Oral Roberts University

College of Health Sciences, Anna Vaughn School of Nursing

Doctoral Student Handbook

2026- 2027

The contents serve as a guide and may be changed or amended at any time. When changes occur, students will be notified via ORU email, D2L course announcements, and/or D2L News items. The Doctoral Student Handbook is not a contract, implied or otherwise.

Table of Contents

Page	Item
2	Table of Contents
3	Preface, Disclaimers, and Accreditation Status
4	AVSON and DNP Overviews
	Mission and Vision Statements
	AVSON and DNP Administration and Contact Information
5	University Learning Outcomes
6	DNP Program Outcomes
7	DNP Clinical Deadlines and Timelines
8	DNP Specialty, Conference, Virtual, and International Clinical Hours
10	Clinical Preparation
11	DNP Policies and Procedures
	DNP01-FNP Clinical Admission
12	DNP02-FNP Clinical Progression
13	DNP 03-DNP Program Progression
	DNP04-DNP Dismissal, Incomplete Grades and Modification of Degree Plan
14	DNP05-DNP Readmission
	DNP06-DNP Student HIPAA Compliance
15	DNP07-DNP Student Expectations During Clinicals
16	DNP08-DNP Student Social Media Policy
17	DNP09-DNP Student Emergency and Non-Emergency Procedures
18	DNP10-DNP Student Drug Testing
	DNP11-DNP Student Federal Criminal Background Check
	DNP12-DNP Student Health and Malpractice Insurances
19	DNP13-DNP Student Grievance Process
20	DNP Appendices and Forms

ORU's Anna Vaughn School of Nursing

Preface

The student is expected to abide by all policies stated herein as well as all University policies, ORU AVSON policies, and the University's Academic Catalog.

The student is expected to read this Handbook in its entirety. You will be held responsible for all the information it contains. Your signature on the final page signifies that you have read the Handbook and agree to abide by all policies and procedures herein.

The Graduate Student Handbook is not a contract, expressed or implied, and is subject to change. Clinical revisions will be communicated via university email and/or posted by the faculty in the clinical courses.

*The Doctor of Nursing Practice program at Oral Roberts University is accredited by the Commission on Collegiate Nursing Education (**http://www.ccneaccreditation.org**).*

Our next accreditation visit is March 31 – April 2, 2027. Keep these dates flexible to speak with the reviewers.

AVSON and DNP Mission and Vision Statements

Anna Vaughn School of Nursing Mission Statement:

The mission of the Anna Vaughn School of Nursing, including the MSN and DNP Programs, is to prepare professionally competent graduates – whole in spirit, mind, and body – who go into every person's world to address the physical, psychosocial, and spiritual health of individuals, families, communities, and populations through the ministry of nursing.

DNP Vision Statement:

To build Spirit-empowered, doctoral-prepared registered nurses who can go into every person's world with quality medical knowledge, skills, and evidence-based clinical leadership.

ORU AVSON Administration

Dean, College of Health Sciences – Dr. Dean Prentice, DHA, RN – 918-495-6198 – dprentice@oru.edu

Associate Dean, School of Nursing – Dr. Audrey Thompson, PhD, RN - 918-495-6140 - athompson@oru.edu

DNP Administration

DNP Program Director – Dr. Brenna Bohatec, DNP, APRN, FNP-BC - 918-495-6331 - bbohatec@oru.edu

DNP Coordinators and Clinical Advisors

FNP Clinical Coordinator – Dr. Brenna Bohatec, DNP, APRN, FNP-BC

Women's Health Clinical Advisor – Dr. Karen McDonald, DNP, APRN, WHNP – kmcdonald@oru.edu

Pediatric Clinical Advisor – Dr. Angela Foster, DNP, APRN, FNP-C – 918-495-6137 – afoster@oru.edu

Family Medicine I Clinical Advisor – Dr. Ashley Southern DeVoe, DNP, APRN, FNP – asdevoe@oru.edu

Family Medicine II Clinical Advisor – Dr. Ashley Southern DeVoe, DNP, APRN, FNP

MSN to DNP Coordinator - Dr. Brenna Bohatec, DNP, APRN, FNP-BC

ORU Outcomes

Spiritual Integrity
Students will learn to hear God's voice by deepening their relationship with Jesus Christ and increasing their sensitivity to the Holy Spirit—for themselves and for others. Students will pursue wholeness and integrity in their relationships with others and with God. Students will expand their Biblical knowledge, approach life from a Spirit-empowered worldview and be able to share the gospel of Jesus Christ.

Personal Resilience
Students will learn the skills needed for motivation and perseverance in addressing the complexities of life. Students will develop the knowledge, skills and strategies required to adapt appropriately to changing environments. Students will honor God by embracing wellness through self-management and self-care to include physical exercise, good sleep patterns, and proper nutritional habits.

Intellectual Pursuit
Students will learn to develop problem-solving, critical-thinking and decision-making skills in preparation for professional careers. Students will demonstrate an increase in knowledge and increased capacities for knowledge attainment. They will participate in identifying, analyzing, and creating solutions for the world's greatest problems.

Global Engagement
Students will learn to model respect, responsibility, flexibility, adaptability, and sacrifice as they navigate the challenges and opportunities of a globalized world. Students will learn to use multiple strategies to develop culturally responsive relationships that support and encourage constructive change.

Bold Vision
Students will learn to recognize, develop, and communicate bold responses for today's complex issues. Students will contemplate God's purpose for their lives and God's vision for their futures while also seeking to understand the world's challenges and how these dynamics intersect. Practical, scalable objectives that assist students in moving from vision to reality will be learned as they are challenged to bring hope and transformation to the world.

https://oru.edu/about-oru/vision-and-mission/index.php

DNP Program Outcomes

*New content/revision in *italics**

1) integrate theoretical and scientific knowledge to provide safe, evidence-based health care to individuals and populations in a variety of settings, *with respect for social determinants of health*;

2) apply clinical scholarship methods to make ethical clinical and system decisions to improve healthcare outcomes;

3) use clinical scholarship, leadership, and advocacy skills to influence health policy to improve healthcare outcomes;

4) apply information systems and technology to support clinical and organizational decision-making;

5) perform whole person, Spirit-empowered leadership in *doctoral nursing* practice in inter-professional collaboration and in the support and progression of healthcare operations; and

6) *Incorporate access, connection, and engagement as core to one's professional identity, including a participatory approach to care and accountability to individuals, society, and the nursing profession.*

DNP Committee updates as of 10/26/26

Clinical Deadlines and Timelines

Oral Roberts University's Anna Vaughn School of Nursing

BSN-DNP with FNP Concentration and MSN to DNP Tracks

	Fall Clinicals	Spring Clinicals
Completed **Clinical Packet due by:**	**May 1st**	**October 1st**
Date range to ***complete*** TB test, physical exam, and drug screen, if needed	March 1 – April 30	Aug 1 – Sept 30
Target date to submit your Preceptor info to Dr. Bohatec	May 1	Oct 1
Clinicals typically begin:	2nd or 3rd week of August	2nd or 3rd week of January
Clinical duration:	14 weeks	14 weeks

