Washburn University

School of Nursing

BSN

Preceptor Handbook
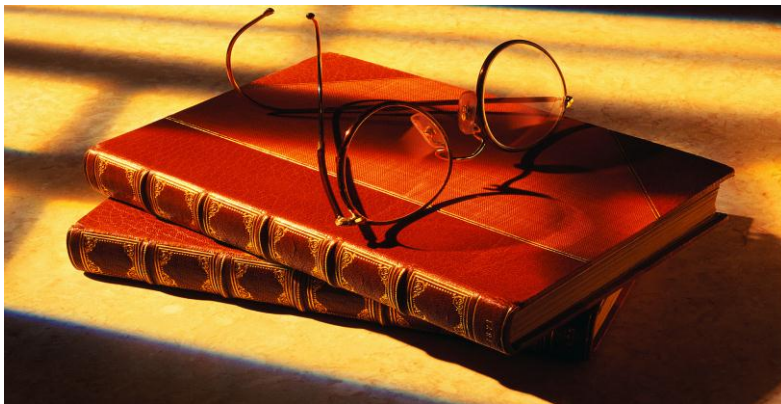
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WASHBURN UNIVERSITY
SCHOOL OF NURSING

PRECEPTOR ORIENTATION CHECKLIST

Preceptors will be oriented to the clinical course(s) by course faculty. Each preceptor will receive an orientation packet which includes the following information:

_____ 1.   Course Description with Course Outcomes, including schedule.

_____ 2.   *Preceptor Orientation Manual* (includes preceptor guidelines and pertinent information about how to be a preceptor with teaching-learning strategies). Manual includes Program Outcomes, Code of Conduct, Integrity Policy and necessary evaluation forms.

_____ 3.   Instructor contact information.

_____ 4.   Plan for regular faculty/preceptor conference times (may be via phone, e-mail or in person)

WASHBURN UNIVERSITY
SCHOOL OF NURSING

BSN PRECEPTOR GUIDELINES

Purpose

The purpose of the preceptor/faculty clinical arrangement is to provide a one-to-one relationship between an experienced registered nurse and a nursing student in the clinical setting. Preceptors have the unique opportunity to facilitate an orientation and overview of the agency/facility and establish valuable learning experiences for nursing students.

Program Description

The clinical preceptor program provides flexible opportunities within the curriculum to achieve community and acute care learning experiences in a one-to-one format. The student and preceptor are matched by clinical faculty. The faculty member and preceptor plan clinical activities to meet the needs and objectives of the student(s) as related to the course outcomes. Each agency and the School of Nursing will agree on the parameters of the experience including the length of clinical experience, the number of students assigned to the agency, and any other agency requirements. A contract between the School of Nursing and the respective agency is maintained at all times.

Criteria for Selection of Preceptor

The following criteria are applied in the selection of preceptors

1. Has a minimum of two years experience at the agency;
2. Is currently licensed as registered nurse in the state of Kansas and preferably holds a Bachelor of Science in Nursing degree;
3. Has an understanding and positive appreciation for learning and can create a setting that is effective and that will enhance student learning;
4. Possess the knowledge and clinical skills that reflect excellence in health care delivery;
5. Is willing to and capable of teaching and advising students;
6. Is recognized as a role model among colleagues;
7. Possess effective communication and interpersonal skills;
8. Has the ability to identify student strengths and weaknesses and is willing to assist students in meeting goals and expectations; and
9. Has expressed interest in and is committed to the role of preceptor.

Preceptor Responsibilities

1. Provides clinical experiences for a student for a time period negotiated with the faculty coordinator.
2. Establishes a supportive relationship with the student(s) and helps them feel welcome and a part of the agency.
3. Collaborates with students to develop learning experiences based on the student learning needs and course outcomes.
4. Monitors clinical competencies of each student.
5. Provides orientation to the agency.
6. Provides feedback to students and faculty on student experiences.
7. Seeks solutions to conflicts, clinical problems or issues related to student experiences and consults with faculty as needed.
8. Completes a written clinical evaluation for the student's clinical performance.
9. Consults with faculty at planned meetings during the student's clinical experience.
10. Assists in the overall evaluation of the preceptor program.

