

UW SON GRADUATE STUDENT HANDBOOK
SUPPLEMENTAL MODULE FOR
DOCTOR OF NURSING PRACTICE (DNP) AND
GRADUATE CERTIFICATE PROGRAM IN
ADVANCED PRACTICE NURSING (GCPAPN)
STUDENTS
AY 2021-22



Table of Contents

Program Time Limits	3
Track Advising	3
Policies/Procedures for Course Equivalency and Credit Substitution Requests	3
Gap analysis	3
Clinical course credit	4
3Ps (Pathophysiology, Pharmacology, Advanced Physical Assessment)	4
Process for equivalency and substitution	5
Procedures on Supplemental Clinical for Students not Meeting Goals	6
Procedure: Additional Clinical Hours for DNP Student Not Meeting End of Program Competencies	7
Course Failure Policies	8
Change in Specialty Track	9
Clinical Policies	9
Compliance	9
Health and wellness, health insurance	10
Clinical placement policies and procedures	12
General information	12
Out of area clinical placement	13
Dress code/appearance	13
Travel to clinical sites	13
Requesting a clinical site change	13
Removal of student from clinical site	14
Clinical placement at site of employment	14
Management of clinical incidents	14
Reporting an unusual occurrence to a patient	15
HIPAA violations	15
Fluid exposure/needlestick	15
Clinical evaluation of graduate students	16
Professional liability insurance protection	17
DNP Final Project Information	17
DNP Project identification and matching	18
DNP Project planning	18
DNP Project implementation and evaluation	18
Project committee membership	19

a. Program Time Limits

A student must complete all work for the Doctor of Nursing Practice (DNP) degree within **ten** years from the time of first enrollment. A student enrolled in a graduate certificate program must complete all work for the certificate within **three** years from time of first enrollment.

b. Track Advising

i. Group and Individual Advising

All incoming doctoral students are assigned to a graduate faculty member for individual program advising and mentoring. Within the first month of autumn quarter of Y1, we recommend that you make an appointment with your faculty academic adviser (FAA) to introduce yourself, discuss your background and future goals as well as discuss any questions you have.

Faculty will also hold track-specific group advising sessions periodically, generally quarterly. You are highly encouraged to attend these sessions and if you are not able to attend, to reach out to your adviser for an individual appointment.

ii. Procedures for requesting change in faculty academic adviser

Very rarely, students seek to change FAA. If you wish to request a change in FAA during the program, please make an appointment to discuss this with your track lead. If your track lead is also your current adviser, and you do not feel comfortable discussing it with them, you are encouraged to reach out to the Graduate Program Adviser (Betsy Mau bmau@uw.edu).

c. Policies/Procedures for Course Equivalency and Credit Substitution Requests

i. Introduction and rationale for Gap Analysis: Gap analysis provides for an assessment of prior coursework so as to plan the most optimal program of study that acknowledges prior learning. A matriculated student in the Doctor of Nursing Practice (DNP) or Graduate Certificate Program in Advanced Practice Nursing (GCPAPN) may pursue the process below whereby previous coursework will be evaluated for equivalency to core coursework at the UW School of Nursing. All incoming DNP or GCPAPN students who have had any prior graduate training, taken graduate courses, or earned a master's degree or higher should have an initial 'gap analysis' done by the faculty in the track to which the student is admitted. The DNP Coordinating Committee (DNPCC) is charged with oversight of all graduate course equivalency and substitution requests from students/faculty.

ii. Definitions:

- Gap analysis: A method used to assess a student's prior course work to determine what courses may be granted equivalency and what courses may be deemed substitutable for DNP degree required credits.
- Course equivalency means the student has had prior training in the content and skills in the course, but credit towards UW degree is not granted (this requires course equivalency and substitution (see below)). Students are still accountable for completing the number of credits required for the degree based on their individual gap analysis.

- Course substitution means that a student may request prior graduate coursework completed to count toward the 93 credits required in the DNP degree program. Students who earned an MN or MSN degree from other than the UW Seattle Graduate School are limited to 30 credits for substitution (Graduate School Memo 46 section VII). Students may need to petition the Graduate School for course work completed more than 10 years prior. Some courses deemed equivalent may also be used for substitution up to the total number permitted, based on whether the prior graduate work was completed at the UW or another university.

Categories of students requiring a gap analysis:

- DNP enrolled student or student who has accepted an offer for enrollment in the DNP degree program, who previously earned a graduate degree or completed graduate-level courses.
- Masters or Doctorally-prepared students seeking post-graduate credentialing in a new specialty.

iii. General Standards:

1. Clinical course credits:
 - a. Prior clinical course credits may be deemed equivalent and can be substituted for some of the 93 credits for the DNP degree.
 - b. 1000 clinically relevant practice hours are required for the DNP degree.
 - c. Clinical hours completed as part of requirements for advanced nursing practice degree may be used as part of the 1000 hours.
 - d. Credits earned can be counted toward the 93 credits for the DNP degree, not to exceed the number of credits permitted as noted above in course substitution.
2. Course equivalency for the 3P's:
 - a. Physiology and Pathophysiology Across the Lifespan (NSG 557) – to be granted equivalency the student must have completed a similar standalone course (e.g. not integrated into disease management) at an accredited university/college and within the past five years at the time of matriculation.

