

# KRAMER SCHOOL OF NURSING

## GRADUATE CLINICAL/PRACTICUM STUDENT HANDBOOK

**August 1, 2025– July 31, 2026**



**THIS HANDBOOK SUPERSEDES AND REPLACES ANY AND ALL PREVIOUS  
HANDBOOKS.**

**INFORMATION INCLUDED IS SUBJECT TO CHANGE WITHOUT NOTICE.**

These policies and procedures, supplemental in nature to policies and procedures in the *Oklahoma City University (OCU) Student Handbook*, the *OCU Undergraduate Catalog*, the *OCU Graduate Catalog*, and the *KSN Student Handbook* are intended to clarify material contained therein or to address concerns and subjects not covered by those documents. Where Kramer School of Nursing (KSN) policies are silent as to policies enumerated in the *OCU Student Handbook* and catalogs, those documents shall govern.

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## **Clinical/Simulation/Practicum Information**

### **Clinical Facilities Requirements**

Any student participating in a course or independent study with a clinical (traditional or non-traditional) component must present proof of compliance with current health status, health insurance, immunization, CPR (American Heart Association, Healthcare Provider level), HIPAA, liability insurance, background checks, drug screens, and any other requirements specified by the facility where they will have clinical or practicum experiences. This documentation will be submitted on the orientation day prior to the first class meeting. Students are responsible for presenting updated required documentation to the Graduate Clinical Specialist prior to the expiration date of the documents.

### **Clinical/Simulation/Practicum Attendance**

The student will notify the professor and the facility at which the student is expected regarding absence or anticipated tardiness, at least one hour before the experience is scheduled to begin. Absences or tardiness will jeopardize the student's successful completion of the clinical/practicum portion of this course. Failure to notify the facility and the professor may result in clinical/practicum failure. See program-specific policies related to clinical attendance when the University is closed. Failure of the clinical/practicum portion will result in failure of the course.

### **Liability (Malpractice) Insurance**

Liability insurance is provided for all KSN students while participating in educational activities at supervised clinical/practicum settings, through a blanket policy held by Oklahoma City University. The policy provides a minimum of \$1,000,000 each occurrence/\$3,000,000 aggregate per year of liability coverage.

### **Health Insurance Requirement**

Students must have health insurance. Acceptable forms verifying health insurance include a card or letter from the insurer that shows the effective dates and the type of coverage. Students with a Certificate of Degree of Indian Blood (CDIB) or tribal enrollment card must present that document along with verification of health insurance provided by such status. Students covered by military insurance must present military identification and an insurance card or eligibility of coverage letter. All Kramer School of Nursing (KSN) students who have assignments in clinical settings are required to have health insurance throughout their KSN enrollment to meet such requirements by the agencies and health care facilities where clinical practicum experiences are held. The student must submit verification of health insurance with other required documents as outlined by the program.

## Licensure and Name Changes

All OCU graduate students must maintain a current, unencumbered, registered nurse licensure. All students in the DNP programs must maintain a current, unencumbered, registered nurse license in Oklahoma or a multi-state license. Students are responsible for maintaining and updating nursing license information with the Graduate Specialist for their respective programs. The student's name on the nursing license should match the name on file with the university.

It is essential to maintain accurate and up-to-date records for students. It is the responsibility of the student to notify the University when a name change occurs. In the event a student undergoes a legal name change, they should notify the following within 30 days of a name change: Graduate Specialists, Program Chair, and University Registrar. The student should also complete the process to change their name with the appropriate licensing board.

## Required Immunizations

All OCU students must meet the immunization requirements outlined by Campus Health Services (<https://www.okcu.edu/current/student-affairs/campus-clinic/immunizations>). Students completing clinical/practicum hours must also meet the facility's immunization requirements, if different. The cost of testing, vaccines, and follow-up are the responsibility of the student. Failure to obtain required vaccinations or titers showing immunity may result in an inability to meet the clinical requirements necessary to complete the program.

The following are requirements by our clinical agencies and community partners. This documentation is required for all students and faculty who participate in clinical/practicum experiences. This process takes more than a few minutes, so it is necessary to start providing documents before your semester begins. This all must be completely finished and on file and verified so it can be forwarded to the appropriate clinical/practicum agencies BEFORE the first day of clinical/practicum. Students who are missing requirements will not be allowed to go to clinical/practicum.

- 1) **Current adult Tdap**
  - a. One dose of Tdap as an adult (18 years or older).
  - b. Booster of Td or Tdap every ten years
  - c. <https://www.cdc.gov/vaccines/vpd/dtap-tdap-td/hcp/recommendations.html>
- 2) **MMR (Measles, Mumps, Rubella) Immunity.** Requires proof of 2 immunizations\* or titer.
  - a. Rubella (German or 3 day measles)
  - b. Rubeola (10 day or Red measles)
  - c. Mumps

**\*MMR (Measles, Mumps, Rubella) vaccine**  
Born 1957 or after, proof of two MMRs or two live measles vaccines.  
Born before 1957, proof of one MMR or titer.

3) **Chicken Pox (Varicella) Immunity.** Varicella titer or completed vaccine series (two vaccines) is **required**. If titer is negative, two doses of varicella vaccine required.

4) **Hepatitis B Vaccine series.** Complete series or immune titer. Students may begin clinical/practicum with proof of #1 injection, provided proof of the remainder of required injections in the series are provided to the school.

- a. Most receive three-dose vaccines. HEPALISAV-B is the only two-dose hepatitis B vaccine approved for use in the US, for adult use only.

5) **Tuberculin Test. Initial:** Two Negative PPDs OR one Quantiferon test (QFT) OR one T-spot test with negative results within the previous 365 days of semester starting clinical.

**Annually:**

- One PPD, one Quantiferon test (QFT), or one T-spot test with negative results
- If a previous positive TB test, then one Chest X-ray with negative results. Each year thereafter, a physical exam with negative TB symptoms and a Release for Contact form signed by healthcare provider (HCP).
- If CXR is positive, an annual medical examination with negative TB symptom screening. A Release for Contact Form must be signed by HCP.
- The symptom screening is not sufficient for initial documentation of a negative test.

6) **Flu vaccine.** Flu vaccination is required before October 31 of each year. Those unwilling or unable to comply will be required to wear a mask throughout their time in any clinical/practicum facility requiring the flu vaccine or mask between November 1 and March 31.

7) **COVID-19 vaccine.** Evidence of the COVID-19 vaccine may be required by some healthcare agencies. Students will need to provide verification of the COVID-19 vaccine/ booster for those sites.

All required immunizations have been established in accordance with the CDC; Oklahoma State Department of Health; and the Occupational, Safety, and Health Administration guidelines.

CPR Certification

Current BLS (CPR) for Healthcare Providers from American Heart (must be renewed every 2 years) is required. Students participating in clinical/practicum experiences must provide documentation of having completed an American Heart Association (Healthcare Provider) CPR

course to the appropriate program personnel or the Graduate Specialist responsible for clinical regulations before expiration of the previous certification. American Red Cross BLS Training for Healthcare Professionals may be accepted at select facilities. Certification must be consistent with the facility's requirements in the clinical affiliation agreement. Current ACLS certification is required for those enrolled in the AGACNP track.

#### Additional Clinical/Practicum Requirements

Additional clinical/practicum requirements may include:

- Negative drug screen
- Negative background check
- OCU Safety Training
- Bloodborne Pathogens Exam with a score of 85% or higher (MSN students)
  
- In preparation for attending clinical/practicum, you will be provided with documents specific to the facility you will be attending. Students may be required to print, sign, and submit the document.
  - Orientation specific to the facility you will be attending
  - HIPAA review for the facility you will be attending
  - Parking restrictions for the facility you will be attending
  - The dress code for the facility you will be attending in addition to the KSN clinical/practicum dress code outlined in the clinical/practicum handbook

#### Unsafe/Unprofessional/Unethical Nursing Practice Policy

**Unsafe clinical practice** is any act, behavior, or omission during clinical practice that fails to conform to the accepted standards of the nursing profession which may directly or indirectly cause physiological and/or emotional harm to others. A violation of the “Unsafe Nursing Practice Policy” is a violation of academic standards. Conduct which falls under the “Unsafe Nurses Practice Policy” may also be subject to disciplinary action under the applicable Oklahoma City University conduct code. Students with RN, or APRN licenses comply with this policy. If a student's performance is deemed "unsafe" they will be removed from the clinical area to protect clients. The student may receive a failing grade for the course. Integrity is essential to the practice of professional nursing. Dishonesty is unacceptable and may result in immediate failure of the course.

Unsafe nursing practice involves placing a client’s life, health, or safety at risk, engaging in unprofessional conduct, or violating the KSN Code of Ethics for Nursing Students or the ANA Code of Ethics for Nursing. Unsafe nursing practice is defined to include, but is not limited to, the following behaviors of a nursing student.