Faculty Responsibilities

1. Collaborates with student in selection of preceptor.
2. Facilitates the relationship between preceptor and student.
3. Is available by pager or telephone when students are in the agency.
4. Monitors student learning experiences.
5. Maintains regular contact with the preceptor to coordinate learning experiences, student schedule changes and student progress.
6. Provides written and personal orientation for preceptors.
7. Respects preceptors and provides feedback for concerns expressed by preceptors.
8. Completes student clinical evaluation tool with preceptor input.
9. Evaluates clinical site(s) and preceptors each semester for suitability.
10. Provides preceptor credentials (name, license number and degree) to the Associate Dean for submission to the KSBN.

Student Responsibilities

1. Identifies own individual learning goals and outcomes based on course outcomes.
2. Plans, with the preceptor, activities to meet these goals and outcomes.
3. Requests guidance and assistance from appropriate sources.
4. Follows the Code of Professional Conduct required by the School of Nursing.
5. Is accountable in providing safe, competent care in the clinical setting.
6. Maintains compliance with agency requirements.
7. Meets with the preceptor and faculty at mutually agreed upon times.
8. Is involved in self-directed learning.
9. Evaluates own clinical performance and responds appropriately to feedback from the preceptor and faculty liaison.

BENNER'S FROM NOVICE TO EXPERT PRAXIS MODEL

Based on the Dreyfus & Dreyfus Model of Skill Acquisition, situational model rather than a trait model.

FIVE STAGES OF SKILL ACQUISITION

1. NOVICE – No experience in the situation one is expected to perform in, learn "the rules" and the rules guide practice, no situational or context factors are considered.

2. ADVANCED BEGINNER – Marginally acceptable performance, becoming more aware of situation but rules still direct actions, still stimulus-response level of nursing, can not see the whole and therefore need help setting priorities.

3. COMPETENT – Usually requires 2 – 3 years of practice, this stage is reached when the nurse begins to see his/her actions in terms of long-range goals or plans, can discriminate the most important aspects of a situation, reaches planned nursing rather than stimulus-response.

4. PROFICIENT – Perceives situations as wholes rather than in terms of aspects and performance is guided by maxims (incorporate the nuances of a situation). Learn from experience and modify plans according to the situation.

5. EXPERT – No longer totally dependent on analytic principles to determine appropriate actions. Demonstrates an intuitive grasp of each situation without wasteful considerations of alternative diagnoses. Deep understanding of the total situation, and one may have difficulty articulating all they know. Not all nurses will becomes experts, but those nurses who can articulate clinical situations where their interventions made a difference, some of the knowledge embedded in their practice become visible. This visibility allows recognition of expertise.

Graduates of BSN programs are advanced beginners (per Benner). The goal is to facilitate the process of skill acquisition for new nurses. One means of accomplishing this is the use of exemplars.

Exemplars are written summaries of situations that provide the opportunity to reflect on practice. These may be examples of excellent or not helpful situations, the goal is to reflect upon and learn from the situation. BSN students will be expected to write and share exemplars during the Capstone (NU 490) course conferences.

BACCALAUREATE NURSING PROGRAM OUTCOMES

At the completion of the nursing program, the new graduate will

1. incorporate professional values in the delivery of caring, ethical practice.

2. design, coordinate and manage innovative health care.

3. formulate and evaluate nursing decisions using critical thinking skills.

4. select and appraise effective professional and therapeutic communication patterns.

5. evaluate the need for and the efficacious use of health care technology in holistic assessment.

6. collaborate with community partnerships in order to establish health promotion goals and implement risk reduction strategies.

7. design nursing measures to manage disease and maximize health.

8. participate in pandimensional efforts to influence health care policy locally and globally.