If the student is currently licensed and actively practicing as an ARNP and have successfully completed an advanced physiology/pathophysiology course at an accredited university/college that includes general principles that apply across the lifespan, NSG 557 is waived.

- b. Advanced Health Assessment (NCLIN 500) - to be granted equivalency the student must:
 1. Have successfully completed a similar standalone course at an accredited university/college;
 2. Pass a written challenge exam at the UW School of Nursing with a score of at least 75%; and
 3. Successfully demonstrate advanced assessment skills via a timed observed physical exam (TOPE) exam in a laboratory setting at the UW School of Nursing.

If the student is currently licensed and actively practicing as an ARNP and have successfully completed an advanced health assessment course at an accredited university/college that includes assessment of all human systems, advanced assessment techniques, concepts, and approaches, the challenge exam and TOPE are waived.

- c. Advanced Pharmacology (PHARM 514) - to be granted equivalency the student must:
 1. Have successfully completed a similar standalone course of at least 3 quarter credits or equivalent at an accredited university/college; and
 2. Pass a written challenge exam at UW SoN with a score of at least 75%. Students will be notified if choose to challenge and are granted equivalency that licensure with Prescriptive Authority in the state of Washington requires 30 pharmacology hours within 2 years of application.

If the student is currently licensed and actively practicing as an ARNP and have successfully completed an advanced pharmacology course at an accredited university/college that includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents, the challenge exam is waived.

3. MN degree graduates from Bothell or Tacoma may have some of their course work evaluated as equivalent, and some of the credits may be deemed substitutable for degree requirements but some may not if the prior course work taken was not consistent with DNP AACN Essentials (2006).
4. Track Lead conducting the initial gap analysis and the student should consult the list of prior approved courses for equivalency. This document is part of the DNPCC end-of-year report.
5. All requests must include the following:
 - A completed gap analysis form.
 - Course description, objectives, and a syllabus for each course must accompany each request. Should a syllabus not be available, the course deliverables completed by the student may be substitutes (e.g., paper, lecture slides, etc.).

iv. Process:

Time frame for requests:

- For currently enrolled students, requests for review must be submitted at least one quarter in advance of when a decision is needed about whether to take a core course (May for fall quarter; October for winter; January for spring). Enrolled students may choose to submit multiple course equivalency review requests simultaneously.
- Newly-admitted students who are not yet enrolled (e.g., those who accept an offer of admission in Spring, but do not enroll and register for classes until fall quarter) are instructed to contact their track lead and work with this faculty member to complete an initial “gap analysis” and, if appropriate, discuss course equivalency review requests and submit requests using the process below as soon as possible for consideration no later than the May DNP Coordinating Committee meeting.
- Students admitted off the waitlist after the May DNPCC meeting, but who matriculate in fall will have a gap analysis conducted and reviewed by DNPCC at the end of September prior to the start of fall quarter.

Paperwork completion:

- The student fills out the gap analysis form in collaboration with their track lead.

- Indicate on the form if the request is for potential credit substitution.
- The student provides a course syllabus or assignments completed for each course for which equivalency is sought (and credit substitution).
- Once all the materials have been gathered, the form filled out and reviewed by the track lead, the track lead will upload the materials to the secure Gap Analysis folder on the School of Nursing intranet for the School of Nursing Graduate Program Adviser (GPA), Betsy Mau, and DNPCC to complete the review and determination.
- The GPA reviews the requests and transcripts to determine if all paperwork is complete and if the courses meet the UW Graduate School requirements, and then notifies the DNPCC Chair of the determination.

DNPCC approval process:

- DNPCC Chair places the gap analysis review on the DNPCC agenda under the executive session for discussion.
- DNPCC Chair reviews the request and the GPA's review report. For any course previously deemed NOT equivalent, DNPCC Chair denies the request.
- DNPCC Chair processes the rest of the requests and:
 - Offers preliminary decision based on the review of the materials. As needed, DNPCC Chair seeks a recommendation from the faculty currently teaching the course as to the extent of equivalency.
 - Communicates preliminary decision based on the DNPCC Chair's evaluation and course faculty's recommendation to the Committee for review.
 - At DNPCC executive session, DNPCC Chair reports denied requests, and the Committee makes a determination of requests.
- Decision communication:
 - If DNPCC does not accept previous coursework as equivalent, the Chair communicates a decision with a brief rationale by email to the track lead with a copy to the GPA.
 - If DNPCC decides to accept previous coursework as equivalent, the Chair notifies the track lead of the decision by email with a copy to the GPA and includes language related to risks incurred by the student seeking core course equivalency as outlined below (see note). If coursework is also deemed substitutable, include language related to the Graduate School's requirements to waive the credits.
 - The track lead will forward the decision to the student and work with the student to complete coursework planning.
- GPA files the written decision in the student's academic file to record the decision and rationale. The gap analysis should be updated to reflect *only* those courses deemed equivalent, and if appropriate, substitutable. For those courses requiring challenge examination, this will need to be completed successfully prior to final determination by DNPCC.
- The student may appeal the decision by requesting a meeting with the Associate Dean for Academic Affairs. The Associate Dean for Academic Affairs will make the final decision as to acceptance or denial of DNPCC's justification.