1. Unsafe practice means jeopardizing a client's life, health, or safety by conduct that *shall include, but not be limited to*, the following:
  - a. Failure to supervise adequately the performance of acts by any person working at the nursing student's direction; or
  - b. Delegating or accepting the delegation of a nursing function or prescribed health care function when the delegation or acceptance could reasonably be expected to result in unsafe or ineffective client care; or
  - c. Unauthorized alterations of medications; or
  - d. Failure to utilize appropriate judgment in administering safe nursing practice based upon the expected level of nursing preparation.
  - e. Failure to exercise technical competence in carrying out nursing care; or
  - f. Performing new nursing techniques or procedures without proper education and preparation; or
  - g. Failure to report through the proper channels the unsafe or illegal practice of any person who is providing nursing care; or
  - h. Engaging in activities which do not fall within the realm of standardized nursing practice; or
  - i. Endangering the welfare of the client through own physiological or mental health status.
  - j. Failing to prepare for clinical adequately.
  - k. Attending clinical without adequate time for sleep or allowing a minimum of 12 hours between shifts; or
  - l. Scheduling clinical shifts longer than 12 hours.
  
2. **Unprofessional conduct** is nursing behavior (acts, knowledge, and practices) which fails to conform to the accepted standards of the nursing profession, and which could jeopardize the health and welfare of people which *shall include but not be limited to the following*:
  - a. Inaccurate recording, reporting, falsifying or altering client records; or
  - b. Verbally or physically abusing clients; or
  - c. Falsely manipulating drug supplies, narcotics or client records; or
  - d. Appropriating, without authority, medications, supplies or personal items of the client or agency; or
  - e. Falsifying documents submitted to the Kramer School of Nursing; or
  - f. Leaving a nursing assignment without properly advising appropriate personnel; or
  - g. Violating the confidentiality of information or knowledge concerning the client;  
or
  - h. Conduct detrimental to the public interest; or
  - i. Discriminating in the rendering of nursing services; or

- j. Aiding and abetting the practice of practical nursing, registered nursing or advanced practice nursing by any person not licensed as a Licensed Practical Nurse, Registered Nurse or recognized as an Advanced Practitioner; or
- k. Impersonating a licensed practitioner (which is a reportable offense to the board of nursing), or
- l. Permitting another person to use their nursing student identification for any purpose; or
- m. Aiding, abetting or assisting any other person to violate or circumvent any law, rule or regulation intended to guide the conduct of a nurse or nursing student.
- n. Forging a prescription for medication/drugs; or
- o. Presenting a forged prescription; or
- p. Selling or attempting to sell a controlled dangerous substance or otherwise making such drugs available without authority to self, friends, or family members; or
- q. While caring for a client, engaging in conduct with a client that is sexual or may reasonably be interpreted as sexual; in any verbal behavior that is seductive or sexually demeaning to a client; engaging in sexual exploitation of a client; or
- r. Obtaining money, property or services from a client through the use of undue influence, harassment, duress, deception or fraud; or
- s. Engaging in fraudulent billing practices, including violations of federal Medicare and Medicaid laws or state medical assistance laws; or
- t. Allowing own value system to interfere with client care/well-being.
- u. Having repeated episodes of tardiness without notifying faculty and/or preceptor as appropriate in advance; or
- v. Failing to attend clinical on the assigned days and times without notifying faculty in advance.

3. **Unethical behavior** is a violation of KSN Code of Ethics for Nursing Students or the ANA Code of Ethics for Nursing and *shall include, but not be limited to*, the following:

- a. Lack of respect for human dignity and the uniqueness of the client, restricted by considerations of social or economic status, personal attributes, or the nature of health problems.
- b. Fails to safeguard the client's right to privacy.
- c. Fails to act to safeguard the client and the public when health care and safety are affected by the incompetent, unethical, or illegal practice of any person.
- d. Fails to assume responsibility and accountability for individual nursing judgments and actions.
- e. Fails to exercise informed judgment and use individual competence and qualifications when seeking consultation, accepting responsibilities, and delegating nursing activities to others.

Nursing faculty will take the following actions if concerns about unsafe practice by a nursing student are raised:

1. Provide a detailed, progressive, and written evaluation of the unsafe practice.
2. Clearly identify problems with failure to meet standards for safe practice.
3. Document specific recommendations for achieving student improvement in collaboration with the student.
4. Provide definitions of expectations of the clinical/practicum experiences that are not being met.
5. Communicate with the Chair of the appropriate academic program to inform of potential student problems and seek consultation and support.

If a nursing student demonstrates unsafe or unprofessional behavior in a course or courses, the nursing faculty may impose any of the following sanction(s):

- Immediate suspension from the setting
- Additional learning assignments designed by the faculty to contribute to the achievement of course objectives and change unsafe behavior
- Failing grade for the course
- Immediate dismissal from the course
- Dismissal from the Kramer School of Nursing

#### Confidentiality of Patient Information

Data transcribed from patients' charts may be used for educational purposes as long as there is no name, number, or information that could be used to relate that information to a specific patient. Printouts of patient information may not be taken from the clinical facility.

Patient information in assignments submitted to fulfill course requirements should use nondescript identification, such as Patient A, Patient B, Mr. B, Ms. B, and so forth. Names should not be used unless fictitious. Any student paper that contains identifying patient information shall not be returned to the student and shall be destroyed by the faculty member. Students are responsible for protecting confidentiality of those who participate in the student's research according to guidelines provided in the National Institutes of Health website and the OCU Institutional Review Board.

Student information in the educational setting is also protected information that cannot be disclosed or taken outside of the institution.

A breach of confidentiality will result in immediate dismissal from KSN.

## Background Checks

In order to protect patients and the general public, performing a background check and drug screen on each student and professor participating in clinical/practicum rotations is now a provision required by many clinical/practicum sites using the facility's "Clinical Affiliation Agreement". Background check results, dissemination of self-disclosure information, and conviction records, whether in or outside the state of Oklahoma, may be provided to the clinical/practicum sites as deemed necessary by the school to meet requirements of the academic program. Conviction/criminal history records are reviewed as they relate to the content and nature of the curriculum and the safety and security of patients and the public. The clinical/practicum site (facility) may refuse any student or professor from participating in the clinical/practicum experiences with a background check record that relates to a felony. To be considered for a clinical/practicum placement in those sites requiring background checks, the student must comply with the requirement and all findings must be satisfactory according to the guidelines below.

Students who refuse to submit to a background check will be barred from engaging in clinical/practicum experiences and will be unable to complete requirements of the program or gain employment as an advanced practice registered nurse. Required components of a background check vary by clinical/practicum agency, so the policy of the Kramer School of Nursing is to require a check that meets the most stringent requirements of local agencies, allowing KSN maximal flexibility for clinical/practicum placements. A copy of the background check report, copies of any relevant court records, and related correspondence with the student will be filed in the student's permanent record.

For most questionable findings, the decision will be made by KSN as to whether the person in question will be permitted to participate in clinical/practicum experiences after consultation with the Oklahoma Board of Nursing, or state board of nursing where student is completing their clinical/practicum experience. If the student has a history of felony charges or registration as a sex offender, the Program Chair of the appropriate program will also review the case with relevant clinical/practicum facilities to determine whether the student will be able to complete clinical/practicum rotations at the facility. The clinical/practicum facility, the school, and the Board of Nursing will together decide whether there is evidence that placement of the student in clinical/practicum rotations could jeopardize the safety of others. KSN reserves the right to request other information as necessary.

Based on the joint decision, the Program Chair will consult with the Dean of KSN and notify the student in writing regarding the student's ability to complete the clinical/practicum requirements of the program.

Background record searches are acceptable only when conducted by the agency authorized by the Kramer School of Nursing. If the student leaves the program and is later re-admitted, another check should be completed. Schools and facilities reserve the right to review any information that could impact the student's ability to function safely in the clinical/practicum area. A conviction/criminal history record does not necessarily disqualify an individual for admission in a program. However, the Kramer School of Nursing does reserve the right to deny admission or

progression of any student with a felony history. If a student may not be eligible for licensure/certification (per the Board of Nursing), they will be counseled as to the wisdom of completing the program.

International students are subject to the same review as stated above. It may be necessary for the student to contact his/her embassy or utilize a commercial investigative service in order to comply with this requirement. The international student is responsible for obtaining this clearance at their expense.

The appropriate Program Chair will review students' background check results. If a review of the report indicates a felony charge or registration on the Sex Offenders Registration List, KSN will request that the person on whom the check was conducted obtain certified copies of court records related to the charge. These records may be obtained from the courthouse in the county in which the charges were filed. Certified copies of court records may vary from state to state but generally include an information sheet (with a description of the charge), a statement of the charges, and a statement of the judgment and sentence rendered by the court. It is important to review the court records because the information included in the report is sometimes incomplete. For example, a charge may be originally filed as a felony but later reduced to a misdemeanor. In addition, the report does not always indicate whether the charge was filed as a felony or misdemeanor, nor does it always show the judgment and sentence rendered.

The cost of students' background checks is covered by the Nursing School fees. The cost of background checks for students enrolled in online programs without fees will be at the student's expense. The report will be accessible only to personnel authorized by the Dean. Individuals may have a copy of their own reports upon request.

