contributions of faculty advisors and other members of the research team to the student’s work in all publications and conference presentations.” Faculty, staff, students, and collaborators are expected to maintain confidentiality and integrity of others’ work.
<https://catalog.uncg.edu/academic-regulations-policies/graduate-policies/>
2. From the Publication Manual of the American Psychological Association (7th ed.):

- a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed.
- b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional title, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are appropriately acknowledged, such as footnotes or in the introductory statement.
- c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation. Faculty advisers discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate.

Publication Credit

Authorship is reserved for persons who receive primary credit and hold primary responsibility for a published work. This encompasses not only those who do the writing, but who made substantial scientific contributions to the DNP project. Substantial contributions may include formulating the problem or hypothesis, structuring the design, organizing and conducting the statistical analysis, interpreting the results, or writing a major portion of the paper. Those who may not be listed as authors but who contributed in ways such as suggesting or advising about analysis, collecting or entering data, modifying or structuring computer programs, and recruiting participants, or obtaining access to data or animals. However, combinations of these and other tasks may constitute or justify authorship.

Decisions of Authorship & Ownership

The decisions of authorship should be made as early as possible in the DNP project or creative activity process. Collaborators should determine each members' contribution (noted above), what level (first, second, etc.), and the type (presentation, publication, copyright, patent, etc.) of authorship will be assigned.

For example, often students participate in data collection or gathering materials to be used in a grant or manuscript. Though this may not constitute authorship on a publication, authorship on presentations may be granted. Likewise, assisting to develop a tool, method, computer program, or such product that is used and which may tangentially result in a copyright or patent may not constitute authorship but may warrant ownership. Student work for a unique project or a DNP project in which faculty are involved as a committee member or chair does not automatically award authorship to faculty members. If a student is using faculty data or data collected as part of a faculty members' project/grant, this agreement should be determined at the initiation of the activity in writing.

A second consideration of author ownership relates to the data collected either prior to or after the conduct of a specific project. If students collect or obtain data that is later used for secondary analysis by other students, agency personnel, or faculty, the student should be included as an author. Another issue is if the data, method, or tool is deemed to be necessary for patent or copyright.

Ownership should also reflect the contribution and the effort of those involved. Legal statutes, university policies on copyright and ownership, state and federal "work for hire/work product," copyright and patent laws, as well as ethical principles, may assist in these decisions. It is incumbent upon all involved to assess this possibility at the initiation of a project and consult technology transfer officers, legal counsel, and university/agency Institutional Review Boards.

A third consideration is when the principal author does not follow through on dissemination or ownership efforts. In the event of the sudden incapacity or death, the principal author or investigator often remains first author. If not first author, the contributor should be an author in the order determined by the team with serious consideration of contribution. Similar consideration should be made for ownership decisions.

In the event that a student or faculty member does not publish work that is coauthored by a faculty member, community or agency personnel, or another student, discussion should occur that allows the other authors to pursue dissemination that acknowledges the student's contribution but allows credit for additional efforts to complete the dissemination effort. It is preferable that these discussions take place at the initiation of the DNP project and that the contingencies be agreed to in writing. The fourth issue is that all authors and owners assume accountability and responsibility for the integrity of the DNP project, including but not limited to ethical treatment of human subjects and animals and accurate sampling, analyses, and reporting of results. The appropriate interpretation of the data is also expected.

Thus, authors should have access to and review documents prior to submission for presentation or publication. Many journals require signatures stating that each author is accountable and responsible for all conduct and content of publications. It is especially incumbent upon first authors and faculty members to protect students and other authors from fraud and scientific integrity concerns. If an issue arises, it is the responsibility of the first author to notify all other authors.

Reassessing authorship and ownership may occur during the research process, if additional applications for funding are submitted, if persons' efforts are not those expected and agreed upon (preferably in writing) or if required by funding application/guidelines. It is preferable that the decisions of authorship and ownership and decisions regarding dissemination are in written form and signed by all persons involved at the initiation of any project or program. Any alteration may be included in the original agreement, or additional written agreements may be added as amendments. The Authorship/Ownership Agreement Form is available from the SON Research Office and is recommended for use.

The Associate Dean for Research and the Research and Scholarship Committee chair and members are available for consultation. Additional information is available from the UNCG legal counsel and the technology transfer officer, as well as state and federal guidelines and statutes.

DNP Student Program Goals

The Doctor of Nursing Practice (DNP) degree offered by UNC Greensboro School of Nursing prepares graduates to analyze systems of care and provide transformational leadership that will improve patient safety, quality of care and implement evidence-based and culturally competent care practices. Graduates from this program will be able to interpret and apply research findings to practice settings, determine and measure system and population outcomes, manage information systems and use appropriate technology for health and risk communication. Our goals are to contribute to the advancement of the discipline and profession of nursing, to lead in the delivery of optimal health care and patient advocacy, and to appraise evidence to improve nursing practice and health care outcomes.

DNP Learning Outcomes

The DNP program student learning outcomes were developed using national standards and the School of Nursing philosophy and conceptual framework, which includes the concepts of person, environment, health, nursing, inquiry, caring and practice.

- Evaluate knowledge of self, uniqueness of individuals, families, groups, communities, and populations in their environment (person).
- Appraise the impact of the environment on the health of individuals, families, groups, communities, and populations (environment).
- Apply an advanced body of knowledge and skills in nursing practice to diverse individuals across the lifespan in a variety of settings to promote health (nursing).
- Appraise the influence of the wellness, illness, disease, and dysfunction components of health upon individuals, families, groups and communities (health).
- Evaluate evidence that may be applied in nursing practice to promote high quality safe and effective care (inquiry).
- Integrate the art of caring in the advanced practice nursing scholar role (caring).
- Practice as an advanced practice nurse to promote the well-being of individuals, families, groups, and communities in a variety of settings (practice).
- Determine leadership skill within nursing and interprofessional teams to initiate transformative changes in complex clinical practice and health care delivery systems to improve health care (practice/leadership).

DNP Program Concentrations

DNP Plan of Study & Methods of Course Delivery

According to year of admission to the program, each Plan of Study for each DNP concentration is contained in the links below and outline the courses to be taken in sequential order. Deviations from any of the study plans must be approved by the student's advisor and the DNP Program Director and may result in a significant delay in program completion.

The plans of study also include the method of delivery for every course. Courses within the DNP program are offered in several formats – campus face-to-face courses (common within the Post-BSN DNP programs for the clinically focused courses), fully online courses, hybrid (50% campus and 50% online) courses and intensive sessions (standard for the Post-MSN DNP program). Intensive sessions are intensive 1-day sessions that occur on campus 4-6 times a semester and are required to fulfill the learning outcomes of a course or courses. To maximize use of time, the Post-BSN, AGPCNP program typically schedules campus courses for a full day, once a week. The Post-BSN Nurse Anesthesia classes and clinicals require full days for most days of the week. Details of commitments for each concentration are available from the DNP Program office or from the Concentration Coordinators.

Adult/Gerontological Primary Care Nurse Practitioner Concentration Post-Baccalaureate (AGPCNP) DNP *([see program's Plan of Study here](#))*

The Post-BSN DNP Adult/Gerontological Primary Care Nurse Practitioner (AGPCNP) concentration is designed to be completed in 8 semesters beginning in the fall semester and ending in the spring semester of the third year. The concentration requires a minimum of 73 credits and 714 clinical practice practicum hours. All students also log completion of a minimum of an additional 300 hours of work on the DNP project or DNP Essential work and experiences. These hours are, for example, meetings with project sites, additional literature work, interprofessional and health policy activities.

The DNP Hours Log form with more details is posted in your 898 A-E courses and is updated by the student and reviewed by the program director every semester. All degree requirements must be met within seven academic years of initial enrollment. In addition to courses required for the degree program, students may enroll in independent study courses to enhance their program of study. No foreign language is required.

Nurse Anesthesia Concentration Post-Baccalaureate (CRNA) DNP ([see program's Plan of Study here](#))

The Nurse Anesthesia concentration is designed to be completed in 9 semesters beginning in the fall semester and ending in the summer of the third year. The concentration requires a minimum of 107 credits and 3,060 advanced practice clinical hours. All students also log completion of a minimum of an additional 300 hours of work on the DNP project or DNP Essentials work or experiences. These hours are, for example, meetings with project sites, additional literature work, interprofessional and health policy activities. The DNP Hours Log form with more details is posted in your 898A-E courses and is updated and reviewed by the student and program director every semester.

All degree requirements must be met within seven academic years of initial enrollment. In addition to courses required for the degree program, students may enroll in independent study courses to enhance their program of study. No foreign language is required.

For details on the Nurse Anesthesia program, [click here to access the Nurse Anesthesia handbook](#).

Post-Master's Concentration DNP ([see program's Plan of Study here](#))

The Post-Master's DNP is designed to be completed in 5 semesters beginning in the fall semester and ending in the spring of the second year. The Post-Master's DNP requires a minimum of 30 credits and 1,000 advanced practice hours. The 1,000 hours are obtained by combining the clinical hours obtained in the master's program and other DNP student activities such as meetings with project sites, additional literature work, interprofessional and health policy activities, and additional course work. All Post-Master's DNP students, regardless of master's program hours, are required to log completion of minimum of 300 hours of work on the DNP project. These hours are similar to the other DNP activities above. The DNP Hours Log form with more details is posted in the 898A-E courses and is updated and reviewed by the student and the program director every semester.

For Post-Master's DNP students with Nursing Administration/Nursing Leadership or CNL degrees; National Certification in your specialty may qualify for hours of credit toward the 1,000 program hours required. In the Appendices is information about qualifications for these hours and how to document the accepted National Certifications.

All degree requirements must be met within seven academic years of initial enrollment. In addition to courses required for the degree program, students may enroll in independent study courses to enhance their program of study. No foreign language is required.

DNP Curriculum

Grading Scale

A = 100 – 93

B = 92 – 85 (*Must maintain a minimum grade of 85 to pass and progress through the program.*)

B - = 84.4 – 80 (**NOT** passing in a graduate program)

F = ≤ 79

Independent Study Documentation

Each DNP concentration's Plan of Study can be accessed above by clicking/tapping the link. Independent study (IS) (NUR 792) courses are at the discretion of individual faculty and may require approval of the Associate Dean for Academic Programs. DNP students who wish to do an Independent Study will need to have a focus for the IS course and discuss with an appropriate faculty.