Exceptions:

- Some DNP and GCPAPN core courses are prerequisites to later core courses. A course instructor has the right to deny enrollment in a course for which the student has not taken a prerequisite.

- Supervisory committee or track lead has authority to decide at any time that the student must take a core course, regardless of an earlier recommendation for course equivalency.
- d. Procedures on supplemental clinical for students not meeting goals
- i. Procedure: Additional Clinical Hours for DNP Students in NCLIN 516, 517 or 518
- The number of clinical credits required for DNP students is specified in the curricular grid.
 - Students are not permitted to register for additional clinical credits with one exception:
 - o Student requires additional clinical experience to satisfactorily meet program and/or specialty track objectives/sub-objectives.
 - If a student is not meeting stated course objectives (and track sub-objectives) in clinical skills/competency, the following procedures will be followed:
 - o Seminar faculty and/or faculty who oversee student's clinical performance meet with the student to discuss concerns about clinical progression as early in the quarter as possible. This should be formally documented with use of a warning card if it is viewed student may be in danger of not passing the course.
 - o The seminar faculty member and student's faculty advisor (some tracks will consult with the track faculty group) provide a clear description of areas not meeting expectations and a proposed plan for clinical learning.
 - o The track faculty will vote on whether the student requires and would be able to meet program expectations with additional clinical in the subsequent quarter (in addition to already specified clinical credits).
 - o If vote is no:
 - § Student will receive an NC grade, and the Track Lead will bring an individualized plan for subsequent student progression or recommendation to dismiss to DNPCC for discussion (within 1 month).
 - § Track faculty, including the Track Lead, meet with the student to discuss the agreed upon plan and formally document the meeting results for student file.
 - o If vote is yes:
 - § Student is assigned a grade of "X" for the current NCLIN course (516, 517, or 518).
 - § Track representatives develop a set of expectations for the student to meet in collaboration with the seminar and clinical faculty. The number of planned additional credits of NCLIN 567 will be determined based on the developed expectations.
 - § The Track Lead will inform the Department Chairperson of this exception and seek approval for needed teaching resources to support the additional clinical.
 - § If approved by Department Chairperson, the Track Lead will notify the Clinical Placement Coordinator, who will arrange the additional clinical as outlined in plan. If not approved by Chair, the procedures for "No" as outlined above will be followed.
 - § Clinical faculty, including the Track Lead, meet with the student to discuss the plan.
 - § Student will register for NCLIN 567 for the specified number of credits with designated faculty.

§ Student progress will be closely monitored by the Track Lead and assigned clinical faculty (NCLIN 567 instructor of record) who will update the track faculty on a regular basis throughout the quarter (bi-weekly recommended). When the student successfully meets learning objectives in NCLIN 567, grades of “CR” are submitted for NCLIN 567 and the previous course which had been graded “X”. Should a student not be able to meet learning objectives by end of the quarter, both the prior course and the NCLIN 567 should be graded as NC and the Track Lead will bring an individualized plan for subsequent student progression or recommendation to dismiss to DNPCC for discussion (within 2 weeks).

- e. Procedure: Additional Clinical Hours for DNP Student Not Meeting End of Program Competencies
- The number of clinical credits required for DNP students is specified in the curricular grid.
 - Students are not permitted to register for additional clinical credits with one exception:
 - o Student requires additional clinical experience to satisfactorily meet end of program and/or specialty track objectives/sub-objectives.
 - If a student is not meeting NCLIN 801 and/or track outcome expectations in clinical skills/competency, the following procedures will be followed:
 - o Seminar faculty and/or faculty who oversee student’s clinical performance meet with the student to discuss concerns about clinical progression as early in the quarter as possible. This should be formally documented with use of a warning card if it is viewed student may be in danger of not passing the course.
 - o The seminar faculty member and student’s faculty advisor (some tracks will consult with the track faculty group) provide a clear description of areas not meeting expectations and a proposed plan for clinical learning.
 - o The track faculty will vote on whether the student requires and would be able to meet end of program expectations with additional clinical.
 - o If vote is no:

§ Student will receive an NC grade, and the Track Lead will bring an individualized plan for subsequent student progression or recommendation to dismiss to DNPCC for discussion (within 1 month).

§ Track faculty, including the Track Lead, meet with the student to discuss the agreed upon plan and formally document the meeting results for student file.

o If vote is yes:

§ Student is assigned a grade of “X” for current NCLIN 801.

§ Track representatives develop a set of expectations for the student to meet in collaboration with the seminar and clinical faculty. The number of planned additional credits of NCLIN 567 will be determined based on the developed expectations. Minimally this will need to be 2 credits due to “last quarter” requirements.

§ The Track Lead will inform the Department Chairperson of this exception and seek approval for needed teaching resources to support the additional clinical.

§ If approved by Department Chairperson, the Track Lead will notify the Clinical Placement Coordinator, who will arrange the additional clinical as outlined in plan. If not approved by Chair, the procedures for “No” as outlined above will be followed.

§ Clinical faculty, including the Track Lead, meet with the student to discuss the plan.

§ Student will register for NCLIN 567 for the specified number of credits with designated faculty.