The background check will include, but not be limited to, the following:

- Social Security number verification
- Criminal search (last seven years or up to five criminal searches)
- Employment verification
- Violent Sexual Offender and predatory registry search
- HHS/OIG List of Excluded Individuals/Entities
- GSA List of Parties Excluded from Federal Programs
- Treasury Department's Terrorist List
- Professional license verification/certification and designations check
- Professional disciplinary action search

### Drug Screening

As stated in the *OCU Student Handbook*, "Oklahoma City University is to be a safe environment free from alcohol and other drugs." This statement applies to any activities on the OCU campus and those activities off campus that are sponsored by the university. When a student at Kramer School of Nursing is engaged in any activity that is part of the learning experience, the student is to be free of alcohol and other drugs that affect coordination, behavior, judgment, and decision-

making ability. The following drug screen policy is in effect for students enrolled in nursing courses:

1. All students must participate in mandatory drug screening immediately before or during their first semester of enrollment in nursing courses containing a clinical/practicum component. Students at any level in any program may be subject to random drug screens if there is reason to believe they may be under the influence of or using certain drugs or alcohol.
2. The company responsible for drug screening of students will be designated by Kramer School of Nursing. The company will be responsible for collecting specimens, maintaining legal chain of custody, testing specimens, and determining whether specimens are negative. If a student's specimen is non-negative, the specimen will be submitted for further testing and follow up by the medical review officer designated by the company. Kramer School of Nursing will be notified of the results of all drug screens.
3. A student with a positive drug screen will not be allowed to attend clinical experiences and will be dismissed from Kramer School of Nursing. If the student holds a license to practice nursing, the appropriate regulatory board where the student is licensed will be notified of the positive drug screen.
4. Students who attend classes on campus will have no advance notification of the drug screening. Students enrolled in an online program and/or students who were absent for the on-campus drug screening will be notified by email of timeline and expectations for drug screening as designated by the testing company. Students who are absent on the day specimens are collected will have a 24-hour time frame in which to provide a urine specimen according to procedures designated by the testing company. Failure to submit the specimen within 24 hours may result in dismissal from the Kramer School of Nursing.
5. As long as the student remains enrolled in the nursing program, the drug screen is not required to be routinely repeated. If, however, the behavior of the student is such that faculty or health care professionals reasonably believe the student is functioning under the influence of drugs or alcohol, a drug screen may be required.
6. If the student is absent from the nursing program for any reason for the period of one semester or longer, a drug screen may be required prior to returning to Kramer School of Nursing classes, labs, or practicum experiences.
7. Refusal to submit to drug screens is grounds for immediate dismissal from Kramer School of Nursing.
8. The student should refer to the *Oklahoma City University Student Handbook* for the current academic year to review policies on student alcohol and drug use while not engaged in nursing activities.
9. If a student is dismissed from Kramer School of Nursing due to a positive drug screen, the student may be considered for reinstatement if the following conditions are met: i) submission of written documentation of successful completion of a rehabilitation program relevant to the offense, ii) a minimum of one year has elapsed between the positive drug screen and the request for readmission, and iii) a licensed drug rehabilitation specialist recommends the return to nursing school. Kramer School of Nursing is not obligated to allow the student to return even if all these conditions have been met.

10. If the student is readmitted to Kramer School of Nursing, random drug screening may be required during the duration of the nursing program at the student's expense.

### Sexual Abuse Prevention

In compliance with Oklahoma City University policy, all employees and students who come into contact with minors of any age are to undergo the required training related to sexual abuse prevention. The OCU Safety Training is required only once and is arranged by the Office of Student Affairs, unless required annually by clinical/practicum sites.

### Student Dress Code in Clinical/Simulation, Practicum, and Lab Settings

Faculty have the right to require students they perceive to be dressed inappropriately to make immediate modifications or to leave the premises to make specified corrections. The following policies provide consistent requirements for appropriate dress for students in clinical, practicum, and lab settings and any time the uniform is worn.

- MSN students attending practicum should discuss appropriate dress with their individual preceptor and wear what is determined appropriate for the setting (scrubs versus professional dress). BSN-DNP/FNP/AGACNP/PMHNP students may wear professional style street attire with a lab coat (depending on the requirements/appropriateness for the setting). DNP students involved in practicum experiences related to their project should consult faculty, mentors, or agency representatives for guidance on appropriate attire. If scrubs are required by the agency, BSN-DNP/FNP/AGACNP/PMHNP students may wear scrubs and a white lab coat. Students participating in simulation or skills are encouraged to wear scrubs.
- Students are expected to dress modestly, with attire that is clean, in good condition, and properly fitted. Skirts, if chosen, should be loose enough to allow freedom of movement for bending and stooping activities, with a minimum length extending to the bottom of the knee. During clinical hours, skirts must not be rolled up or artificially shortened and should not have any slits in the sides or back that extend higher than the knee. All students must wear clean, sturdy shoes that provide adequate foot protection. Shoes should not exhibit holes, tears, or excessive wear. While clogs may be permitted by the clinical agency, sandals, platform shoes, or noisy footwear are not acceptable. Laces, if required, should be clean and securely tied. Non-porous shoes are recommended for inpatient and clinical settings. Additionally, socks must be worn with shoes to ensure comfort and hygiene.
- A clean, all-white shirt may be worn under a scrub top; this should fit snugly and be free of designs or logos.

- The Kramer School of Nursing clinical identification badge must be worn during all clinical/practicum and lab experiences. These should be positioned so that the name and picture are always visible.
- Hair must be clean, neat, and off the collar with no extremes in hair styling or coloring. Examples of extreme colors are, but not limited to, blue, purple, or hot pink. Beards and mustaches will be neatly trimmed.
- Jewelry will be limited to engagement and/or wedding ring, watch, and pierced earrings of small post style (less than dime size) with only one earring per ear. Medic-Alert® identifications are exceptions to this rule. No other visible jewelry is allowed. Tattoos may not be visible on the face or neck. Tattoos that are visible in the KSN uniform must not be offensive in nature. Henna tattoos are not acceptable.
- No jeans, T-shirts, shorts, or sandals are allowed in the clinical areas of the hospital or during simulation.
- Nail polish is discouraged. If worn, it must be very light in color, without patterns or chips. Nails must be kept short and clean. No artificial nails may be worn.
- Makeup may be used in moderation. No perfume, aftershave, or fragranced personal care products will be worn during clinical, simulation, or skills lab. Likewise, there must be no odor of tobacco or cigarette smoke on a student's clothing during clinical, simulation or skills lab.
- There will be no gum chewing in patient care area, simulation, or skills lab.
- Any special guidelines for clinical dress that deviate from the above will be provided by the faculty during the course or clinical orientation.
- In all cases, if the clinical site has stricter dress code requirements, the student is expected to comply with the dress code of the clinical agency.

#### Student Exposure to Communicable Disease or Injury in Clinical/Practicum Settings

Specific steps must be followed when a student is exposed to a communicable disease or is injured while practicing in the clinical setting. Students are required to carry health insurance coverage. Procedures in case of exposure or injury are as follows:

1. The student will notify the supervising faculty at the time s/he has been exposed to a communicable disease or injured while in the clinical/practicum setting.
2. In accordance with the OCU/Agency-signed Clinical Affiliation Agreement, the student will follow the correct procedure of the agency for reporting such an event. If the student is examined or receives care, the student will be responsible for any charges incurred for this examination and subsequent laboratory/x-ray tests or other services required by the institution. Students may refuse treatment.
3. If the student chooses treatment, s/he will be seen by a HCP of the student's choice and at the student's expense.

4. If a student refuses to receive care, the student may not be permitted into the clinical/practicum area. Alternate clinical/practicum learning sites will be assigned as available. If no alternatives are found, the student must bear the responsibility of meeting course requirements.
5. At the beginning of the nursing courses, students will produce evidence of insurance coverage.

## **Master of Science in Nursing (MSN) Policies/Procedures**

### Competencies

Kramer School of Nursing is committed to maintaining quality education with measurable outcomes. Multiple national standards and criteria are linked to curricular content to facilitate achievement of program learning outcomes of the Master of Science in Nursing (MSN) degree and post-master certificates (PMC). The standards and criteria measured within the MSN and PMC tracks are available through the following links.

- [\*National League for Nursing \(NLN\) Core Competencies for Nurse Educators \(2019\)\*](#)
- [\*American Organization for Nursing Leadership \(AONL\) Nurse Leader Core Competencies \(2022\)\*](#)
- [\*Public Health Nursing: Scope and Standards of Practice \(ANA, 2022\)\*](#)

### Preceptor Policy for the MSN Student

Preceptors are used for supervision of MSN students in the role-specific practicum experience. Preceptors are not required for observational experiences. A preceptor is employed by the facility in which the experience takes place who agrees to provide supervision to the student for a specified period of time during the preceptor's scheduled work hours to assist the student to meet course outcomes and student-identified learning objectives. An appropriate preceptor is working in a role that addresses the degree of study (For example: Nurse educator for MSN Education, Nurse Manager for Leadership student). A faculty member is not on site.

A nurse preceptor shall have the following minimum qualifications:

- At least one year of experience in nursing
- Current unencumbered licensure as an RN
- Comparable or greater formal educational preparation than the student is pursuing. (ie MSN, DNP, or PhD)

An Affiliation Agreement will be established between Kramer School of Nursing and the cooperating facility where the preceptor practices. These agreements will be initiated by the program specialist and will be based upon information provided by the student through the preceptor request process. Kramer School of Nursing shall delineate the functions and responsibilities of all parties involved and provide a preceptor letter of agreement that must be signed before the preceptorship experiences begin.

Master of nursing students are acting under the direct supervision of their assigned preceptor and may perform only those duties allowed by the preceptor and which fall within the student's specialty track. No student is to accept or volunteer for any activity for which she/he is not qualified.