Application for independent study must have the approval of the instructor, the department head or dean, and the Dean of the Graduate School. No more than 15 semester hours of independent study may be included in the plan of study, exclusive of the dissertation. Students may not register for Independent Study as a substitute for existing courses. The student and faculty must notify the DNP Program Office prior to registering for an Independent Study course. The DNP Program Office will make sure sections for the course are added to the student's Plan of Study. Once the section of Independent Study is added to the schedule, two forms must be completed to register for Independent Study (NUR 792).

- Students must complete a Permission to Register for Independent Study form. This form is available online at <https://grs.uncg.edu/forms/#1554749460692-6deace4b-4ba5>.
- 1. The student is responsible for obtaining the signatures of the instructor and the Doctoral Program Director. The Doctoral Program Assistant will submit the form to the Graduate School. Registration for Independent Study is different from registration for other courses. Students do not register themselves for Independent Study during registration. The DNP Program Office or the University Registrar's Office will register the student for the Independent Study once the completed form is received by their office from The Graduate School.

Student Research and Graduate Assistantships

The School of Nursing offers research and graduate assistantships; some assistantships are matched with tuition waivers. These assistantships involve working with faculty in scholarly or other endeavors for ten, fifteen, or twenty hours per week during the academic year. Those students working for ten or more hours per week qualify for health insurance coverage. Requests for applications for assistantships may be obtained from the Doctoral Program Assistant, ph. 336-334-5289, and should be sent to the Doctoral Program Assistant by April 15th in order to be considered for the following year.

Union Square Campus

All campus classes are held at the Union Square Campus (USC) unless special circumstances intervene. Parking does not currently require a tag or cost, but some days overflow to the church parking lot across the street on the east side may be necessary for students and faculty. The back side of that lot on Arlington St. can be used except Sundays and Wednesday nights. Access is by walking through the small park adjacent to the USC building. All students are advised to exercise precautions and go to their cars in groups, especially after dark.

Network Access to Internet

We STRONGLY encourage students to use EDUROAM for all devices. If too many persons are on the USC guest access, the system will crash due to lower bandwidth.

Building Hours

Building hours at USC are from 7am - 11pm, Monday - Friday. Notify the security desk if you plan to be in the building past 7pm. Entry is only by two front doors on the east and west sides of the building. Do not block open doors or let persons in the back doors.

If you have questions or IT needs, the building staff information is posted throughout the building, and they are available to assist you. Mrs. Akila Hardy-Cole is the UNCG staff person assigned to USC and the DNP program (Room 254Q).

Union Square Campus Building Rules are located in the Appendices section at the end of this document.

Program Requirements

[Covid-19 Pandemic Guidance](#)

Health and Certification Requirements

IMPORTANT: The School of Nursing requires that all nursing students have health insurance coverage. Criteria for all undergraduate and graduate students to be eligible for the Student Health Insurance Plan

- Enrolled in a BSN, MSN, DNP, or PhD degree program at UNCG enrolled in at least 3 hours of nursing courses

A student who meets the above criteria must:

1. Enroll in the Student Health Insurance Plan each semester prior to the beginning of the semester.

OR

2. Prove you have outside health insurance each semester by submitting an on-line waiver to Student Blue that shows evidence of existing creditable health coverage, or you will “later” be default enrolled into the Student Health Insurance Plan and the premium will remain on your student account.

SON Academic Policy - ([Academic Integrity Policy](#))

1. Purpose

The School of Nursing adheres to the [Academic Integrity Policy](#).

2. Scope

Faculty, Program Directors, Program Assistants, and Students in UNCG’s School of Nursing.

3. Policy

The School of Nursing adheres to the [Academic Integrity Policy](#).

3.1 Course Attendance

Classroom and practicum attendance is expected according to established classroom hours and the practicum contract established with clinical agencies. Unexcused absences are unacceptable. It is the student’s responsibility to initiate a request for make-up work missed because of excused absences. Absences (excused or unexcused) may jeopardize the student’s ability to pass the course and progress in the major.

3.1.1 Notification

The student is expected to notify the instructor when it is apparent that the student must be absent or will be excessively late. It is the instructor’s responsibility to determine exaction of penalties for unsatisfactory

class attendances. Possible penalties are lowering the course grade, including a grade of “F”, and, in extreme circumstances, dropping the student from the course.

[Refer to University Catalog](#)

3.1.2 Permission to Miss Class/Clinical Professional Meetings

Students are encouraged to attend professional meetings or other activities appropriate to course objectives. Prior to missing any class or clinical time for professional activities, students are to obtain the permission of each course leader for courses which will be missed.

3.1.3 Other

Permission to miss class or clinical for other reasons (personal reasons) is obtained from the instructor on an individual basis. If possible, missed clinical time will be rescheduled. See class and clinical attendance, above.

Distance Education Policy

The University of North Carolina at Greensboro, School of Nursing Approved by Plenary Faculty, January 2019. Revised July 2020

1. Purpose

The U. S. Department of Education’s Office of Inspector General has set regulations for distance education courses (online and hybrid) to ensure federal Title IV (financial aid) funds are used appropriately. While the details and expectations of these regulations are vague, the UNCG SON has developed the following definitions and guidelines in an effort to protect the integrity of all SON programs; differentiate our online and programs; differentiate our online and hybrid courses as distance education; and limit the university’s risk of being liable to repay Title IV funds. Our overall goal is to create an excellent and consistent experience for our students!

2. Scope

The School of Nursing’s faculty and students.

3. Definitions and Roles and Responsibilities

3.1 Definitions

Definitions below are specific to courses, not programs. A program approved for face-to face instructional delivery may include a limited number of online courses within the program. Please contact the appropriate Program Director for specific questions.

3.1.1 Week of Instructional Time

Any seven (7) day period.

3.1.2 Non-attendance

The number of consecutive days that the student does not engage in academic-engagement activity, except:

In situations where permission is granted by the instructor.

Days on which the campus is closed due to university holidays or breaks (as noted on the official academic calendar), weather or another emergency.

3.1.3 Face-to-Face

SON courses in which faculty meet in person with students during times scheduled by the alternate assignment is used in place of face-to face meeting, faculty should ensure substantial interaction (defined below) occurs during the week of instructional time. Any assignments or documentation of interaction should be uploaded into the learning Management System (LMS). Any course that deviates from this definition must be discussed and approved by the appropriate Program Director on a per semester basis.

3.1.4 Hybrid

A hybrid course is one that combines face-to-face instruction (contact hours*) with web-based content and academic-engagement activities. Any course that deviates from 50% online and 50% face-to-face instructional delivery must be discussed and approved by the appropriate Program Director on a per semester basis.

*Contact hours per week are based on the UNCG course credit structure guide standard: A minimum of 750 scheduled minutes of instructional time or the equivalent per non-clinical credit hours.

3.1.5 Online

SON courses that meet 100% online. These courses may include synchronous and/or asynchronous activities during a specific week of instructional time.

3.1.6 Last date of Attendance

The last date a student interacted in the course through an academic-engagement activity (see example below).

3.1.7 Academic-Engagement Activity

Academic activities used to demonstrate that the student is actively participating in learning in the course. They are used to document the last date of attendance within each week of instructional time. See detailed description below.

4. Policy

4.1 Last Date of Attendance

The University of North Carolina at Greensboro (UNCG) does not require faculty to take attendance. For students receiving financial aid, the UNCG Financial Aid Office is required by the U.S. Department of Education (34 CFR 668.22) to determine the last date that the student was actively participating in the course, the financial aid office is required to document actual attendance to the time they withdrew to determine the amount of the award the student may retain. Students may apply for and receive financial aid at any point throughout the academic year; therefore, this information must be collected for all students to determine financial aid eligibility.

[University class attendance policy](#)

According to the policies above the UNCG faculty member is (1) responsible for setting the policy concerning the role of attendance in determining grade for their classes (i.e., the attendance policy), (2) communicating this attendance policy to all students in the course, and (3) maintaining class attendance records of enrolled students as appropriate for the attendance policy. It is the responsibility of the students to learn and comply with the policies set forth in each course's attendance policy, as explained in the course syllabus. Therefore, the faculty member is the only person at UNCG who can document whether a student has attended class or participated in an academic-engagement activity. In accordance with this requirement, all UNCG SON faculty are required to include an attendance policy in their syllabus (according to the syllabus template found in the SON Faculty handbook) and are required to document attendance in face-to-face, hybrid, and online courses. Attendance is based on a week of instructional time which is any seven-day period defined above. Faculty and student interactions should be documented in the LMS as appropriate. Attendance will be documented via the date of the student's last course interaction through an academic-engagement activity. 34 CFR 668.22(c)(3); 34 CFR 668.22(l)

4.2 Failure to Attend Policy

Program Directors are currently working to develop a school-wide policy that may be amended for each program to address when students fail to attend a course and/or engage in an academic-engagement activity.

4.3 Academic-Engagement Activities

May include but are not limited to:

- Physically attending a class where there is an opportunity for direct interaction between the student and the faculty member
- Submitting a class assignment
- Taking an exam, tutorial, or computer-assisted instruction
- Attending a study group that is assigned by the institution
- Participating in online discussion related to course content
- Imitating contact with a faculty member regarding the course content via the LMS
- PDF of email exchange (or summary of conversation) related to the substantial course content added to LMS to document conversations between faculty and students.
- Logging into the LMS does not, by itself, constitute an academic-engagement activity and is not considered attendance
- Living in institutional housing
- Participating in school's meal plan
- Academic counseling or advising
- Questions concerning clinical placements, preceptors, or other clinical placement logistics.

5. Compliance and Enforcement

Any violation of this policy by a university student is subject to the Student Code of Conduct in the Student Policy Handbook.