Revised 05/16/06

WASHBURN UNIVERSITY
SCHOOL OF NURSING
BSN CLINICAL SITE/AGENCY EVALUATION

Directions: Faculty clinical coordinator and the student shall complete this evaluation form at the completion of the clinical experience. Upon completion, this form is to be submitted to the chairperson of the Curriculum Committee. Evaluations are reviewed annually by the Committee, or sooner, if needed. Following review by the Committee, the evaluation shall be retained in the School of Nursing files.

Name of agency _____

	Yes	No	Comments
Orientation to the agency was completed.			
Staff were helpful and cooperative.			
Adequate client population for practicum.			
Client population was diverse.			
Able to collaborate with a variety of disciplines.			
Library resources available.			
Computer available.			
Space adequate for conferencing with preceptor			
Lounge, lunch room available to student.			

List positive aspects of the agency:

List limitations of the agency:

Overall, in providing clinical learning opportunities, I would rate this agency as:
                    Excellent   Good   Fair   Poor

_____ Recommend using the agency in the future.

_____ Do not recommend using the agency in the future.

Name of Student _____ Semester _____

Course _____

Faculty completing evaluation _____ Date _____
10/05/04

WASHBURN UNIVERSITY
SCHOOL OF NURSING

ORIENTATION TO THE ROLE

The Washburn University School of Nursing has designed this manual to be a useful resource guide for faculty and selected preceptors. Some of the content has been adapted from existing articles, research and tools from other learning institutions.

The preceptor guides the student in the real world of practice. Preceptors are considered experts in their field and can bring knowledge, wisdom and understanding regarding specific nursing roles. "The nurturing of students is a developmentally appropriate professional responsibility of mature clinicians…" (Hayes, 1994, 62). The decision to utilize preceptors in the preparation of nurses is a contemporary trend throughout the country. It is difficult to imagine how students could successfully prepare for specific roles in nursing without the involvement of preceptors. The faculty at Washburn University's School of Nursing values service as a preceptor and welcomes any recommendations regarding the preceptor role or enhancing the preceptor-student relationship.

There is an important relationship among the preceptor, faculty and student. Several issues about this relationship are essential: 1) preceptor-faculty communication; 2) time management; 3) patient's acceptance of the student provider; 3) balancing expectations of patients, agency, students, faculty and personal needs; and 4) recognition of the preceptor.

Preceptor-Faculty Communication. It is important for the preceptor and the faculty to communicate regularly. The faculty will visit the clinical site and call the preceptor

periodically. The preceptor should contact faculty using the contact information provided.

Time Constraints. Appropriate time management is an issue for nurses in the contemporary workplace. Time management becomes a problem when adding the preceptor role to the responsibilities in your work setting. It is important to take adequate time to plan the preceptorship to maximize the student experience. Consultation with co-workers, delegation of duties and clear communication will help to reduce time related issues. Communication among staff is of utmost importance.

Patient acceptance of the nursing student. If a nursing student is assigned to direct patient care, the preceptor must inform the patients and be respectful of their wishes. Patients have the right to refuse involvement of the student. The student experience is enhanced if the preceptor explains the role of the nursing student and encourages student involvement.

Balancing expectations. The expectations of patients, the agency, the students, and the faculty, as well as the preceptor's own professional and personal needs may all vary. The best method for balancing these expectations is to identify clear objectives for yourself and the student with mutual agreement. It also requires establishing and maintaining open, flexible communication.

Recognition. It is important to the Washburn University School of Nursing faculty that preceptors feel validated and appreciated. The School of Nursing cannot financially reimburse preceptors for their participation. However, faculty appreciate the valuable contribution preceptors make to the education of student nurses.

Factors Affecting the Student-Preceptor Relationship

Several potential student and preceptor issues have been identified and are listed

below (Hayes & Harrell, 1994).