Students work in collaboration with the Online Education Coordinator and course faculty to identify appropriate preceptors in their community. Each student is responsible for meeting with the preceptor to obtain permission and required information for submission of the preceptor request from the preceptor prior to the clinical rotation. No remuneration from Oklahoma City University is available or appropriate for preceptors.

### Preceptor Program Policies

The purpose of these policies is to ensure safety of the agency's clients and to protect the preceptor, preceptor agency, student, and nursing program.

1. An Affiliation Agreement between the clinical agency and Kramer School of Nursing is required. A letter of agreement between the designated preceptor and Kramer School of Nursing is required.

The agency shall ensure that:

- a. The preceptor understands and agrees to function in the preceptor role as outlined in the course syllabus. This role must be approved and supported by the administration of the agency.
- b. The preceptor is provided with salary and benefits by the preceptor's employing agency commensurate with his/her position within the agency while acting as preceptor and receives no compensation from Oklahoma City University.
- c. The student is allowed to participate with the supervision of the preceptor, in experiences that enable him/her to meet the learning outcomes of the course.
- d. The preceptor provides faculty with a written evaluation of the student's performance and log of dates and times at the completion of the preceptor experience.
- e. The preceptor cosigns any and all documentation with the student.

Kramer School of Nursing will ensure that:

- a. Each preceptor and preceptor agency is provided with policies and learning outcomes of the preceptor program.
- b. The preceptor is provided with these preceptor policies.
- c. A faculty member is available by phone during all experiences.
- d. Faculty will mentor and confer with preceptors throughout the experience.

The student will be responsible for:

- a. Reviewing course learning outcomes for the experience and developing personal learning objectives, subject to approval by the faculty and the preceptor. The student must meet the course learning outcomes to successfully complete the course. The student may select areas of interest for their preceptorships at sites

approved by course faculty. The student is responsible for writing his/her individual practicum objectives for each preceptor experience. These objectives must be approved by course faculty prior to the first day of the experience.

- b. Negotiating times and dates for each practicum experience with the preceptor. The times and dates must fall within the framework specified and must be submitted to course faculty in writing. The total number of preceptor hours must meet the total number of hours required for the course.
- c. Ensuring that hours are not completed independent of the preceptor.
- d. Evaluation of the preceptor and practicum site at completion of the experience.

### **Preceptor Role**

Experienced professionals in the health care and health education communities possess invaluable talents, knowledge and abilities. When these gifts are shared with students, opportunities for learning open that are unique to the practical experience. The student benefits from the interaction with a role model while focusing on special learning needs. The preceptor benefits from the teaching experience. As a result, both are better prepared as the student transitions into higher levels of professional practice. The role of preceptor should be undertaken with consideration for the following:

1. The preceptor, functioning as an employee of the preceptor agency, acts as a teacher and role model for the student. Otherwise, the preceptor is not expected to perform outside of his/her professional role. It is the sharing of the reality of this role that is the value of the experience for the student.
2. The preceptor experience is best facilitated when the preceptor maintains open communication with the student and faculty. The student should be provided with a verbal appraisal of performance each day he/she spends with the preceptor. At the completion of the practical experience, the preceptor will provide a written evaluation of the student's overall performance during the practicum. The faculty will share the preceptor's evaluation with the student during individual conferences. The faculty retains the responsibility for assigning the grade, but preceptor feedback is considered when making these decisions.
3. If a situation arises during the experience that the preceptor believes is beyond their role to handle, faculty will be available for consultation. Preceptors are encouraged to call faculty if any doubt exists. A preceptor may request immediate assistance from faculty, if necessary.

### **Student Role**

The faculty at Kramer School of Nursing view learning as a shared experience between teacher and learner. The preceptor program enables the student to design a personal learning experience

that best suits individual learning needs within the framework of the course and educational track. The student's primary responsibility lies in communication of these needs to the preceptor and faculty, who can then assist the student in meeting these needs. Times and dates are negotiated with the preceptors prior to beginning the experience. It is the student's responsibility to let faculty know their schedule. Students are expected to communicate with course faculty at the beginning and end of each shift worked and during the shift if there are any concerns. It is important to always keep communication lines open between the student and preceptor. Students may not stay in a practicum area without a designated preceptor and a preceptor agreement on file with the faculty. Each preceptor must be vetted and approved by KSN prior to being allowed to accrue hours with a preceptor. **Students may not accrue hours during scheduled, paid work hours.**

### **Evaluation Tool**

The criteria for evaluating the MSN student's performance are identified in the "Preceptor Evaluation of Student" form. Additional anecdotal notes may supplement the evaluation. Students should evaluate their preceptor using the "Student Evaluation of Preceptor".

### MSN Practicum Preceptorship Processes

To ensure the most positive practicum experience possible, students must work closely with faculty and staff. Paying close attention to specified procedures from identifying a preceptor to completion of required documentation, and all steps in between, is critical. Each step of the process is listed below and reiterated within the student's Homeroom on D2L, with informational content, and/or documents required within that step. Faculty and staff support is provided; however, students must maintain responsibility for meeting deadlines as indicated.

#### Step 1: Practicum Overview

- Students must review all information included in the practicum process the semester before the practicum is to begin.

#### Step 2: Submission of Clinical/Practicum Requirements

- Completion of clinical/practicum requirements can be time consuming. It is to the student's advantage to begin gathering the required documentation as soon as possible after beginning the program. It is the student's responsibility to maintain current requirements and documentation in SurPath, throughout the program, even if not currently enrolled in a practicum course. Failure to maintain currency of requirements may result in delaying the student's ability to participate in the practicum experience. Review Clinical/Simulation/Practicum Information in this handbook and the synopsis provided within the student's Homeroom on D2L. The process will begin one-to-two courses before practicum begins. In the event the student has not complied with the practicum requirements by the deadline stated in the student's Homeroom on D2L, the student will be unable to participate or complete practicum hours and will be unable to

successfully meet the course outcomes. Therefore, students who do not submit all practicum requirements by the set deadline will be unenrolled from the practicum course.

The afore-mentioned synopsis will include additional information for practicum preparedness including:

- Review Graduate Clinical Practicum Handbook
- Obtaining a Practicum Badge
- Obtaining Background Checks and Urine Drug Screens
- Immunizations
- CPR
- Sexual Assault Prevention Training
- Bloodborne Pathogens Exam

#### Step 3: Identifying a Preceptor

- Initially, students may find it difficult to find a willing preceptor unless they have already secured one through work or other personal avenues. However, understanding which preceptor is appropriate is important. Students should begin by reviewing the Preceptor Policy for MSN Student requirements with track-specific faculty.

#### Step 4: Submission of the Preceptor Request

- Submission of a correctly completed Preceptor Profile Form by the set deadline is of utmost importance. Deadlines are communicated within the student's Homeroom on D2L by course faculty well in advance. Reviewing the tutorial prior to submission to SurPath can help avoid delays in processing requests. Incomplete or erroneous data submitted by the student will result in communication from the Graduate Specialist and require resubmission of a corrected preceptor profile form and will delay processing of the request. Requests submitted for facilities that do not have an existing affiliation agreement with KSN may take longer to process. Review the tutorial in the Homeroom on D2L.

#### Step 5: Practicum Clearance

- When the affiliation agreement is in place for the requested facility and student clinical/practicum requirements have been sent to the facility, the student will receive a clearance notification through email. This notification will provide specific instructions regarding the date you may begin accruing hours with the preceptor. The clearance notification will be communicated from the Graduate Specialist with instructions for delivering the Preceptor Packet to the preceptor. **Final clearance** is communicated by course faculty. Students may not begin practicum until objectives and final clearance from faculty is received. It is the responsibility of the student to ensure the information is delivered directly to the preceptor on the first day of the practicum. The Preceptor Packet consists of the Preceptor Orientation Letter, Preceptor Letter of Agreement, the Course Description document, and the Preceptor Evaluation of Student form. The forms are available in the students' Homeroom on D2L. The Preceptor Letter of Agreement must include the facility name, signed by the preceptor, and uploaded to the D2L assignment folder before the first day of practicum. Failure to complete any of these steps could result in suspension from the practicum setting and loss of accrued hours.

#### Step 6: Completion of Clinical Hours

- Once a student has completed the required clinical hours for a course, all hours and documentation must be verified. The student will submit the Practicum Documentation Checklist to verify completion of all course requirements. Final documents that must be submitted include the Preceptor Evaluation of Student, Student Evaluation of Preceptor, Student Evaluation of Institution/Practicum Agency, and Student Log of Practicum Hours. Information related to this process can be found in the course syllabus and in the student's Homeroom on D2L.