ORU | MAKE NO LITTLE PLANS HERE

Specialty, Conference, Virtual, and International Clinical Hours

Oral Roberts University's Anna Vaughn School of Nursing

BSN-DNP Program with FNP Concentration

	Specialty Hours	Conference Hours	Virtual Hours	International Hours
Requests due with Clinical Packet	**May 1 – for Fall** **Oct 1 – for Spring**	**May 1 – for Fall** **Oct 1 – for Spring**	**May 1 – for Fall** **Oct 1 – for Spring**	**May 1 – for Fall** **Oct 1 – for Spring**
GDNP 621 – Prim Care for Fam I – Women's Health (125) 10% total	10% or 12.5 hours (handled on an individual basis)	10% or 12.5 hours (handled on an individual basis. Fees are paid by the student.)	10% or 12.5 hours (handled on an individual basis)	10% or 12.5 hours (handled on an individual basis)
GDNP 623 – Prim Care for Fam II – Pediatrics (225) 10 % total	10% or 22.5 hours; up to two 11-hour rotations, or may apply all 22.5 hours to one specialty	Max: 16 hours – (handled on an individual basis. Fees are paid by the student.)	Max: 10 hours (handled on an individual basis)	10% or 22.5 hours (handled on an individual basis)
GDNP 633 – Prim Care for Fam III – Fam Med I (325) 20% total	20% or 65 hours total; up to two 32.5-hour or three 22-hour rotations (max amount per specialty = 32.5 hours) Exception: urgent care – handled on an individual basis	Max: 24 hours – (handled on an individual basis. Fees are paid by the student.)	Max: 10 hours (handled on an individual basis)	10% or 32.5 hours (handled on an individual basis)
GDNP 637 – Prim Care for Fam IV – Fam Med II (325) 20% total	20% or 65 hours total; up to two 32.5-hour or three 22-hour rotations (max amount per specialty = 32.5 hours) Exception: urgent care– handled on an individual basis	Max: 24 hours – (handled on an individual basis. Fees are paid by the student.)	Max: 10 hours (handled on an individual basis)	10% or 32.5 hours (handled on an individual basis)
Do I have to submit my own clinical course objectives?	no	No, but must submit conference agenda and objectives, and any other info requested (Fees are paid by the student.)	Yes Min of two	Yes Min of two (usually supplied by the international provider)

What specialty areas are allowed?	GI, CV, rheumatology, endocrinology, pulmonology, dermatology, orthopedics, and urgent care	Must pertain to course objectives and be offered by a well-known organizer approved by the Director and/or DNP Committee.	n/a	GI, CV, rheumatology, endocrinology, pulmonology, dermatology, orthopedics, and urgent care
Can specialty areas be repeated?	no	no	no	no

The final decision on specialty, conference, virtual, and/or international hours lies with the Director and/or the DNP Committee.

Specialty hours are not guaranteed and are due with the Clinical Packet.

The maximum specialty hours allowed *per practicum* are 10-20% of the *total*. This includes specialty, conference, virtual, and international combined. Women's Health and pediatrics may have up to 10% specialty hours, and the final two family medicine practicums may have up to 20% of their total practicum hours as specialty hours.

Process for Obtaining a Preceptor

1) The student is only responsible for obtaining verbal/written approval from a prospective Preceptor. Once this is obtained, notify the Director in writing via ORU email, including the name and email address. Students are welcome to send Appendix A with the missing information typed – not handwritten. If you send Appendix A to a prospective site/preceptor, you must include the Director/Clinical Coordinator. *No exceptions*. Request a **Word** version from the Clinical Coordinator or Director before sending. If you received verbal approval, follow up with an email acknowledgment and include the Director/Clinical Coordinator. All communication with prospective sites and preceptors must occur in writing via ORU email and must include the Director/Clinical Coordinator. *No exceptions*.
2) ALWAYS close your emails, texts, letters, etc, with "Name, BSN/MSN, RN, DNP Student, Oral Roberts University" then add your ORU email. This is called professionalism. *No exceptions*.
3) Once supplied with the potential preceptor's name and email address, the Director/Clinical Coordinator will initiate the required paperwork and complete the vetting process. Note: vetting occurs for individuals, not sites. If multiple persons at one site agree to precept you, send all names and email addresses.
4) The due dates for submission of completed clinical packets on the previous page should be adhered to. Some sites require their own clinical agreement process, in addition to ORU's, which can take several weeks. Begin asking *NOW*!

Clinical Preparation

Preparation:

Preceptors must be nurse practitioners or physicians. Each preceptor must have at least 1 year of full-time clinical experience in the area they will be precepting, although 2 years of full-time experience is preferred.

Women's Health: NPs must be either an FNP working solely in WH or a WHNP. The MD/DO must be an OB/Gyn.

Pediatrics: NPs must be either an FNP working solely in peds or a PNP. The MD/DO must be a pediatrician.

Family medicine (your last two practicums): must be an FNP or MD/DO who sees all ages and both genders in family medicine.

eLogs and Clinical Hours Submissions:

You will utilize eLogs to record all patients and hours spent in clinicals – including patient preparation time, direct patient care (Total Client Time), and non-clinical time (Total Alternate Time). The only hours that count toward your course requirements are Total Client Time (see below) *for the specified population to meet the course objectives*. You may include time spent reviewing the chart, looking up medication dosages, etc., but you will be granted only up to one hour per patient. If you are not actively seeing patients, record this time in Total Alternative Time; it does not count toward your course requirement. For example:

Total Clients Reported:	302	
Total Client Time:	**11010Minutes**	**183.5Hours = applies to course objectives**
Total Alternative Time:	990Minutes	16.5Hours
Total Clinical Time:	12000Minutes	200 Hours

eLog Student Report 5 = clinical hours recorded (see above)
eLog Preceptor Report 6 = Preceptor-authenticated clinical hours and the ONLY hours that apply to your course objectives. NOTE: your Student Report 5 and Preceptor Report 6 must match and be submitted together, as indicated in the syllabus. Without Preceptor Report 6, you have ZERO hours.
eLog Student Report 7 = patient cases. This is what your portfolio is built from, so enter all patients seen.

Clinical Hours and Minimum Number of Patients

Your required clinical hours are set, and you cannot go above them. Once you have completed your required clinical hours, you must leave the facility.

Your *minimum* number of patient cases is set; however, you should see as many patients as possible. For GDNP 621, you may only apply FEMALE cases to your course objectives; in GDNP 623, you may only apply PEDS cases (18 years or younger).

Patient Totals Expected per Practicum:

For GDNP 621, you should average one female patient per hour. For GDNP 623, you should average two pediatric patients per hour. For GDNP 633 and 637, you should average 2-3 patients per hour (all ages and both genders).

DNP Policies and Procedures

DNP Program, Oral Roberts University, College of Health Sciences

All policies, procedures, directions, and communication outlined in syllabi, courses, and D2L also apply.

DNP01 – DNP Clinical Admission (*Program* admission is outlined in the Admissions Checklist.)

For admission into Oral Roberts University's first FNP clinical rotation, Students must achieve the following academic criteria: 1) B or better in all courses; 2) completed the Advanced Practice Education Association's (APEA) 3P Exam at the end of Pharmacology. Note: Students must complete GDNP 657, *Advanced Skills Practicum*, prior to entering GDNP 633, the first family medicine practicum. Advanced Health Assessment and Advanced Pharmacology transfer credits will be reviewed on an individual basis by the DNP Committee. The program must be completed within 5 years of your last day of GDNP 616, *Advanced Pathophysiology*.

For admission into Oral Roberts University's first DNP clinical rotation, the Student must also have:

1) successfully completed OSHA training, if required by the site. It will be the Student's responsibility to complete the site's requirements.

2) successfully completed HIPAA training, if required by the site. It will be the Student's responsibility to complete the site's requirements.

3) a contract acknowledging at least 2,000 hours worked as a professional nurse, if applicable

4) a physical exam by a physician or NP within six months of first clinical, including either the Annual TB History Screening Form (completed by the provider ONLY if you have a history of TB, LTBI, or a positive test) or the Annual TB Screening Questionnaire (completed by the Student). Note: Refer to the DNP Pre-Clinical Requirements Checklist (Appendix F) for specific TB requirements, as CDC requirements change frequently.

5) passed a 10-panel urine or serum drug screening within six months of first clinical

6) a satisfactory criminal background check done through the University since admission to the DNP program

7) a current CPR certification, the American Heart Association's (AHA) BLS Provider. It cannot expire during the first clinical practicum. No other CPR certifications are accepted by AVSON.

8) a current, unencumbered RN license in the state where clinical rotations will occur. It cannot expire during the first clinical practicum.

9) Health insurance (front and back of card required). It cannot expire during the first clinical practicum.

10) Student malpractice insurance. It cannot expire during the first clinical practicum. Students must obtain a minimum of $1 million per occurrence and $3 million aggregate.

11) an updated and accurate immunization record according to the Centers for Disease Control's (CDC) Adult Immunization schedule: https://www.cdc.gov/vaccines/imz-schedules/adult-easyread.html**.** Refer to the DNP Pre-Clinical Requirements Checklist (Appendix F) for specific requirements.

12) an ORU FNP Student ID. It cannot expire during the first clinical practicum.