UNCG School of Nursing Policies

Registration

Prior to the beginning of each semester, students have the opportunity for early registration for course enrollment. Registration dates can be found here: <https://reg.uncg.edu/registration/> In order to register, you must have your student ID and personal ID as well as an advising code for each registration period. All registration, including drop/add, is conducted online. The generic advising code changes each Fall and Spring semester. Students are encouraged to contact their advisors before registering for courses. The Registrar's Office sends emails to all students reminding them of registration periods.

DNP students can also contact the DNP program once for assistance with or information about registration. Matriculating DNP students are guaranteed a seat in their required courses if they have followed the registration procedures and adhered to the course timing in the plan of study. If a student does not take a required course and during the semester it is listed in the plan of study, completion of the program may be delayed.

Process for Student Concerns and Complaints

The faculty and staff of the UNCG School of Nursing care about our students. We strive to provide the best educational experience possible, but understand that concerns can sometimes arise. Below is the process to follow should you have a concern or complaint. The link to the UNCG Academic Regulations and Policies, found in the University Catalog, is here:

<https://catalog.uncg.edu/academic-regulations-policies/>

The School of Nursing defines a formal complaint as a written Grade Appeal which is not resolved at the level of the instructor, a written notice of violation of university policy, or an Academic Integrity Board submission verified by filing the academic Integrity Violation Report Form. It is always best to first try to

resolve the concern with the person immediately involved. If you have a concern with your faculty member, staff member, or another student, please speak to them first. Usually, concerns can be resolved with a conversation. If your concern arises with a preceptor or other employee of a clinical agency in which you are a student, please inform your faculty member immediately. If the concern involves a nursing classroom, lab, or clinical course, and the concern cannot be resolved by speaking with your faculty member, the next step would be to speak to the course chair. It is best if the concern can be put in writing (an email is fine for this purpose). If not able to be resolved at this level, the next step would be the Director of your program. If unable to be resolved at this level, the next step would be to contact the Dean of the School of Nursing.

Other Resources for Concerns and Complaints

If you wish to appeal a dismissal or an allegation of unsafe practice in the clinical area, you may appeal to the School of Nursing Appeals Committee. Information about this process can be found on the School of Nursing website under Academic Programs, Student Resources, Documents and Forms, Documents of Interest: <https://nursing.uncg.edu/academics/student-resources/documents-and-forms/>

The School of Nursing Appeals Committee does not hear grade appeals. If you wish to appeal a grade, first discuss your concerns with your instructor, and follow the reporting process described above. If still unresolved, the link to the University Grade Appeal process is:

<https://aas.uncg.edu/documents/students/GradeAppealPolicy.pdf>

If you wish to report sexual misconduct, here is the link to the relevant information: https://cm.maxient.com/reportingform.php?UNCGreensboro&layout_id=8

The Dean of Students Office is also a resource for any student experiencing difficulty. The link to this office is: <https://sa.uncg.edu/dean/>

(Compiled September, 2019LPL; Revised January 2021)

Unsafe Practice Policy

The nursing faculty of the School of Nursing have an academic, legal, and ethical responsibility to prepare graduates who are competent as well as to protect the public and health care community from unsafe nursing practice. It is within this context that students can be disciplined or dismissed from the School of Nursing for practice or behavior which threatens or has the potential to threaten the safety of a client, a family member or substitute familial person, another student, a faculty member, or other health care provider.

Student Awareness

All students are expected to be familiar with the principles of safe practice and are expected to perform in accordance with these requirements. Within courses, counseling and advising processes, and other instructional forums, students will be provided with the opportunity to discuss the policy and its implications.

Definition

An unsafe practice is defined as: An act or behavior of the type which violates the North Carolina Nursing Practice Act, Article 9 of Chapter 90 of the North Carolina General Statutes (NCGS 90-171.37; 90-171.44).

An act or behavior of the type which violates the Code of Ethics for Nurses of the American Nurses Association. An act or behavior which threatens or has the potential to threaten the physical, emotional, mental or environmental safety of the client, a family member or substitute familial person, another student, a faculty member or other health care provider. An act or behavior (commission or omission) which constitutes nursing practice for which a student is not authorized or educated at the time of the incident.

Investigation & Evaluation of an Unsafe Practice

When an incident occurs which a faculty member believes may constitute an unsafe practice, he/she shall immediately notify the student and instruct the student to leave the clinical setting. The faculty member will notify the Course Chair, Concentration Coordinator, and/or Program Director within the School of Nursing.

The Course Chair, Concentration Coordinator and/or Program Director will investigate the incident within three working days to determine whether there are grounds for believing that an unsafe practice has occurred. If the incident is minor, the faculty member, in consultation with the person named above, may require remedial work or instruction for the student. If the incident is major, or serial in nature, the Course Chair or Program Director will notify the Dean.

The Dean, in consultation with the involved faculty members, will review the student's clinical performance evaluation(s), academic record and potential for successful completion of the major in nursing. Based upon this careful and deliberate review, a decision to reprimand the student, require withdrawal from the clinical course, or to recommend dismissal of the student from the School of Nursing will be made. The Dean of Nursing will send written notification of the decision to reprimand or to require withdrawal from the clinical course to the student. If the Dean of Nursing recommends dismissal from the School of Nursing, the recommendation will be forwarded to the Vice Provost for Graduate Education for approval and notification of the student.

Should the student wish to appeal the decision, the student will submit a written request to the School of Nursing Appeals Committee. The Dean of Nursing will provide to the Committee the accumulated correspondence documentation related to the issue. A request for an appeal should occur within seven working days of written notification of the decision from the Dean of Nursing or the Vice Provost for Graduate Education.

Hearing Process

The Chair of the School of Nursing Appeals Committee will thereafter notify the student, the faculty member, Course Chair and Program Director as to the time and place for a hearing to determine whether an unsafe act or behavior occurred and, if so, what resolution to recommend.

The Committee will hold a closed hearing within ten days at which time the faculty member, Course and Program Director will be present and will provide documentation and other oral or written evidence regarding the incident. The student will be allowed an advocate/support person at the hearing; however, the support person cannot speak at the hearing and cannot be an attorney.

Following the factual presentation, the Committee will convene in executive session to determine whether an unsafe practice occurred and to recommend a resolution to the incident. The Committee will base its recommendation on the evidence presented at the hearing.

The Committee shall make its recommendation in writing to the Dean and forward pertinent documentation. The Committee may recommend the following remedies: no finding of an act of unsafe practice; a reprimand to the student; or dismissal from the School of Nursing major.

Post Hearing Process

The Dean of Nursing may accept, reject, or modify the Committee's recommendation. The Dean's decision will be made after review of the minutes of the hearing and report to the Committee. If the Dean of Nursing accepts the Committee's recommendation to dismiss the student from the School of Nursing, the recommendation will be forwarded to the Vice Provost for Graduate Education who will notify the student. The Dean of Nursing will notify the faculty member(s) as to the determination. A student who has been dismissed may reapply for admission to the School of Nursing.

Student Procedure for Needlestick or Bloodborne Pathogen Exposure

When there is a parenteral (i.e., needle stick, puncture, or cut) or mucous membrane (e.g., splash to the eye or mouth) exposure to blood or other body fluids, the student is to follow this procedure:

1. Wash the skin exposure site well with soap and water. Flush eye or mouth with water. Avoid using damaging substances such as bleach. Do not bleed tissue. Rinse well.
2. Inform the Faculty member, who will advise you.
3. Inform the Nurse in charge of the clinical unit.
4. Follow the employee needlestick or bloodborne pathogen exposure protocol/policy of the workplace/institution where the event occurs. Most institutions will arrange to draw and test source blood and provide de-identified test results to the student at the time of the incident. The student should take these results to a health care provider to be evaluated for potential treatment.
5. Inquire about the need to complete necessary incident or agency reports. Schedule a completion time for these reports with the agency. This may be as soon as possible following the exposure or at a later date, based on exposure risks.
6. The student should obtain medical consultation and evaluation as soon as possible. This could be at the Emergency Department of the health care agency where the incident occurred, at the student's own health care provider, or UNCG Gove Student Health Center (336-334-5340). It is preferable to obtain the medical care/consultation where the event occurs, since time is an important consideration if treatment is necessary, and institutions have access to post-exposure medications and source information that the student's primary care provider or the Gove Student Health Center may not.

Be sure to have as much of the following information as possible available for your health care provider:

- Date and time of exposure.
- Details of the incident: where and how the exposure occurred, exposure site (s) on the student's body; if related to the sharp device, the type and brand of device.
- Details of the exposure: type and amount of fluid or material, severity of exposure.
- Details of the exposure source (obtained from the health care agency where the exposure took place)
 - o HIV+, HBV+, or HCV+
 - o If HIV infected, stage of the disease; CD4 cell count, HIV viral load, history of antiretroviral therapy & antiretroviral resistance information.

- Details about the exposed student
 - o Hepatitis B vaccination and vaccine-response status (titer)
 - o Other current medical conditions
 - o Current medications and drug allergies
 - o Pregnancy or breast-feeding

If the health care agency is unable to provide the student with source blood information, the Public Health Law (NCAC 41A.0203) can compel the screening of the source patient. Advanced Home Care should be contacted to perform the necessary blood draw from the source patient. The health care provider caring for the student should provide an order for the lab tests, and a release form for the source individual to complete so the results can be sent to the provider. The student is responsible for any cost related to obtaining the blood specimen and may need to provide insurance information to Advanced Home Care.

7. Inquire about the need to complete necessary incident or agency reports. Schedule a completion time for these reports with the agency. This may be as soon as possible following the exposure or at a later date, based on exposure risks.

8. The clinical faculty will notify the nursing program director of the exposure, who will inform the Associate Dean for Academic Affairs.

9. The student, with assistance from their clinical faculty, will complete the XXX Form and submit it to the OSHA Trainer for tracking. Neither the clinical agency nor the University is responsible for the cost of the care that is involved in the treatment, management, or surveillance of exposure to blood or body fluids.