#### Critical Names and Email Addresses:

##### **Program Chair**

Dr. Michelle Johnston, Associate Professor of Nursing, Chair of Graduate and Advanced Practice Education - [mljohnston@okcu.edu](mailto:mljohnston@okcu.edu)

##### **Coordinator of Online Programs**

Dr. Megan Dernaika, Clinical Assistant Professor of Nursing, Online Education Coordinator - [mdernaika@okcu.edu](mailto:mdernaika@okcu.edu)

##### **Graduate Program Staff**

Sherri Christian, Graduate Clinical Specialist - [schristian@okcu.edu](mailto:schristian@okcu.edu)

Stacey Warden, Graduate Program Specialist - [sjwarden@okcu.edu](mailto:sjwarden@okcu.edu)

### **Doctor of Nursing Practice (DNP/Post-Master Certificate (PMC) Clinical Tracks Policies and Procedures**

#### Clinical Competencies

Kramer School of Nursing is committed to maintaining quality education with measurable outcomes. Multiple national standards and criteria are linked to curricular content to facilitate achievement of program learning outcomes of the Doctor of Nursing Practice (DNP) degree and post-master certificates (PMC). The standards and criteria measured within the DNP and PMC clinical tracks are available through the following links:

- [\*Nurse Practitioner Role Core Competencies \(NONPF, 2022\)\*](#)
- [\*Adult-Gerontology Acute Care Nurse Practitioner Competencies \(AACN, 2021\)\*](#)
- [\*Psychiatric-Mental Health Nursing: Scope and Standards of Practice \(ANA, 2022\)\*](#)

#### Preceptor Policies for the Advanced Practice Programs: Arranging Preceptorships

(Adapted from the Oklahoma Board of Nursing Preceptor policy)

Preceptors are used for supervision of students in clinical and role practicum experiences involving participation in patient care. Preceptors are not required for observational experiences. A preceptor is employed by the facility in which the experience takes place and agrees to provide

supervision to the student for a specified period of time during the preceptor's scheduled work hours. They will assist the student in meeting identified learning outcomes. A faculty member is not on site.

A preceptor for the nurse practitioner student shall have the following minimum qualifications, as outlined by the Oklahoma Board of Nursing:

- At least one year of experience in their realm of practice, either nursing or medicine
- Current, unencumbered license in the state of Oklahoma, or in another state (if employed by the US government or any bureau, division, or agency thereof), as an APRN, Medical Doctor, or Doctor of Osteopathy and practices in a comparable practice focus
- Function as a supervisor and teacher and contribute to the evaluation of the individual's performance in the clinical setting
- Have demonstrated competencies related to the area of assigned clinical teaching responsibilities

An Affiliation Agreement will be established between Kramer School of Nursing and the cooperating facility where the preceptor practices. These agreements will be initiated by the program specialist and will be based upon information provided by the student. Kramer School of Nursing shall delineate the functions and responsibilities of all parties involved and provide a preceptor letter of agreement that must be signed before the preceptorship experiences begin.

Nurse practitioner students are acting under the direct supervision of their assigned preceptor and may perform only those duties allowed by the preceptor and which fall within the student's training. No student is to accept or volunteer for any activity for which she/he is not qualified. All procedures shall be done under the direct supervision of the assigned preceptor.

With assistance from course faculty and clinical liaison, the student will be responsible for finding preceptors in their community. Each student will be responsible for meeting with the preceptor to obtain permission from preceptors for their involvement. No remuneration from Oklahoma City University is available or appropriate for preceptors. Preceptors must be physicians (MD, DO) or APRNs. It is highly encouraged that the student utilizes both as resources for clinical experiences, however, the student must complete some of their clinical hours with a nurse practitioner.

### **Preceptor Program Policies**

The purpose of these policies is to ensure the safety of the agency's clients and to protect the preceptor, preceptor agency, student, and nursing program.

1. An Affiliation Agreement between the clinical agency and Kramer School of Nursing is required. A letter of agreement between the designated preceptor and Kramer School of Nursing is required.

The agency shall ensure that:

- a. The preceptor understands and agrees to function in the preceptor role as outlined in the course syllabus. This role must be approved and supported by the administration of the agency.
- b. The agency follows all state and federal rules and regulations in the provision of telehealth services, if applicable.
- c. The preceptor is provided with salary and benefits by the preceptor's employing agency commensurate with his/her position within the agency while acting as preceptor and receives no compensation from Oklahoma City University.
- d. The student is allowed to participate with the supervision of the preceptor, in experiences that enable him/her to meet the learning outcomes of the course.
- e. The preceptor provides faculty with a written evaluation of the student's performance and log of dates and times at the completion of the preceptor experience.
- f. The preceptor cosigns all documentation with the student.

Kramer School of Nursing will ensure that:

- a. Each preceptor and preceptor agency is provided with policies and learning outcomes of the preceptor program.
- b. The preceptor is provided with these preceptor policies.
- c. A faculty member is available by phone during all experiences.
- d. Faculty will mentor and confer with preceptors throughout the experience.

The student will be responsible for:

- a. Following all policies and procedures for the clinical experience.
- b. Reviewing course learning outcomes for each experience, subject to approval by the faculty and the preceptor. The student must meet the course learning outcomes to successfully complete the course.
- c. Negotiating times and dates for each clinical experience with the preceptor, subject to faculty approval. The times and dates must fall within the framework specified and must be submitted to course faculty in writing. The total number of preceptor hours must meet the total number of hours required for the course.
- d. Ensuring that hours are not completed independent of the preceptor.
- e. Evaluation of the preceptor and clinical site at completion of the clinical experience.

## **Preceptor Role**

Experienced professionals in the health care community possess invaluable talents, knowledge and abilities. When these gifts are shared with students, opportunities for learning open that are unique to the clinical experience. The student benefits from the interaction with a role model while focusing on special learning needs. The preceptor benefits from the teaching experience. As a result, both are better prepared as the student transitions into higher levels of professional practice. The role of preceptor should be undertaken with consideration for the following:

1. The preceptor, functioning as an employee of the preceptor agency, acts as a teacher and role model for the student. Otherwise, the preceptor is not expected to perform outside of his/her professional role. It is the sharing of the reality of this role that is the value of the experience for the student.
2. The preceptor experience is best facilitated when the preceptor maintains open communication with the student and faculty. The student should be provided with a verbal appraisal of performance each day he/she spends with the preceptor. At the completion of the clinical experience, the preceptor will provide a written evaluation of the student's overall performance in the course. The faculty will share the preceptor's evaluation with the student during individual conferences. The faculty retains the responsibility for assigning the grade, but preceptor feedback is considered when making these decisions.
3. If a situation arises during the experience that the preceptor believes is beyond his/her role to handle, faculty will be available for immediate consultation. Preceptors are encouraged to call faculty if any doubt exists. A preceptor may request immediate assistance from faculty, if necessary.

### **Student Role**

The faculty at Kramer School of Nursing view learning as a shared experience between teacher and learner. The preceptor program enables the student to design a personal learning experience that best suits individual learning needs within the framework of the course. The student's primary responsibility lies in communication of these needs to the preceptor and faculty, who can then assist the student in meeting these needs. Times and dates are negotiated with the preceptor and approved by faculty prior to beginning the experience. It is the student's responsibility to let faculty know their schedule. Students are expected to communicate with course faculty if there are any concerns. It is important to keep communication lines open between the student and preceptor. Students may not stay in a clinical area without a designated preceptor with whom a preceptor agreement is current and on file with the faculty.

Students may participate in clinical when the University is closed on weekends and holidays but must have prior approval from supervising faculty. Students who desire to attend clinical when the University is closed due to inclement weather must communicate with and obtain permission from the supervising faculty prior to attending clinical. Students are discouraged from traveling in hazardous conditions and should communicate with faculty and preceptor if unable to attend a pre-planned clinical day due to weather. See full policy in the KSN Student Handbook.

## **Evaluation Tool**

The criteria for evaluating the nurse practitioner student's performance are identified in the "Evaluation of Clinical Competencies/Clinical Site Visit Report." Additional anecdotal notes may supplement the evaluation. Students also have an opportunity to evaluate their experiences with the preceptor.

### Advanced Practice Programs Clinical Liaison Policy (DNP/PMC)

Kramer School of Nursing Advanced Practice Program offers the support of a Clinical Liaison. The Clinical Liaison partners with students to secure appropriate preceptors and support student achievement of clinical course outcomes. It is recommended that students secure a preceptor six-to-twelve months before a clinical course begins. If a student needs assistance securing a preceptor, they must communicate with the Clinical Liaison, via OCU email, and provide an updated resume several months before the clinical course begins. Student needs are addressed in order of their request for assistance.

Once a preceptor is secured for a student, the student will receive a detailed email at least one month prior to the clinical course, with the option to use the selected preceptor. The student must respond to the email within three days to confirm their acceptance of the placement. If a student does not respond, the preceptor will be offered to the next student requesting assistance. If a student responds to the email but declines to use the preceptor, the student's need will move to a lower priority, and they may be required to secure a preceptor on their own. Once a student accepts a placement, the Clinical Liaison will communicate the appropriate contact information to the student via OCU email. This may include the preceptor's direct contact information or a designated point of contact. The student must initiate contact with the preceptor and/or the designated point of contact to obtain information required to complete the preceptor request and contact the preceptor directly. Students are responsible for communicating with the preceptor directly, once contact information is obtained, to discuss a schedule for the rotation. If the student incurs any issues with contacting the preceptor, the student must communicate, via OCU email, with the Clinical Liaison and the course faculty to establish a contingency plan. Students who accept placement with a preceptor and fail to follow through with completion of clinical hours with the preceptor (in the absence of extenuating circumstances beyond their control), will be required to secure future clinical placements independently.

