MASTER OF SCIENCE IN NURSING (MSN) STUDENT

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The information in this handbook is intended to be informational and not contractual in nature. Texas State University reserves the right to amend, alter, change, or modify the provisions of this handbook at any time and in any manner that the St. David’s School of Nursing or Administration deems is in the best interest of the University and its students.

The Texas State Nursing Program complies with the American with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973, as well as state and local requirements regarding students with disabilities. Under these laws, no otherwise qualified and competitive individual with a disability shall be denied access to or participation in service, programs and activities of Texas State and the nursing program solely on the basis of the disability. Students with concerns regarding a disability must register with the Office of Disability Services and must provide all required evidence of documentation of disability.

For more information, visit the Office of Disability Services. Also, visit the current graduate catalog.
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Welcome to St. David’s School of Nursing at Texas State University! This handbook has been designed and published to serve as a reference for students enrolled in the Master of Science in Nursing (MSN) Degree Program at Texas State University. It consists of two parts: (1) MSN program information and policies and (2) a guide specific to having a successful online experience. The purpose of the handbook is to provide answers to questions that may arise during your application and course of study. Please keep it available for frequent reference. Every effort is made to keep the information in this handbook updated and current. Information may be subject to change without notice.

In this handbook, you will find information about the MSN program, policies, program of study and course descriptions, and how to get started on your online program. If at any time you need clarification or more information regarding anything in this handbook, please feel free to consult the faculty and/or staff in the Nursing Program.

**ACTION: ALL** students are required to read this handbook and sign the verification form indicating that you have read the handbook. You will find several forms at the end in the attachments that require your signature. The signed forms must be returned to the address found on the form. They will be kept in your student file.

This handbook is not intended to contain all guidance and regulations as they relate to students. The provisions of this handbook do not constitute a contract, express or implied, between an applicant or student and Texas State. The University reserves the right to withdraw courses at any time, to change fees or tuition, calendar, curriculum, degree requirements, graduation procedures, and any other requirements affecting students. Changes will become effective as Texas State determines and will apply to both prospective students and to those already enrolled.

Other related resources that MSN students may find useful include:

Texas State Graduate Catalog: [www.gradcollege.txstate.edu/](http://www.gradcollege.txstate.edu/)

Texas State Student Handbook: [www.dos.txstate.edu/handbook.html](http://www.dos.txstate.edu/handbook.html)

St. David’s School of Nursing website: [www.nursing.txstate.edu](http://www.nursing.txstate.edu)
SECTION 1: INTRODUCTION TO US

Texas State University

*The noblest search is the search for excellence.*
—Lyndon B. Johnson
Thirty-Sixth President of the United States, 1963-1969
Texas State University Class of 1930

OUR MISSION

Texas State University is a public, student-centered, Emerging Research University dedicated to excellence in serving the educational needs of the diverse population of Texas and the world beyond.

SHARED VALUES

In pursuing our mission, we, the faculty, staff, and students of Texas State University, are guided by a shared collection of values. Specifically, we value:

- An exceptional undergraduate experience as the heart of what we do;
- Graduate education as a means of intellectual growth and professional development;
- A diversity of people and ideas, a spirit of inclusiveness, a global perspective, and a sense of community as essential conditions for campus life;
- The cultivation of character and the modeling of honesty, integrity, compassion, fairness, respect, and ethical behavior, both in the classroom and beyond;
- Engaged teaching and learning based in dialogue, student involvement, and the free exchange of ideas;
- Research, scholarship, and creative activity as fundamental sources of new knowledge and as expressions of the human spirit;
- A commitment to public service as a resource for personal, educational, cultural, and economic development;
- Thoughtful reflection, collaboration, planning, and evaluation as essential for meeting the changing needs of those we serve.
Texas State University

College of Health Professions

VISION STATEMENT

The Texas State College of Health Professions will be a nationally recognized premier center for educating professionals in a broad array of healthcare fields, increasing the knowledge, research, and community coalitions necessary to enhance and restore the health and well-being of the whole person and of society.

MISSION STATEMENT

The College of Health Professions educates and prepares healthcare professionals in a student centered learning environment. The College excels in teaching, scholarship, and service while responding to the health care needs of the global community. The College unites faculty, students, the health care communities, and consumers in coalitions that support the academic, scholarly, and service aspects of health care.
St. David’s School of Nursing at Texas State University Round Rock, Texas

VISION

The St. David’s School of Nursing at Texas State University will provide supportive and creative educational programs, which inspire those who teach and those who learn, based on mutual respect and a commitment to contribute to the health of individuals, families, populations, communities and the environment worldwide.

MISSION

The St. David’s School of Nursing at Texas State University educates and prepares graduates, using innovative teaching strategies and state-of-the-art technology. Graduates provide ethical, safe, and effective patient-centered care and contribute to present and emerging research and health management practices. Graduates demonstrate competence in clinical judgment, collaborate as members of the interprofessional healthcare team and utilize scientifically-based interventions. As caring professional nurses, graduates manage illness; promote, maintain, and restore health; and provide end-of-life care for diverse individuals, families, populations, and communities across the lifespan.

VALUES

In pursuing excellence in nursing education, we the faculty and staff of the St. David’s School of Nursing are guided by shared values. We believe in:

1. Educational opportunities which provide for intellectual and professional growth and that challenge students to excel in nursing
2. A holistic approach to nursing education across the continuum of health and the lifespan
3. Diversity and a spirit of inclusiveness with respect for the dignity of every person
4. Cultivation of character and civility through the modeling of honesty, integrity, caring, compassion, fairness, respect, and ethical behavior
5. Teaching and learning based on student involvement and free exchange of ideas and diverse perspectives
6. Research, scholarship, and creative activity as a source for evidence-based practice and generation of new knowledge and an expression of the human spirit
7. Commitment to public service and advocacy as a resource for personal, educational, cultural, and economic development in promotion of a healthy environment
8. Thoughtful reflection, collaboration, planning, and evaluation of diverse and changing healthcare needs, practices, and resources
9. Professional competency, systematic use of the nursing process, leadership, clinical judgment and lifelong learning leading to ethical, safe, quality patient care
10. Interprofessional activity facilitating the advancement of science and positive patient outcomes
11. Providing recognition that is balanced and acknowledging faculty and students for excellence in teaching, practice and scholarship.

GOALS

We the faculty are committed to:

• Graduate well-prepared Bachelor of Science in Nursing (BSN) students who are able to obtain Registered Nurse licensure and function at the beginning practice level
• Equip nursing graduates to adapt to rapid changes in healthcare delivery and practice
• Build a foundation for nursing graduates to pursue excellence in practice and national recognition
• Provide programs at the Master of Science in Nursing (MSN) and/or the Doctorate of Nursing Practice (DNP) levels
• Pursue funding to promote diversity in the admission and graduation of students
• Develop an overall plan for faculty scholarship
• Provide faculty access to professional development
• Partner with University Advancement to support a sustainable plan for nursing programs
• Assess, identify and develop a plan to address community needs
• Foster educational partnerships with community organizations for academic programs

NURSING PROGRAM STUDENT EDUCATIONAL OUTCOMES

At the completion of the St. David’s School of Nursing MSN program, the graduate MSN will be able to:
• Integrate nursing and related sciences into the delivery of advanced nursing care to diverse populations.
• Incorporate current and emerging genetic/genomic evidence as well as biopsychosocial-ecological paradigms in providing advanced nursing care to individuals, families, and communities while accounting for patient values and clinical judgment.
• Design nursing care for a clinical or community-focused population based on biopsychosocial, public health, nursing, and organizational sciences.
• Evaluate the nutritional, vitamin, supplemental, herbal interventions in individuals, groups, and communities.
• Apply ethical analysis and clinical reasoning to assess, intervene, and evaluate advanced nursing care delivery.
• Synthesize evidence for practice to determine appropriate application of interventions across diverse populations.
• Use quality processes and improvement science to evaluate care and ensure patient safety for individuals and communities.
• Integrate organizational science and informatics to make changes in the care environment to improve health outcomes.
• Analyze nursing history to expand thinking and provide a sense of professional heritage and identity.
• Synthesize integrative practices based on biopsychoneurological scientific underpinnings, cognitive neuroscience, and psychoneuroimmunology.

ABOUT TEXAS STATE UNIVERSITY AND ITS CAMPUSES

Texas State University is a doctoral-granting university located halfway between the Austin and San Antonio metropolitan areas. It is the largest campus in the Texas State University System and one of the 50 largest universities in the country. Texas State's 38,849 students choose from 98 bachelors', 90 masters', and 12 doctoral degree programs offered across nine academic colleges. The Texas State Round Rock Campus, located just north of Austin, opened in 2005 and offers junior- and senior-level classes to complete bachelor’s degrees in 10 programs; 12 graduate degrees, post-baccalaureate certification, and continuing education programs are also available to students.

Created by the Texas Legislature in 1899, Southwest Texas State Normal School opened its doors in 1903 for the specific purpose of preparing new teachers. Over the years, the Legislature broadened the institution's mission and changed its name multiple times to reflect the university's growth from a small teacher preparation school to a major, multipurpose university. Texas State University continues to honor its original mission
through its nationally-acclaimed teacher preparation program while at the same time supporting nationally-recognized programs in other disciplines.

Forty-eight percent of the student body is considered ethnically diverse and they hail from around the globe. Designated as a Hispanic-Serving Institution (HSI), the university ranks 13th in the nation for total bachelor’s degrees awarded to Hispanic students.