13) a signed and dated Clinical Preceptor Request (Appendix A)

14) a signed and dated Expectations of the NP Student and Clinical Preceptor Checklist (Appendix C); each line must be initialed by both the Student and Preceptor. For those residing outside of OK, your Onsite Visit will be conducted virtually via Zoom.

15) a completed Practicum Site and Clinical Preceptor Authorization Request Form (Appendix B) – note the four things required by your NP Preceptors and three things from MD/DO Preceptors.

16) a signed Assumption of Risk for the first clinical practicum (Appendix E)

17) a signed Graduate Student Handbook Acknowledgment for that clinical practicum (final page)

18) a completed Clinical Rotation Agreement

19) completed ORU's GDNP 601, Graduate Orientation AND Clinical Orientation

20) paid for your clinical management software

21) approval from the Director of the DNP Program

*Any fees are the student's responsibility unless otherwise noted.

DNP02 – DNP Clinical Progression

In order to progress from one ORU clinical rotation to the next, the Student must achieve/maintain:

1) a B or better in all coursework:

2) favorable evaluations from their Clinical Advisor and Clinical Preceptor. If an unfavorable evaluation is attained, the Student can request a meeting with the Director to determine next steps. This may or may not include a review by the Dean, Associate Dean, and/or DNP Committee. If deemed necessary by the Dean, Associate Dean, and/or Director and/or DNP Committee, the Student may be dismissed from the Program or, if applicable, repeat the clinical practicum. If the unfavorable clinical evaluation is from the Director and/or a DNP Committee member acting as the Clinical Advisor, they are excused from the final determination but may be present for explanation and clarification, if needed. Failure of a clinical course results in dismissal from the Program. There are no clinical course retakes.

3) completion of required clinical hours and the minimum number of patient cases in all previous clinical practicums

4) completion of all Skills Checklists in all previous clinical practicums

5) completion of all APEA exams; the minimum score required according to APEA benchmarks should be maintained

6) for entrance into practicum GDNP 633, *Primary Care for the Family III, Family Medicine I:* successfully passed GDNP 657, *Advanced Skills Practicum*.

7) completed OSHA and HIPAA trainings if required by the site

8) completed annual physical exam by a physician or NP within the last 12 months (cannot be the one used last year; must be repeated)

9) passed a 10-panel urine or serum drug screen within the last 12 months or as deemed necessary by ORU Faculty or Administration, or as required by a clinical site

10) a satisfactory criminal background check – only if a repeat report is deemed necessary by ORU Faculty or Administration, or if required by a clinical site

11) current RN license and CPR certification. They cannot expire during the practicum-see DNP01 for specifics.

12) health and malpractice insurances. They cannot expire during the current clinical practicum.

13) current adult immunizations, including a negative TB screening within the last 12 months with an Annual TB Screening Questionnaire (Appendix H) for those *without* history of disease, LTBI or a positive TB test filled out by

the Student; OR a TB History Screening Form (Appendix G) filled out by a physician or NP annually with the physical exam for those that *have* a history of TB disease, LTBI whether treated or untreated or a positive TB test. Please follow the list provided on the DNP Pre-Clinical Requirements Checklist (Appendix F).

14) current ORU FNP Student ID that cannot expire during the current clinical practicum

15) a signed and dated Clinical Preceptor request (Appendix A); a completed Practicum Site and Clinical Preceptor Authorization Request Form (Appendix B with the 3 or 4 things required of the Preceptor), and a signed and completed Expectations of the NP Student and Clinical Preceptor Checklist (Appendix C). For those residing outside of OK, your Onsite Visit will be conducted virtually via Zoom.

16) a signed and dated Assumption of Risk form for that clinical rotation (Appendix E)

17) a signed and dated Graduate Student Handbook Acknowledgment for that clinical practicum (final page)

18) Clinical Rotation Agreement

19) approval from the Director of the DNP Program

*Any fees are the student's responsibility unless otherwise noted.

DNP03 – DNP Program Progression

A student may progress through the DNP program as long as they have successfully completed all courses with a B or better, satisfied all other progression criteria as outlined in the syllabi, and do not fall under any criteria for dismissal as indicated in DNP04. A student is dismissed from the program if they fail two non-clinical courses. If the student withdrew from a course due to poor academic performance, that withdrawal counts as an attempt, even if the course was not completed. If a student withdrew for reasons unrelated to academic performance, their status will be evaluated by the DNP Committee on an individual basis. Clinical courses may only be taken once. For students who are out of the 3P (GDNP 617 or GDNP 618) or APRN courses sequence (GDNP 620/621, GDNP 622/623, GDNP 632/633, or GDNP 636/637) for 12 months or less, you must audit (attend all MeetUps and submit designated assignments) the previous course as a refresher. As of this writing, no university fees apply. Each case will be reviewed by the DNP Committee and may include other requirements. If you have been out of the 3P or APRN course sequence for more than 12 months, see DNP05.

DNP04 – Program Dismissal, Withdrawals, and Degree Plan Modifications

PROGRAM DISMISSAL
In addition to violation of University and/or AVSON policies or the University Honor Code, the following actions are grounds for dismissal from the DNP Program:

1. Falsification of records and reports, including clinical documents or any other assignment. This includes unethical use of the university's and AVSON's AI policies and procedures. Academic dishonesty is prohibited.
2. Cheating: including clinical assignments, exams, tests, quizzes, or any other assignment. This includes unethical use of the university's and AVSON's AI policies and procedures. Academic dishonesty is prohibited.
3. Plagiarism: defined as the intentional reproduction of another person's ideas, words, statements, or art/graphics and claiming them as your own. Students are expected to properly cite: 1) direct quotes; 2) another person's ideas, opinions, or art/graphics; or 3) statistics, facts, or other materials created by someone else. This includes unethical use of the university's and AVSON's AI policies and procedures. Academic dishonesty is prohibited.
4. Unprofessional behavior: Faculty and/or Administration reserve the right to dismiss any Student who violates the Honor Code, acts unprofessionally, or is uncivil. Professional behavior is expected online, in the classroom, and in clinical environments with Faculty, Administration, patients, patient

families/caregivers/friends, one another, and other healthcare professionals. Use of hate speech, name-calling, or degrading speech or behavior is grounds for immediate expulsion.
5. Violation of client and/or agency confidential information (HIPAA violation) will result in dismissal from the Program. All HIPAA violations will be reported to the appropriate authorities and/or the site's compliance officer, which may result in further disciplinary action and/or penalties.
6. Unsafe practice: Students considered by Faculty, Administration, or the practice site to be unsafe, or whose progress in meeting Program objectives is judged unsatisfactory, may be dismissed from the Program. This includes failure to achieve critical elements on clinical evaluations.
7. Violations of social media policy DNP08: If improper social media postings are identified, this will result in immediate disciplinary action and may include dismissal from the Program.
8. Failure to report an adverse event within 24 hours to the DNP Director – see DNP09.
9. Failure to disclose a change in medical or malpractice insurance coverage – see DNP12.
10. Any violation of a clinical site's policies and procedures.
11. Any outside arrests or interactions with law enforcement that involve criminal activity by the Student. This includes failure to disclose such information.

Students, visit *ORU AI Guidance for Students* at https://oru.edu/global-learning-and-innovation/ai/students.php and *ORU AI Position Statement* at https://oru.edu/global-learning-and-innovation/ai/ORU%20AI%20Position%20Statement.php

COURSE WITHDRAWALS
In most instances, the student must **withdraw** from a course, as Incomplete grades are *rarely* granted. Tuition and fees up to the point of withdrawal are the student's responsibility. For information on amounts, contact your Graduate Success Coach or the Registrar's Office.

In *rare* instances, an "Incomplete" may be issued for a non-clinical course when a Student is unable to complete the course requirements by the due date due to unforeseen non-academic reasons. Course requirements must be met by the end of the next semester, or the student will receive a failing grade. Faculty must be available for the Incomplete grade to be approved. All University policies regarding incomplete grades are applicable to nursing courses. Existing work must be a B or better. If the current grade is a C or lower, the student will be required to withdraw from the course. Withdrawals for poor academic performance are counted as a course attempt and as a course failure. Progression will not be allowed until the requirements are successfully completed.