### Post-Master's Certificate (PMC) Advanced Practice Programs Clinical Hours

Students enrolled in a Post-Master's Certificate (PMC) advanced practice program must complete a total of 780 clinical hours with a minimum of those being 750 direct patient care clinical hours.

In addition to the 780 hours, PMC-AP students concurrently enrolled in the MSN-DNP program will be required to meet the minimum of 500 practicum hours to meet the requirements of the DNP.

## Advanced Practice Programs Clinical Preceptorship Process (DNP/PMC)

To ensure the most positive clinical experience possible, students must work closely with faculty, Clinical Liaison, and Graduate Specialists. This includes students' consistent attention to OCU email and including all parties when communicating via email. Paying close attention to specified procedures from identifying a preceptor to completion of clinical documentation, and all steps in between, is critical. Each step of the process is listed below and linked to additional tasks, informational content, and/or documents required within that step. Faculty and staff support is provided; however, students must maintain responsibility for meeting deadlines as indicated.

### Step 1: [Clinical Orientation and Medatrax Training](#)

- Clinical orientation and training for getting started with the web-based clinical database (Medatrax) will be scheduled prior to upcoming clinical rotations. The timing of the orientation varies depending on the student's degree completion plan (BSN-DNP or PMC). Additional information and tools are available by clicking the Step 1 link above.

### Step 2: [Submission of Clinical Requirements](#)

- Completion of clinical requirements can be time consuming. It is to the student's advantage to begin gathering the required documentation as soon as possible after beginning the program. It is the student's responsibility to maintain current clinical requirements and documentation in Medatrax, throughout the program, even if not currently enrolled in a clinical course. Failure to maintain currency of clinical requirements may result in delaying the student's ability to complete the preceptor process until records are updated and reviewed. Review the Clinical Facilities Requirements Policy and additional information by clicking the Step 2 link above.

### Step 3: [Identifying a Preceptor](#)

- Initially, students may find it difficult to find a willing preceptor unless they have already secured one through work or other personal avenues. However, it is important to understand what preceptors are appropriate. Students should begin by reviewing the Preceptor Policies for the Advanced Practice Programs and discussing future course requirements with track-specific faculty. Much of this information will be provided in program orientation. Contacting the Clinical Liaison early and submitting a resume for distribution to potential preceptors is also helpful. Review the Advanced Practice Programs Clinical Liaison Policy and find additional helpful information and a list of established affiliation agreements using the Step 3 link above.

### Step 4: [Submission of the Preceptor Request](#)

- Submission of a correctly completed clinical request - preceptor profile form (one for each preceptor) by the set deadline is of utmost importance. Deadlines are communicated by course faculty well in advance. Reviewing the tutorial prior to submission can help avoid delays in processing requests. Incomplete or erroneous data submitted by the student will result in communication from the Graduate Specialist and will require resubmission of a corrected preceptor profile form and will delay processing of the request. Requests submitted for facilities that do not have an existing affiliation

agreement with KSN may take longer to process. If the preceptor participates in telehealth, please review KSN's Telehealth Policies prior to submission of the preceptor request. Use the Step 4 link above to view a tutorial and other information.

Step 5: [Clinical Clearance](#)

- When the affiliation agreement is in place for the requested facility and student clinical requirements have been sent, the student will receive a clearance notification through Medatrax. This notification will provide specific instructions regarding the date you may begin accruing hours and with which preceptor. The clearance notification will also include instructions for delivering the Preceptor Packet to the preceptor. It is the responsibility of the student to ensure the information is printed and given directly to the preceptor on the first day of clinical. The Preceptor Packet consists of the Preceptor Orientation Letter, Preceptor Letter of Agreement, the Course Description document, and the Evaluation of Student Clinical Competencies form. The forms are available in the content section of each clinical course's D2L shell. The Preceptor Letter of Agreement must include the facility name, signed by the preceptor, and uploaded to Medatrax the first day of clinical. Failure to complete any of these steps could result in suspension from the clinical setting and loss of clinical hours. A tutorial is available using the Step 5 link. Please note that students are responsible for communicating any changes in the preceptorship to both the course faculty and the Clinical Liaison.

Step 6: [Completion of Clinical Hours](#)

- Once a student has completed the required clinical hours for a course, all hours and documentation must be verified. The student will submit the Clinical Documentation Checklist to verify completion of all course requirements. Information related to this process can be found in the course syllabus and by clicking the above Step 6 link.

### Telehealth Policies

Telemedicine offers unique opportunities for students to engage in clinical practice and contribute to patient care remotely. To maximize the educational benefits of telehealth experiences, it is essential for students to be active participants in telemedicine visits with time for debriefing with the preceptor. The policy outlines the requirements and expectations for student participation in the provision of telehealth services.

Students in the AGACNP or FNP tracks may have the opportunity to complete a certain percentage of their clinical hours, in specified courses, with a preceptor who cares for patients via telemedicine. These opportunities will be addressed on a case-by-case basis. Teleprecepted clinical experiences are not approved for either the AGACNP or FNP track students at this time.

PMHNP students must strive to balance the number of hours completed in person with those completed via telehealth. Additionally, students are strongly encouraged to prioritize in-person preceptorship opportunities whenever possible. Teleprecepted experiences may be considered, however, the course coordinator may reassign students to ensure they gain sufficient in-person clinical experience. This policy was developed in response to the changing landscape of care but

students should endeavor to complete as much of their training in-person as possible, as the skills developed in person with patients are critical to education and growth.

### **Student Expectations**

- All students are required to complete [Telehealth Basic Training](#)
- PMHNP students requesting to participate in telehealth with a remote preceptor (teleprecepting) must verify the following prior to submission of the preceptor request:
  - The preceptor's videoconferencing platform is HIPAA compliant and allows group videoconferencing
  - The preceptor's patient panel is located and cared for in the State of Oklahoma.
  - The preceptor agrees to provide orientation to the clinical site, telehealth platform including access, security, and process standards of practice for managing patient safety/emergencies.
  - The preceptor agrees to provide orientation to specific processes for patient permission, documentation, and consultation.
  - The preceptor agrees to provide personal cell phone contact or other means of communication in the event of system failure.
  - The preceptor agrees to meet with the student before first patient encounter to test learner and preceptor equipment, and ensure both know the process for troubleshooting audio, video, and internet stability (e.g. turn off camera briefly if audio unstable)
  - The student has a dedicated, private space that is free from distraction, in which to complete clinical hours.
  - The student is able to fully dedicate themselves to the learning experience during clinical hours. This includes having minimal distractions that might impede their ability to focus on patient care and learning outcomes.

## **Doctor of Nursing Practice MSN-DNP (DNP-Completion) Tracks Policies and Procedures**

### Competencies

Kramer School of Nursing's commitment to quality education extends to all program tracks. National standards and criteria for each specialty are linked to curricular content to facilitate achievement of program learning outcomes of the Doctor of Nursing Practice (DNP) degree. The standards and criteria measured within the MSN-DNP tracks are available through the following links:

- [\*NLN Core Competencies for Academic Nurse Educators \(NLN, 2019\)\*](#)
- [\*Nurse Practitioner Role Core Competencies \(NONPF, 2022\)\*](#)
- [\*Nurse Executive Competencies \(AONL, 2022\)\*](#)
- [\*Public Health Nursing: Scope and Standards of Practice \(ANA, 2022\)\*](#)

## **Doctor of Nursing Practice Project Policies and Procedures (BSN-DNP & MSN-DNP)**

### **DNP Project Overview**

The DNP degree is intended to prepare nurses to address the complex challenges that exist within healthcare. Successful completion of the DNP project is a journey to meet program requirements and support student professional goals. During the process, students participate in rigorous scholarly work, integrating knowledge from core and specialty courses, along with clinical/practicum experiences, to develop a translational research project reviewed and supported by an academic team. The DNP Project stems from an advanced nursing practice experience and developed to address the identified problem for the purpose of enhancing practice or improving healthcare outcomes. The project involves developing and presenting the DNP project proposal, implementing the project, critically evaluating the project's effectiveness in achieving its intended purpose, and disseminating project findings to stakeholders. The focus of the project is dependent upon the student's area of interest and/or program specialty track. The project's focus may include but is not limited to practice change, quality improvement, or policy analysis/development.

Students are to identify a specific topic, population, or area of interest early in their respective program track. The process, which is purposefully weaved through the curriculum, allows students to build their body of evidence and sets the stage for development of a significant, evidence-based contribution to existing nursing knowledge.

### **DNP Project Committee**

Students will be assigned committee members for their DNP project. Committee members include the DNP Project Committee Chair, and two DNP Project Committee Members. Each member is assigned a role, either as format expert or content expert. Students work closely with

the DNP Project Committee during the project process. While course faculty work closely with the committee and may provide instructions, guidance, and feedback to students during the project process, the DNP Project Chair is the primary resource for the student's unique project. Responsibilities for those involved in the DNP Project are noted below.

### **Course Faculty**

- Provides overall (overview) instruction regarding the development of the DNP Project.
- Monitors timely submission of practicum hours.
- Monitors progress of course completion and communicates with DNP Project Chair.
- Coordinates presentation schedule for DNP Project Proposal presentations and DNP Project Final Presentations
- Leads final DNP Project presentation proceedings and ensures that all required documents
- Assigns course grades.