In 2012, Texas State University was designated an “Emerging Research University” by the Texas Higher Education Coordinating Board, making it eligible to tap into special state funds designed to bolster higher education research. This designation affirms Texas State’s commitment to support faculty as active scholars in their respective disciplines and to involve both undergraduate and graduate students in their creative pursuits. To achieve “National Research University” status, Texas State has developed a 10-year strategic plan for research and is investing institutional funds to support increased research activity across the University.

The nursing program, located in the new Nursing Building at the Round Rock campus, is one of the most recent additions to the academic offerings. The university has plans to transition all of the Health Professions Programs to the Round Rock campus within the next 10 years. Two additional Health Professions’ buildings are already designed for the Round Rock campus to serve the College’s seven other departments: Clinical Laboratory Science Program, Department of Respiratory Care, Radiation Therapy Program, School of Physical Therapy, School of Health Administration, Health Information Management, and the Department of Communication Disorder. The new buildings will create additional research space and have state-of-the-art technology. Financing for these buildings are being sought from various sources, including tuition revenue bonds from the Texas Legislature, Higher Education Assistance Funds from The Texas State University System, and other sources, including grants from federal, foundation, and private philanthropic sources.

Texas State University Round Rock Campus (RRC) is located an hour north of the main campus in San Marcos. Only upper division courses leading to bachelors and masters degrees and certificate programs are offered on the Round Rock Campus. Students who complete their degree requirements on the Round Rock Campus earn their degrees from Texas State University.

Round Rock, located 15 miles north of Austin, is one of the fastest growing communities in the nation with a population of 108,000 people. The community supports three hospitals: St. David’s Round Rock Medical Center, Scott and White Hospital, and Seton Williamson, all
members of large health care networks within Texas. In addition to these hospital systems that offer a wide range of medical services, the Lone Star Circle of Care, a system of 18 community health clinics, provides affordable access to healthcare serving the health needs of the uninsured and underinsured.

HISTORY

A nursing program at Texas State had been discussed since the creation of the College of Health Professions (CHP) in the early 1970s. Requests for a bachelor’s degree program in nursing were submitted by Texas State to the Texas Higher Education Coordinating Board (THECB) in the late 70s and early 80s, but were denied due to the perception that existing programs could handle the need. Some 30 years later, the critical shortage of nurses prompted community leaders, educators, healthcare executives and legislators to provide strategies for responding to the growing healthcare needs of Texas residents. In 2003, Central Texas community leaders, healthcare executives and elected officials contacted Texas State to discuss the nursing shortage and to make a commitment to support and seek funding for a nursing program at Texas State. Through the efforts of The Texas State University System, Texas State’s administration, state legislators and healthcare donors, Texas State undertook an ambitious plan to develop a school of nursing to offer a bachelor of science in nursing (BSN) program. In 2008 Texas State leaders moved forward with the design for a nursing building at the RRHEC (now known as the Round Rock Campus) and hired a Nursing Director and two tenured nursing faculty. Admission of the first class of 100 juniors took place in fall 2010 with graduation of the first class in 2012. The graduation rate for the first class is 88% with a first-time NCLEX-RN pass rate of 98.7%.

Texas State originally planned a traditional BSN program as the initial offering while anticipating future educational options such as the Master’s of Science in Nursing (MSN) to prepare nurse practitioners, nursing faculty and administrators, and the Doctorate in Nursing Practice (DNP) to prepare advanced practice registered nurses and leaders.

The BSN Program was organizationally placed in the St. David’s School of Nursing (SON), which became a new academic unit within the CHP. The CHP prepares undergraduate and graduate students in the disciplines of Clinical Laboratory Science, Communication Disorders, Health Administration, Health Information Management, Physical Therapy, Radiation Therapy, and Respiratory Care.

The traditional BSN curriculum consists of 61 core and 59 nursing course hours (120 hours total). Students spend their first 4 academic semesters completing the core and prerequisite courses and applying to the nursing program. They spend the final five semesters, including
one summer semester, completing the nursing requirements. The curriculum was designed to accommodate the latest teaching technologies and learning strategies to provide students with the knowledge and skills needed for professional nursing practice in the 21st Century. In addition to the extensive practice and simulation laboratory training, clinical experiences were planned in a variety of clinical settings including hospitals, ambulatory centers and clinics, residential programs, public school entities, and other healthcare related settings. Diversity in admission of students to reflect the communities and populations served was a goal of the faculty and administration. Student retention initiatives were planned and instituted to help students overcome academic challenges, thereby, maximizing the perseverance and graduation rates.

**Nursing Building**

The nursing building, funded by $36 million in tuition revenue bonds, is a 77,740-gross square-foot, three-story building with the creative design based on on-site visits to other state of the art nursing facilities. Construction of the nursing building at the Round Rock campus was completed prior to the beginning of Fall 2010. The building supports the innovative curriculum in a variety of clinical practice and simulation labs with the most current equipment and manikins, wireless capability, a variety of classrooms and seminar rooms, as well as spacious student and faculty areas. The curriculum is designed to promote learning and research, and to make maximum use of the university's resources, including online technology and teaching models. The nursing building is designed to accommodate future expansion in programs, including research, and enrollments as resources allow. For additional resources and support while on campus, the students and faculty will have access to the Round Rock Campus' Avery building, which provides on-site library, technical support, student services, food service, classrooms and student/faculty areas.

Start-up funding for initial operations and implementation of the undergraduate nursing program was provided by the Texas Legislature through a state line item of $2 million, and with a gift of $6 million from the St. David’s Community Health Foundation. Scott and White Medical Center and Central Texas Medical Center designated specific gifts in support of the nursing program and students. Texas State has allocated new university faculty/program funds until formula funding is received.

A gift of $2 million dollars from the St. David’s Community Health Foundation will assist with funding for initial operations and implementation of the MSN program. In addition, the University has pledged new university faculty/program funds until formula funding is received.
APPROVALS AND ACCREDITATION

Texas State University is accredited by the Southern Association of Colleges and Schools (SACS). The Bachelor of Science in Nursing Program was approved to be added to the existing university accreditation in September 2008. The Master of Science in Nursing Program was approved to be added to the existing university accreditation in August 2013.

The Nursing Program has also been approved by:
- The Texas Higher Education Coordinating Board
- The Texas Board of Nursing
- The Commission on Collegiate Nursing Education (CCNE)
  - MSN Program: October 8, 2014
  - BSN Program: November 7, 2011

The baccalaureate degree in nursing and the master's degree in nursing at Texas State University are accredited by the Commission on Collegiate Nursing Education, One Dupont Circle, NW, Suite 530, Washington, DC 20036, 202-887-6791.

NURSING FACULTY

The nursing faculty, along with the Director and Dean, are responsible for the quality of the nursing program and the graduates. Faculty make every effort to fulfill the vision, mission, shared values, and goals of the program to provide students with the knowledge and skills that are expected as professionals. Faculty work with the students to accommodate special situations provided the standards and outcome objectives of the program are not jeopardized.

The curriculum and related learning experiences are designed to provide students with a sound professional nursing base for advanced nursing practice. The more the students engage in the learning activities, the more the students will gain.

The faculty members are available to meet either virtually with students or during student on-site attendance to discuss their goals and concerns. Regarding faculty office hours, setting a mutually agreeable time to communicate either via available technology or in-person is between the faculty and student.

Nursing faculty are designated as Faculty of Record for each course and other faculty may assist in teaching those courses.
NURSING BUILDING

Simulation labs are conducted on the 2\textsuperscript{nd} floor of the Nursing Building in Round Rock. The Admission’s staff offices are on the 1\textsuperscript{st} floor, faculty offices are on the 2\textsuperscript{nd} and 3\textsuperscript{rd} floors, and the Director’s suite is on the 3\textsuperscript{rd} floor of the Nursing Building.

Office hours for the Director's office and staff in the Nursing Building are from 8:00 am to 5:00 pm (central time) during business days. Summer hours will vary, as determined by the University, and are posted each year.

No food or drinks are allowed in any simulation lab. The entire Texas State University Round Rock campus, including the Nursing Building, is designated as a smoke-free environment.

The copy machines for student use can be found in student workrooms on the 1\textsuperscript{st} floor and in the Avery Building located on the Round Rock campus. Printers are located on the 1\textsuperscript{st} and 2\textsuperscript{nd} floor workrooms in the Nursing Building.

Security phones are located throughout the campus.

A family restroom is located on the first floor by the auditorium. Other restrooms are located on each floor. A separate private space for nursing mothers is located within the 1\textsuperscript{st} floor women’s restroom.

SIMULATION LABORATORIES

The St. David’s School of Nursing at Texas State University simulation laboratories are designed to simulate clinical settings and provide students the opportunity to learn and enhance their skills prior to working with actual patients. This is accomplished through the use of clinical case scenarios, faculty guidance, and resources that facilitate critical thinking and clinical decision-making.

The Nursing Building has 8 state-of-the-art labs, equipped with human patient simulators, bedside computers with Internet access, digitalized video, computer-assisted instructional software, and other interactive software. The following simulation laboratories are available for student learning experiences on the 2\textsuperscript{nd} floor:

1. Basic Skills (219)
2. Medical-Surgical (217)
3. Critical Care (218)
4. Maternal-Child (216)
5. Two Individual Simulation Rooms (249, 250)
6. Health Assessment (247)
7. Standardized Patient Exam (246)
8. Home Care Unit (231)

The clinical simulation labs have both scheduled classes and additional availability for students’ practice and remediation. Eating or drinking is not allowed in the labs. Students are encouraged to utilize the student lounges in the Nursing Building or the Avery Building next door for eating and taking breaks.