Approved 5/18

Student Academic Progression

[Technical Standards for Admission, Academic Progression & Graduation](#) (Includes required withdrawal information)

[Grading Policies](#)

[Student Appeal Process](#)

[Commencement Participation Policy](#)

Student Resources

[APA Style Tutorial](#)

[Canvas](#)

[Computing Accounts](#)

[Financial Aid & Scholarships](#)

[Grant Proposals](#)

[Information Technology Services \(6-TECH\)](#)

[Jackson Library](#)

[Nursing Organizations & Memberships](#)

[Spartan email](#)

Documents and Forms

[Declare of Change Concentration](#)

[Deferral of Admission/Change of Term](#)

[Graduation Application](#)

[Leave of Absence](#)

[Masters/Certificate Student Request for Transfer Credit](#)

[Request to Change Catalog Term](#)

[Student Travel](#)

[UNCG Phone Directory](#)

School of Nursing Program Phone Numbers

Bachelor of Science in Nursing (BSN) 336-334-5400

Doctor of Nursing Practice (DNP) 336-553-6055

Master of Science in Nursing (MSN) 336-334-3167

Doctor of Philosophy (PhD) 336-334-3167

Registered Nurse to Bachelor of Science in Nursing (RN–BSN) 336-334-5265

Veteran Access Program 336-334-4702

[Emergency, SON & UCG Phone Numbers](#)

[SON Website](#)

APPENDICES

[Research Scholarship Guidelines](#)

[Sexual Harassment Policy](#)

[Social Media Policy](#)

[Union Square Campus Building Rules](#)



Assumption of Risk

Clinical experiences (practicum, clinical rotations, supervised practice, internships, or observations) are a required component of academic programs at the UNC Greensboro School of Nursing. These experiences allow students to practice skills and techniques learned in didactic and lab courses as well as develop critical thinking skills that are important for health care providers. Clinical experiences occur in hospitals, clinics, schools, community organizations, and other appropriate settings where students can interact with patients and clients. Students may have opportunities to be placed in alternate settings, but alternative site options are not always available, and changes in circumstances within clinical settings may delay the completion of the student's degree.

Sites selected for students' clinical experiences are required to take reasonable and appropriate measures to protect students' health and safety in the clinical setting. Faculty develop appropriate policies and procedures relating to student safety and prevention of exposure to disease. Students have access to appropriate PPE during their clinical experiences, and students receive training related to potential hazards and prevention techniques.

Students have the responsibility to report any potential exposures to the supervisor at their site as well as their UNC Greensboro School of Nursing faculty member.

Even with such measures, there are risks inherent in clinical experiences. Potential risks of completing clinical experiences include, but are not limited to:

- Exposure to infectious diseases through blood or other body fluids via skin, mucus membranes or parenteral contact, droplet or air-borne transmission
- Hazardous chemical exposure
- Radiation exposure
- Environmental hazards, including slippery floors and electrical hazards
- Physical injuries, including back injuries
- Psychosocial hazards

These risks can lead to serious complications, trauma, bodily injury or death.

SPECIAL NOTICE REGARDING COVID-19

COVID-19, the disease caused by the novel coronavirus, is a highly contagious disease that causes symptoms that can range from mild (or no) symptoms to severe illness. COVID-19 can cause severe and lasting health complications, including death. Everyone is at risk of COVID-19. There is currently no vaccine to prevent COVID-19.

Although anyone who contracts COVID-19 may experience severe complications, the CDC has found that individuals with certain underlying health conditions are at higher risk of developing severe complications from COVID-19. These medical conditions include: chronic lung disease, asthma, conditions that cause a person to be immunocompromised, obesity, diabetes, chronic kidney disease and liver disease. COVID-19 is believed to spread primarily by coming into close contact with a person who has COVID-19 and may be also spread by touching a surface or object that has the virus on it, and then touching one's mouth, nose or eyes. Much remains unknown about COVID-19. Further research may reveal additional information regarding the disease, including how it spreads and what health complications, including long-term complications, can result from contracting it.

Participating in clinical experiences, even when wearing recommended PPE, may increase the risk of contracting COVID-19, and these risks cannot be eliminated.

BLOOD AND BODILY FLUID EXPOSURE

Students in laboratory/clinical courses at the UNC Greensboro School of Nursing may be at risk for exposure to infected blood and body fluid, including, but not limited to, the contracting of any communicable disease such as Hepatitis A or B or AIDS. Students in the UNC Greensboro School of Nursing have been taught Universal Precautions regarding exposure to blood, body fluids, and other potentially infectious materials which may carry blood borne pathogens as published by the Centers for Disease Control.

ACKNOWLEDGEMENT OF RISK

I certify that I have carefully read and understand this document. I acknowledge and understand that, as explained in this document, my degree program requires the participation in clinical experiences, and that such participation carries risks that cannot be fully eliminated. I understand these risks.

I understand that it is my responsibility to follow all instructor and supervisor instructions and take all available precautions so that the risk of exposure is minimized. I will follow all program specific information relating to prevention of diseases.

Knowing these risks, I certify that I desire to pursue my chosen degree program, including the participation in clinical experiences. I expressly agree and promise to accept and assume all risks associated with doing so. I am voluntarily agreeing to be bound by this document's terms.

Student Signature

Date

Student (print name)



University of North Carolina at Greensboro School of Nursing School of Nursing Failure to Attend Policy

This policy applies to students who begin a School of Nursing (SoN) course (face-to-face, hybrid or online) but cease to attend during the semester without providing official notification of intent to withdraw. Specific procedures are outlined below to meet the needs of the students enrolled in the respective SoN program. Grade determination will remain with course faculty and as per the syllabus.

A student who has stopped participating in a SoN course for a period of 7 consecutive days* will be contacted by the faculty member. This contact (email, phone, or in-person conversation) should be documented in the student's permanent file along with the plan for the student to submit missed work.

Non-participation (including frequent unexplained absences) for each course is defined in the attendance policy posted in the course syllabus. Extenuating circumstances related to attendance are evaluated by the faculty on a case-by-case basis.

When a student has stopped participating in a SoN course for a period of 14 consecutive days, the following program specific procedures apply:

BSN Program: The faculty member will arrange a meeting with the student and the Program Director to identify the reason for the absences and to assess if additional University resources are needed. Documentation of the meeting will be placed in the student's permanent file. The course faculty will flag the student in the early alert system for excessive absences.

RN-BSN Program: The faculty member for the course will contact the Program Director who will attempt to contact the student via email or phone and will document the outcome in the student's permanent file. The faculty member will be made aware of the outcome. The course faculty will flag the student in the early alert system for excessive absences.

MSN Administration Concentration: The faculty member for the course will notify the Concentration Coordinator. The Concentration Coordinator will attempt to contact the student. This attempt to contact and/or communicate with the student will be documented in the student's permanent file.

MSN Education Concentration: The faculty member for the course will notify the Concentration Coordinator. The Concentration Coordinator will attempt to contact the student. This attempt to contact and/or communicate with the student will be documented in the student's permanent file.

PhD: The faculty member for the course will notify the Program Director. The Program Director will attempt to contact the student. This attempt to contact and/or communicate with the student will be documented in the student's permanent file.

DNP: The course faculty will notify the Program Director. The Program Director will attempt to contact the student. Faculty attempts to contact and/or communicate with the student will be documented in the student's permanent file.

When the student has stopped participating in a SoN course for a period of 21 consecutive days, the following program specific procedures apply:

BSN Program: The course faculty and the Program Director will arrange a meeting with the student to identify barriers to success and discuss a plan to continue in the nursing program or withdraw. The SoN Associate Dean for Academic Programs will be informed of the actions taken and the student's continued failure to participate in one or more courses.

RN-BSN Program: The course faculty and the Program Director will arrange a meeting with the student to identify barriers to success and discuss a plan to continue in the nursing program or withdraw. The SoN Associate Dean for Academic Programs will be informed of the actions taken and the student's continued failure to participate in one or more courses.

MSN Administration Concentration: The Concentration Coordinator will notify the SoN Associate Dean for Academic Programs of the student's failure to attend. The Associate Dean for Academic Programs will attempt to reach the student. All attempts to contact and/or communicate with the student, will be documented in the student's permanent file.

MSN Education Concentration: The Concentration Coordinator will notify the SoN Associate Dean for Academic Programs of the student's failure to attend. The Associate Dean for Academic Programs will attempt to reach the student. All attempts to contact and/or communicate with the student will be documented in the student's permanent file.

PhD: The Program Director will notify the SoN Associate Dean for Academic Programs of the student's failure to attend. The Associate Dean for Academic Programs will attempt to reach the student. All attempts to contact and/or communicate with the student, will be documented in the student's permanent file.

DNP: The Program Director will notify the SoN Associate Dean for Academic Programs of the student's failure to attend. The Associate Dean for Academic Programs will attempt to reach the student. All attempts made to contact and/or communicate with the student, will be documented in the student's permanent file.

Note: Failure to attend a course and not officially withdrawing (prior to the last day to withdraw from a course without incurring a WF grade, see UNCG Academic Calendar <https://reg.uncg.edu/calendars/>) will result in a grade of F or Unsatisfactory (U) assigned to the course and may affect the student's financial aid eligibility. See Satisfactory Academic Progress (SAP) policy for financial aid at <https://fia.uncg.edu/forms/2018-19/1819SAPpolicy.pdf>

Students are subject to the University Course Withdrawal policy <https://catalog.uncg.edu/>

Students are responsible for all resulting charges to their student account.

***See SoN Distance Education Policy for definitions**

New 03/2019



**University of North Carolina at Greensboro School of Nursing Student's
Consent to Drug/Alcohol Testing and Release of Test Results to UNCG School
of Nursing**

UNCG
School of Nursing

I, _____, a ___ year-old student enrolled in the UNCG School of Nursing, having read the UNCG School of Nursing Substance Abuse Policy and Drug/Alcohol Testing Policy, understand I may be required to submit to pre-clinical placement drug testing, random drug testing, or drug testing when there is reasonable suspicion to believe that I may be impaired or have been engaged in substance abuse as defined by the UNCG School of Nursing's substance abuse policy or by an affiliating clinical agency. I understand that the cost of the pre-clinical placement drug testing shall be borne by me, and that the cost of the subsequent drug testing, either random or due to reasonable suspicion of impairment, shall be borne by the School of Nursing. By my signature below, I hereby give my complete and voluntary consent to submit to any such drug test(s) at a designated laboratory or other location as required by the School of Nursing or any affiliated clinical agency at which I am placed for nursing school requirements.