§ Student progress will be closely monitored by the Track Lead and assigned clinical faculty (NCLIN 567 instructor of record) who will update the track faculty on a regular basis throughout the quarter (bi-weekly recommended). When the student successfully meets learning objectives in NCLIN 567, grades of “CR” are submitted for NCLIN 567 and the previous course which had been graded “X”. Should a student not be able to meet learning objectives by end of the quarter, both the prior course and the NCLIN 567 should be graded as NC and the Track Lead will bring an individualized plan for subsequent student progression or recommendation to dismiss to DNPCC for discussion (within 2 weeks).

f. Course failure policy

Should a student fail the same course twice (grade < 2.7) or fail two courses in two different quarters, this is grounds for dismissal from the DNP program. Students in this situation will be referred by the track to DNPCC for evaluation for dismissal from the degree program. The student will have the ability to explain extenuating circumstances via petition.

Should the student be recommended for dismissal by DNPCC, GPA files the written decision in the student’s academic file to record the decision and rationale.

Student may appeal the decision of DNPCC by requesting a meeting with the SON’s Associate Dean for Academic Affairs.

g. Change in Specialty Track

Students who during their program of study desire to change from currently matriculated track to a different track are required to re-apply to the DNP program during regular admission cycle (January) to be considered in the competitive pool. No guarantee of admission to the alternative track is implied. Students considering a change in track are highly encouraged to speak with current track advisor as well as the track lead for the other track in advance of application.

h. Clinical Policies

i. Compliance Requirements

Nursing students must meet Health Sciences and School of Nursing compliance requirements prior to the start of the program and throughout enrollment. Student and Academic Services (SAS), in collaboration with CastleBranch, and the University of Washington Health Sciences Immunization Program (HSIP), monitor student trainings, licensure, policy agreements, background checks, and immunizations designed to protect our students, the University, and the School of Nursing’s clinical partners.

As expiration dates for compliance items approach, the online compliance system, CastleBranch, will alert you to pending expiration dates so you can renew immunizations/licensure/etc. and minimize interruption to your research or clinical rotations. Student and Academic services will send students quarterly reminders about their immunization status, but students are responsible for monitoring and maintaining current records with CastleBranch.

Compliance tracking continues to evolve to meet the expanding needs and requirements of our partnered agencies such as:

- [North Puget Sound Clinical Placement Consortium](#)
- [University of Washington's Health Sciences Immunization Program \(HSIP\)](#)

Clinical site requirements

Students must also meet all clinical site requirements, which may include: fingerprinting, drug screening, evidence of military draft registration, and other site-specific requirements.

Important reminders

- Keep copies of compliance requirements for your own records.
- To update expired requirements in your student file, upload updated documents to your CastleBranch account.
- Immunizations must be updated through your CastleBranch account. The registration hold will be released once your compliance documentation has been reviewed and accepted.
- If a drug screening is required at a clinical site, the student and/or clinical agency are responsible for the cost. The UW School of Nursing does not pay for drug screening and will not administer, receive, or review drug testing results. The date of the drug screening will be included in the clinical passport to the site without results or other information.
- A hold will be placed on your student account if a requirement's expiration date has lapsed. Contact your compliance specialist at nscomply@uw.edu for questions regarding account holds.
- **Students enrolled in clinical courses:** Clinical sites require the School of Nursing to send verification of your compliance status (including your immunizations history) quarterly by submitting the Clinical Passport. If any of your compliance items have lapsed or are outstanding, you will not be allowed on site.
- **Students entering clinical sites** for observation purposes, data collection, research projects, etc. must meet the clinical agency's compliance requirements in addition to School of Nursing requirements.

No expiration date	Must remain current
<ul style="list-style-type: none"> • Blood Borne Pathogen Training* • Clinical Placement Agreement Forms: <ul style="list-style-type: none"> ◦ Graduate Student Form (PDF) • Consent to Release Form (PDF) • Hazards Management Training** • Health Insurance Coverage & Clinical Placements (PDF) • HIPAA Training • HIV/AIDS Training • School of Nursing Compliance Guidelines (PDF) • Social Networking Policy Agreement (PDF) • UW Medicine Privacy Agreement (PDF) 	<ul style="list-style-type: none"> • Active UW Office 365 Account • Background check • CPR card • Health insurance • Immunizations • RN licensure (if applicable) • Clinical passport (PDF)

* DNP or graduate certificate program student are required to acknowledge that you have been trained regarding blood borne pathogens and are accountable for this knowledge.