All equipment and furniture should be returned to its proper place or storage area when not in use. Do not remove any equipment/supplies from the lab without approval from the Simulation Department personnel or a faculty member.

Personal property may be left in the lab area at your own risk. The St. David’s School of Nursing and the faculty are not responsible for student personal property.
SECTION 2: PROGRAM INFORMATION

DEGREE OFFERED

The Master of Science in Nursing (MSN) program is a 21-month (5 semester) program in which registered nurses (RNs) with a Bachelor of Science in Nursing (BSN) degree advance their skills to the entry level for certification as a Nurse Practitioner (NP), one of the four Advanced Practice Nursing roles. Instruction will be in a hybrid format, primarily online with two meetings per semester at the St. David’s School of Nursing in Round Rock, Texas. The program teaches the NP to treat the whole family however that family chooses to identify itself. As a result, graduates are prepared to treat diverse populations, with knowledge to promote health and to assess patients of all ages. Beyond focusing on the family as a population, the program emphasizes the primary care environment and recruits nurses interested in practicing in rural areas. These goals help to mitigate the burgeoning shortage of primary care providers both rurally and overall. In addition to achieving certification as a Family Nurse Practitioner (FNP), graduates of the program will have developed competence in the theory and techniques of integrative health.

In addition to meeting all relevant professional competencies, MSN graduates will be qualified to sit for one or more of the following certification exams:

- American Nurses Credentialing Center (ANCC) Certification Exam (FNP)
- American Academy of Nurse Practitioners (AANP) Certification Exam (FNP)

The St. David’s School of Nursing incorporates integrative health into the advanced practice nursing curriculum in two ways. First, there is the multi-disciplinary approach to research and the translation of those findings into advanced practice nursing. Second is the integration of other aspects of healthcare into the traditional view of practice. The curriculum includes concepts of holistic nursing care or complementary and alternative medicine and engages research and initiatives from leading health centers and national organizations focused integrative health.

The curriculum includes:

1. Fundamental biopsychoneurological scientific underpinnings.
2. Cognitive neuroscience as a foundation to systems theory, change theory, family and individual dynamics.
3. Psychoneuroimmunology investigations of functional relationships among the nervous system, neuroendocrine system and the immune system.
4. Nutritional, vitamin, supplemental, herbal interventions as a mechanism for supporting healing.
5. Integration of systems and psychology into the assessment, diagnosis, care and treatment of patients in primary care.

6. Examination of research through peer-reviewed journals, and the use of evidence-based research to support traditional allopathic care while evaluating the appropriateness of alternative care as support for traditional healthcare.

7. Knowing and applying the indications and contra-indications for integrative care within the primary care of patients.

8. Utilizing the work done by the United Nations and World Health Organizations to standardize care globally while supporting diversity and a variety of modalities of care.

See Section 12 to view the program of student and course descriptions.
SECTION 3: ADMISSION REQUIREMENTS

APPLYING FOR ADMISSION
FOR COMPREHENSIVE INFORMATION, REFER TO THE GRADUATE CATALOG (http://www.gradcollege.txstate.edu/Grad_Cats.html) and the Graduate College website (http://www.gradcollege.txstate.edu/nurs.html).

Prospective graduate students apply for admission according to the instructions on the Graduate College website at through the online “Apply Texas Application” (https://www.applytexas.org/adappc/gen/c_start.WBX). Two working days should be allowed for the application to be received by Texas State.

The required non-refundable application fee can be submitted with credit/debit card information during the application process. An additional international evaluation fee is required if the application is considered for admission based on foreign credentials.

Transcript and Grade Point Average (GPA) Requirement

Applicants who are a Texas State University degree recipient or are currently enrolled at Texas State must request transcripts for any coursework NOT listed on the Texas State transcript. The Graduate College will provide the Texas State transcripts.

Applicants who are not Texas State University degree recipients or are not currently enrolled at Texas State must submit one official transcript from each four-year college or university attended. These transcripts must be mailed directly from the university or college attended or submitted in a sealed university envelope with the university registrar's signature on the back of the envelope.

Applicants must have a:

- Minimum cumulative GPA of 3.0 on a 4.0 scale in nursing courses from an accredited college or university.
- If applicable, a minimum cumulative GPA of 3.0 on a 4.0 scale during the last 60 hours of course work (undergraduate/graduate/professional) at an accredited college or university.

In addition, an applicant must have completed a course in statistics with a grade of C or higher before beginning the FNP program. If this course was taken at a college or university other than Texas State University, the transcript on which it is listed must be mailed directly to the Graduate College from the university or college attended or submitted in a sealed university envelope with the university registrar's signature on the back of the envelope.
Graduate Record Exam (GRE) Requirement

The Family Nurse Practitioner program does not require a Graduate Record Exam (GRE) score.

Additional Application Requirements

- Current, valid unencumbered RN license or multi-state privilege to practice as a registered nurse in the state(s) in which the applicant will complete clinical courses
- Resume; equivalent of one year experience as a RN prior to beginning clinical course work
- Three (3) forms of reference from professionals competent to assess the applicant's academic capability and interest in pursuing a career as an FNP.
- Written personal essay to persuade the Admission Committee that you are a highly qualified applicant and that they should select you for admission to the St. David’s School of Nursing MSN-FNP Program.
- Family Nurse Practitioner Application

The MSN-FNP Program requires a specific form for professional references. There are also guidelines for the persuasive personal essay, and a link to the program application. These resources can be found at: http://www.nursing.txstate.edu/prospective-nursing-students/msn-admission/app-forms.html.

Please submit required admission documents to the Graduate College. Mailing address:

Texas State University
The Graduate College
601 University Dr.
San Marcos, TX 78666-4684

If preferred, applicants may electronically submit the documents listed above to the Graduate College at http://www.gradcollege.txstate.edu/rqmt/doc.html. Individuals submitting recommendation letters for applicants may send them electronically by emailing gradrqmt@txstate.edu. References will need the applicant name and date of birth, and preferably an ID number.
SECTION 4: STUDENT SERVICES

DISABILITIES
OFFICE OF DISABILITY SERVICES (512-245-3451; email: ods@txstate.edu)

The Office of Disability Services (ODS) strives to ensure that students with disabilities have equal access to all university programs and activities. ODS provides students the opportunity to reach their full potential by coordinating academic accommodations and support services, promoting independence and self-advocacy, and providing information and referral to appropriate resources. Students with disabilities who require special accommodations (e.g., testing accommodations, information in alternative format) need to provide verification of their disability to the Office of Disability Services, Suite 5-5.1 LBJ Student Center, at 512.245.3451 (voice/TTY). To view eligibility requirements to register with ODS, click here: http://www.ods.txstate.edu/current-student-resources/how-to-register-with-ODS.html

FEE PAYMENT
STUDENT BUSINESS SERVICES (512-245-2544; email: cashiers@txstate.edu; http://www.sbs.txstate.edu)

Student Business Services is responsible for the billing and collection of tuition and fees, vendor contracts for tuition and fees, refunds of financial aid and tuition & fees, as well as other important services for the campus community.

Most payments can be made either in person (San Marcos campus) by depositing in the drop box on the outside of the J.C. Kellam building, by mail (check or money order payable to Texas State), or by credit card (MasterCard, American Express and Discover) via the web. For credit card or electronic check payments via the web, log on to www.sbs.txstate.edu. Payment via credit/debit card will be assessed a 1.9% convenience fee based on the amount charged. This convenience fee will be added to your total payment and is non-refundable. Please include your Texas State ID Number on all payments and correspondence.

A student who fails to make full payment of tuition and fees, including any incidental fees, by the due date may be prohibited from registering for classes until full payment is made. A student who fails to make payment prior to the end of the semester may be denied credit for the work done that semester.

Billing information, including due dates and amounts due, may be accessed on-line at www.sbs.txstate.edu or by calling Student Business Services at 512-245-2544. If you did not pay your total due at registration or have incurred new charges it is your responsibility to
check on-line or call the Student Business Services office to obtain your current balance due. A $25 delinquent charge is assessed for late installment payments.

Official notification of installment due dates is the published Academic Calendar that can be found on-line at www.registrar.txstate.edu. Students are responsible for making their installment payments by the due dates.

FINANCIAL AID:
FINANCIAL AID AND SCHOLARSHIPS: (San Marcos Campus: 512-245-2315; Round Rock Campus: 512-716-4007)

Autumn Guel (abg35@txstate.edu) is the financial aid representative for the Round Rock Campus. Additional resources include:

- Financial Aid and Scholarships (www.finaid.txstate.edu/)
- Monies for nursing students (http://www.nursing.txstate.edu/enteringclass/MSN-Students/loan-rpmt-fellows.html)

LIBRARY SERVICES
ALBERT B. ALKEK LIBRARY (San Marcos Campus: http://www.library.txstate.edu/; Round Rock Campus: http://rrc.library.txstate.edu/;)
Main Campus: 512-245-2686; email: library@txstate.edu
Round Rock Campus Library Services (RRC Library Services): 512-716-4700; email: rrclibrary@txstate.edu

The Alkek Library is located on the main campus in San Marcos. There is also a satellite library at the RRC. In FY16 (Sept. 2015/Aug. 2016), the Library holdings consisted of more than 4.3 million printed volumes of books, documents, and serials, over 129,479 electronic journals, and more than 870,016 eBooks. As of FY16, the Library had 548 databases covering all subjects. There are 81 distinct databases specifically related to medicine and health sciences including but not limited to CINAHAL Complete, Health Reference Center Academic, Health Source: Nursing/Academic Edition, Lippincott Video Series: Nursing Procedures, Nursing Education in Video, and ProQuest Nursing and Allied Health Source. Through its membership in several consortia agreements, the Library also has access to journal packages from BioOne, DOAJ (Directory of Open Access Journals), EBSCO, Elsevier, Wiley, and Springer, all of which include subject groups for medicine and health sciences. Online assistance is available to students through email, online chat, text messaging or telephone. Alkek Library maintains cooperative borrowing agreements with other libraries in the region. “TexShare” is a statewide resource-sharing program, where students may borrow materials at many public and private university libraries as well as community college libraries in Texas. An online catalog linked from the Library’s website provides information
on the Library holdings (http://catalog.library.txstate.edu). For both Texan and non-Texan online learners, there are also have options for requesting library resources:

1. RRC Library Services (http://rrc.library.txstate.edu/): Here you may access the University library’s database for electronic versions of articles, journals, e-books, etc. **It is your 1st stop for research needs.**

2. If there is only a physical copy of a book, journal, etc. available at the main library, you may request it be sent to your home address. Go to: www.library.txstate.edu/my-library/distancerequestform.html. This service (including postage) is covered by fees that are part of your tuition.