I further understand that I may be subject to drug tests based on reasonable suspicion for substance abuse while attending any UNCG School of Nursing courses, labs, or clinical activities.

I understand that pursuant to the UNCG School of Nursing's policy, a positive drug test for substance abuse will result in dismissal from the program in which I am enrolled, pursuant to the Unsafe Practice Policy. I also understand that if I refuse to submit to drug testing required by the affiliating clinical agency, the UNCG School of Nursing will have no responsibility to find me another clinical placement and I may be dismissed from the nursing program, for failure to complete the requisite clinical placement hours. I understand that if I refuse to submit to drug testing based upon reasonable suspicion for substance abuse, such refusal will be deemed to be a positive test result, and I may be dismissed from the nursing program, pursuant to the Unsafe Practice Policy.

I understand that the clinical agency and UNCG School of Nursing have a legitimate need to receive the results of my drug tests performed in accordance with this policy. My signature below constitutes my authorization for any drug testing facility and its physicians, including the Medical Review Officer, employees, and representatives, that conducted drug testing and that has control over any documents, records, or other information pertaining to any drug testing of me, to furnish originals or copies of any such documents, records, or other information to the affiliating clinical agency requesting the test and/or to the UNCG Gove Student Health Center and to the UNCG School of Nursing and/or its officers, employees, and representatives. I further consent to and hereby authorize any drug testing entity to answer the UNCG School of Nursing's questions and inquiries concerning me and those documents, records, and other information, including, without limitation, drug testing results, medical records, medical reports, analyses, questionnaires, and other materials which may have been made or prepared pursuant to or in connection with my drug tests.

I waive, release, and discharge forever the drug testing facility and its physicians, including the Medical Review Officer, employees, and representatives that conducted drug testing required by the UNCG School of Nursing's Policy and every other person, firm and institution (including, but not limited to, the University of North Carolina at Greensboro, its School of Nursing and/or Gove Student Health Center) which shall comply in good faith with this authorization and consent from any and all claims of whatsoever kind and nature arising out of or resulting from the drug testing, disclosing, inspection, releasing and furnishing of such

documents, records, or other information.

Student's printed name

Student's signature

Date

Student ID Number _____

This form will be maintained by the UNCG School of Nursing and will be disclosed to appropriate clinical agencies upon their request.

December 2017



UNCG
School of Nursing

The University North Carolina at Greensboro School of Nursing Report of Reasonable Suspicion of Drug/Alcohol Use

To be completed by the faculty member supervising the nursing student to be tested.

1. Name and UNCG ID number of student suspected of substance abuse as defined in policy.
2. Reasons why you suspect the student of substance abuse. (Be as specific as possible, including times and dates when incidents occurred or unusual behavior was observed, the identity of any particular substance suspected of abuse, and the names of any witnesses to the incidents/behavior.) [Staple additional comments/observations to this document]

NOTE: Please include information such as observations of: speech (normal, incoherent, confused, change in speech, slurred, rambling, shouting, using profanity, slow); coordination (normal, swaying, staggering, lack of coordination, grasping for support); performance (unsafe practices, unsatisfactory work); alertness (changes in alertness, sleepy, confused); demeanor (changes in personality, fighting, excited, combative, aggressive, violent, argumentative, indifferent, threatening, antagonistic); eyes (bloodshot, dilated); appearance (clothing dirty or disheveled; odor of alcohol on breath); unexplained absences or tardiness; whether student was found with drugs/alcohol or admitted to use of drugs/alcohol; whether other students or personnel have complained of student behavior (if so list witnesses to the behavior.)

3. Based on the information above, it is my opinion that there is reasonable suspicion to believe the student is impaired and needs to be tested.

Faculty name: _____ Date _____

This form will be maintained by the UNCG School of Nursing and will be disclosed to appropriate clinical agencies upon their request.

December 2017



University of North Carolina at Greensboro School of Nursing Procedure for Student Drug Testing for Cause

This documents the procedure for requiring students to undergo a urine drug test for cause, pursuant to the *"Substance Abuse Policy and Drug/Alcohol Testing Policy."*

All new students will sign a consent form at the beginning of the academic year/beginning of the program acknowledging that they may be asked to submit to a drug test for cause, and a form acknowledging the substance abuse policy. (*"Student's Consent to Drug/Alcohol Testing and Release of Test Results to UNCG School of Nursing"* *"Substance Abuse Policy Notification and Disclosure Statement"*). Students will have to sign the forms only once; they are in effect during the student's entire time in the program.

In each student's first semester in the nursing program, both forms will be given to the student and collected by the faculty. The forms can then be submitted to the Assistant to the Associate Dean for Academic Affairs.

This policy is in effect in the classroom or clinical area. Faculty who suspect that a student is under the influence of a substance must report it and require a drug screen, using this procedure. If a student is identified as being likely under the influence of a substance, faculty member will remove the student from the classroom or clinical unit and will require the student to undergo a urine drug screen as soon as possible. The faculty member will complete the form *"Report of Reasonable Suspicion of Drug/Alcohol Use,"* and submit it to the Associate Dean for Academic Affairs; it will be placed in the student file. All these forms are available in the Faculty Handbook; it is suggested that each clinical faculty print a copy to have with them.

Procedure

1. A student is identified by a faculty member or preceptor as being likely under the influence of a substance.
2. Faculty members document student behavior on a *"Report of Reasonable Suspicion of Drug/Alcohol Use"* form. This form eventually goes to the student's academic folder. If a student is in a remote location from the faculty, the preceptor (or whomever is in charge of the student) contacts the faculty member on call and the faculty member documents on the form using information obtained by speaking with the preceptor.
3. Faculty members must authorize students to take the test (if during office hours, the Associate Dean for Academic Affairs or the Director of Student Affairs can do this from school if a faculty member calls). If not during office hours, faculty will have a paper form that can be used; the student would then present the form at the site. Faculty members who teach clinical classes that meet after 5:00 p.m. on weekdays, or meet on weekends, should obtain paper forms from the Associate Dean for Academic Affairs. Please safeguard these forms carefully and return when the semester is over.
4. Students must present at the site for drug testing as soon as possible after being identified by faculty. ***Each faculty member should identify at the beginning of each clinical rotation how a student might get to a drug testing site without driving him/herself, and how they would then get home from the site.*** For example, the pre-licensure BSN faculty are asking each student to identify two people who could come pick them up in case of an emergency. The faculty member should not drive the student, and another student should not leave a clinic to drive the student who is suspected of being impaired.
5. Please make sure the Associate Dean for Academic Affairs is notified of each incident.

Developed 12/2017



University of North Carolina at Greensboro School of Nursing Substance Abuse Policy and Drug/Alcohol Testing Policy

I. Required Adherence to University's Policy on Illegal Drugs (found in the University Policy Manual- IV:B:007). https://policy.uncg.edu/university-policies/illegal_drugs/)

All UNCG School of Nursing students must become familiar with and comply with the University's Policy on Illegal Drugs (https://policy.uncg.edu/university-policies/illegal_drugs/), which applies to behavior that occurs not only on the University campus, but also on property owned or controlled by the University and at university-sponsored or University-supervised activities, such as student nursing activities at affiliating clinical agencies. In addition, all students are subject to all applicable federal, state, and local laws addressing illegal drug and alcohol use, which are briefly described in the above-mentioned policy, as well as in the University's Student Code of Conduct. The UNCG School of Nursing Substance Abuse Policy and Drug/Alcohol Testing Policy, is intended to complement the University's Policy on Illegal Drugs, and to ensure patient safety, comply with both clinical facility policies and the North Carolina Board of Nursing policy [21 NCAC 36.0320(d)] (www.ncbon.com, Nursing Practice Act, Administrative Code/Rules), and assist students in recovery.

II. Purpose of Substance Abuse and Drug/Alcohol Testing Policy

For obvious health and safety concerns, nurses must conduct health care and educational activities fully in control of their manual dexterity and skills, mental faculties, and judgment. The presence or use of drugs or alcohol, lawful or otherwise, which interferes with the judgment or motor coordination of nursing students in a health care setting poses an unacceptable risk for patients, colleagues, the University, and affiliating clinical agencies. Preventing and/or detecting substance abuse, as defined below, is particularly critical in all of UNCG School of Nursing's programs, where students spend a considerable amount of time learning patient care in a variety of clinical settings. The UNCG School of Nursing recognizes its responsibility to endeavor to provide a safe, efficient academic environment for students and to cooperate with clinical agencies in providing for the safe and effective care of their patients during classroom, lab, and nursing students' clinical experiences in clinical facilities. Therefore, the following policy has been adopted to:

- 1) Proscribe substance abuse and/or activities or behaviors a) that are prohibited by the University's Policy on Illegal Drugs, b) which may subject the involved student, other individuals, and the University to legal penalties or consequences, and c) which may cause a deterioration of the atmosphere and circumstances under which the care of patients and the nursing educational programs are conducted;
- 2) Identify enrolled nursing students in any program who may have a drug or alcohol-related impairment that may impact their ability to learn safe nursing care practices or that may create unacceptable risks for the University or clinical agencies in which students have clinical experiences;
- 3) Cooperate with affiliating clinical agencies by requiring nursing students reporting to such agencies to consent voluntarily a) to allow those agencies to drug test the student in accordance with their policies, and b) to disclose any drug testing results to appropriate UNCG School of Nursing officials; and
- 4) Require all students enrolled in the UNCG School of Nursing, when there is a reasonable suspicion of substance abuse, to submit to drug testing.

III. Definitions of Terms Used in Policy

Drug testing means the scientific analysis of urine, blood, breath, saliva, hair, tissue, and other specimens of the human body for the purpose of detecting a drug or alcohol.