Student Issues	Preceptor Issues
- Problems with authority figures - Pattern of learning - Stage of professional development - Power and control held too tightly by preceptor - Attitude, interest, initiative, ability to make needs known - Student-preceptor match - Being treated as an outsider or a burden - Long distances to travel - Lack of preparation - Inability to take criticism - Inability to link theory with practice - Anxiety	- Participation versus observation (not letting go) - Attitude of preceptor toward the student and the course - Teaching ability, competence, communication skills - Lack of experiences for the student - Environmental or administrative issues (lack of support for time for preceptor role) - Conflicts around expectations for the student - Loss of control of patients - Conflict between preceptor and faculty - The evaluation process - Preceptors forget what it is like to be a student - Autocratic behaviors of the preceptor

<u>Principles of Adult Learning</u>

Many principles of adult learning apply to the preceptor-student relationship.

Several educators and authors (Alspach, 1995; Hayes & Harrell, 1994; Knowles, 1984;

Leonard, 1993) have identified definite characteristics that are specific to adult learners.

Recognizing and understanding these characteristics will assist the preceptor in the

overall success of the preceptor experience.

Three themes are represented by the acronym AIR. These can help form a convenient frame of reference for applying the adult learning principles to the preceptor experience.

A= Active Involvement
I=Individual Differences
R=Relevance and Motivation

Much research in education demonstrates that the more the five senses are incorporated in the learning process, the more the learner learns and the greater the retention of the information. The following are suggested strategies for promoting active involvement.

- Ask questions that help the student discover the information
- Allow the student time to process questions and formulate an answer.
- Ask open-ended questions
- Encourage students to draw pictures, maps or diagrams
- Ask questions that encourage the student to construct their own learning
- Re-state student questions back to the student
- Provide appropriate resources
- Encourage students to connect new learning to past experiences.

Individual differences are the ways students differ from each other. These differences include age, gender, ethnicity, race, religion, schooling, learning experiences, workplace culture, interests, personality, mobility and aptitude. No two students are alike. The following are suggested strategies for respecting individual differences:

- Establish rapport with the student
- Recognize your own individual characteristics
- Assess student learning style and disposition
- Respect and build upon student's preferred learning styles when possible
- Ask the student to tell you about successful learning experiences
- Talk with the student about how they handle conflict

Relevance of learning as well as the motivation for learning will vary significantly among students. Understanding the basic hierarchy of needs is important when

considering a student's motivation. Students must feel safe, non-threatened and valued

in the student role. Circumstances and experiences will cause motivators to change. The

following are suggested strategies for enhancing relevance and stimulating motivation:

- Establish personal contacts with the student
- Encourage interpersonal interactions
- Be creative, get excited
- Assess student motivators and incorporate them into the preceptor relationship
- Reassess motivators from time to time
- Set limits and maintain them
- Encourage student to develop learning objectives
- Protect and enhance the learner's self-esteem by offering praise appropriately
- Encourage personal responsibility
- Hold the student accountable
- Link learning situations to life
- Offer choices

Coaching

The word coaching comes from a French term used to describe the conveyance of

a valued person from one point to another (Haas, 1993).   Coaching is a technique for

improving performance and has been used in the areas of athletics, music and certainly

academics. The Washburn University School of Nursing applies principles from

coaching to the preceptor process. Farley (1990) identified specific characteristics of the

coaching relationship as they apply to precepting. The preceptor and the student reflect

use the following characteristics of the coaching relationship to enhance the preceptor

relationship.

- Develop a relationship
- Join together to form a team
- Commit to produce a result.
- Accept each other non-judgmentally
- Mutual development of learning outcomes
- Preceptor acknowledges the uniqueness of each student
- Both prepare for coaching encounter
- Both practice their roles in the couching relationship

- Give and receive information and feedback
- Both demonstrate willingness to go beyond what is already achieved

There are five techniques identified by effective coaches. These techniques are educate, sponsor, encourage, counsel, and confront and are summarized in the table on page 15.

Find the learning opportunity from mistakes. Use an occasional "I remember the time…" or "I learned this the hard say when I …" With this approach, you can sometimes prevent student errors. Students may also have a greater willingness to approach you with their uncertainties if they perceive that you have a reasonable tolerance for error. The specific behaviors and approaches that you model with your patients profoundly affect the student's approach. Simple examples include, asking the patient's permission for the student to participate in their care, protecting patient privacy, warning the patient of sensations or discomfort, thanking the patient for accepting the student and offering to discuss any questions with the patient and family.