DEGREE PLAN MODIFICATIONS
Students withdrawing from a course, or those enrolled as full-time students who wish to change to part-time status, or vice versa, must request a modification of their degree plan in writing via ORU email to the Director. Progression to the next semester will be contingent on successful completion of all pre- and corequisite coursework. Recall that the program must be completed within five years from the last day of GDNP 616, *Advanced Pathophysiology*, so keep this timeline in mind when withdrawing from a course or changing from FT to PT status and vice versa.

NOTE: it is the STUDENT'S responsibility to follow their degree plan and ensure they have been enrolled in the appropriate courses each semester – not the Graduate Success Coach or the DNP Director.

DNP05 – DNP Readmission

Readmission to the DNP Program will be considered on an individual basis. If a Student formally withdraws or misses one year or more of coursework, a formal reapplication to the DNP Program is required via oru.edu. If the Student is out of the 3P sequence for more than one year (GDNP 617 or GDNP 618), the last 3P course successfully completed must be retaken. If the Student is out of the APRN didactic and clinical sequence for more than one year (GDNP 620/621, GDNP 622/623, GDNP 632/633, or GDNP 636/637), the last didactic and clinical course must be successfully completed. Other requirements may be required by the DNP Committee.

*Readmission fees are the responsibility of the Student.

DNP06 - DNP Student HIPAA Compliance

NOTE: see also DNP08 – DNP Student Social Media Policy

In 1996, the Health Insurance Portability and Accountability Act (HIPAA) was developed to protect patients' rights and confidentiality. In the ever-increasing world of technology, it is important to ensure that *only* those who need to know have access to patient information.

What is PHI?

PHI is any health information that can be tied to an individual; under HIPAA, protected health information includes one or more of the following 18 identifiers. If these identifiers are removed, the information is considered de-identified protected health information, which is not subject to the restrictions of the HIPAA Privacy Rule.

1. Names (Full or last name and initial)
2. All geographical identifiers smaller than a state, except for the initial three digits of a zip code if, according to the current publicly available data from the U.S. Bureau of the Census: the geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and the initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000
3. Dates (other than year) directly related to an individual
4. Phone Numbers
5. Fax numbers
6. Email addresses
7. Social Security numbers
8. Medical record numbers
9. Health insurance beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers (including serial numbers and license plate numbers)
13. Device identifiers and serial numbers;
14. Web Uniform Resource Locators (URLs)
15. Internet Protocol (IP) address numbers
16. Biometric identifiers, including finger, retinal, and voice prints
17. Full face photographic images and any comparable images
18. Any other unique identifying number, characteristic, or code except the unique code assigned by the investigator to code the data

https://www.hipaajournal.com/what-is-considered-protected-health-information-under-hipaa/#:~:text=Health%20information%20such%20as%20diagnoses,and%20contact%20and%20emergency%20contact

ORU AVSON DNP Students must:

1) Protect each patient's PHI by not disclosing any patient information, whether it be written, electronic, or verbal, both inside and outside of the clinical experience

2) Protect each patient's PHI by discussing patient information *only* with those who need to know for direct patient care

3) follow DNP08, DNP Student Social Media Policy

DNP07 – DNP Student Expectations During Clinicals

As a Student of ORU's Anna Vaughn School of Nursing, your character and conduct should reflect the values of the University and the Anna Vaughn School of Nursing. The University Honor Code is in effect and should be maintained during your University admission. If any clinical evaluation indicates that the student did not meet the

minimum requirements and/or was asked to leave a clinical facility, the student must contact the Director within 24 hours via ORU email to discuss next steps, which may include expulsion.

DRESS CODE:

You are expected to abide by the dress code policy of your clinical institution. This includes:

1) Clothes are clean, wrinkle-free, and without holes and rips.
2) Scrubs are allowed as long as this is within the dress code for your facility. Only solid navy or black, unless the facility requires a specific color and/or pattern.
3) If you wear a white lab coat, it should be clean and neatly pressed.
4) No jeans, shorts of any length, sleeveless tops, or mid-rise tops. Shoulders should be covered at all times. The chest area should be fully covered. No t-shirts with writing unless provided by your clinical facility. Women: dresses and skirts must come to the top of the knees or lower.
5) No open-toed shoes, unless allowed by your clinical facility. If so, toenails must be clean, trimmed, and free of chipped or peeling polish. No flip-flops allowed.
6) ORU FNP Student ID is prominently displayed above the waist at all times. This is mandatory.
7) Nails are trimmed and clean. If polish is worn, it should not be chipped. Follow the site's policy for artificial nails.
8) Hair should be clean and brushed/styled. No beanies, caps, ball caps, hats, etc.
9) Men: beards must be neat and trimmed. No visible ear or nasal hair allowed.
10) Make-up should be tasteful. No bright colors.
11) Jewelry: follow the clinical facility's policy.
12) Tattoos: follow your clinical facility's policy. For ORU purposes, any tattoos containing profanity, potentially offensive material, or nudity must be completely covered.

MISC:

1) It is the Student's responsibility to know what each clinical site requires before beginning; i.e., a site-specific name tag; orientation videos and/or paperwork; Human Resources paperwork, dress code, etc.
2) It is the Student's responsibility to be prepared for each clinical experience.

3) It is the Student's responsibility to record their clinical hours as directed; have them verified and signed by their Clinical Preceptor biweekly/weekly and submit to D2L as instructed.

4) It is the Student's responsibility to take the Clinical Skills Checklist to each clinical experience and have it signed by the Clinical Preceptor as each skill is performed. It is the Student's responsibility to turn in the completed Checklist by the due date specified in the syllabus each semester.

5) It is the Student's responsibility to take the Clinical Procedure Log to each clinical experience and have it signed by the Clinical Preceptor as each procedure is performed. It is the Student's responsibility to turn in the complete/incomplete Log by the due date specified in the syllabus each semester and the COMPLETED Log before graduation by the due date specified in the final syllabus.

6) The Student is required to participate in at least one on-site visit with their Clinical Advisor for a grade each clinical practicum. The Student and Preceptor will choose a patient willing to participate in a Student-led, problem-focused exam with the Clinical Advisor for feedback and a grade.

DNP08 – DNP Student Social Media Policy

Patients, their families, and any clinical experiences involving them must never be discussed on any social media site. A patient's identifying information is to be discussed only with Faculty and other health care providers who need to know and have a role in the patient's care. Discussion of a patient's case may only occur with Faculty and peers as part of a course-related assignment in a place where such discussion cannot be overheard. Patients and their

families are never to be discussed in a negative manner, even if they cannot be identified. At no time during course discussions is the patient to be identified by name or any other personally identifying information.

Postings on social media sites must never be considered private, regardless of privacy settings. Any social media communication or post can become accessible to people beyond the intended audience and must be treated as public. Once posted, the individual who posted the information has no control over how the information is used. Search engines can find posts, even when deleted, years after it was posted. Never assume that deleted information is no longer available.

- No photos or videos of patients and their families or of any client/patient health records may be taken on any personal electronic devices, even if the patient or family gives you permission.

- Students' personal social media accounts may not post messages that: incite lawless action, are an expression of intent to inflict bodily harm or property destruction, are harassment, are a violation of discrimination, are defamatory, or are otherwise unlawful, untruthful, or hurtful. If noted, students could face dismissal.

- Students are prohibited from uploading tests/quizzes, faculty-generated presentations, or faculty information to any website or downloading to any personal account.

- Students are prohibited from claiming or implying that they are speaking on behalf of the University, the School of Nursing, the DNP Program, or any of the University or School of Nursing Faculty or Administration.

Any violations of DNP08 will result in immediate disciplinary action.

See also DNP06 – DNP Student HIPAA Compliance.

DNP09 – DNP Student Emergency and Non-Emergency Procedures

Prior to entering each clinical rotation, the Student is required to sign and date an Assumption of Risk (Appendix E).

EMERGENT EVENT

Should an emergent event occur, follow emergency guidelines ***FIRST***. If necessary, call 911 and receive emergency medical care. The Clinical Incident Report (Appendix J) can be completed later by you, your Preceptor, or clinical site staff and submitted to the DNP Director within 24 hours via ORU email. The report should be completed no more than four hours after the event, if possible. The Student or a clinical site employee should contact the DNP Director immediately. Keep copies of all emergency medical paperwork to include with the Clinical Incident Report (Appendix J). The University and/or the School of Nursing reserve the right to require a medical release from a provider prior to your return to on-campus classes or to the clinical setting. Any fees are the Student's responsibility.