### **DNP Project Chair**

- Provides specific guidance to the student regarding development of the DNP Project. This includes but is not limited to topic, content, purpose, methods, scholarly writing, and data analysis.
- Meets regularly with student throughout the project process.
- Communicates with Course Faculty regarding student progress.
- Provides ongoing feedback to the student on written drafts of the DNP Project in a timely manner.
- Communicates with DNP Project Committee members to ensure feedback is delivered to the student in a timely manner.
- Reviews and approves documentation of practicum hours.
- Oversees Oklahoma City University Internal Review Board (IRB) applications as well as external review board applications (as applicable)
- Assesses student project readiness for presentation.
- Validates final acceptance of the DNP Project and approves for submission to the library and ProQuest.

### **DNP Project Committee Members**

- Provides feedback to the student within their assigned role as either content expert or format expert.
- Supports students at their project presentations.

### **DNP Student Role and Responsibilities**

- Responds to emails and requests for completion or revision of sections of the DNP Project within the designated time frame.
- Ensures all documentation of practicum hours is completed appropriately and within the designated time frame set forth by Course Faculty.
- Is receptive to Course Faculty and DNP Project Chair and Committee feedback and uses recommendations as opportunities to strengthen any areas in need of improvement or for continued growth.

- Identifies appropriate facility for DNP Project Implementation.
- Identifies and communicates facility IRB processes and requirements to the DNP Project Chair and Course Faculty.
- Follows facility IRB processes and requirements prior to completion of the DNP Project Proposal.
- Maintains an ongoing relationship with the DNP Project Committee and Course Faculty throughout the completion of the DNP Project, contributing to development of interdisciplinary collaborative practice and leadership skills in area of evidence-based practice interest.
- Exhibits professional behavior at all times.
- Submits final DNP Project to the Dulaney Brown Library and ProQuest.

#### DNP Project Agency Liaison

Students will choose a Liaison during project development. The Liaison is not a preceptor. The Liaison should be a healthcare provider or staff member who is familiar with the agency's operations and policies, has the authority to support project coordination, and is positioned to engage with interprofessional teams. The Liaison acts as a key contact within the implementation setting. As a key stakeholder, the Agency Liaison works with the student to ensure the DNP project fits well with the clinical agency's overall goals and initiatives, facilitates connections to other stakeholders and departments within the agency, ensures attention is given to the agency's policies and procedures, and collaborates with the student and project Chair to troubleshoot issues that may arise during the DNP project's implementation. The Agency Liaison may participate in implementing the project and verifies project implementation. The Agency Liaison will sign the DNP Project Agency Liaison Acknowledgement form during the student's development of the project proposal and verify project implementation was completed by signing the Verification of DNP Project Implementation form. All processes and forms are provided within the appropriate course.

#### BSN-DNP Project Practicum Hours

Attainment of the Doctor of Nursing Practice (DNP) degree requires a minimum of 1,000 post-baccalaureate clinical/practicum hours, in accordance with national accreditation standards. Students enrolled in the BSN-DNP track must complete a minimum of 750 direct patient care clinical hours. These are completed through clinical courses and total 780 hours. The remaining hours needed to meet the 1,000-hour requirement are accumulated through the implementation of the DNP project.

#### MSN-DNP Professional Practice Hours Evaluation Policy

The Doctor of Nursing Practice (DNP) degree requires completion of 1,000 post-baccalaureate practicum hours. Students in the MSN-DNP (DNP Completion) track must complete a minimum

of 500 practicum hours at the DNP level. These students may apply up to 500 practicum hours from their MSN program toward the required 1,000 hours, pending receipt of a completed Validation of Supervised Practice Hours form from the MSN-granting institution.

Professional practice hours completed prior to admission may be considered for evaluation if they reflect work in any advanced nursing role and demonstrate alignment with nationally recognized competencies (AONL, NLN, ANA Public Health). If fewer than 500 practicum hours were completed during the MSN program and through professional practice hours, the student will be required to complete additional practicum hours during the DNP program. However, professional practice hours completed after matriculation must directly support the student's designated DNP program track (e.g., leadership, education, or public health) to ensure relevance to their plan of study and overall program outcomes. These hours are in addition to the 500 hours accrued within the DNP program.

#### Acceptable Activities for Professional Practice Hours Evaluation

Students may submit documentation of professional activities for consideration toward practicum hours if the activity was:

- Practice-based
- Supervised or evaluated
- Aligned with one or more nationally recognized advanced nursing competencies:
  - AONL Nurse Leader Competencies
  - NLN Nurse Educator Core Competencies
  - ANA Public Health Nursing: Scope and Standards of Practice

Examples of potentially acceptable activities include:

- Certification programs will be evaluated on a case by case basis
- Leadership roles in quality improvement or change management
- Simulation program design and implementation
- Curriculum development or redesign
- Service on committees with measurable system-level impact
- Professional conference presentations
- Structured fellowship or residency experiences
- Policy development or advocacy work
- Implementation of public health outreach programs
- Technology-driven practice innovations

#### Activities Typically Not Accepted

- CEUs or independent study without application to practice
- Routine job duties without leadership or scholarly outcomes
- Meeting attendance without substantial leadership or output
- Teaching responsibilities without curriculum or program development

Documentation Requirements

- Completed Professional Practice Hours Evaluation Form
- Narrative descriptions of each activity
- Supervisor or preceptor verification (if applicable)
- Documentation of outcomes (e.g., reports, deliverables, evaluations)
- Explanation of alignment to one or more national competency frameworks

Limits and Review Process

- A maximum of 500 hours may be awarded through the Professional Practice Hours Evaluation process.
- All materials will be reviewed by the Chair of Graduate and Advanced Practice Programs.
- Final approval of hours rests with the Chair of Graduate and Advanced Practice Programs.

Professional Practice Hours Evaluation Form

Student Name: \_\_\_\_\_

OCU ID: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Complete one section for each experience submitted.

1. Title/Name of Experience
2. Role/Description of Activity (purpose, responsibilities, setting)
3. Dates of Participation (From – To)
4. Total Hours Requested for Review
5. Was this experience supervised or evaluated? (Yes/No)  
- If yes, provide name and contact of supervisor
6. Competency Framework(s) Aligned (check all that apply):
  - AONL Nurse Leader Competencies
  - NLN Nurse Educator Core Competencies
  - ANA Public Health Nursing Scope & Standards
7. Explanation of Alignment to Competency Framework(s)
8. Evidence of Outcomes (attach supporting documentation)

Student Attestation:

I attest that the information provided is accurate and that the described activities were performed by me. I understand that final approval is at the discretion of the DNP Program Director or designated committee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Administrative use:

Hours Granted

Chair signature

Documentation of DNP Project Practicum Hours

The student is responsible for maintaining a detailed log of DNP project practicum hours. The practicum log is introduced as an assignment within the curriculum. The DNP Project Practicum Log should be updated consistently and will be evaluated and approved by course faculty and the

DNP Project Chair. Practicum activities should be designed to support the development, implementation, evaluation, and dissemination of the DNP project and to enhance clinical, leadership, and scholarly skills. Practicum activities should also be descriptive and in alignment with DNP Program Learning Outcomes and advanced practice competencies specific to the student's program track.

Examples of DNP Project Practicum Activities:

- Agency/Organizational meetings: Attending meetings to identify potential/actual project and organizational priorities.
- Collaborating with stakeholders: Engaging with colleagues, patients, or community members.
- Interview mentors, experts, and/or stakeholders: Gathering insights and perspectives for the project.
- Review dashboards and agency goals: Understand existing initiatives at the global, national, state, and local levels, and align the project.
- Ethical considerations: Exploring ethical dilemmas within the project's context.
- Policy analysis: Evaluate healthcare policies related to the project.
- Evaluation of new practice models: Investigate innovative approaches.
- Evaluating existing quality improvement or practice change initiatives: Focusing efficacy and impact on enhancing patient care processes.
- Technology assessment: Investigate tools or systems that enhance or impact the project.
- Program evaluation: Assessing the effectiveness of a specific healthcare or educational program to achieve a specific goal.
- Creating a project timeline: Plan milestones and deadlines for each phase.
- Budget planning: Estimate costs associated with the project.
- Developing the proposal: Clearly outlining the project's purpose, objectives, and methods.
- Literature review: Conducting an in-depth analysis of existing research.
- Obtaining agency institutional review board (IRB) approval (if needed): Ensure ethical compliance. This may include discussion with organizational leaders to identify processes and requirements.
- Implementing the project: Execution of the intervention or change initiative, troubleshooting issues with processes.
- Collecting data: Documenting outcomes, process measures, and relevant information.
- Analyzing data: Using statistical or qualitative methods to evaluate results.
- Writing the final report: Summarizing the project, findings, and implications.
- Dissemination planning: Developing strategies to share project findings.
- Planning and presenting an oral presentation: Sharing the project with peers, faculty, or stakeholders.

- Dissemination of practice topics: Share knowledge through additional presentations or publications.

Additional information about the DNP project may be found in the KSN Student Handbook – Policies and Procedures for Doctoral Students.