Strategies for Managing Problem Learners

It is important to identify problems with learning before "bad habits develop" or misinterpretations lead to mistakes. Address the problem immediately. Be sure you are focused on solving the right problem. Fully explore the perceived problem before putting solutions in place. When you perceive indications of a problem, share your perceptions with the student. It is important not to label the problem, accuse or blame the students. Do not outline an immediate solution for the problem. Simply share your observations and ask for the student's interpretation. Many perceived problems resolve as soon as the preceptor and student clarify differing perceptions of experiences. Discuss perceived

problems with the faculty member. The faculty member may have insights about the student's learning history.

It is helpful to identify student problems within the framework of the domains of learning. Determine whether the problem is a cognitive, an affective or a psychomotor problem.   The following are strategies for each specific domain.

Cognitive Problems: Problems with Thinking

Examples:
- Critical, orderly thinking at all times following the steps of the patient management process
- Effective communication skills
- Application of theory base to clinical practice
- Common sense

Students with cognitive problems may respond best to:
- Case presentations
- Simulation-talking through cases and thought process
- Breaking down performance according to steps of the management process direct questioning, requiring reasons for proposed actions
- Use of precepting style appropriate to the student's cognitive level (knowledge, comprehension, application, critical thinking)

Affective Problems: Problems with Feelings or Values

Examples:
- Willingness to make decisions
- Accountability for actions and nursing care
- Commitment to school/agency/professional philosophy of care
- Honesty/integrity-includes willingness to say, "I don't know, but I'll find out"
- Unbiased care

Students with Affective problems may respond best to:
- Use and knowledge of self in interactions
- Use and knowledge of values orientation
- Concepts of accountability, autonomy
- Standards of practice documents, code of ethics

Psychomotor Problems: Problems with Hand Skills

Examples:
- Hand-eye coordination
- Effective time utilization: timing and speed

Students with Psychomotor problems may respond best to*:*
- Practice, practice and more practice
- Demonstrations and return demonstrations
- Videotapes and review of performance
- Observation with corrective feedback
- Self coaching or peer coaching using a performance checklist.

Once the problem is identified, explore options with the student. Ask the student to identify specific factors that may contribute to the problem. Have the student suggest ways to over come these difficulties. Use the suggestions above and recommend additional resources but place accountability for resolving the problem to the student.

It is important to ask the student to submit a written plan. It should include realistic time frames and specific steps to solving the problem. Share this plan with the faculty member. Document progress toward the plan with the student and faculty member. The following questions may be helpful in guiding the discussion with the student and faculty member:

- Is it realistic for the student to overcome the identified problem within the timeframe?
- Is it appropriate to recommend professional counseling?
- What are the appropriate considerations to take into account when establish the timeframe?
- Is the established time limit clearly identified, realistic and understood by all parties?
- How much allowance should be given to family/personal problems interfering with
  learning?
- Is there a mutual understanding and clear mutual expectations between all parties?

Strategies for Managing Problem Learners

On-going feedback and constant communication are necessary for successful problem solving to occur. Immediate recognition of student problems is important. Discussions with the student must occur in a timely manner. Be specific and provide an

objective description of the problem. Clarify viewpoints and expectations. It is imperative that the preceptor and the student have the same understanding regarding the problem. Encourage the student to develop a plan of improvement. Provide resources if appropriate. Consult with the faculty member regarding the problem.

Suggestions for a Corrective Interview

1) Opening statements:
    -"I'd like to talk to you about your work."
    -"One thing I'd like to help you with is………
    -"Is this the way you perceive the situation?"

2) Listen carefully to the responses

3) Clarify questions
    -If there is a disagreement, acknowledge it, then say:
    "I still have these concerns…."
    -If the student introduces new information, it's OK to say
      "That changes things"
    -When you and the student both agree on the definition of the problem, ask
       "What do you suggest we do?