NEEDLESTICK OR SHARPS INJURY AND/OR BODILY FLUID(S) EXPOSURE

Your clinical site should test the source for HIV, Hepatitis B, and Hepatitis C (see: https://www.cdc.gov/niosh/healthcare/risk-factors/bloodborne-infectious-diseases.html). If state law does not allow for mandatory testing of the source or the source has the right to decline testing, or the source did not sign a pre-treatment authorization to test in the event of an exposure, you must be tested at your clinical site, if able, or immediately sent to the nearest testing facility with lab orders from your Clinical Preceptor or other medical personnel. Your medical follow-up will depend on the source's results and/or your results. Keep copies of all medical paperwork to include with the Clinical Incident Report (Appendix J) and file with the DNP Director within 24 hours via ORU email. The University and/or the School of Nursing reserve the right to require a medical release from a provider prior to your return to on-campus classes or the clinical setting. Any fees are the Student's responsibility.

NON-EMERGENT STUDENT ILLNESS OR INJURY:

Non-emergent Student illness: Follow your Clinical Preceptor's medical advice. A Clinical Incident Report (Appendix J) is *not* required for non-emergent Student illness, *unless* the illness was caused by the site (i.e.,

chemical spill/exposure). The University and/or the School of Nursing reserve the right to require a medical release from a provider prior to your return to on-campus classes or to the clinical setting. Any fees are the Student's responsibility.

Non-emergent Student injury: Follow your Clinical Preceptor's medical advice. A Clinical Incident Report (Appendix J) must be completed for all Student injuries sustained during clinicals and submitted to the DNP Director within 24 hours via ORU email. The University and/or the School of Nursing reserve the right to require a medical release from a provider prior to your return to on-campus classes or to the clinical setting. Any fees are the Student's responsibility.

STUDENT ASSAULT:

Follow your Clinical Preceptor's medical advice. If you are required to seek medical attention from another provider, an urgent care center, or an emergency department, provide the medical examination results and recommendations to the DNP Director within 24 hours via ORU email. A Clinical Incident Report (Appendix J) is required for all Student assaults sustained during a clinical and filed with the DNP Director within 24 hours via ORU email. In accordance with ORU policy and Title IX requirements, ORU's Title IX Director will be notified of all Student assaults.

NOTE: Please refer to DNP04 – Program Dismissal. Failure to report a clinical incident will result in immediate disciplinary action, which may include dismissal from the Program.

DNP010 - DNP Student Drug Testing

Students must undergo a 10-panel urine or serum drug screen before entering a clinical setting. Drug screens with positive results will result in the denial of admission into a clinical rotation, dismissal from the DNP Program, and/or University or other action as determined by the University or School of Nursing. Students with positive drug screen testing are ineligible to apply to any program in the School of Nursing for a period of one year from the date of last positive urine or serum drug screen testing.

NOTE: All fees are the responsibility of the Student. The AVSON requires a urine or serum drug screen within six months of first clinical placement, then annually and/or as deemed necessary by the University and/or School of Nursing, or if required by a clinical site.

DNP11 - DNP Student Federal Criminal Background Check

Students must undergo a national criminal background check through the School of Nursing's approved service prior to entering clinicals. Information regarding criminal offense or conviction gathered as a result of a background investigation may result in denial of admission, dismissal, or other action as determined by the University and/or School of Nursing. This includes, but is not limited to:

- Any criminal offense or conviction affecting Registered Nurse licensing.

- Any criminal offense or conviction affecting practice as determined by national professional standards of the discipline.

- Any criminal offense or conviction which, in the opinion of the University and/or School of Nursing, affects the individual's ability to perform the duties of the profession.

- Any criminal offense or conviction which, in the opinion of the University and/or School of Nursing, would affect internship/practicum assignment or clinical/field placement.

- Any act, offense, or conviction which, in the opinion of the University and/or School of Nursing, would prevent the individual from being entrusted to serve the public in a specific capacity.

NOTE: If you have lived in multiple sites, there may be separate fees for each place of residence. All fees are the responsibility of the Student. The AVSON requires a criminal background check prior to the first clinical placement. The University and/or School of Nursing may request subsequent background checks, and/or if required by a site.

DNP12 – DNP Student Health and Malpractice Insurances

Each Student must maintain medical and malpractice coverage during each clinical practicum. Medical and malpractice coverages are not provided by the University or the School of Nursing. The medical and malpractice coverages cannot expire during a practicum. If one or both are suspended or revoked for any reason during a clinical practicum, the Student is not allowed to participate in any clinical experience until the suspension or revocation is rectified. If a Student fails to disclose a change in medical or malpractice coverages during a clinical experience, they will face immediate disciplinary action, which may include Program dismissal (refer to DNP04).

Malpractice coverage: the Student must maintain at least $1,000,000 in coverage per incident and $3,000,000 in total coverage (aggregate) during each clinical practicum.

DNP13 – DNP Student Grievance Process

The DNP Student grievance policy is contained in the ORU Student Handbook at:

https://oru.edu/handbook/index.php

You will find both ORU-specific and AVSON-specific guidelines, as well as definitions/criteria of an informal and formal grievance. The DNP Program defines a formal grievance as one that cannot be resolved within the School of Nursing (SON).

For any clinical issue that involves your Preceptor or a clinical site staff member, report your concern to your Clinical Advisor and DNP Director via ORU email. If the issue involves the clinical site, report it to your Preceptor, Clinical Advisor, and DNP Director via ORU email. If it involves your Clinical Advisor, report it to the DNP Director via ORU email.

For a didactic course: report concerns to your Instructor and DNP Director via ORU email. If it involves your Instructor, report it to the DNP Director via ORU email. If the DNP Director is the instructor, report it to the Associate Dean via ORU email.

Summary of your DNP chain-of-command: Instructor>DNP Director>Associate Dean of the Anna Vaughn School of Nursing>Dean of the College of Health Sciences.

You may also voice concerns at the DNP Student Nurses Association (DSNA) meetings. If you are unable to attend, you may send your ideas, questions, or concerns via your Cohort Representative or Faculty Advisors. Anonymous communications about questions or concerns are welcome. Please utilize the proper chain of command as just outlined first.

Appendices

NOTE: for forms going outside of ORU, use color copies – no black-and-white copies allowed.

ALL communication with a site and/or potential Preceptor must be in writing via ORU email and include the Director/Clinical Advisor. *No exceptions*.

Page	Appendix	Title
21	A	Clinical Preceptor Request Letter *(Student may send-see p. 9)*
22	B	Practicum Site and Clinical Preceptor Information Request Form (*Director/Clinical Coordinator will send*)
23	C	Expectations of the DNP Student and Preceptor Checklist (*Director/Clinical Coordinator will send*)
24	D	DNP Student Physical Exam Form
26	E	ORU DNP Clinical Experiences Assumption of Risk and Waiver of Claims Form
28	F	DNP Pre-Clinical Requirements Checklist
30	G	TB History Screening Form (*with* a history of TB, LTBI, or positive test)
31	H	Annual TB Screening Questionnaire (*without* a history of TB, LTBI, or positive test)
32	I	Influenza Immunization Waiver
33	J	Clinical Incident Report
34		IT and Support
35		Graduate Student Handbook Acknowledgment

Appendix A (Student May Send Once All Info is Typed In-cc the Clinical Coordinator)

Clinical Preceptor Request

Date:

Physician or NP name:

My name is _____. I am contacting you in hopes that you will be available to act as my Preceptor. I am entering my ____ (second or third) year as a DNP student at Oral Roberts University and preparing for the next phase of my education, which will lead to my ___ (FNP/PMHNP) certification and clinical doctorate (DNP). For this clinical practicum, I need to complete ___ hours over a 14-week period and see a minimum of ___ patients beginning on ___, and ending on ___. I realize you have a busy schedule, but I would greatly appreciate it if you would consider serving as my clinical preceptor. I would be happy to schedule my practicum hours at times that are most convenient for you.