**When completing hazards management training, enter Kara Jenkins (nscomply@uw.edu) as your supervisor.

ii. Health and Wellness; Health Insurance

1. Every graduate student enrolled in the UW School of Nursing program must meet the University of Washington Graduate School's immunization requirements prior to the start of the program and throughout enrollment. DNP and GCPAPN students in clinical programs must also meet School of Nursing immunization requirements prior to matriculation and throughout enrollment.
2. **Color Vision:** Students in clinical programs receive a color vision test at the beginning of the program. Students who do not pass the color vision screening will not be allowed to perform relevant testing while at clinical placement sites..
3. **Immunizations:** Nursing students commonly are at risk for exposure to and possible transmission of vaccine-preventable communicable diseases because of their contact with patients or infective material from patients. Maintenance of immunity to vaccine-preventable diseases through the Health Sciences Immunization Program (HSIP) is therefore an essential requirement of all students. The HSIP follows recommendations for health care workers from the Centers for Disease Control and Prevention (CDC) and OSHA/DOSH occupational health mandates.
4. Nursing students will NOT be permitted to enter a clinical site unless documentation of compliance with all requirements, including annual tuberculosis screening and influenza vaccine, have been confirmed by the HSIP with the School of Nursing.
5. Nursing students must comply with requirements for the following: measles (rubeola), mumps, rubella, Hepatitis B, tetanus-diphtheria-pertussis, varicella (chicken pox), influenza vaccine, and tuberculosis screening (PPD skin testing, or symptom review for those not being tested).
 - a. **Measles Immunity Requirement:** ALL students entering the University of Washington must provide proof of immunity to measles prior to registration. However, Health Sciences (including School of Nursing) students are exempt from this mandate.
 - b. **Tuberculosis Requirement:** Tuberculosis screening must be completed annually throughout the student's program of study.
 - c. **Influenza Requirement:** Students must get the influenza vaccine annually throughout the student's program of study. The information contained in this document is subject to change. For the most up-to-date information on immunizations, TB testing requirements, and details about how to satisfy each requirement, please visit the HSIP website: <https://www.ehs.washington.edu/workplace/health-sciences-immunization-program-hsip>.
6. **Student Account Holds:** Students who do not meet the immunizations prerequisites and who do not meet the annual PPD and influenza vaccine compliance requirements will have a hold placed on their student account by Student Academic Services (SAS).
7. **Health Fee:** School of Nursing students pay a standard annual Health Fee that will appear on tuition billing statements the first or second quarter of enrollment and will recur each year as you are enrolled in the program. **There are NO EXCEPTIONS or**

REFUNDS for this fee.

The Health Fee covers the following services provided by the Health Sciences Immunization Program (HSIP) as listed below:

- a. Follow up and counseling (but not treatment) for positive PPD conversion.
- b. Coverage for counseling, testing, and treatment for any course-related Blood Borne Pathogen (BBP) exposure after your insurance is billed.

The Health Fee does NOT cover immunizations and proof of immunity required by individual clinical sites or for entry into the program, including but not limited to, TB screening, Flu vaccination, MMR, Tetanus/polio, Varicella titer, Hepatitis B titer. Students have to meet these requirements and secure documentation thereof at their own expense. A student may choose to obtain any of the required immunizations from their current health care provider. In this case, students must provide all documentation to the HSIP, obtain clearance through the HSIP program staff, and pay the health fee.

8. **Policy on Infection Control Procedures for Health Care Providers Infected with HBV/HIV/HCV:** In compliance with University of Washington Infection Control Procedures regarding blood-borne disease, the School of Nursing supports voluntary reporting of HIV/HBV/HCV status. As part of their professional responsibility and accountability, the School encourages all students to be aware of their risk status for HBV/HIV/HCV. If they are at risk for these diseases, they are encouraged to seek testing and to notify the School of Nursing of their status so as not to place patients in a position of risk. In addition to following standard precautions, it is recommended that students adhere to CDC guidelines which state that students with a known blood-borne pathogen are expected to:
 - a. Double-glove during all procedures involving the possibility of blood-borne exposure
 - b. Refrain from all direct patient care and the handling of patient care equipment used in invasive procedures if the student has exudative lesions or weeping dermatitis
 - c. Refrain from direct participation in exposure-prone procedures, which at the minimum include the following:
 - i. Digital palpation of a needle tip in a body cavity
 - ii. Simultaneous presence of the student's fingers and a needle or other sharp instrument or object in a poorly visualized or highly confined anatomic site.
 - d. If an infected student must engage in such activities, each situation should be reviewed and specific practice protocol developed. All students are taught standard precautions as part of their basic nursing curriculum. Following these policies is essential for the protection of the care provider and the patient, and minimizes risk to either party.
9. **Health Insurance:** Some clinical sites require students to have health insurance. Students without health insurance will not be placed at such sites. All Health Sciences students are STRONGLY ADVISED to have personal health insurance, or to join a health care plan, to cover the expenses of their health care, treatments in case of an injury, and/or care for a catastrophic illness or serious chronic condition within or outside the clinical setting.