4) Restate and clarify the plan
    "Suppose we try...."
    "So, we've agreed to …(review the agreement in detail)
    "Let's meet again on ___ to review the progress we've made."….
    "Here are some things you are doing well…."

These statements are suggestions for development of a collaborative plan for improvement. The formulation of this plan must be student driven and clear to the student and the preceptor. Be prepared to offer resources that could assist the student in the resolution of the problem. The School of Nursing faculty should be informed and may be able to offer suggestions regarding the problem.

Summary of Coaching Techniques

Coaching Technique	When to Use	Intended Outcomes	Coaches Skill
EDUCATE	• Roles, Goals or Conditions Change • New student • New skills are needed • New coach	• New knowledge & skills acquired • Confidence increases • New Knowledge & skills are acquired	• Articulate performance expectations clearly • Recognize real life learning • Reinforce learning • Role model
SPONSOR	• When an individual can make a special contribution • To let an outstanding skill speak for itself	• Outstanding skill or contribution is showcased • Skill is fine-tuned or perfected • Individual is recognized	• De-bureaucratize • Dismantle barriers to performance • Let go of control • Provide access to information and people
ENCOURAGE	• Before or after a first-time experience • When affirming good performance • When simple, brief corrections are needed	• Enhanced confidence & skills • Improved performance	• Express genuine appreciation • Listening
COUNSEL	• When problems interfere with performance • When educating and encouraging fail to attain desired level of performance • When responding to setbacks and disappointment to speed recovery	• Behavior is redirected • Enhanced sense of ownership and accountability	• Listen • Give clear, useful feedback • Facilitate problem solving
CONFRONT	• When emotions have cooled after a conflict • When privacy can be assured • When performance does not match the expectation	• Open up ommunication • Establish mutual understanding • Effect a change in behavior • Establish trust • Reassignment	• Listen • Give direct, useful feedback • Discuss sensitive issues without being over emotional • Communicate objectively, directly, clearly

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CODE OF PROFESSIONAL CONDUCT
FOR NURSING STUDENTS

The professional nurse is responsible for maintaining and promoting health, caring for people in acute and chronic illness, alleviating suffering whenever possible and providing supportive and restorative measures for individuals and families to realize their maximum health potential. Inherent in nursing is respect for life and the dignity and rights of all persons. Nursing practice is unrestricted by considerations of race, color, religion, age, national origin, ancestry, disability, sex, marital or parental status, sexual orientation, political affiliation or social status.

These fundamental beliefs are inherent in the profession of nursing. The development of a code of ethics is an essential characteristic of a profession and provides one means for the exercise of professional self-regulation. The conduct of nursing students is part of the evaluation process in nursing education.

This code of professional conduct specifies for nursing students what is meant by appropriate professional conduct and will be used as a means to better prepare graduates to enter the profession of nursing. The following list of behaviors will be incorporated into each nursing course and will be a part of every clinical evaluation.

Professional conduct for nursing students includes, but is not limited to, the following behaviors:

1.   Students will dress professionally when required by course regulation or circumstance. Clothing should be clean and free of odors; no blue jeans, overalls, sweats, torn clothing or other inappropriate attire. Body and breath should be clean and free of odors and long hair pulled back.
2.   Students in the clinical setting are representing Washburn University School of Nursing as well as the profession of nursing. They will always present themselves in appropriate professional clothes with a name tag clearly visible.

3.   Students will demonstrate physically and psychologically stable behavior so that clients can be the focus of care.

4.   Students will communicate with clients, clinical agency personnel, other students and the faculty in a manner that is respectful, receptive to feedback and promotes open communication.

5.   Students will provide care that is client-centered and shows respect for human dignity and the uniqueness of the client, free from all bias and discrimination, and without consideration for personal attributes or the nature of health problems.

6.   Students will maintain confidentiality of the client at all times.

7.   Students, when acting in a professional capacity, will at all times, maintain standards of personal conduct that will reflect credit up the profession.