If you are willing to share your knowledge and skills with me as a preceptor, please sign and date below. The university will provide you with verification of your preceptor hours to submit to your national certifying agency to apply toward your CE requirements. A detailed skills checklist and a document outlining the goals and expectations for you and me will follow. Since this is a hands-on experience and not a shadowing experience, there are skills I must complete to satisfy the course objectives. Thank you so much for your kind consideration as I continue my advanced nursing education.

Sincerely,

Preceptor signature: _____ Date: _____

Brenna Bohatec, DNP, APRN, FNP-BC
DNP Program Director, Associate Professor, FNP Clinical Coordinator, and MSN to DNP Coordinator
918-495-6331 bbohatec@oru.edu

Appendix B (Director or Clinical Coordinator Sends)

Practicum Site and Clinical Preceptor Information Request

STUDENT NAME: _____ **SEMESTER:** _____

FACILITY NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

OFFICE MANAGER or CLINICAL/SITE COORDINATOR: _____

E-mail: _____ Phone: _____

PRECEPTOR NAME: _____

E-mail: _____ Phone: _____

Licenses (exp date and license #): _____
(attach a copy of all licenses, certifications, CV, and proof of medical malpractice coverage)

For NPs only: Supervising Physician: _____
MD/DO license number: _____

__ approved by DNP Program Director or Clinical Coordinator
__ not approved by DNP Program Director or Clinical Coordinator
Reason: _____

Appendix C - Expectations of the DNP Student and Preceptor - (Director or Clinical Coordinator Sends)

EXPECTATIONS OF THE DNP STUDENT:

The Student will: (initial each one)

_____ abide by all AVSON policies and procedures

_____ adhere to the Agency's dress code and policies

_____ arrive on time or arrange a make-up date that is conducive to the Preceptor's schedule

_____ remain respectful of Preceptor and clients at all times

_____ adhere to HIPAA guidelines at all times

_____ clearly identify themselves to each client, including their FNP student status and wearing a University student name tag at all times

_____ complete all patient exams and tasks as directed by the Preceptor in a timely manner

_____ present clients to the Preceptor in SOAP format

_____ write clinical assessment notes on their clients; have them reviewed by the Preceptor prior to adding to the EHR or paper chart; then ensure the note is co-signed by the Preceptor

_____ adhere to the Agency's EHR protocols and privacy

_____ give report to their Preceptor if they have to leave before client care is completed

_____ complete the required practicum hours for that semester in the time allotted and have those hours verified by the Preceptor prior to program deadline

_____ take the Skills Checklist to each clinical and have the Preceptor sign as each skill is properly demonstrated

_____ take the Clinical Procedure Log to each clinical and have the Preceptor sign as each procedure is properly performed

_____ communicate clearly with the Preceptor in order to obtain the appropriate clients

_____ participate in at least one onsite visit with the Clinical Advisor for a grade. The Preceptor and client's permission will be obtained prior to the focused exam. Results will be made public to both the client and the Preceptor (if Preceptor declines to be in the room).

_____ complete the Clinical Preceptor, Clinical Advisor and Clinical Site evaluations prior to Program deadline

Student signature: _____

Date: _____

EXPECTATIONS OF THE CLINICAL PRECEPTOR:

The Preceptor will: (initial each one)

_____ provide a facility orientation prior to the first day, or on day one; whichever is most conducive to the Preceptor's schedule

_____ provide appropriate PPE for student safety

_____ provide appropriate medical attention for the student, if needed during illness, injury, emergency or serious exposure

_____ provide appropriate clients for each clinical experience

_____ discuss daily expectations for client care

_____ remain physically present in the building while the Student is in active client care

_____ provide constructive feedback in a respectful manner

_____ provide prompt feedback to the DNP Program Director if any issues arise, including but not limited to a schedule change on your part, the need to discontinue your Preceptorship or substandard care is noted by the student

_____ provide collaboration with the Student during each clinical session; i.e., review community resources, allow Student to present clients in SOAP format and provide feedback

_____ sign and date the Student's Skills Checklist as a skill is demonstrated properly

_____ sign and date the Student's Procedure Log as a procedure is performed properly

_____ verify the Student's practicum hours completed each week and prior to Program deadline

_____ sign and date the Student's patient note(s) prior inclusion in the patient's chart

_____ allow at least one onsite visit between the Student and their Clinical Advisor. One visit must include a focused patient exam (with your and the client's consent) observed by the Clinical Advisor for a Student grade. This visit will be scheduled at your convenience. Your visit will/will not be conducted via Zoom. Initial here if you allow a recorded virtual visit.

_____ complete the midterm and final student evaluations prior to the Program deadline

Preceptor signature: _____

Date: _____

Appendix D
DNP Student Physical Exam

ORAL ROBERTS UNIVERSITY – ANNA VAUGHN SCHOOL OF NURSING

BSN-DNP PROGRAM WITH FNP CONCENTRATION

PRE-CLINICAL PHYSICAL EXAM FORM (ANNUAL EXAM)

Student Information:

Name: _____ Date: _____ Student number: _____

Date of birth: _____ Phone number: _____ Cohort: _____

Address: _____

Vital signs:

Height: _____ inches Weight: _____ lbs BMI: _____

Temperature: _____ Pulse: _____ Respirations: _____Blood pressure: _____

Vision screening:

Uncorrected R: _____/_____ L: _____/_____ Both: _____/_____

Corrected: R: _____/_____ L: _____/_____ Both: _____/_____

NORMAL	REGION	ABNORMAL FINDINGS (attach additional documentation, if needed)	FOLLOW-UP NEEDED?
	Eyes		
	Ears, nose, throat		
	Oral mucosa, mouth, teeth		
	Neck		
	Cardiovascular		
	Chest and Lungs/Respiratory		
	Abdomen		
	Skin		
	Musculoskeletal		
	Neuromuscular		

Medical history: _____

Allergies, environmental:

_____

Allergies, latex: _____ Allergies, medications: _____

Medications:

_____

_____

Immunizations:

Student, please provide vaccination documentation and/or proof of immunity to the DNP Director or Clinical Coordinator via ORU email for all vaccines listed in your Pre-Clinical Requirements Checklist and policies DNP01 and DNP02. If you are missing vaccinations or your titer results are non-immune, have your provider administer the vaccine(s) and or order titers. You can also contact your local health department.

TB Screening:

TB Screening date read: _____ Results: _____

Person reading results: Printed name and credentials: _____

Person reading results: Signature and date: _____

If you have a history of TB, have received treatment for latent TB infection (LTBI), or have had a positive TB test in the past, your *provider* must also complete the TB History Screening Form (Appendix G), and a CXR or a blood test is required to exclude active TB disease.

Enter results here with date:

If you do *not* have a history of TB or LTBI, or a positive test result, the *Student* must complete Appendix H, Annual TB Screening Questionnaire.

Provider attestation (the most important part!):

Are there any reservations for recommending this student to continue as a Family Nurse Practitioner student entering clinical rotations (physically, mentally, or emotionally)? _____ If yes, please explain: _____

_____

_____

_____

Provider name printed: _____

Provider signature and date: _____ _____

Practice name: _____

Practice address: _____

Practice phone number: _____

Appendix E

ORU DNP Clinical Experiences Assumption of Risk and Waiver of Claims

Clinical experiences (practicum, clinical rotations, supervised practice, internships, or observations) are a required component of academic programs at the Anna Vaughn School of Nursing. These experiences allow students to practice skills and techniques learned in didactic and lab courses and to 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. 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 will develop appropriate policies and procedures relating to student safety and prevention of exposure to disease. Students should have access to appropriate PPE during their clinical experiences. Students will receive training related to potential hazards and prevention techniques. Students are responsible for reporting any potential exposures to their site supervisor and their ORU Clinical Advisor. However, even with such measures, there are risks inherent to clinical experiences. Potential risks of completing clinical experiences include, but are not limited to (initial each item):

☐ Exposure to infectious diseases through blood or other body fluids via skin, mucus membranes, or parenteral contact
☐ Exposure to infectious diseases through droplet or air-borne transmission
☐ Hazardous chemical exposure
☐ Radiation exposure
☐ Environmental hazards, including but not limited to slippery floors and electrical hazards
☐ Physical injuries, including back injuries
☐ Psychosocial hazards
☐ Offensive, inappropriate, or dangerous conduct by patients or clients, visitors, or other healthcare workers, including but not limited to injury, violence, physical harassment, mental harassment, emotional harassment, spiritual harassment, and/or sexual harassment

These risks can lead to unintended exposure, serious complications, illness, trauma, bodily injury, or even death.