The following link provides useful information on library services available for distance learning students: http://rrc.library.txstate.edu/services.html

**REGISTRATION**

REGISTRAR’S OFFICE (512-245-2367; email: Registrar@txstate.edu)

Texas State utilizes an online registration system referred to as Self-Service Banner. Self-Service Banner provides step-by-step instructions on how to register online and information on how to search for courses. For more information, students should access the Registrar’s website at www.registrar.txstate.edu. Registration in the Graduate College beyond the first semester depends on satisfactory progress in fulfilling any admission conditions that may have been imposed and maintaining satisfactory academic progress.

For students enrolled in the MSN program, you will receive notification in the form of an announcement posted on your cohort TRACS site pertaining to the registration period/fee payment deadlines.

**TEXTBOOKS**

BOOKSTORE (Main Campus: 512-245-2273 or Toll Free: 877-884-3338; General E-mail: universitybookstore@txstate.edu)

Textbooks can be ordered online at www.bookstore.txstate.edu. Options for shipping textbooks may exist. Information can be obtained by contacting the bookstore.

**INPUT & PARTICIPATION IN PROGRAM GOVERNANCE**

Students complete evaluation forms for the course, faculty, preceptor, and/or clinical site for each course they take. The Family Nurse Practitioner Program Director discusses progression with students and will weigh student and faculty feedback regarding preceptors and clinical sites. Student input into various aspects of the programs offered by the School
of Nursing is encouraged and actively solicited. As with the baccalaureate program, the Master’s students have a student liaison to the Faculty and Student Governance Committee.

At the end of the program students are asked to rate satisfaction with the program and their ability to meet specific program outcomes. Post-graduation, alumni and their employers are surveyed at one and five years regarding demonstrated achievement as well as satisfaction, employment rates, and plans for further education.

**VETERANS’ SERVICES**

**OFFICE OF VETERANS AFFAIRS**: 512-245-2641; email: veteransaffairs@txstate.edu

The Office of Veterans Affairs assists veterans in pursuing their educational, professional, or vocational objectives. They are available to answer questions concerning veteran educational benefits, certify enrollments for the Department of Veterans Affairs and monitor student’s degree plans and academic progress.

A Veteran’s Affairs Benefits Specialist is housed on the Round Rock Campus (phone: 512-716-4023, or go to the Veterans Affairs Web site at www.va.txstate.edu for more information.

**ADDITIONAL SUPPORT SERVICES**

Texas State University in San Marcos provides many resources and programs to support student progression and retention. For a detailed list see: http://www.vpsa.txstate.edu/student-success/student-services-a-z.html

**Counseling** (San Marcos Campus: 512-245-2208; Round Rock Campus: 512-716-4250):

- Click on the following link for specific information about the Counseling Center and their special programs: www.counseling.txstate.edu. There is also an on-call counselor at the Counseling Center for students who would benefit from talking with a counselor on the telephone. The on-call counselor can help students with their situations, as well as consult with parents, staff, and faculty. **Important**: MSN students should inform the counselor that they are nursing students enrolled in an online program.

- Students can also speak with Lynn Heimerl, Admission and Retention Coordinator at the St. David’s School of Nursing (phone: 512.716.2910; email: lh46@txstate.edu) to discuss resources and options. Her office is in room 117 in the Nursing Building.

- Counseling Services are available at the Round Rock Campus: Counseling Practicum Clinic (CPC) and Career exploration services (CES): http://www.txstate.edu/clas/Professional-Counseling/counseling-services/RRC-Counseling-Practicum-Clinic.html
Writing Assistance (online):
- Student Learning Assistance Center: http://www.txstate.edu/slac/
- Writing Lab: https://tim.txstate.edu/slacowl/Home.aspx
SECTION 5: IMMUNIZATIONS, CERTIFICATIONS AND OTHER CHECKS

The College of Health Professions and the St. David’s School of Nursing require the following immunizations, background check and drug screening:

BACKGROUND CHECK AND DRUG SCREENING
As a condition for placement in some professional practice sites, students are required to have a background check and/or drug screening to meet requirements set by individual sites. All incoming students to the St. David’s School of Nursing will be required to have a clean drug screen, consistent with the requirements of our clinical partners. For-cause drug screening may be requested throughout the program. Refer to Attachment C - Disciplinary Policy and Procedure.

Students will be required to notify the School of Nursing Director of any type of arrest, conviction or change in mental health status during their time in the nursing program. The seriousness of the infraction or condition will determine the actions the director will need to implement with respect to our clinical affiliation agreements. Our clinical partners require this oversight by the SON director. Failure to notify will be considered an Honor Code violation.

BASIC LIFE SUPPORT FOR HEALTH CARE PROFESSIONALS
It is required that all graduate nursing students hold Basic Life Support certification for Healthcare Providers. Graduate students must have current certification prior to beginning the program and keep their certification current.

The three acceptable cards are:

1. American Heart Association (AHA) "Healthcare Provider (HCP)" card (two year certification) or AHA RQI (updated every 3 months)
2. American Red Cross "CPR Professional Rescuer & AED for Healthcare Providers" card (two year certification)
3. The Military Training Network (MTN) BLS for Healthcare Providers card—an AHA affiliate (two year certification)

HEALTH INSURANCE FOR STUDENTS
It is required that all graduate nursing students at Texas State University have health insurance coverage. With the increasing risks of providing patient care, it is necessary that all students are protected. Guidelines to consider:
- Basic care coverage for illness either at a doctor’s office, urgent care center or emergency room
- Prescription drug coverage or discount
- Reasonable and affordable deductible

**Academic HealthPlans, Inc.**

For those who do not have coverage, Texas State University has partnered with Academic HealthPlans, Inc. to offer an optional preferred provider insurance policy. For detailed information: [www.healthcenter.txstate.edu/INSURANCE](http://www.healthcenter.txstate.edu/INSURANCE)

Many additional student health insurance options can be found on the Internet.

**IMMUNIZATION REQUIREMENTS**

It is the policy of the College of Health Professions that each student must provide a Health Report completed by a healthcare provider. It is also a policy to document certain immunizations using the Immunizations and Tests Form before the student can be placed in a clinical assignment. See the St. David’s School of Nursing website ([www.nursing.txstate.edu](http://www.nursing.txstate.edu)) for information on these requirements and the respective forms to be submitted. Students must stay current on immunizations and any other required vaccinations. Failure to meet immunization requirements will exclude students from clinical experiences. Students may also be required to meet certain health related requirements, including drug screening.

**LIABILITY INSURANCE FOR STUDENTS**

All students participating in a clinical, internship, or practicum activity as part of a nursing program at Texas State University are required to have liability insurance or demonstrate proof that they have liability insurance. Students have the option of providing their own liability insurance, however the College of Health Professions and Texas State University provides students with liability insurance at no cost. Your Clinical Education Placement Coordinator will ensure that your name is submitted for coverage once the semester begins.

**ADMISSION REQUIREMENTS RELATED TO THE ABOVE**

As a condition of admission, students are required to meet the following:

1. Students must pass a background check (in addition to that on file at the Texas Board of Nursing) and drug test.
2. Health Certificate is completed and signed by a healthcare provider.
3. Complete the immunizations and tests form.
5. Complete training for HIPAA, TB, and blood borne pathogens.
6. Documentation of health insurance for each semester you are attending Nursing School. If you do not have health insurance, there are many resources on the Internet. The following is a site posted on the Texas State University website:
   - Insurance: Student Health Center
     [http://www.healthcenter.txstate.edu/INSURANCE](http://www.healthcenter.txstate.edu/INSURANCE)
   - Deadline: Provide documentation on or before the first day of the semester
7. Attend New Student Orientation (a Friday and Saturday in August, TBA) at the St. David’s School of Nursing in Round Rock – 9AM to 5PM each day.
8. Attend weekend classes in Round Rock twice each semester.
STATE AUTHORIZATION FOR DISTANCE OR CORRESPONDENCE EDUCATION
The US Department of Education requires that institutions offering online programs acquire authorization from another state before enrolling students from that state. TxState strives to establish and maintain relationships with other states, so that students throughout the US can enroll in its online programs. See the Distance and Extended Learning website (http://www.distancelearning.txstate.edu/state-authorization.html) for a list of state agreements and more information.

ACADEMIC PROGRESSION
Students enrolled in the MSN program are required to earn a grade of at least 80% (B or higher) in all courses in the MSN curriculum. To graduate with Master of Science in Nursing degree, students must have a minimum GPA of 3.0 in their nursing coursework.