8.   Students will always place client care and safety as the primary concern in any clinical situation.

9.   Students who are not able to make a scheduled class, clinical or client meeting, will assume the responsibility of contacting the appropriate persons in a timely manner and arranging whatever makeup may be required.

References

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Approved - 6/7/96

STUDENT ACADEMIC INTEGRITY POLICY

Academic integrity is essential for maintaining a standard of professional behavior expected of all students enrolled in the School of Nursing. Becoming a member of the School of Nursing obligates implicit and explicit adherence to academic integrity.

Academic integrity implies honesty in all aspects of the educational process and is essential for promotion of an optimum learning environment, and for the development of personal and professional responsibility and accountability in nursing students.

Students in the School of Nursing are expected conduct themselves in a professional manner according to the ANA Code for Nurses and to adhere to all School of Nursing and University policies in any endeavor associated with School of Nursing activities either on or off campus.

Dishonesty, disruption of learning experiences, or any other form of academic impropriety or misconduct will not be tolerated.

A partial list of proscribed behaviors pertaining to academic misconduct in the School of Nursing is included below. See also the University Student Disciplinary Code (included in the School of Nursing Student Handbook) and the Washburn University Academic Impropriety Policy (available in the School of Nursing office).

A student shall be subject to disciplinary action or sanction upon violation of any of the following conduct proscriptions:

1. Disruption and disorderly conduct which interferes with the rights and opportunities of other students to purse their academic studies.

2. Academic impropriety including, but not limited to:
   a. cheating on tests.
   b. copying from another student's test paper.
   c. using material during a test not authorized by the person giving the test.
   d. collaboration with any other person during a test without authorization.
   e. attempting to obtain, or knowingly obtaining, using, buying, selling, transporting or soliciting in whole or in part the contents of an unreleased test or information about an unreleased test.
   f. bribing any other person to obtain an unreleased test or information about an unreleased test.
   g. substituting for another student or permitting any other person to substitute for oneself to take a test.
   h. "plagiarism", which means the appropriation of any other person's work and the unacknowledged incorporation of that work in one's own work for credit.

> i. submitting the same work for more than one course, unless authorized to do so by the instructors of all the courses in question.
>
> j. "collusion", which means the unauthorized collaboration with any other person in preparing work offered for credit.

3. Filing a formal complaint with the Coordinator of Student Discipline with the intention of falsely accusing another with having violated a provision of this code.

4. Furnishing false information to the Coordinator or the Disciplinary Appeal board with the intent to deceive, the intimidation of witnesses, the destruction of evidence with the intent to deny its presentation to the Coordinator or the Disciplinary Appeal Board.

5. Forgery, alteration, unauthorized destruction, unauthorized use, or misuse of university documents, records, identification cards or computer services.

6. Physically abusing, harassing, or intentionally inflicting severe emotional distress upon a member of the university community on or off campus; or physically abusing, harassing or intentionally inflicting severe emotional distress upon a non-member of the university community on campus or while engaged in university activities off campus.

7. Intentional disruption or obstruction of teaching, research, administration, disciplinary proceedings, or other university activities or programs whether occurring on or off campus or of activities or programs authorized or permitted by the university to be conducted on campus.

8. Unauthorized entry upon the property of the university or into a university facility or any portion thereof, including a computer file, which has been reserved, restricted in use, or placed off limits; unauthorized presence in any university facility after closing hours; or unauthorized possession or use of a key to any university facility.

9. Violation on campus of any state or federal law or violation of any state or federal law off campus while participating in any university sponsored activity, including but not limited to sex offenses and/or sexual assault as defined by the laws of the State of Kansas.

Each student in the School of Nursing is responsible for adhering to these stipulations. Violations will be dealt with according to the guidelines in the Student Disciplinary Code and Washburn University Academic Impropriety Policy.

Students are required to sign the Student Conduct Pledge upon admission to the School of Nursing. Students who refuse to sign the School of Nursing Academic Integrity Policy Statement will not be allowed to continue in the major.