SPECIAL NOTICE REGARDING COVID-19: COVID-19, the disease caused by the novel coronavirus, is a contagious disease that causes symptoms that can range from mild or no symptoms to severe illness and even death. COVID-19 can cause severe and lasting health complications, including death. Everyone is at risk of COVID-19. There is currently no known cure or vaccination to prevent its effects, exposure, or transmission. 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, but are not limited to, chronic lung disease, asthma, conditions that cause immunocompromise, 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 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 various illnesses. These risks cannot be eliminated.

ASSUMPTION OF RISK AND WAIVER

I certify that I have carefully read and fully understand this document. I acknowledge and understand that, as explained in this document, my degree program requires my participation in clinical experiences and that such participation carries risks that cannot be eliminated. I fully understand these risks. I understand that it is my responsibility to follow all instructions from the Instructor, Preceptor, and Clinical Advisor and to take all available precautions to minimize the risk of exposure. I will follow all program-specific guidance on disease prevention and exposure.

I understand that ORU assumes no responsibility or liability, in whole or in part, for the risks of my participation in the clinical experiences.

Knowing these risks and in consideration for participation in ORU's clinical experiences, I on my own behalf and on behalf of my parent(s), legal guardian(s), family, heirs, assigns, and personal representative(s), to the maximum extent permitted by law, assume these risks and releases, waive and forever discharge ORU, its officers, trustees, agents, insurers and employees of and from liability for any and all harm, injury, claim, demand, right, cause of action, cost, and expense of whatever kind, arising out of or related to my participation in the clinical experience. I certify that I desire to pursue my chosen degree program, including participation in clinical experiences.

_____ _____

Student Signature Date

_____

Student (print name)

Appendix F

DNP Pre-Clinical Requirements Checklist – must follow DNP01 for GDNP 621 and then DNP02 for the 3 remaining practicum courses.



Oral Roberts University – Anna Vaughn School of Nursing

___ contract acknowledging 2,000 hours worked as an RN prior to first clinical experience (if you have practiced as an RN for 12 months or less at program start)

___ Physical Exam by a physician, PA, or NP within 6 months of first clinical experience and annually (cannot use the same exam)

___ Annual TB History Form filled out by your provider during your physical exam for those ***with a history*** of TB, latent TB infection -LTBI- whether treated or not, or history of positive TB Test – Appendix G

___ Annual TB Screening Questionnaire filled out by you during your physical exam for those ***without history*** of TB, LTBI or positive TB Test – Appendix H

___ 10-panel urine or serum drug screen within 6 months of first clinical experience and annually; or as deemed necessary by ORU, AVSON or if required by a clinical site

___ Criminal Background Check once and as deemed necessary by ORU, AVSON or if required by a clinical site

___ CPR Certification: The AHA's BLS Provider (cannot expire during a practicum)

___ RN license in the state where clinicals will occur -must be unencumbered and cannot expire during a practicum

___ Health insurance - front and back of card required (cannot expire during a practicum)

___ Student Malpractice Insurance (cannot expire during a practicum). Students must obtain a minimum of $1 million per occurrence and $3 million aggregate. You may wait until August to purchase.

___ Current adult immunizations (copy of immunizations required prior to first clinical experience and when new vaccines are obtained). Medical exemptions by a medical provider for documented allergies are accepted with the allergies specified.

___ MMR – one and done in a 2-part series. It takes about 45 days to complete. If neither dose is documented, an MMR titer is required. If the titer is positive (immune), the student is done. If the titer is negative or equivocal, the student must receive an MMR booster.

___ Tdap – required every 10 years. Students aged 64 or younger who do not have Tdap require a single dose if at least 2 years have passed since receipt of a tetanus toxoid-containing vaccine.

___ Varicella - one and done in a 2-part series. It takes about 45 days to complete. If neither dose is documented, a Varicella titer is required. If the titer is positive (immune), the student is done. If the titer is negative or equivocal, the student must receive a Varicella booster.

___ Hepatitis B - one and done in a 2-4-part series, depending on manufacturer. It takes about 7 months to complete. If a student has not completed a Hep B series, a titer is required. If the titer is positive (immune), the student is done. If the titer is negative or equivocal, the student must receive a Hep B injection, then repeat the Hep B Surface Antibody test no sooner than 4-8 weeks after the injection. If the antigen is now positive, the student is done. If the titer is negative or equivocal, the student must complete the remaining Hep B injections and then undergo a final blood test 4-8 weeks after the last injection.

___ TB screening – required within 6 months of the first clinical experience and as needed if there is a known or suspected exposure. (Include Appendix G or H) _____

For those with an allergy to the Mantoux Tuberculin Skin Test (TST), a weakened immune system, or who have been immunized with BCG (bacilli Calmette-Guerin), the Interferon Gamma Release Assay (IGRA) blood test is required.

For those with a history of TB disease, latent TB Infection (LTBI), whether treated or not, or a previous positive TB Test, an initial serum blood test or CXR is required prior to the first clinical experience to rule out active TB disease, plus Appendix G, completed once a year by a physician, PA, or NP at the time of your annual physical. *Any positive TB results will be reported to the student's local health department as required by law. Students are not permitted to participate in any clinical experiences until cleared by their local Health Department and authorized to begin/return by the DNP Director. Failure to comply with this will result in dismissal from the Program.*

___ Influenza - recommended but not required. If a Student declines the flu vaccine, they must sign the Influenza Immunization Waiver annually. This may limit clinical site selection. (Include Appendix I, as appropriate) _____

Absent or non-immune results (negative or equivocal) require follow-up for immunization(s) and/or boosters. Your vaccination record MUST reflect the most current vaccination and/or titer dates and results. Failure to provide the most current and accurate immunization status will result in immediate disciplinary action, including possible program dismissal. *Students cannot enter a clinical site until proof of immunity and/or completed adult vaccinations is provided.*

___ ORU FNP Student ID annually with end date of May of that academic year

___ a signed and dated Clinical Preceptor Request (Appendix A)

___ a signed and completed Expectations of the DNP Student and Clinical Preceptor Checklist (Appendix C)

___ a completed Practicum Site and Clinical Preceptor Information Request (Appendix B) – note the items that must be included for each Preceptor (3 for physicians and 4 for NPs)

___ a signed and dated Assumption of Risk form (Appendix E)

___ a signed and dated Doctoral Student Handbook Acknowledgment (final page)

___ clinical contract (Clinical Rotation Agreement) – sent to the site/preceptor by the Director

___ completed ORU's GDNP 601, Graduate Orientation (date: ___) and Clinical Orientation (date: ___)

___ paid for your clinical management software

___ approval from the Director of the DNP Program

*This is just a Checklist. For your first clinical practicum (Women's Health), you must follow the items listed in DNP01 and include each one. For all remaining practicums, you must follow the items listed in DNP02 and include each one. *

Appendix G

TB History Form – for those WITH a history of TB, LTBI, or + TB Test

ORAL ROBERTS UNIVERSITY – ANNA VAUGHN SCHOOL OF NURSING

BSN-DNP PROGRAM WITH FNP CONCENTRATION

TB HISTORY SCREENING FORM (to be filled out by the provider during your physical)

Student Information:

Name: _____ Date: _____ Student number: _____

Date of birth: _____ Phone number: _____ Cohort: _____

Address: _____

CATEGORY	2023 CDC RECOMMENDATIONS:
Baseline (preplacement) screening and testing Follow your state's TB regs. Search for your site from the link below.	TB screening of all HCP, including a symptom evaluation and test (IGRA or TST), and additional evaluation, if needed
Postexposure screening and testing	Contact your local health department to be tested.
Serial screening and testing for HCP without LTB	Not routinely recommended; can consider for selected HCP groups; recommend annual TB education for all HCP, including information about TB exposure risks for all HCP.
Evaluation and treatment of previous positive test results	Complete a risk assessment with your provider. Contact your local health department for further evaluation.

Abbreviations: IGRA = interferon-gamma release assay; LTBI = latent tuberculosis infection; TST = tuberculin skin test.