Graduate nursing courses are offered in a lock-step sequence. Each course will be offered only once each academic year; therefore, progress in the program may be delayed if the student fails (C or lower) or drops a course. A student may repeat a nursing course only once. A student will be dismissed from the program after the second nursing course failure.

A student who is out-of-sequence (whether due to illness, course failure, or other reasons) cannot be assured of a space in subsequent courses, although every effort will be made to accommodate the student. Following failure of any course, the student must petition the Admission, Progression, and Graduation Committee to continue or return to the St. David’s School of Nursing. The graduate nursing program must be completed in six years or less; however, students requiring longer than 4 years to complete the program may undergo further competency testing due to the constant change in knowledge required of APRNs.

CONFIDENTIALITY
Confidentiality measures relate to the patient as well as other information that the student may access in the clinical area such as facility related information. Such information must be de-identified for use in the classroom, laboratory, and clinical rotations. The Health Insurance Portability & Accountability Act (HIPAA) training is required prior to clinical assignments and facility guidelines will be followed at all times. All patient information must remain confidential at all times.

Students must not disclose information to unauthorized individuals including but not limited to facility personnel, family, or friends. In classroom discussions, information will be discussed in a "de-identified, de-personalized" manner unless otherwise consented to.
Students may not print, photocopy or electronically replicate by any means or remove any part of the medical record for any purpose.

Students should not access records of patients to whom they are not assigned.

Students are not to have access to their own medical records or those of family or acquaintances while at the clinical sites. There are proper procedures one must follow to access one's own medical information.

The primary purpose of a medical record is to document the course of the patient’s healthcare and to provide a medium of communication among healthcare professionals for current and future patient care. In order to fulfill these purposes, significant amounts of data must be revealed and recorded. The patient must be assured that the information shared with healthcare professionals will remain confidential; otherwise, the patient may withhold critical information that could affect the quality of care provided.

As students in the MSN program, you will have access to medical information and data at the clinical sites. It is imperative that the confidentiality of this information be honored. For this reason, all students who enter the program will be required to read and sign a copy of the Confidentiality Agreement. This signed form will be kept in the student's file in the St. David’s School of Nursing.

GRADE APPEALS
Grade appeals follow the College of Health Profession Policy and Procedure Statement 04.01. As of the time of this update, the full policy can be found at: http://www.health.txstate.edu/About/College-Policies-and-Procedures/contentParagraph/0/content_files/file30/document/4.01%20Grade%20Appeals.pdf
The policy also cites an Attachment A to the policy, which can be found at: http://gato-docs.its.txstate.edu/college-of-health-professions/Policies-and-Procedures/04-01-Grade-Appeals--Att-A/04.01%20Grade%20Appeals%20-%20Att%20A.pdf.
http://www.health.txstate.edu/About/College-Policies-and-Procedures.html

All of the current CHP Policy and Procedure Statements are posted on their website: http://www.health.txstate.edu/About/College-Policies-and-Procedures.html.

GRADING POLICY
The grade point average (GPA) is the number of grade points earned divided by the number of semester hours attempted. Semester grade symbols have the following values:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>4</td>
</tr>
<tr>
<td>B</td>
<td>3</td>
</tr>
<tr>
<td>C</td>
<td>2</td>
</tr>
<tr>
<td>D</td>
<td>1</td>
</tr>
<tr>
<td>F</td>
<td>0</td>
</tr>
</tbody>
</table>

Neither hours nor grades are calculated for “I,” “C” (credit), “PR” (temporary/non-punitive), “W”, or “U” (unearned fail).

No incomplete grades will be assigned for clinical/practicum courses. If an incomplete grade is assigned in a didactic course, you may not progress in the MSN-FNP program until it is finished and a passing letter grade is awarded.

A graduate or post-graduate student as defined in the graduate catalog, is required to maintain a 3.0 cumulative grade-point average for all Texas State 5000-, 6000-, and 7000-level courses (excluding required leveling courses) listed on a student’s Degree Audit for a graduate degree. Cumulative GPA’s are computed at the end of the fall, spring, and summer semesters.

If a graduate degree-seeking student’s cumulative GPA falls below 3.0 during any semester of enrollment at Texas State, the student will be placed on academic probation. In the next semester of enrollment, the student must raise his or her cumulative Graduate College GPA to 3.0 or above or be suspended from the Graduate College. When the student has achieved a cumulative GPA of at least 3.0 at the end of the semester of probation, the student will be notified that he or she has been removed from probation status.

The nursing faculty has determined a grading scale for all nursing courses in keeping with the minimum passing criteria of the credentialing organization. The evaluation scale is as follows:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>90 - 100</td>
<td>A</td>
</tr>
<tr>
<td>80 - 89</td>
<td>B</td>
</tr>
<tr>
<td>75 - 79</td>
<td>C</td>
</tr>
<tr>
<td>70 - 74</td>
<td>D</td>
</tr>
<tr>
<td>73 &amp; below</td>
<td>F</td>
</tr>
</tbody>
</table>
Final grade averages less than 0.5 points below the minimum for a letter grade will be rounded up to the next letter grade. For example, a 79.51 would round up to 80.0, but a 79.49 would not be rounded.

Each course will have required activities or assignments and examinations to validate learning and competency.

**PRIVACY**
Anyone who has access to private and personally identifiable information concerning Texas State employees, faculty, students, clients, affiliates, or others who have access to any information made confidential by Texas State policies or law (including but not limited to the Family Education Rights and Privacy Act of 1974 (FERPA), the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the Gramm-Leach-Bliley Act of 1999 will take reasonable and necessary steps to maintain the privacy of such information. Private and personally identifiable information includes but is not limited to social security numbers, driver’s license numbers, unpublished home addresses or phone numbers, personal account numbers, computer passwords and accounts, financial information, collection of credit card information for services, and protected health information (patient records and information).

**REGISTRATION TERMINATION**
The Dean of the Graduate College may terminate the registration of any student who fails to comply with Graduate College and/or other appropriate university regulations.

**STUDENT FILES**
All students in the Nursing Program will have a file that is maintained by your Graduate Advisor. This file includes the St. David’s School of Nursing application and supporting documents, completed degree outlines and summaries and any disciplinary documentation. Clinical evaluations and Learning Contracts are stored electronically.

The St. David’s School of Nursing Graduate Advisor updates the student’s degree plan and forwards it to the Graduate College. The official degree plan is used for graduation certification and is maintained at the Graduate College in San Marcos.

Students may request access to their student files. Prior to review, a request must be made to the Director of the Program. Note that the student must be present at the St. David’s School of Nursing to view a file. Copies will not be mailed due to confidentiality and security concerns. A faculty member must be present while the files are being reviewed. Student files may NOT be removed from the St. David’s School of Nursing Office of Admission. No information is to be added to or deleted from the file without permission from the Director of the Program.
The Family Educational Rights and Privacy Act of 1974 (FERPA) affords certain rights to students concerning their educational records. FERPA affords students a right to inspect and review their educational records (with exceptions) and to request their records be amended, to have limited control over the disclosure of information contained in their records, and to file a complaint with the U.S. Department of Education concerning alleged failures of the University to comply with the requirements of the FERPA.

Anyone with knowledge or suspicion of a violation shall report the incident promptly to their immediate supervisor or faculty or the Director of the Program. Information acquired in the investigation of any known or suspected violation shall be confidential unless disclosure is authorized or required by law.

Violation of privacy and confidentiality laws and policies may subject the violator to disciplinary or criminal action.

For more information go to www.dos.txstate.edu/handbook/rules

TECHNOLOGY USE
Texas State provides each of its authorized users with a computer account, known as a Texas State NetID, which facilitates access to the University’s information resources. In accepting a Texas State NetID or any other access ID, the recipient agrees to abide by the applicable Texas State policies and legal statutes, including all federal, state and local laws. Texas State reserves the right at any time to limit, restrict, or deny access to its information resources and to take disciplinary and/or legal action against anyone in violation of these policies or statutes.

One such policy, reflected in the Appropriate Use of Information Resources brochure (UPPS 4.0.1.07), clearly outlines the University’s expectations regarding the use of its computing and other information resources and specifically prohibited behaviors. These prohibited behaviors include harassment, virus infusion, and bandwidth monopolization, among many others. Students should especially note the prohibition against unauthorized duplication, use, and/or distribution of software and other copyrighted digital materials (including copyrighted music, movies, graphics, etc.) All software and many other digital materials are covered by some form of copyright, trademark, license, and/or agreement with potential civil and criminal liability penalties. Exceptions must be specifically authorized by the copyright/trademark holder or by the fair use provisions of the copyright law. If questions, contact IT Assistance Center at (512) 245-4822.

WITHDRAWAL
Withdrawing from the University (dropping all classes) is an official action whereby a student
informs the University Registrar, who in turn informs the instructor(s) of record, that the student will cease attending all classes in which enrolled.