iii. Clinical Placement Policies and Procedures

1. UW School of Nursing graduate students have an extraordinary opportunity to learn and work alongside skilled mentors throughout the Puget Sound and beyond. Clinical rotations are tailored to your graduate track and program of study. **Students should NOT contact clinical sites to ask about clinical placements.** You may suggest clinical placements to the track-specific clinical placement coordinator, but the clinical placement coordinator makes the final decision in conjunction with the seminar instructor(s) and the track lead(s). **All clinical placements are at the sole discretion of the UW School of Nursing.** Students complete a [Clinical Placement Agreement form](#) at program matriculation and may be asked to reconfirm understanding prior to start of clinical.
2. "Out-of-area" clinical placements are clinical practicum sites located outside of Washington state. Out-of-area placements must be considered far in advance (contracts with sites may take six to eight months or longer to establish, may require approvals in another state (at Board of Nursing level) and require approval of the Attorney General's office). For these reasons, they are rare. If you are considering the possibility of such a placement, please discuss this early with your FAA.
3. Dress Code/Appearance:
 - a. Uniform: You are expected to wear business-professional attire appropriate to the standards of the site, a white lab coat (if appropriate—not usually used in pediatrics, mental health or population health practicum sites) and a UW School of Nursing nametag identifying you as a graduate student. Check with your site about their expectations before the quarter starts.
 - b. A white professional jacket for women and men is available through the UW Bookstore, various uniform stores, and online. Graduate students may opt for a knee-length lab coat.
 - c. Appearance: Hair, jewelry and accessories must be worn so that they do not fall onto the patient during examination and do not cause any safety risk to yourself and/or your patients/clients.
 - d. Dress codes for most clinical sites do not permit backless or open toed shoes in compliance with OSHA regulations.
 - e. Scents: Because perfumes, colognes and other scents, including lingering cigarette smoke, can cause significant airway distress to people with asthma, allergies, and/or chemical sensitivities, students are urged to minimize the use of scented products while at clinical sites.
4. Travel to Clinical Sites: Students will likely attend clinical sites in the greater Seattle metropolitan area as well as throughout Western and Central Washington state. Clinical assignments are based on providing you with a variety of clinical experiences throughout the program, which requires travel time outside your home area. Due to limited spaces in clinics for clinical rotations, access to the clinical site from your local address or other needs cannot be taken into consideration when assignments are made. Transportation, including the cost of transportation (gas, bus fare, ferry fees), to and from the clinical site is the student's responsibility. Students may use your own car, ride share or public transportation.
5. Requesting a Clinical Site Change.

Reasons for Requesting a Clinical Site Change: Site exceeds your current skill level, site does not meet course objectives/limited preceptor availability to provide oversight, you feel intimidated in the setting.

Steps for Requesting a Clinical Site Change

- Dialogue is initiated between you, your faculty/course adviser, and your preceptor (or site liaison for population health students) to clarify the issues. It is helpful for you and your preceptor to review your clinical objectives. Every attempt must be made to keep you in the current clinical site with hopes that ongoing dialogue will resolve issues.
 - Your faculty/course adviser makes a site visit. Alternatively, the faculty/course adviser initiates a conversation with your preceptor/site liaison. During these discussions your will continue to attend the clinical site.
 - You, your faculty/course adviser and your preceptor or site liaison will identify the best course of action.
 - If, as a result of this process, a site change is needed and you leave a site prior to the end of the quarter, your faculty/course adviser is responsible for contacting the preceptor to inform them of the change. Your faculty/course adviser will inform the Clinical Placement Coordinator of the final outcome so the placement database can be updated.
6. Removal of Student from Clinical Site

Compliance Requirements **must** be completed prior to beginning your clinical rotation, or at the time designated by the site. Compliance requirements must also remain current for the entire duration of the quarter. **Failure to do so may cancel your clinical placement.**

In addition, students must meet and demonstrate Essential Behaviors (see Graduate Program Handbook for details) while in clinical sites. Failure to do so may result in removal from clinical site.

7. Clinical Placement at Site of Employment

A student may not enroll for course credit and be paid for the same hours. If a student is an employee of a site or has any other formal relationship with the site where s/he has been placed to do course work as a student, roles must be clearly defined and separated, in writing and in advance of the placement, as follows:

- A faculty supervisor must be listed for each student.
- Program or course content and educational objectives for the student's experience at the site must be detailed.
- If a student is also an employee of site or has a formal relationship with the site, the hours in which the student is functioning as an employee/in the other role vs. the hours the student is functioning as a student must be defined.
- In order to avoid potential conflict between the site's expectations regarding levels of productivity related to site objectives and the student's use of time at the site to meet STUDENT learning and program objectives, a student may not bill for a service s/he provided while in a student role.

8. Management of Clinical Incidents

Reporting: Should a clinical incident occur, the student is to immediately contact their UW clinical faculty. This includes all medication errors and HIPAA violations. "Clinical Incident Reporting: What Students Need to Know" (2 minutes) is linked in every Canvas course and shared during student orientation.

The Clinical Incident Reporting online form will be completed by any School of Nursing (SoN) faculty who is informed or aware of a clinical incident that "resulted in patient harm, an unreasonable risk of patient harm, or diversion of legend drugs or controlled substances". The individuals identified on the form will be contacted by a SoN representative who will facilitate a process that may result in reporting to the Washington State Nursing Commission, as required by WAC [246-840-513](#). The process is based on principles of the [Just Culture Model](#).

The following definitions are in the Nursing Commission Incident Report form.

Unreasonable risk of harm: An act or failure to act, which is below the standard of care for what a reasonably prudent nurse would do in similar circumstances, thereby creating a risk of harm to the patient, whether or not actual harm resulted.

Patient harm: Anything that impairs or adversely affects the health, safety, or well-being of the patient. Harm includes physical, mental, emotional and sexual abuse, exploitation, neglect, or abandonment.

Alleged diversion of legend or controlled substances: A claim or assertion that an individual misappropriated any legend drug or controlled substance.