Illegal drug means any drug which is not legally obtainable; any drug which is legally obtainable but has not been legally obtained; any prescribed drug not legally obtained; any prescribed drug not being used for the prescribed

purpose or by the person for whom it was prescribed; any over-the-counter drug being used at a dosage level other than that recommended by the manufacturer, or being used for a purpose other than the purpose intended by the manufacturer; and any drug being used for a purpose or by a person not in accordance with bona fide medical therapy. Examples of illegal drugs include, but are not limited to, stimulants, depressants, narcotic or hallucinogenic drugs, cannabis substances, such as marijuana and hashish, cocaine, heroin, methamphetamine, phencyclidine (PCP), and so-called designer drugs and look-alike drugs. North Carolina Law makes it a crime to possess, sell, deliver, or manufacture those drugs designated collectively as “controlled substances” in Article 5 of Chapter 90 of the North Carolina General Statutes.

Nursing student means any individual formally enrolled in the UNCG School of Nursing in pursuit of the BSN, MSN, PhD or DNP degree, or approved certificate programs, including registered nurses (RN) and students taking courses at outreach sites, via distance education, special students, or in post-graduate study, either alone or in combination with any other degree, regardless of the specific location of the student.

Reasonable suspicion means there is evidence that forms a reasonable basis for concluding that it is more likely than not that a person has engaged in substance abuse. Observations which could give rise to reasonable suspicion include but are not limited to: the odor of alcohol or drugs, behavior such as slurred speech, decreased motor coordination, difficulty in maintaining balance, marked changes in personality or job performance, and unexplained mistakes or accidents. Such evidence may come from a professional or expert opinion, layperson opinion, scientific tests, or other sources or methods.

Substance abuse means (a) the manufacture, use, sale, purchase, distribution, transfer, or possession of an illegal drug by any nursing student while on University or affiliated clinical site premises or while participating in any University or affiliated clinical site-sponsored or related activity, including any nursing-related course, lab, or clinical training activity; (b) the consumption, possession, or distribution of alcohol, unless approved by the University or clinical agency, by any nursing student while on University or affiliated clinical site premises or while participating in any University-or affiliated clinical site-sponsored or related activity, including any nursing-related course, lab, or clinical training activity; or (c) a nursing student’s use of alcohol or any drug in such a way that the student’s performance in any nursing course, including activities at any clinical site, is impaired. A single positive drug test result will be considered substance abuse under this Policy.

IV. Policy Requirements

A. Drug and Alcohol Proscriptions and Duty to Notify of Drug/Alcohol Convictions

1. Substance abuse as defined in this policy while enrolled in UNCG School of Nursing courses or programs is strictly prohibited. Nursing students who violate the prohibition against substance abuse are deemed to be unable to meet the essential qualifications/functions of the nursing curriculum and may be dismissed from the School pursuant to the Unsafe Practice Policy.
2. Under no circumstance should nursing students participate in nursing-related courses, labs, or clinical activities while they are impaired.
3. Nursing students determined by appropriate UNCG School of Nursing officials to have violated these proscriptions may be dismissed from the UNCG School of Nursing pursuant to the Unsafe Practice Policy.
4. A violation by any nursing student of any state or federal statute, or regulation established pursuant to such statute, pertaining to the manufacture, improper possession, sale, use, or distribution of a drug or alcohol is strictly prohibited. Such violation, if substantiated, will result in the student’s dismissal from the UNCG School of Nursing pursuant to the Unsafe Practice Policy.
5. A nursing student who fails to notify the Associate Dean for Academic Affairs of the UNCG School Nursing within five days of an administrative action or legal conviction for any such violation will be subject to dismissal from the UNCG School of Nursing pursuant to the Unsafe Practice Policy.

B. Required Disclosure of Drug Use/Non-Use for Students in all School of Nursing programs

1. Students in all School of Nursing will be required to provide (among all other items of information) a signed statement that he or she does or does not engage in substance abuse activities as defined herein, including in the University Policy on Illegal Drugs as it may be amended from time to time. Further, he or she must disclose any legal convictions pertaining to the manufacture, use, possession, sale, or other distribution of illegal or legally controlled substances; pertaining to or related to the abuse of alcohol or any other chemical substance; and the consequences of any such conviction(s). (see Drug Policy Disclosure Statement, Attachment A)
2. Whenever a nursing student's academic or clinical performance appears to be impaired, particularly in the clinical setting, the University reserves the right to require the student to submit to drug testing. See Section III D below.
3. Failure to provide the above-required information, past legal convictions for activities related to illegal or legally controlled substances, and/or information or evidence that reasonably establishes a past pattern of chemical substance abuse will be grounds for dismissal from the program, pursuant to the Unsafe Practice Policy. Prior convictions related to chemical substances will be considered along with all other information pertaining to the individual, and will not produce automatic dismissal from the program. Discovery that false, fraudulent, incomplete, or misleading information was provided prior to matriculation, however, will be grounds for dismissal from the program under the Unsafe Practice Policy.

C. Student's Agreement to Submit to Drug Testing by Affiliating Clinical Agencies and to Consent to Release of Test Results to University Officials

1. For all affiliating clinical agencies which require nursing students to be subject to the agency's drug/alcohol testing policies, the student may be tested in accordance with the affiliating agency's policies.
2. Prior to being assigned to an affiliating clinical agency and as a prerequisite for placement at any affiliating clinical agency, the nursing student shall sign a consent: a) to abide by the drug/alcohol policies and drug testing policies of each affiliating clinical agency in which a student is assigned; b) to submit to any drug/alcohol testing required by the affiliating clinical agency; and c) to release a copy of any and all drug/alcohol test results to the UNCG School of Nursing Associate Dean for Academic Affairs and/or other appropriate UNCG School of Nursing officials. (see Student Drug Screen Release). Failure to sign the release shall be grounds for non-placement at an affiliating clinical agency and will result in a dismissal from the program, pursuant to the Unsafe Practice Policy.
3. The cost of all drug/alcohol testing required by affiliating clinical agencies, other than the initial drug/alcohol testing required at the beginning of the nursing program, shall be borne by the School of Nursing.
4. The Associate Dean for Academic Affairs will be notified of all test results.
5. A positive substance abuse test will result in dismissal from the program on the basis that the student is not able to meet the course objectives for classroom and/or clinical experiences, pursuant to the Unsafe Practice Policy. The UNCG School of Nursing Associate Dean for Academic Affairs will notify a student who has a positive drug test. If a student asserts that such positive test is due to a lawful prescription, the student must obtain a written statement from a qualified physician stating that the drug level is within prescribed limits and that the level does not indicate abuse. The physician must indicate that the drug will not interfere with safe practice in the clinical area.
6. A student's failure to submit to a required drug screen, or attempting to tamper with, contaminate, or switch a sample will result in the student being dismissed from the program, pursuant to the Unsafe Practice Policy.

D. Reasonable Suspicion Drug Testing Requested by UNCG School of Nursing

1. A student may be subject to testing at any time when, in the judgment of a faculty member, there is reasonable cause to suspect the student is engaging in the use of non-prescribed or illegal drugs/alcohol. Such individualized reasonable suspicion may be based on information from any source deemed reasonable by the faculty member and a variety of factors, including but not limited to:

observable phenomena such as direct observation of drug use or possession, and/or physical symptoms or manifestations of being under the influence of a drug;

observed erratic behavior, slurred speech, staggered gait, flushed face, dilated/pinpoint pupils, wide mood swings, or deterioration of work or academic performance, including unusual patterns of absence from school or excessive tardiness that is reasonable interpretable as being caused by the use of drugs/alcohol;

information that a student has caused or contributed to an accident that resulted in injury requiring treatment by a licensed health care professional;

conviction for a criminal offense related to the possession, use, or trafficking in drugs/alcohol, by a court, or being found responsible for a substance abuse-related offense in another administrative or quasi-legal proceeding.

2. The nursing faculty member will provide a Report of Reasonable Suspicion to document the reasons for requiring a drug test.

3. The Drug Testing Procedure set forth below will be followed when reasonable suspicion drug testing is requested by UNCG School of Nursing officials, including faculty members:

a) Drug tests will be arranged by the UNCG School of Nursing, unless done in cooperation with the affiliating clinical agency. The cost of this drug testing will be borne by the School of Nursing.

b) A qualified laboratory, in accordance with established methods and procedures, will conduct tests. Confidentiality of the student as well as the validity of the sample will be protected by the testing facility. The procedure for collection as determined by the collection site, will involve a witness to the voiding of the urine sample, securable urine containers, and chain of custody procedures that ensure that the samples identified to a nursing student actually contain materials from that student, that the samples are protected from tampering, and that the analysis of them is done in accordance with reasonable and accepted medical standards.

c) The test shall screen for the use of drugs whose use is either illegal, or which are prone to abuse (including alcohol), as determined at the discretion of the Medical Review Officer of the testing facility, or for the use of any drugs which are reasonably suspected of being abused or used by the student.

d) Presumed positives will be confirmed by the best currently available techniques. If the test is positive, the entirety of the available evidence, including health history, will be used to determine the presence or absence of substance abuse. Positive test results shall be documented in the student's nursing records in the UNCG School of Nursing.

e) The Associate Dean for Academic Affairs will be notified of all test results.

f) If the initial screening test is negative, that fact will be noted in the student's record. Unless there is compelling evidence to do otherwise, the student will be released from further action.

g) The refusal to submit to a drug test upon a report of reasonable suspicion will be deemed to be a positive test result and may result in dismissal from the UNCG School of Nursing pursuant to the Unsafe Practice Policy.

4. The School of Nursing will also report information regarding licensed nursing students who (a) refuse to submit to drug/alcohol testing based upon reasonable suspicion or (b) who have positive drug test results to the appropriate state board of nursing. In the event that a nursing student's license is revoked due to substance abuse, full reinstatement of licensure will be required for an unrestricted return to the educational program.

E. Student Self Disclosure of Prohibited Substance Use

A student who self-identifies use of a prohibited substance and is requesting help to deal with the problem should contact a member of the UNCG School of Nursing faculty or administration. The Associate Dean for Academic Affairs or Designee will institute the drug testing procedure as described in this policy. The cost of all drug/alcohol testing

required by UNCG School of Nursing, other than the initial testing required at the beginning of nursing courses, shall be borne by the School of Nursing.

Rather than institute dismissal proceedings pursuant to the Unsafe Practice Policy, a student who has a positive test for prohibited substances after self-disclosure will be permitted to withdraw from the UNCG School of Nursing for up to 12 months to complete a program for substance abuse at a qualified treatment facility. After successful completion of the treatment program, the student is eligible to apply for readmission as outlined in section V, below.