1. The deadline to receive an automatic “W” is the first 60% of the semester. Please refer to the academic calendar on the Registrar’s website for the most current dates.
2. After the automatic “W” period, faculty assigns grades to students who officially withdraw from the University. Faculty assign a “W” grade only to those students who have a passing average at the time the withdrawal action is officially completed. Otherwise, faculty assigns an “F” grade.
3. Please refer to the academic calendar on the Registrar’s website for the withdrawal deadline. (http://www.registrar.txstate.edu/persistent-links/academic-calendar.html)
SECTION 7: CLINICAL SITE REQUIREMENTS – YOUR LOCATION

An essential component of the MSN program includes students applying what they have learned in the coursework at a clinical site. This section applies to the following courses, each of which is clinical in nature:

- 5102 – Advanced Health Assessment Practicum: 1 credit hour, 60 clinical hours
- 5310 – Adult Primary Care Practicum: 3 credit hours, 180 clinical hours
- 5141 – Reproductive, Sexual, and Obstetrical Health Practicum, 60 clinical hours
- 5330 – Pediatric Primary Care Practicum: 3 credit hours, 180 clinical hours
- 5350 – Integrated Family Primary Care Practicum: 3 credit hours, 180 clinical hours

Each MSN student is responsible for identifying a clinical site and preceptor. The clinical site(s) may be located near the student’s residence. Note that students will be required to travel to and to comply with the work schedule and availability of both the facility and preceptor. The student must clear the time and location with clinical faculty for supervision and responsibility reasons. Securing clinical site(s) and preceptor(s) should begin as soon as the student is accepted into the MSN program, and approval can take three months or longer (for military sites, between six to twelve months). Both the clinical site and the preceptor must be approved by the St. David’s School of Nursing prior to each course. Forms required for this approval process can be found at [http://www.nursing.txstate.edu/enteringclass/MSN-Students/clinical-forms.html](http://www.nursing.txstate.edu/enteringclass/MSN-Students/clinical-forms.html). All clinical requirements must be met at an approved clinical site with an approved preceptor. The process for doing so is outlined below.

**PRECEPTOR REQUIREMENTS**

Required qualifications for a preceptor include the following:

1. Must be a currently licensed physician (MD), osteopathic physician (DO), Women’s Nurse Health Practitioner (WHNP), Clinical Nurse Specialist (CNS)(with approval) or nurse practitioner (NP) who is currently licensed in the state in which your clinicals will be held.
2. Must be practicing in an area related to the MSN course’s content.
3. NP preceptors must have at least two years of work experience as a licensed advanced practice registered nurse (APRN). A master’s-prepared NP is strongly preferred. MD’s and DO’s should have 2 years of work experience as a licensed physician. If a preceptor only has 1 year of experience, the SON may evaluate the preceptor on a case-by-case basis.
4. Willing to accept a student to precept and sign paperwork for the student.
5. Willing to participate in the orientation for preceptors. This consists of reading the short Preceptor Handbook found on the clinical forms webpage.

6. Willing to participate in student evaluation twice a semester, at mid-term and final.

Once a prospective preceptor has been identified, the student should provide the preceptor with a copy of the Preceptor Handbook, the Student Clinical Schedule, and the FNP Student Evaluation. All of these resources can be found on the St. David’s School of Nursing website (http://www.nursing.txstate.edu/enteringclass/MSN-Students/clinical-forms.html).

**CLINICAL SITE REQUIREMENTS**

Acceptable clinical sites include, but are not restricted to:

1. Primary care offices (family practice site)
2. Outpatient primary care clinics (family practice site)
3. Public health or rural health clinics
4. Specialty offices: i.e., ENT clinics, gastroenterology, allergists, etc. (with faculty approval)

**REQUESTING THE ST. DAVID’S SCHOOL OF NURSING’S PREAPPROVAL OF PRECEPTORS AND CLINICAL SITES**

When a clinical site and preceptor have been selected, the MSN student must complete the “Clinical Site Approval Form” and the “Preceptor Agreement & Approval Form”. Preceptors or site administrators should return completed form to the student, who should then scan/email it to the Clinical Education Placement Coordinator. Upon receipt, the Clinical Coordinator will determine if both the clinical site and preceptor meet requirements. The MSN student will be notified by email of the approval status for each form submission. In addition, clinical work can not start until the Texas State faculty member over the course grants permission.

In no case should a student work clinical hours without both the preceptor and the site being approved. Doing so would mean the student was at the facility without student liability insurance. Additionally, this would legally expose the student, their faculty, and the SON. If the student has not submitted all required forms and/or has not received notification from the Clinical Education Placement Coordinator, then the preceptor and/or site has not been approved. Further, the student’s faculty member must approve the hours proposed in the tentative clinical schedule, and the clinical site must indicate that all paperwork and orientation requirements have been met. If a student does work clinical hours without approval, the hours will not be counted and consequences as severe as expulsion from the FNP program may be applied.
AFFILIATION AGREEMENTS
Upon receipt of a Clinical Site Approval Form, the Clinical Education Placement Coordinator will determine if there is an existing affiliation agreement with the proposed clinical site. If not, the Clinical Education Placement Coordinator will request a new agreement through the College of Health Professions Dean’s Office. This Clinical Site Approval Form does not serve as a contractual agreement between the site and Texas State, but merely initiates the process of getting one. Note that this process often takes months to complete, and must be finalized before the student may begin clinical work at that site.

GENERAL POLICIES FOR CLINICAL ROTATIONS
The following is a list of general policies regarding clinical rotations. Specific assignments and responsibilities will be provided by the faculty.

1. Students are to abide by the rules and regulations of each clinical facility. Use of PDAs/cell phones are for official clinical purposes only. Personal calls while at the clinical site should only be made when absolutely necessary.
2. Students are required to complete the St. David’s School of Nursing evaluation forms for courses, Simulation Labs, and clinical experiences provided as online links at the end of each semester.
3. Clinical hours are based upon the preceptor’s schedule and availability. Thus, students must make appropriate personal arrangements, if necessary, to allow for completion of their clinical assignments.
4. It is not appropriate for students to discuss other nurses or faculty with staff members at the facility. Concerns are to be shared with the faculty member or NP Program Director.
5. Students who are pregnant must provide documentation to their clinical instructor and the School of Nursing Admissions Office from their healthcare provider following each visit indicating any physical limitations that would prevent them from complying with the readiness for work guidelines from our clinical partners.
6. Students with an injury or illness must provide documentation to their clinical instructor and the School of Nursing Admissions Office from their healthcare provider indicating any physical limitations that would prevent them from complying with the readiness for work guidelines from our clinical partners.

LOGGING YOUR CLINICAL HOURS
The SON uses Typhon software (specifically the NPST for Advanced Practice Nursing program) to track clinical hours of all FNP students. The maximum number of clinical hours that can be done in one day is 10 hours. Students are required to purchase student access to the software and to log the details of all clinical encounters in Typhon. Students can access the Typhon system by logging in at https://www3.typhongroup.net/np/data/login.asp?facility=7465. You will have 15 days to
enter your notes into Typhon from the date of your clinic. You may not roll over hours from semester to semester (there is no banking of hours). You are encouraged to place more hours than required on your tentative schedule in cases of emergencies but if extra hours are completed, they cannot be rolled over to the next clinical semester. If you take a break, you may not list that hour for your clinic hours.

**CLINICAL EVALUATIONS AND GRADING**
For clinical courses, students will be evaluated according to journals, logs of hours worked and patient populations served, preceptor recommendations, and/or letters from supervising mentors. Faculty and preceptors will be responsible for assessing.

*Formative evaluation* is an ongoing process which provides data that can be used to develop a more complete evaluation of the student’s performance in the course. Formative evaluation is done at intervals specified by the faculty.

*Summative evaluation* (final): The summative evaluation is the composite of the clinical behaviors for the course scheduled at the completion of the clinical experience. Successful completion of the course is dependent upon the summative evaluation.

**CLINICAL INJURY OR EXPOSURE**
If a student experiences a sharps injury, or exposure to blood or body products, the Centers for Disease Control (CDC) protocols of the clinical facility will be followed and an incident report must be completed by the preceptor and submitted to the Texas State faculty member, the NP Program Director, and Dean of the College of Health Professions. Note: It is recommended that the student be seen within two (2) hours of the injury. Students are responsible for any expenses incurred. The Student Liability Insurance Incident Report Form can be found at http://www.nursing.txstate.edu/enteringclass/MSN-Students/clinical-forms.html.

**CRITICAL INCIDENTS**
While working at any clinical site, students must immediately report any critical incident (injury, fall, medication error, etc.) in which they are involved. The incident must be reported to the preceptor and the Texas State faculty member. Students must follow the facility’s policies regarding Occupational Safety and Health Administration (OSHA).

The preceptor and/or the Texas State faculty member must notify the NP Program Director, Director of the SON, and the Dean of the College of Health Professions as soon as they are informed of a potential lawsuit and furnish copies of the incident reports from the student and the preceptor to the Dean's office.
Upon receipt of any official document notifying them of inclusion in a lawsuit, the student must furnish a copy to the MSN Program Director and Director of the Nursing Program who will in turn furnish a copy to the Dean of the College of Health Professions immediately.

The Dean's office will notify the university attorney and the insurance carrier and furnish copies of all documents to the insurance carrier as soon as possible.

Copies of all correspondence will be maintained in the Dean's office.

**NOTE:** Any copies of accounts related to the incident, such as written statements that are prepared by the student, preceptor, faculty, and agency staff will be furnished to the student’s liability carrier. All of these documents are subject to "discovery" by the injured party's attorney. "Discovery" means that they are entitled to copies of all these documents; therefore, it is important not to include anything other than facts.