Centers for Disease Control [CDC]. (2023, Dec 19). TB screening and testing of health care personnel. https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm

History of positive TB test, disease or LTBI: _____ (date) Negative CXR noted on _____ (date)

I have examined _____ on _____ and find no signs or symptoms of active TB. I have educated the student on the symptoms of TB disease and asked that any changes be reported to me, or their local health department immediately. I will continue to monitor annually and/or as needed.

Provider name (printed): _____

Provider Signature and date: _____

_____

Practice name and phone number: _____

Practice address: _____

Appendix H

TB Screening Questionnaire – for those *without* a history of TB, LTBI, or +TB test

ORAL ROBERTS UNIVERSITY – ANNA VAUGHN SCHOOL OF NURSING

BSN-DNP PROGRAM WITH FNP CONCENTRATION

ANNUAL TB SCREENING QUESTIONNAIRE (to be filled out by the Student)

Student Information:

Name: _____ Date: _____ Student number: _____

Date of birth: _____ Phone number: _____ Cohort: _____

Address: _____

Evaluation and treatment of previous positive test results	Complete a risk assessment with your provider. Contact your local health department for further evaluation.

Centers for Disease Control [CDC]. (2023, Dec 19). TB screening and testing of health care personnel. https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm

For those *without* a history of TB disease, LTBI, or a positive TB test, an annual TB screening will occur with your physical. If you are not experiencing any of the symptoms below, this concludes your annual TB screening for the AVSON; however, certain clinical sites may require annual blood tests (QuantiFERON Gold or T-Spot), Mantoux Tuberculin Skin Test (TST), or annual CXRs. These are the symptoms to evaluate, according to the CDC (https://www.cdc.gov/tb/topic/basics/signsandsymptoms.htm):

Symptoms of TB disease depend on where in the body the TB bacteria are growing. TB bacteria usually grow in the lungs (pulmonary TB). TB disease in the lungs may cause symptoms such as

- a cough that lasts three weeks or longer
- chest pain
- coughing up blood or sputum (phlegm from deep inside the lungs)
- weakness or fatigue
- weight loss
- loss of appetite
- chills
- fever
- night sweats

Symptoms of TB disease in other parts of the body depend on the area affected.

People who have latent TB infection do not feel sick, do not have any symptoms, and cannot spread TB to others.

If you answered yes to any of the above symptoms *without a known explanation*, you are required to see a physician or Nurse Practitioner before entering a clinical setting. If TB is suspected, it must be ruled out, and proper documentation must be provided to the FNP Clinical Coordinator. Any confirmed TB infection is reported to the appropriate agencies in accordance with the laws and statutes.

If you answered no to all symptoms above, sign and date: _____

Student's printed name: _____

Appendix I

https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.pdf - **Student: read before signing**

Influenza Immunization Waiver

ORAL ROBERTS UNIVERSITY – ANNA VAUGHN SCHOOL OF NURSING

BSN-DNP PROGRAM WITH FNP CONCENTRATION

INFLUENZA IMMUNIZATION WAIVER

Student Information:

Name: _____ Date: _____ Student number: _____

Date of birth: _____ Phone number: _____ Cohort: _____

Address: _____

By signing below, I understand and agree that:

1. I understand the information provided by Oral Roberts University ("University") via the Vaccine Information Statement link above explaining the risk of Influenza, and the effectiveness and availability of the Influenza vaccine. I have read and acknowledge the CDC's Vaccination Information Statement on the annual Influenza vaccination provided by the AVSON and still wish to decline this immunization.

2. I acknowledge and understand that each student who is enrolled in the School of Nursing is recommended to complete the annual Influenza immunization recommended by the Centers for Disease Control and Prevention to protect against Influenza prior to clinical placement.

3. I acknowledge that, unless I am allergic to the vaccine or any of its ingredients, I should receive this vaccination to protect not only myself but my colleagues, family, and patients. I further acknowledge that influenza is a serious illness that can cause significant loss in many areas, even death.

4. I acknowledge and understand that Influenza is a serious illness, and if I contract Influenza while taking coursework or performing clinical work, I am responsible for any coursework or clinical work I may have to miss, neglect, or delay as a result of contracting Influenza. I understand that this may delay course and/or clinical completion. I further acknowledge and understand that I bear the sole cost of and responsibility for any medical services that may be necessary as a result of such contraction.

5. I acknowledge and understand that an Influenza vaccine may be required at certain clinical sites, and not having received the annual immunization could delay or limit my clinical placement options.

6. I represent that I have not received the Influenza vaccine at this time and wish to decline the recommended vaccination. By signing this waiver and release, I am requesting an exemption from the Influenza vaccine requirement recommended by the University for students enrolled in the School of Nursing and placed in clinical settings. I hereby voluntarily and willingly assume all risks and responsibilities associated with declining influenza vaccination.

7. Should I contract influenza, I promise to notify my instructors. I will not enter any campus or clinical sites until I am fever-free and symptom-free for at least 48 hours.

Student name (printed): _____

Student signature and date: _____ _____

Appendix J - Clinical Incident Report

ORAL ROBERTS UNIVERSITY – ANNA VAUGHN SCHOOL OF NURSING

DNP PROGRAM CLINICAL INCIDENT REPORT

Student Information:

Name: _____ Date: _____ Student number: _____

Date of birth: _____ Phone number: _____

Address: _____

Incident Details:

Date incident occurred: _____ Day of week: _____ Time of day: _____

Physical address: _____

Specific location: _____

List any other persons involved/harmed: _____

List any equipment involved/damaged: _____

List of witnesses with phone numbers: _____

_____

Precipitating factor/cause, if any: _____

Describe incident in your own words: _____

_____

(use back of this paper or attach additional paper to continue, if needed)

Director/Advisor notified, date and time: _____

Was medical care needed? _____ If so, by whom? _____

Reviewed by: _____ Date and time: _____

Further action required? _____ If so, describe briefly: _____

_____

(Please attach all corroborating documentation)

Student name (printed): _____

Student signature and date: _____ _____

*mandatory reporting required on all Student injuries at a clinical site and all Student assaults at a clinical site

*send the completed form with supporting documents via ORU email to the DNP Director within 24 hours

* keep copies for yourself

* refer to DNP03 and DNP08

IT and Support

Student IT/Support Instructions – DNP Program - Oral Roberts University

*** Please do not contact your Instructor or the Director first. Use these methods, depending on which system you need assistance with.***

D2L:

D2L support (general)	**D2L Help Line** **Use the tabs at the top of D2L**	d2lhelp@oru.edu, 918.495.6178

ORU IT: helpdesk@oru.edu or 918-495-6315

APEA: questions@apea.com or (800) 899-4502 8-3 CST M-F

eLogs Clinical Management Software:

First: "Text for Assistance" – 240-498-6800

Second: "E-mail for Assistance" – admin@totaldot.com

Shadow Health (SH):

Shadow Health Help Desk
(800) 860-3241
https://support.shadowhealth.com/

If you do not get results with the above, please contact your Instructor asap via ORU email. Any issues with one of the above require email notification to your Instructor, even if they were resolved using the above directions.

ORU AVSON Doctoral Student Handbook Acknowledgment

*Make a copy of this page and include it in your Clinical Packet for each clinical practicum. *

By initialing beside each statement, I acknowledge that I:

_____ will abide by all ORU, AVSON and clinical site policies and procedures.

_____ realize this Handbook is not a contract, written or implied, and can change at any time.

_____ will abide by the ORU Honor Code.

_____ will remain in close communication with my Clinical Team (Preceptor and Advisor) and notify them immediately of any changes via ORU email.

_____ will read this Handbook carefully and in its entirety.

_____ realize I am responsible for all content contained in this Handbook, whether I read it or not.

_____ will check my ORU email and D2L alerts at least once daily.

_____ will respond to all DNP communications (ORU email, D2L, texts) within 24 hours.

_____ will reflect my Lord and Savior Jesus Christ, Oral Roberts University, and the College of Health Science's Anna Vaughn School of Nursing at all times, and will act accordingly.

_____ attest that my signature below affirms that I have not only read the Handbook in its entirety but that I understand the content and will follow it as directed.

Student, printed name: _____

Student, signature and date: _____ _____