F. Confidentiality

All drug testing results will be treated by UNCG School of Nursing as information that is received in confidence and shall not be disclosed to third parties unless (1) disclosure is required by law, (2) the information is needed by appropriate school officials to perform their job functions, (3) disclosure is needed to override public health and safety concerns, or (4) the student provided written consent to the release of the information. Nothing in this paragraph prohibits the UNCG School of Nursing and the University from the use and disclosure of the results of drug testing required by this policy in connection with internal academic purposes and/or in connection with the defense of any student grievance and any claims filed by a student, or his/her personal representative, in any court of law or with any state or federal administrative agency.

V. Procedures for Readmission after Positive Drug Test

A. Readmission Prerequisites

A student who is dismissed from the UNCG School of Nursing due to a positive drug test will be considered for readmission if the following conditions are met:

1. Submission of a verifiable letter from a recognized drug treatment agency stating that the student has successfully completed a substance abuse program.

2. Submission to a drug test prior to readmission. This drug test will be at the student's expense. A positive drug test will result in ineligibility for readmission.

3. Submission to drug tests as requested by the UNCG School of Nursing or clinical agencies after readmission.

B. Incidence of Reoccurrence after Readmission

A student who is re-admitted to the nursing program, and thereafter tests positive for any drug/alcohol test or is otherwise determined to have engaged in substance abuse as defined herein, will be dismissed from the program, pursuant to the Unsafe Practice Policy, and may be ineligible to return. Furthermore, the student will be ineligible to receive a letter of good standing from the nursing program.

C. Appeal Process

A nursing student may appeal the UNCG School of Nursing's decision to dismiss or not re-admit a student through the established Grievance Procedure.

December 2017



Substance Abuse Policy Notification and Disclosure Statement For Students in the Upper Division of the BSN, RN-BSN, Post-Baccalaureate Certificate, MSN, PhD and DNP programs

By my signature below I acknowledge that I have read the Substance Abuse Policy/Drug/Alcohol Testing Policy of The University North Carolina at Greensboro School of Nursing and agree to comply with all aspects of the policy.

I understand that if I engage in substance abuse as defined in the policy¹, or if I violate the University of North Carolina at Greensboro School of Nursing Policy while engaged in any clinical, lab, or classroom experience, or if I violate any drug/alcohol related state or federal statute and/or fail to notify the Associate Dean of Academic Affairs of the UNCG School of Nursing within five days of being found guilty of such violation, that I may be dismissed from the UNCG School of Nursing pursuant to the Unsafe Practice Policy.

I understand that it is a requirement for students in the upper division of the BSN, RN-BSN, MSN, Post-Baccalaureate Certificate, MSN, PhD and DNP programs with The University of North Carolina at Greensboro School of Nursing to provide a true and accurate, signed statement indicating whether I do or do not engage in chemical substance abuse or misuse and whether I am involved in any administrative actions or have prior legal convictions pertaining to the abuse/misuse of alcohol or any other chemical substance. I further understand that this affirmation is effective throughout my course of study, and that if the information stated herein changes, it is my responsibility to update this form with the School of Nursing.

In compliance with this requirement, I hereby verify² (circle the appropriate response):

I (am) (am not) over the age of 18.

I (am) (am not) using any chemical substance for any reason other than its intended proper use.

I (am) (am not) personally using a chemical substance that is specifically proscribed or prohibited by law or by regulation pursuant to legal authority.

I (am) (am not) personally misusing any legally controlled substances or personally using any normally legal chemical substance (e.g. alcohol) in a manner that produces significant impairment or that produces the likelihood of the development of an impairment.

I (have been) (have not been) convicted of a crime pertaining to the manufacture, use, possession, sale or other distribution of illegal or legally controlled substances or pertaining to or related to the abuse of alcohol or any other chemical substance.

Student Signature

Student Printed Name

Date

Student ID Number

This form will be maintained by the UNCG School of Nursing and will be disclosed to appropriate clinical agencies upon their request.

1. Substance abuse means (a) the manufacture, use, sale, purchase, distribution, transfer, or possession of an illegal drug by any nursing student while on University or affiliated clinical site premises or while participating in any University or affiliated clinical site-sponsored or related activity, including any nursing-related course, lab, or clinical training activity; (b) the consumption, possession, or distribution of alcohol, unless approved by the University or clinical agency, by any nursing student while on University or affiliated clinical site premises or while participating in any University-or affiliated clinical site-sponsored or related activity, including any nursing-related course, lab, or clinical training activity; and (c) a nursing student's use of alcohol or any drug in such a way that the student's performance in any nursing school course, including activities at any lab or clinical site, is impaired. Illegal drug means any drug which is not legally obtainable; any drug which is legally obtainable but has not been legally obtained; any prescribed drug not legally obtained; any prescribed drug not being used for the prescribed purpose or by the person for whom it was prescribed; any over-the-counter drug being used at a dosage level other than that recommended by the manufacturer, or being used for a purpose other than the purpose intended by the manufacturer; and any drug being used for a purpose or by a person not in accordance with bona fide medical therapy. Examples of illegal drugs include, but are not limited to, stimulants, depressants, narcotic or hallucinogenic drugs, cannabis substances, such as marijuana and hashish, cocaine, heroin, methamphetamine, phencyclidine (PCP), and so-called designer drugs and look-alike drugs.
2. Explanatory information may be provided on the reverse side

December 2017

Union Square Building Rules

1. **NO food or drink in any clinical laboratory or simulation spaces (This includes debrief rooms.) NO EXCEPTIONS!!!**
2. Limited food (non-spill/non-greasy) and drink (hard covered) in classroom spaces.
3. Each school/agency is to inform all persons of these policies and assist with enforcement.
4. Faculty and students are responsible to straighten clinical laboratory, classroom and other spaces after use, clean any spills, and place refuse, trash and hazardous waste in the appropriate containers. Furniture rearranged for class/meeting should be returned to the original set-up and should not be moved from one room to another.
5. Each agency/school will determine access and key distribution for their faculty and staff. Not all faculty/staff will receive keys.
6. You are not to share your keys with anyone and you are not to make copies. If keys are lost, you may have to pay for replacement of locks. The Union Square management staff will have papers for you to sign to receive your keys. Please take your appropriate school/agency ID with you to pick up your keys.
7. Please make sure you keep all spaces locked when not in use.
8. Lock your valuables in the offices. There are ample filing cabinets and locked drawers for course faculty.
9. Students should keep valuables with them or in the lockers.
10. NO students are allowed in the faculty conference room or faculty lounge per agreement of all lease agencies/schools.
11. Student study, lounge and eating facilities (vending, microwaves, coffee, etc.) are on the East front of the building's first floor. A refrigerator is on the first-floor space, open to all, and emptied (all things thrown away) at 2pm on Fridays.
12. Students needing use of AV equipment in the classrooms (i.e., study groups/presentations) should contact instructor/IT staff for set-up.

****The building is used by many agencies/schools for classes, workshops, and testing during the day/evening.**

Please inform students of the need to maintain appropriate decorum and noise levels, care of furniture and equipment, and appropriate disposal of hazardous waste and trash.

****This building cannot be used for business purposes outside of the schools/agencies leasing agreements.**

****NOTE: there are fire alarms and bathrooms throughout the facility.**

(Updated 8/6/2018)

AANA's Code of Ethics for the Certified Registered Nurse Anesthetist



Preamble

The American Association of Nurse Anesthesiology (AANA) Code of Ethics offers guidance to the Certified Registered Nurse Anesthetist (CRNA) to make ethical decisions in all practice roles. The practice of nurse anesthesia may include clinical practice, nurse anesthesia-related administrative, educational or research activities, or a combination of two or more of such areas of practice. The Code of Ethics consists of principles of conduct and professional integrity that guide decision making and behavior of the CRNA. The CRNA's ethical responsibility is primarily to the patient, as well as to the profession, other healthcare providers, self, and society. The CRNA acknowledges, understands, and is sensitive to the vulnerability of the patient undergoing anesthesia, pain management, and related care and preserves the patient's trust, confidence, and dignity.

The CRNA has the personal responsibility to understand, uphold, and adhere to these ethical standards of conduct. Deviation from the Code of Ethics occurs rarely in practice and any deviation must be supported by ethical decision making, compelling reasons, and best judgment specific to the situation. The AANA recognizes the American Nurses Association (ANA) Code of Ethics as the foundation for ethical values, duties, and responsibilities in nursing practice.

1. Responsibility to Patient

The CRNA respects the patient's moral and legal rights, and supports the patient's safety, physical and psychological comfort, and well-being. The CRNA collaborates with the patient and the healthcare team to provide compassionate, holistic, patient-centered anesthesia, pain management, and related care. The CRNA:

- 1.1 Respects human rights and the values, customs, culture, and beliefs of patients and their families.
- 1.2 Supports the patient's right to self-determination.
 - 1.2.1 Presents accurate, complete and understandable information to the patient to facilitate informed healthcare decisions.
 - 1.2.2 Encourages patients, including minors, to participate in healthcare decision making that is appropriate for their developmental capacity.
 - 1.2.3 Supports a patient's decision making without undue influence or coercion.
- 1.3 Acts in the patient's best interest and advocates for the patient's welfare.
 - 1.3.1 Discloses and manages or resolves perceived or real conflicts of interest (e.g., corporate sponsorships, funding, consulting and other relationships that may present a conflict between the CRNA's interests and the patient's interests.)
 - 1.3.2 If the CRNA has a moral, religious or ethical conflict related to the patient's healthcare decisions or plan for care, the CRNA may, without judgment or bias, transfer care to an appropriately credentialed anesthesia provider willing to perform the procedure.
- 1.4 Prior to providing anesthesia, pain management, and related care:
 - 1.4.1 Introduces self, using name, a term representing the CRNA credential, and role.
 - 1.4.2 Verifies that students have introduced themselves or been introduced to the patient, and the patient has consented to student participation in anesthesia, pain management, and related care.
 - 1.4.3 Discusses the plan of care and obtains informed consent or verifies that the patient has given informed consent in accordance with law, accreditation standards, and institutional policy.