9. Reporting an Unusual Occurrence to a Patient

Whenever a student, during his/her clinical experience in a hospital or public health agency, is involved in an unusual occurrence concerning a patient, these steps must be followed once the immediate needs of the situation have been met:

The policy of the agency for reporting an incident will be followed. Send one copy of the agency's incident report to: University of Washington Risk Management Office, Box 351276. The student and instructor/preceptor will complete UW Form 60266, available in the School of Nursing office of Student and Academic Services (T301). Once completed, the pink copy remains with the student. Send the two remaining copies of the report to: University of Washington Risk Management Office, Box 351276. You may wish to photocopy the completed form and send it to the Director of Student and Academic Services.

The Director of Student and Academic Services should be notified by phone (206.543.8736) within 24 hours that an incident has occurred.

10. HIPAA Violations

All nursing students must complete UW Health Insurance Portability and Accountability Act (HIPAA) training. This training is done via a secure website and lasts approximately ninety minutes. You may be required to take additional HIPAA modules at certain clinical sites. Violations of HIPAA regulations must be reported as per #1 above. The circumstances surrounding the violation will be reviewed and an action plan will be established which can range from remediation and further education to removal of student from clinical site.

11. Fluid exposure/Needlestick

In order to minimize the risk posed to students and/or patients by persons infected with blood- or secretion-borne pathogens (BBP) as identified by the CDC and OSHA, all

students without an RN license are required to complete BBP training as part of their program orientation.

Students exposed to BBP should take immediate first aid including scrubbing wounds and skin with soap and water for 20 minutes and/or flushing mucous membranes with water for 20 minutes.

If a BBP exposure occurs in a clinical setting outside of UWMC/Harborview, refer to the UW testing schedule as a resource to avoid being charged unnecessary lab fees. Lab tests ordered must follow this schedule to qualify for reimbursement by the health fee. Health Sciences students who have already satisfied their initial program requirements by proving their immunity to Hepatitis B, in most cases, do not need to have these labs drawn after a bloodborne pathogen exposure.

Risk assessment and laboratory testing may be available to students at the clinical site's employee health office. Need for medications for prophylaxis of BBP may require further assessment. If there is no employee health office at the clinical site or for exposures occurring after clinic hours, on weekends, or on holidays, students are to seek care at the nearest emergency room. Only the tests listed on the Approved Laboratory Testing Schedule for Reimbursement qualify for reimbursement from the UW Health Sciences Immunization Program. The staff on duty in the Emergency Department (ED) at the University of Washington Medical Center (UWMC) is available at 206.598.4000 for information 24 hours a day.

Students experiencing an injury and/or BBP exposure at all clinical agencies complete, with the clinical instructor, the UW Nursing Student Clinical Incident/Injury Form. This form should be mailed to Patrick Tufford, Director of Student and Academic Services Student and Academic Services, Box 357260. Students, with their instructor, at Harborview Medical Center & UW Medical Center also need to complete a Patient Safety Net (PSN) report for any incident/accident reports.

For BBP exposure, the Health Fee will cover the after-insurance costs of initial care, baseline, and follow-up lab testing, and prophylactic medications given as an appropriate response for a reported episode of BBP exposure. If a student has received emergency care after a BBP incident, the bill indicating the remaining cost after insurance has paid should be directed to:

<https://safetynet.medical.washington.edu/Datix/Live/index.php?action=newdif1&module=INC>

12. COVID exposure

If a student has an exposure without appropriate PPE to a patient or

iv. Clinical Evaluation of Graduate Students

In order to achieve quality student advising and instruction, every student participating in clinical course work must receive a written evaluation of clinical performance each quarter. All graduate level clinical courses are designed for students to achieve course objectives within the quarter in which they are registered for the course. Clinical evaluations by course instructors must reflect student achievement of course objectives within this standard time frame.

Instructors of graduate students participating in clinical course work write quarterly evaluations of student clinical performance, discuss them with the student, and copies are placed in student file. Instructors may use pre-designed clinical evaluation forms developed for the course, track, and/or program. These tools are based on course objectives, track requirements, and/or national competencies and standards.

Students in clinical courses are expected to complete their clinical hours during the academic quarter. No students may be in clinical sites for course-related work before the academic quarter starts or after the academic quarter ends (last day of finals week) according to dates outlined on the UW calendar. Exceptions must be approved and monitored by the department chairperson.

Exceptions to this rule include when a student is unable to complete clinical hours due to:

- An acute illness episode within the last two weeks of the quarter
- Required clinical experiences were not available (e.g., a student in a nurse-midwifery track needs to “attend” a birth and must wait until an appropriate patient presents to the healthcare system)
- Failure to complete required clinical hours was beyond control of the student; e.g., preceptor became ill or otherwise unable to fulfill precepting responsibilities and a substitute was not found in time to support student finishing during the academic quarter.

Examples of instances that do not qualify as exceptions include: A student missed clinical hours due to lack of organization or other omission of professional responsibility; Student wants to get “more” clinical experience.

v. Professional Liability Insurance Protection

Nursing students are covered for professional liability by the UW as long as the activity in question is definitely University-connected and sanctioned. School of Nursing coverage is in effect when the student is:

1. working in a program formally approved by the School of Nursing
2. working in a program not formally approved by the School of Nursing, but is a program for which the University will extend individual professional liability coverage
3. participating as an individual, with written authorization of the Dean, in a specified activity to which liability coverage is extended

Student liability coverage is extended only when acting “at the direction or request of or on behalf of the University.” In order for students to be protected, their student activities must occur under supervision of a faculty member. Clinical practice must occur in agencies where a legal contractual agreement has been established between the School of Nursing and the Agency. Evidence of Professional Liability Coverage is provided as an appendix to this handbook on the website.