**CLINICAL SITE EVALUATION**

Affiliated clinical facilities are evaluated each semester to ensure that students at that site are able to meet required competencies. Each site is rated to determine the appropriateness of ongoing relationships with the graduate nursing programs to provide services as clinical placement sites.
SECTION 8: SIMULATION LAB REQUIREMENTS - ROUND ROCK CAMPUS

ON-CAMPUS REQUIREMENTS
Although you will satisfy the clinical requirements at an approved facility near your home, you are required to come on-campus in Round Rock, Texas to demonstrate that you have grasped certain essentials of the course. These on campus weekends will be tied to your didactic grade. You will attend in-person meetings and perform simulation lab assignments twice each semester. Each onsite visit will occur Friday through Sunday, and dates will be announced by your faculty in the course syllabi. You are responsible for arranging your own travel and accommodations. Below are some helpful resources.

DIRECTIONS TO ROUND ROCK/ST. DAVID’S SCHOOL OF NURSING
Round Rock is located about 19 miles north of Austin on Interstate 35. If you will be flying in, the Austin-Bergstrom International Airport (ABIA) is the closest major airport. You will need to rent a car to travel to your hotel accommodation and to the St. David’s School of Nursing. Amtrak also has stations in both Austin and Taylor (east of Round Rock).

The address for the St. David’s School of Nursing is 1555 University Blvd., Round Rock, TX 78665.

Directions from SOUTH, CENTRAL AUSTIN and SAN MARCOS:
- Go north on I-35.
- Take exit #256 - SH 1431/University Blvd.
- Turn right (east) onto University Blvd.
- Keep straight for about two miles.
The Texas State University-Round Rock Campus/St. David’s School of Nursing Building will be on the right.

Directions using TX-130-TOLL N, from Austin and I-35 using TX-130-Toll N:

- On I-35 N go toward US-290 E
- Take exit #238B/HOUSTON onto US-290 E, and go 6.61 mi
- Take the WACO exit onto TX-130-TOLL N (toll applies) and go 18 mi
- Take exit #419/CHANDLER RD (toll applies)
- Turn LEFT onto Chandler Rd
- Continue on Chandler Rd for 3.92 mi (Chandler Rd becomes University Blvd after the FM 1460 intersection)
- Arrive at 1555 UNIVERSITY BLVD, ROUND ROCK, on the left

NEARBY ACCOMODATIONS
The following is a list of hotel accommodations closest to the Round Rock Campus. The St. David’s School has no agreements with any of the hotels listed, and only provides this information to assist you in finding nearby accommodations.

<table>
<thead>
<tr>
<th></th>
<th>Hotel Name</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Holiday Inn Austin North-Round Rock</td>
<td>2370 Chisolm Trail Round Rock 78681</td>
<td>512-246-4000</td>
</tr>
<tr>
<td>2</td>
<td>Country Inn and Suites Round Rock</td>
<td>1560 North I-35 Round Rock 78681</td>
<td>512-828-3800</td>
</tr>
<tr>
<td>3</td>
<td>La Quinta Inn and Suites Austin-Round Rock North</td>
<td>2004 North I-35 Round Rock 78681</td>
<td>512-255-6666</td>
</tr>
<tr>
<td>4</td>
<td>Best Western Executive Inn</td>
<td>1851 North I-35 Round Rock 78664</td>
<td>512-255-3222</td>
</tr>
<tr>
<td>5</td>
<td>Courtyard by Marriott Austin-Round Rock</td>
<td>2700 Hoppe Trail Round Rock 78681</td>
<td>512-255-5551</td>
</tr>
<tr>
<td>6</td>
<td>Holiday Inn Express Round Rock</td>
<td>2340 North I-35 Round Rock 78728</td>
<td>800-315-2621</td>
</tr>
<tr>
<td>7</td>
<td>SpringHill Suites Austin-Round Rock</td>
<td>2960 Hoppe Trail Round Rock 78681</td>
<td>888-287-9400</td>
</tr>
<tr>
<td>8</td>
<td>Value Place Round Rock</td>
<td>1950 North I-35 Round Rock 78681</td>
<td>512-388-7700</td>
</tr>
<tr>
<td>9</td>
<td>Red Roof Inn Austin-Round Rock</td>
<td>1990 North I-35 Round Rock 78681</td>
<td>512-310-1111</td>
</tr>
</tbody>
</table>

See the map on the following page that displays numbers corresponding to the above accommodations)
PARKING ON CAMPUS
There are two pay stations (stands on the east side of the Round Rock campus, with a red band on the top of the station) where you may acquire parking permits for a reasonable fee. The stations accept only credit cards (VISA, MCARD, Discover, AMEX). After payment, a receipt will be printed that you will place in your vehicle’s window. This allows parking in any perimeter (purple) space—see campus map on the following page.
SECTION 9: DRESS CODE

PERSONAL APPEARANCE
Students represent not only Texas State University and the St. David’s School of Nursing, but also the nursing profession. In the clinical setting, nursing students are required to be well groomed and dressed to reflect a professional image. Student identification must to be visible at all times. Student appearance must also be in compliance with clinical site dress code. The clinical preceptor reserves the right to dismiss a student from a clinical site based on unprofessional or inappropriate dress or behavior. The following are minimal expectations of the personal appearance of a St. David’s School of Nursing student.

1. **Hair:** must be clean and pulled back from the face so as not to fall forward while interacting with patients. No unusual hair colors; must have human color hair. Beards or moustaches for men will be neatly trimmed.
2. **Make-up:** should be minimal and appropriate so as to reflect a professional image.
3. **Nails:** need to be smooth, fingertip or shorter length and clean. Nail polish and artificial nails are **not allowed** in patient care areas or simulation labs, as they are an infection control risk.
4. **Jewelry:** should be minimal – no more than one ring band per hand, one set of post earrings to the lobe of ears, no hoops or dangling earrings, as they are a safety issue. **No other visible piercings or tongue piercings are allowed.**
5. **Personal cleanliness:** the student will maintain a level of personal hygiene that keeps the student free of offensive odors such as body or mouth odor, a strong smell of smoke, perfume and cologne.
6. **Tattoos:** must be covered at all times while in the clinical area.

SIMULATION LAB AND CLINICAL ATTIRE

1. Texas State Nursing ID badge
2. A long, white lab coat with St. David’s School of Nursing patch on the left sleeve will be worn over professional business casual attire, as appropriate to the student’s responsibilities.
3. Appropriate undergarments should be worn under business attire (i.e. full coverage and not visible)
4. Carry stethoscope and otoscope/ophthalmoscope
SECTION 10: ETHICS AND PROFESSIONAL CONDUCT

AMERICAN NURSES ASSOCIATION CODE OF ETHICS

Nursing students are expected to be familiar with and perform consistently with the Code of Ethics for Nurses. For comprehensive and current Code of Ethics for Nurses, see http://nursingworld.org/DocumentVault/Ethics-1/Code-of-Ethics-for-Nurses.html. The following excerpts are from the 2015 revision of the ANA Code of Ethics.

Preface

Ethics is an integral part of the foundation of nursing. Nursing has a distinguished history of concern for the welfare of the sick, injured, and vulnerable and for social justice. This concern is embodied in the provision of nursing care to individuals and the community. Nursing encompasses the prevention of illness, the alleviation of suffering, and the protection, promotion, and restoration of health in the care of individuals, families, groups, and communities. Nurses act to change those aspects of social structures that detract from health and well-being. Individuals who become nurses are expected not only to adhere to the ideals and moral norms of the profession but also to embrace them as a part of what it means to be a nurse. The ethical tradition of nursing is self-reflective, enduring, and distinctive. A code of ethics makes explicit the primary goals, values, and obligations of the profession.

Provision 1

The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

Provision 2

The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.

Provision 3

The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.

Provision 4

The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.
Provision 5
The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.

Provision 6
The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.

Provision 7
The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and healthy policy.

Provision 8
The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.

Provision 9
The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.

© American Nurses Association

PROFESSIONAL CONDUCT
Inherent in the profession of nursing are values that are demonstrated through professional conduct. Examples of professional values include: demonstrating a commitment to nursing; demonstrating cooperation and collaboration; placing the patient’s welfare first; exhibiting personal as well as intellectual responsibility and adhering to the nursing program and clinical facility policies. Students are evaluated in these areas of professional conduct.

In keeping with the philosophy of Texas State, a student is expected to exhibit professional behavior when performing nursing activities or representing the Nursing Program in any capacity.

When in the clinical area or any clinical experience, the student should be identified as a Texas State nursing student by proper uniform, and/or identification as listed in the Dress Code Policy. The student is expected to exhibit a professional manner, which includes but is
not limited to having a neat, clean appearance and utilizing appropriate language and behavior.

The student will notify the clinical faculty or preceptor appropriately when she/he is tardy, absent, or for any reason unable to complete nursing responsibilities, will be absent from the clinical setting, or must leave the clinical area prior to the end of clinical time.

The student is expected to deliver care in a nondiscriminatory and nonjudgmental manner that is sensitive to patient diversity. When providing care, the student should place the patient’s welfare first by: being accessible and prompt in answering the patient’s requests; establishing a priority of activities which reflects the patient’s needs; and being responsible and reliable when needs are identified by the patient, staff or clinical instructor. The student should deliver care in a manner that preserves and protects patient autonomy, dignity, rights and confidentiality.

The student should interact professionally, both written and verbally, with faculty, staff, patients, and peers when giving and receiving information. When a question or unclear situation occurs, the student must follow the appropriate channels of communication and authority for clarification (faculty, course coordinator, Director, Dean). The student’s written work/charting should be accurate, have a professional appearance, and be completed according to standards of the clinical site and Texas State. Personal cell phones and pagers are to be used in emergency situations only and according to clinical site policies as well as at the discretion of the faculty.

The student should strive to be a cooperative team member who considers the needs of the entire group when working together, giving and receiving assignments, and accepting the roles and responsibilities of others in the group. The student should accept and act upon constructive criticism.