Critical Names and Email Addresses:

**Advanced Practice Faculty**

Dr. Kim Abernathy

Clinical Instructor - Lead Faculty Adult-Gerontology Acute Care Nurse Practitioner Track -

[kabernathy@okcu.edu](mailto:kabernathy@okcu.edu)

Dr. Kristen Bomboy

Clinical Instructor - [ktbomboy@okcu.edu](mailto:ktbomboy@okcu.edu)

Dr. Sara Buster

Clinical Assistant Professor – Lead Faculty Family Nurse Practitioner Track - [sabuster@okcu.edu](mailto:sabuster@okcu.edu)

Dr. Megan Dernaika

Clinical Assistant Professor, Online Education Coordinator- [mdernaika@okcu.edu](mailto:mdernaika@okcu.edu)

Dr. Michelle Johnston

Associate Professor, Chair of Graduate and Advanced Practice Education [mljohnston@okcu.edu](mailto:mljohnston@okcu.edu)

Dr. Cene' L. Livingston

Professor, Lead Faculty Psychiatric Mental Health Nurse Practitioner Track - [clivingston@ocku.edu](mailto:clivingston@ocku.edu)

Dr. Sarah Poppe

Clinical Instructor - [sbpoppe@okcu.edu](mailto:sbpoppe@okcu.edu)

**Advanced Practice Staff**

Sherri Christian, Graduate Clinical Specialist - [schristian@okcu.edu](mailto:schristian@okcu.edu)

Karoline Thornton, Advanced Practice Clinical Liaison - [kthornton@okcu.edu](mailto:kthornton@okcu.edu)

Stacey Warden, Graduate Program Specialist - [sjwarden@okcu.edu](mailto:sjwarden@okcu.edu)

**Appendix: Forms Required for All Graduate Clinical/Practicum Education**

**Note: These forms are typically completed in each program's orientation.**

I acknowledge with the below signature that I have received an orientation to the *KSN Graduate Student Clinical/Practicum Handbook*, including directions on how to access it online. I understand that I am responsible for compliance with the policies and procedures contained within the *KSN Graduate Student Clinical/Practicum Handbook*.

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Student's Printed Name

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Student's Signature

---

Date



## Clinical Experiences: Assumption of Risk

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

Sites selected for students' clinical experiences are required to take reasonable and appropriate measures to protect students' health and safety in the clinical setting. Faculty will develop appropriate policies and procedures relating to student safety and prevention of exposure to disease. Students will have access to appropriate PPE during their clinical experiences. Students will receive training related to potential hazards and prevention techniques. Students have the responsibility to report any potential exposures to the supervisor at their site as well as their KSN faculty member.

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

- Exposure to infectious diseases through blood or other body fluids via skin, mucus membranes or parenteral contact
- Exposure to infectious diseases through droplet or air-borne transmission
- Hazardous chemical exposure
- Radiation exposure
- Environmental hazards, including slippery floors and electrical hazards
- Physical injuries, including back injuries
- Psychosocial hazards
- Offensive, inappropriate, or dangerous conduct by patients, or clients, including violence, harassment, and sexual harassment

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

### **ACKNOWLEDGEMENT OF RISK**

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

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

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

---

Student Signature

---

Date

---

Student (print name)

If student is under 18 years of age, Parent/Guardian must also sign:

---

Parent/Guardian

---

Date

Adapted from Tulsa University Oxley College of Health Sciences, with permission. June 2020

Oklahoma City  
University Student Waiver  
and Release Agreement

I, \_\_\_\_\_, have agreed to participate in the Oklahoma City University's \_\_\_\_\_ program from \_\_\_\_\_ until \_\_\_\_\_ ("the Program"). In consideration for being permitted to participate in the program, I hereby agree and represent that

- I have health insurance to provide adequate coverage for any injuries or illness that I may sustain or experience while participating in the program and have supplied proof of this insurance. By my signature below, I certify that I have confirmed that my health care coverage will adequately cover me for the duration of this program. I hereby release the University, the employees and or agents from any responsibility or liability for expenses incurred by me for illness or injuries during my participation in this program.
- I understand that, although the University will attempt to maintain the program as described in its publications and brochures, it reserves the right to change the program, including the itinerary, travel arrangements or accommodations at any time and for any reason, with or without notice, and that the University, or the employees or agents of the University, shall not be responsible or liable for any expense or losses that I may sustain because of these changes.
- I understand the University reserves the right to decline to retain me in the program at any time, should my actions or behavior, in the sole discretion of the University, be determined to impede or obstruct the progress of the program in any way.
- Furthermore, I grant Oklahoma City University permission to reproduce all photographs, video, movies, or sound recordings taken of me during the time I participate in the program.
- I understand that, although the University has made reasonable effort to assure my safety while participating in this program, there are unavoidable risks in travel and certain education activities and I hereby release and promise not to sue the University, or the employees and agents of the University, for any damages or injury (including death) caused by, derived from, or associated with my participation in the program, except for such damages or injury as may be caused by the gross negligence of willful misconduct of the employees or agents of the University.
- I agree that, should any provision or aspect of this agreement be found to be unenforceable, all remaining provisions of the agreement will remain in full force and effect.
- I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this agreement, I have the right to consult with the advisor,

counselor, or attorney of my choice.

- I agree that, should there be any dispute concerning my participation in the program that would require the adjudication of a court of law, such adjudication will occur in the courts of, and be determined by the laws of the State of Oklahoma.
- This agreement represents my complete understanding with the University concerning the University's responsibility and liability for my participation in the program, supersedes any previous or contemporaneous understandings I may have had with the University on this subject, whether written or oral, and cannot be changed or amended in any way without my written concurrence.

I represent that I am at least eighteen (18) years of age, or if not, that I have secured below the signature of my parent or guardian, as well as my own.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian (if required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of other participant, if applicable (sponsor, guest, guide, etc.)

\_\_\_\_\_  
Date

*Submit this signed form to your program specialist within one week of the first day of your first nursing course*

Kramer School of Nursing Drug Screening Policy

I agree to a mandatory drug screening prior to my beginning clinical/practicum time. In keeping with professional standards, I acknowledge that I will be subject to drug screenings throughout my nursing education at KSN, whether as an individual or as a part of group screening, if there is any reason to believe that I may be under the influence of or using drugs, or as part of unannounced random screenings.

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Oklahoma City University  
Kramer School of Nursing

Confidentiality Statement for Students and Faculty

I know that in performing my duties on the premises of a patient care facility or any site of a clinical/ practicum, I will have access to and/or I may be involved in the processing of confidential information. Confidential information includes but is not limited to verbal, written, or computerized patient/member information, employee/volunteer/ student information, financial information, and proprietary information. I further understand that:

- State and federal laws or regulations have established rights of confidentiality and security obligations regarding patient medical records and information.
- I will not access information concerning any patient in whose care I am not directly involved.
- I will only access, use, or disclose the minimum amount of patient information that I am authorized to access, use or disclose and that is necessary to carry out my assigned duties, unless otherwise required by law.
- I will not improperly divulge any information which comes to me through the carrying out of my assigned duties, program assignment, or observation.
- I will not remove from the department/unit any printed, photocopied, or electronically copied patient, personnel, or business data, or proprietary software.
- I will not discuss any patient or any information pertaining to any patient with anyone (even my own family) who is not directly working with said patient.
- I will not discuss any patient information in any place where it can be overheard by anyone who is not authorized to have this information.
- I will not mention any patient's name or admit directly or indirectly that any person named is a patient except to those authorized to have this information.
- I will not describe any behavior which I have observed or learned about through my association with the facility or its subsidiaries, except to those authorized to have this information.
- I will not contact any individual or facility outside of this institution to get personal information about an individual patient unless a release of information has been signed by the patient or by someone who has been legally authorized by the patient to release information.
- If I am given computer access privileges which are identified and issued to me by a unique identification code and password, the identification code/password must remain secret and cannot be used by anyone but me. The use of my identification code/password constitutes my electronic signature. Any inquiries and/or modifications performed by me once computer access has been granted are referenced by my name via the unique identification code/password assigned to me.
- Internet users and usage must comply with all state and federal laws pertaining to Internet use and users including copyright laws. If I am granted Internet access, I must comply with the information services policy of the facility.
- I will not violate confidentiality of students, as established by FERPA laws, if working in an educational practicum setting.





**Kramer School of Nursing**  
**Student Contact Information Sheet**

Semester entering the program: SU/SP/FA Year \_\_\_\_\_  
Program pursuing: AP/MSN \_\_\_\_\_

Name (print) \_\_\_\_\_

Home Phone: \_\_\_\_\_  
Phone: \_\_\_\_\_

Cell

Current Mailing Address: \_\_\_\_\_

OCU School email address:

\_\_\_\_\_  
**Please note: ALL OCU (and KSN) related email communications will be through your OCU email address. Using multiple email addresses will risk communications being trapped by the security filters and communications lost.**

**Check your OCU account frequently to ensure you do not miss important communications.**

Alternate email address: \_\_\_\_\_

**Emergency Contact information:**

Name: \_\_\_\_\_

Relationship:

\_\_\_\_\_

Phone (10 digit) number: \_\_\_\_\_

**Name Change Process:**

*It is important the name on your RN license matches your name on your OCU account throughout the time in your current program!*

- Do not change your name on your OCU account until you have verified your name change has been processed with OBN and appears on your RN license. After you have verified the name change on your license, contact the Registrar's office and provide legal documents to officially change your name.

Please, notify your Graduate Program Specialist when you are changing your name so we may incorporate this change on your KSN records.