Students who are already registered professional nurses should consider that, in addition to their student status, they are also licensed as individual nursing practitioners. Conceivably, they could be held liable for their acts as autonomous professional individuals in addition to, or rather than, as students. Therefore, it is recommended that registered professional nursing students protect themselves by carrying their own professional liability insurance. One type of this insurance can be purchased for a minimal annual premium through membership in

the American Nurses Association (ANA); availability of liability protection is one of the benefits of membership in ANA. Insurance is also available for members of some nursing specialty organizations.

Professional liability insurance provided by the UW does not cover nursing practice in any voluntary health clinic where the registered nurse acts as an individual volunteer and not at the direction of or on the behalf of the University. No student should attempt nursing services beyond their present level of educational preparation.

i. DNP Final Project Information

i. Description of DNP Final Project Goals/Objectives

Practice doctorate projects are systematic investigations of questions about practice and therapies that evaluate and/or translate all forms of evidence into practice. Each student collaborates with an agency to address a real-world clinical problem or health issue. Most often, a student will be engaged in only one phase or aspect of translating evidence into practice.

Examples of final projects include, but are not limited to:

- Appraising evidence and making recommendations of adapting clinical guidelines to the unique population or characteristics of a specific clinic or community
- Disseminating the latest evidence by training staff/community members
- Completion of a needs assessment
- Implementing changes in practice/organizational workflow or policies
- Evaluating the impact of a change in practice or new protocol
- Program development or evaluation
- Policy development or evaluation

ii. Project Identification and Matching Procedures

Every DNP student is required to complete a final project.

The DNP Project requires 6 credits of [NMETH 801: Practice Doctorate Project](#). Students complete 3 credits of NMETH 801 each in Autumn and Winter quarters. As students progress through didactic and clinical coursework, they should be mindful of potential projects. Bring these to the attention of the designated track faculty who will explore and examine the pros and cons of possible projects. Faculty will contact agency/agencies to discuss interest in collaborating with the UW School of Nursing on the proposed project. Note that an Affiliation Agreement (AA) or Memorandum of Understanding (MOU) needs to be in place before any project can start. If one is not already in place, establishment of a new AA or MOU can take up to several months depending on the agency. Faculty can determine if an AA or MOU is in place.

Mid-summer – about July – students will receive a menu of approved DNP project opportunities. Review the list and submit your top five choices, along with rationale, using the [DNP Final Project Match Request form](#). Course faculty and designated track faculty will review requests and match students with projects based on available information. Students will be notified no later than Aug. 15 of DNP project match information and be assigned to an NMETH 801 course section for registration purposes.

iii. NMETH 801: Project Planning

Students must successfully complete each of the below activities in order to receive course credit and continue to Implementation/Evaluation:

1. Approved Written project plan (proposal). This requires identification and collaboration with key agency personnel in developing the proposal.
2. Verbal presentation of DNP project plan (Proposal), articulating overarching project and individual goals and the student's specific role in the project
3. Formulation and execution of statement of mutual agreement (SMA) with site/community/organization
4. Obtain [Human Subjects](#) approval, if indicated.
5. Completion of onboarding activities at the project agency, if required.
6. Participate in on-campus class discussions providing peer consultation and feedback.

Supervisory committee evaluates and reviews project proposal and oral defense with the [DNP Project Proposal Rubric](#).

iv. NMETH 801: Project Implementation and Evaluation

Following proposal approval and execution of the SMA, students complete the project and work on final products, including a concise written report of project findings and implications to be shared with agency and materials for initial dissemination of project findings.

Students must successfully complete each of the below activities in order to receive course credit:

1. Implement DNP project in collaboration with the agency
2. Participate in on-campus class sessions and/or online learning activities
3. Participate in final poster presentation of DNP project on scheduled Final Defense Day (usually last day of instruction for quarter).
4. Develop and submit project written executive summary to supervisory committee and the agency

Supervisory committee evaluates and reviews project deliverables and oral defense with the [DNP Final Project Examination Rubric](#)

v. Final Project Committee Membership

1. In fall of year 3 of the program students will be notified in NMETH 801 with regards to the composition of your supervisory committee. NMETH 801 faculty will serve as members of the DNP supervisory committee, along with at least one member knowledgeable in the track area of student preparation.
2. Students may wish to add a member of the agency where the practice doctorate project will be conducted as an optional fourth member of the committee.
3. Students submit as an assignment in NMETH 801 (Autumn) a written memorandum for the appointment of your supervisory committee. [This form](#) will be forwarded by your faculty to Dr. Anne Hirsch, Associate Dean for Academic Affairs and to Graduate Program Adviser Betsy Mau. If students select committee members from outside the University of Washington to be members of the committee, their contact information and a copy of the individual's curriculum vitae or resume are required to be submitted to the SoN in order to determine their appropriateness to be appointed to the student's doctoral committee by the graduate school.