1.4.4 Discusses the plan of care and obtains informed consent from a legal decision maker (e.g., healthcare proxy, surrogate) when the legal decision maker is responsible for the patient's healthcare decisions or verifies that the legal decision maker has given informed consent.

1.4.5 Protects patient privacy, including confidentiality of patient information, except when necessary to protect the patient or other persons, or when required by law.

1.5 Protects patients from healthcare providers who are incompetent, impaired, or engage in unsafe, illegal, deceptive, abusive, disrespectful, or unethical practice.

1.6 Participates in honest and transparent disclosure of an adverse or unanticipated event to the patient and others with the patient's consent.

2. Responsibility as a Professional

As an independently licensed professional, the CRNA is responsible and accountable for judgments made and actions taken in his or her professional practice. Requests or orders by physicians, other healthcare professionals, or institutions do not relieve the CRNA of responsibility for judgments made or actions taken. The CRNA:

Competence and Responsibility in Professional Practice

2.1 Engages in a scope of practice within individual competence and maintains role-specific competence.

2.2 Maintains national certification as a CRNA and a state license as a registered nurse and meets state advanced practice statutory or regulatory requirements.

2.3 Engages in continuing education and lifelong professional development related to areas of nurse anesthesia practice, including clinical practice, education, research, and administration.

2.4 Evaluates and integrates personal practice outcome data, scientific research, expert opinion, new technology, patient preferences, and relevant metrics to improve processes and outcomes.

2.5 Is physically and mentally fit for duty.

2.6 Clearly presents his or her education, training, skills, and CRNA credential.

2.7 Is honest in all professional interactions to avoid any form of deception.

2.8 Treats all others, including patients, families, staff, students, and colleagues, in a culturally sensitive manner and without prejudice, bias, or harassment.

2.9 Maintains professional boundaries in all communications and actions.

Leadership

2.10 Creates an ethical culture and safe work environment.

2.10.1 Supports policies and behaviors that reflect this Code of Ethics.

2.10.2 Communicates expectations for ethical behavior and actions in the workplace.

2.10.3 Helps individuals raise and resolve ethical concerns in an effective and timely manner.

Clinical Practice and the Interdisciplinary Team

2.11 Respects and engages healthcare providers to foster a collaborative and cooperative patient care environment through a culture of safety and open communication to contribute to the ethical and safe environment of care.

2.11.1 Facilitates review and evaluation of peers and other members of the healthcare team.

2.12 Manages medications to prevent diversion of drugs and substances.

Role Modelling and Education of Others

2.13 Provides positive role modeling by upholding and promoting quality patient care outcomes, the professional standards of practice, and this Code of Ethics.

2.14 Fosters a safe and trusting environment for successful learning for students, colleagues, and members of the healthcare team.

2.15 Educates the student registered nurse anesthetist regarding the ethical responsibilities of the profession.

The Profession

2.16 Is responsible and accountable to contribute to the dignity and integrity of the profession.

2.17 Participates in activities that contribute to the advancement of the profession and its body of knowledge.

2.18 Reports critical incidents, adverse events, medical errors, and near misses in accordance with law, accreditation standards, and institutional policy to promote a culture of safety, maintain the integrity of the profession, and advance the profession and its body of knowledge.

3. Responsibility in Research

The CRNA protects the integrity of the research process and the reporting and publication of findings: The CRNA adheres to the ethical principles of respect for persons, beneficence, and justice relevant to research involving human participants.⁴ The CRNA:

3.1 Protects the rights and wellbeing of the people that serve as participants and animals⁵ that serve as subjects in research.

3.2 Respects the autonomy and dignity of all human research participants.

3.3 Promotes selecting human participants in such a way that all populations have equal access to the potential benefits and risks of the research.

3.4 Seeks to minimize the risks and maximize the benefits to research participants.

3.5 Conducts research projects according to accepted ethical research and reporting standards established by law, institutional policy, and the Institutional Review Board (IRB).

3.6 Obtains informed consent or verifies that the human research participant or legal decision maker, as appropriate, has provided informed consent as required by law, institutional policy, and the IRB.

3.7 Protects the human research participant's privacy to the greatest extent possible and in accordance with law, institutional policy, and standards of the IRB.

3.7.1 Maintains confidentiality in the collection, analysis, storage, and reuse of data and in accordance with law, institutional policy, and standards of the IRB.

3.8 Discloses perceived or real conflicts of interest to organizations where the research will be conducted, organizations that fund the research, and any publication where the research is submitted. Manages or resolves perceived or real conflicts of interest.

3.9 Reports research findings in an objective and accurate manner.

3.10 Provides appropriate attribution for contributions by other individuals.

3.11 Supports, promotes, or participates in research activities to improve practice, education, and public policy relative to the health needs of diverse populations, the health workforce, the organization and administration of health systems, and healthcare delivery.

4. Responsibility in Business Practices

The CRNA, regardless of practice arrangement or practice setting, maintains ethical business practices in dealing with patients, colleagues, institutions, corporations, and others. The CRNA:

4.1 Establishes and performs contractual obligations consistent with this Code of Ethics, the professional standards of practice, and the laws and regulations pertaining to nurse anesthesia practice.

4.2 Is honest in all business practices.

5. Responsibility when Endorsing Products and Services

The CRNA may endorse products and services only when personally satisfied with the product's or service's safety, effectiveness, and quality. The CRNA may not say that the AANA has endorsed any product or service unless the Board of Directors of the AANA has done so. The CRNA must not endorse any product or service when presenting content for an AANA-approved continuing education activity as this is a prohibited conflict of interest. The CRNA:

5.1 Makes truthful endorsements based on personal experience and factual evidence of efficacy.

5.2 Discloses and manages or resolves perceived or real conflicts of interest associated with the endorsed product or service (e.g., corporate sponsorships, funding, consulting, and other relationships that may present a conflict).

5.2.1 Only uses the CRNA credential when endorsing products or services that are related to CRNA professional practice or expertise.

6. Responsibility to Society

The CRNA collaborates with members of the health professions and others to improve the public health, including access to healthcare and anesthesia, pain management, and related care. The CRNA:

6.1 Works in collaboration with the healthcare community to promote highly competent, ethical, safe, quality patient care.

6.2 Supports activities to reduce the environmental impact of disposable items and waste anesthetic gases.

References

1. American Nurses Association Code of Ethics for Nurses with Interpretive Statements. <http://www.nursingworld.org/code-of-ethics>. Accessed February 8, 2018.

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3. National Board of Certification and Recertification for Nurse Anesthetists. The Continued Professional Certification (CPC) Handbook. https://www.nbcna.com/docs/default-source/publications-documentation/handbooks/cpc_hb.pdf?sfvrsn=941c170c_8. Accessed May 1, 2018.

4. United States National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research. <https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/read-the-belmont-report/index.html#xinform>. Accessed March 3, 2018.

5. Guide for the Care and Use of Laboratory Animals. 8th ed. Washington, DC: The National Academies Press; 2011.

Adopted by the AANA Board of Directors in 1986.

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Graduate Standards for Student Registered Nurse Anesthetist

The graduate must demonstrate the ability to:

Patient Safety

1. Be vigilant in the delivery of patient care.
2. Refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, emailing, etc.).
3. Conduct a comprehensive equipment check.
4. Protect patients from iatrogenic complications.

Perianesthesia

5. Provide individualized care throughout the perianesthesia continuum.
6. Deliver culturally competent perianesthesia care
7. Provide anesthesia services to all patients across the lifespan.
8. Perform a comprehensive history and physical assessment.
9. Administer general anesthesia to patients with a variety of physical conditions.
10. Administer general anesthesia for a variety of surgical and medically related procedures.
11. Administer and manage a variety of regional anesthetics.
12. Maintain Current certification in ACLS and PALS.

Critical Thinking

13. Apply knowledge to practice in decision making and problem solving.
14. Provide nurse anesthesia services based on evidence-based principles.
15. Perform a preanesthetic assessment before providing anesthesia services.
16. Assume responsibility and accountability for diagnosis.
17. Formulate an anesthesia plan of care before providing anesthesia services.
18. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
19. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.
20. Calculate, initiate, and manage fluid and blood component therapy.
21. Recognize, evaluate, and manage the physiological responses coincident to the provision of anesthesia services.
22. Recognize and appropriately manage complications that occur during the provision of anesthesia services.
23. Use science-based theories and concepts to analyze new practice approaches.
24. Pass the National certification Examination (NCE) administered by the NBCRNA.

Communication

25. Utilize interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families.
26. Utilize interpersonal and communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals.
27. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of interprofessional care.
28. Maintain comprehensive, timely, accurate, and legible healthcare records.
29. Transfer the responsibility for care of the patient to other qualified providers in a manner that assures continuity of care and patient safety.
30. Teach others.

Leadership

31. Integrate critical and reflective thinking in his or her leadership approach.
32. Provide leadership that facilitates intraprofessional interprofessional collaboration.

Professional Role

33. Adhere to the Code of Ethics for Certified Registered Nurse Anesthetist.
34. Interact on a professional level with integrity.
35. Apply ethically sound decision-making processes.
36. Function within legal and regulatory requirements.
37. Accept responsibility and accountability for his or her practice.
38. Provide anesthesia services to patients in a cost-effective manner.
39. Demonstrate knowledge of wellness and substance use disorder in the anesthesia profession through completion of content in wellness and substance use disorder.
40. Inform the public of the role and practice of the CRNA.
41. Evaluate how public policy making strategies impact the financing and delivery of healthcare.
42. Advocate for health policy change to improve patient care.
43. Advocate for health policy change to advance the specialty of nurse anesthesia.
44. Analyze strategies to improve patient outcomes and quality of care.
45. Analyze health outcomes in a variety of populations.
46. Analyze health outcomes in a variety of clinical settings.
47. Analyze health outcomes in a variety of systems.
48. Disseminate scholarly work.
49. Use information systems/technology to support and improve patient care.
50. Use information systems/technology to support and improve healthcare systems.
51. Analyze business practices encountered in nurse anesthesia delivery settings.