The student is expected to exhibit intellectual and personal responsibility by readily acknowledging mistakes and/or oversights, as well as take action to correct the situation. The student must be honest and truthful when interacting with patients, peers, faculty and staff, and in completing written work such as charting, care plans, and assessment guides. The student should complete her/his own work, not representing anyone else’s work as being their own. The student must identify group collaboration on projects when indicated and appropriate. Refer to Policy on Academic Honesty in the Undergraduate Catalog, which will extend to the class and clinical experience.
TEXAS STATE UNIVERSITY STATEMENT ON PROHIBITION OF DISCRIMINATION AND SEXUAL MISCONDUCT (TITLE IX)

The Office of Equity and Access is responsible for ensuring that faculty, staff, and students are aware of the policies and procedures regarding discrimination and sexual misconduct.

Policy Statements:

UPPS 04.04.46, Prohibition of Discrimination
Texas State University is committed to an inclusive education and work environment that provides equal opportunity and access to all qualified persons. Texas State, in accordance with applicable federal and state laws and institutional values prohibits discrimination or harassment on the basis of race, color, national origin, age, sex, religion, disability, veterans’ status, sexual orientation, gender identity, or gender expression.

Texas State forbids discrimination in any university activity or program. Faculty members, staff employees, or students who discriminate against others in connection with a university activity or program are subject to disciplinary sanctions.

The Texas State University System Sexual Misconduct Policy
Texas State University is firmly committed to maintaining an educational environment free from all forms of sex discrimination. Sexual misconduct, as defined in the sexual misconduct policy, is a form of sex discrimination and will not be tolerated. Texas State will maintain an environment that promotes prompt reporting of all types of sexual misconduct and timely and fair resolution of sexual misconduct complaints. Texas State will take prompt and appropriate action to eliminate sexual misconduct when such is committed, prevent its recurrence, and remedy its effects. In order to address concerns related to sexual misconduct, please contact the Title IX Coordinator in the Office of Equity and Access at 512.245.2539.

In the case of allegations of sexual misconduct, The Texas State University System Sexual Misconduct Policy supersedes any conflicting procedures and policies set forth in other Texas State documents.

Reporting Responsibilities:

Specific requirements for members of the university community regarding discrimination and sexual misconduct including procedures for reporting and filing complaints are outlined in the following policy and procedures statements:

UPPS No. 04.04.46, Prohibition of Discrimination
The Texas State University System Sexual Misconduct Policy

Report all instances of sexual misconduct to the Texas State University Sexual Misconduct Webline at: https://tim.txstate.edu/sexualmisconductwebline/

Address discrimination complaints to the Office of Equity and Access at the contact information below:

Contact info:
Dr. Gilda Garcia
Chief Diversity Officer,
Director of Equity and Access
Title IX Coordinator
J. C. Kellam Building, Room 164
gg18@txstate.edu
TitleIX@txstate.edu
Phone: 512.245.2539
Fax: 512.245.7616

UNPROFESSIONAL CONDUCT
If displaying unprofessional conduct, the student may be sent away from the classroom, clinical or laboratory setting by the faculty or designated authority. The instructor then notifies the Director. The Director will notify other College officials as deemed necessary. Documentation of the conduct will be completed as appropriate.

INDEPENDENT WORK
Students are expected to do their own work unless an individual course instructor has indicated that group activity is acceptable. In the class, seminars and practice labs, students are expected to participate by sharing observations and impressions.

Students may share notes and resources to facilitate one another’s learning; however, it is considered unethical for one student to ask another for copies of papers, projects, old exams, or to show or exchange answers before, during or after exams, clinical validations or demonstrations.

Students are expected to do their own work on all graded material submitted for course requirements. Since dishonesty harms the individual, fellow students, and the integrity of the university, policies on academic dishonesty will be strictly enforced.
It is considered unethical for a student to secure and/or make copies of an exam that is to be administered or one that has previously been administered.

Any conduct considered to be unethical is cause for immediate dismissal from the program according to the Texas State Student Handbook. Any observances of such conduct by faculty or reports to faculty will immediately be investigated.

Students are expected to comply with the stated rules of conduct and professional behavior of the St. David’s School of Nursing. Due to the unique responsibilities for patient care in nursing services, each faculty member evaluates the professional behavior of students in classrooms, simulation labs and clinical settings.

If a student violates the code of professional conduct, disciplinary action will be applied. The severity of this action will be based on the infraction and could include dismissal from class, clinical setting, simulation labs, and/or from the Nursing Program.

Student behaviors are also discussed in the University Code of Student Conduct as set forth in the Texas State Student Handbook.

**TEXAS STATE ACADEMIC HONOR CODE**
*(Courtesy of the Texas State Student Handbook)*

The Texas State University Policy and Procedure Statement, [http://www.txstate.edu/effective/upps/upps-07-10-01.html](http://www.txstate.edu/effective/upps/upps-07-10-01.html) for academic integrity establishes the following:

- Instructor responsibilities
- Student responsibilities
- Procedures for cases of academic misconduct (including rules about hearings and appeals)

The university expects both faculty and students to respect and follow the Honor Code. For students, this means that all academic work will be done by the individual to whom it's assigned, without unauthorized aid of any kind.

It is the student's responsibility to be aware of the policy on academic misconduct. Students are strongly encouraged to communicate with their respective instructors if there is a question of whether or not a study practice, activity, or any other student behavior falls under the umbrella of academic misconduct. Do not put yourself in an untenable position because of your failure to receive approval from your respective instructors regarding student academic activity.
Violating the Honor Code

"Violation of the Honor Code" includes, but is not limited to, cheating on an examination or other academic work, plagiarism, collusion and the abuse of resource materials.

"Cheating" in general, but is not limited to, means engaging in any of the following activities:

1. Copying from another student's test paper, laboratory report, other report, computer files, data listings, programs, or from any electronic device or equipment.
2. Using during a test, printed, audio or electronic materials not authorized by the person giving the test.
3. Collaborating, without authorization, with another person during an examination or in preparing academic work.
4. Knowingly, and without authorization, using, buying, selling, stealing, transporting, soliciting, copying or possessing, in whole or in part, the contents of an un-administered test, or other academic products.
5. Substituting for another student or permitting another person to substitute for oneself in taking an examination or preparing academic work.
6. Bribery or coercing another person to obtain an administered test or obtain information about an un-administered test or other academic products.
7. Purchasing or otherwise acquiring and submitting as one's own work, any research paper or other assignment prepared by another individual or by a firm. This section does not apply to the word processing of the rough or final versions of an assignment by a professional service.
8. Submitting the same essay, thesis, report, or another project, without substantial revision or expansion of the work, in an attempt to obtain credit for work submitted in another course.
9. Falsifying data.

"Plagiarism" in general, but not limited to, means the appropriation of another's work and the inadequately or inappropriately acknowledged incorporation of that work in one's own written, oral, visual or the performance of an original act or routine that is offered for credit.

"Collusion" in general, but not limited to, means the unauthorized collaboration with another person in preparing any work offered for credit.

"Abuse of resource materials" in general, but not limited to, means the mutilation, destruction, concealment, theft or alteration of materials provided to assist students in the mastery of course content.

*Please note that not all activities that constitute academic misconduct are listed in specific detail in the UPPS 07.10.01. It is expected that students will honor the spirit of academic
integrity and will not place themselves in the position of being charged with academic misconduct.

The Honor Code

http://www.dos.txstate.edu/handbook/rules/honorcode.html

As members of a community dedicated to learning, inquiry and creation, the students, faculty and administration of our university live by the principles in this Honor Code. These principles require all members of this community to be conscientious, respectful and honest.

WE ARE CONSCIENTIOUS. We complete our work on time and make every effort to do it right. We come to class and meetings prepared and are willing to demonstrate it. We hold ourselves to doing what is required, embrace rigor and shun mediocrity, special requests and excuses.

WE ARE RESPECTFUL. We act civilly toward one another and we cooperate with each other. We will strive to create an environment in which people respect and listen to one another, speaking when appropriate, and permitting other people to participate and express their views.

WE ARE HONEST. We do our own work and are honest with one another in all matters. We understand how various acts of dishonesty, like plagiarizing, falsifying data and giving or receiving assistance to which one is not entitled, conflict as much with academic achievement as with the values of honesty and integrity.

The Pledge for Students
Students at our university recognize that, to ensure honest conduct, more is needed than an expectation of academic honesty, and we therefore adopt the practice of affixing the following pledge of honesty to the work we submit for evaluation:

I pledge to uphold the principles of honesty and responsibility at our university.

The Pledge for Faculty and Administration
Faculty at our university recognize that the students have rights when accused of academic dishonesty and will inform the accused of their rights of appeal laid out in the student handbook and inform them of the process that will take place. The statement is as follows:

I recognize students’ rights and pledge to uphold the principles of honesty and responsibility at our university.
SECTION 11: GRADUATION

DEGREE AUDIT REPORT (DARS)
After being admitted to a program, the student may access a degree audit from Self Service Banner. The degree audit will guide the student in selecting courses for registration each semester. The student should meet with his or her graduate advisor during the first semester of admission to discuss options and review the degree program. Requests for changes to a student’s degree audit must be submitted by the student’s advisor to the Dean of the Graduate College for approval.

Because graduate degree programs are individualized according to degree type and student goals, a student’s particular degree program may exceed the number of hours identified for the major in this catalog.

Students receiving Veterans Administration educational assistance must provide the Texas State Office of Veteran Affairs with a copy of the graduate degree audit.

To be eligible for graduation, a student must have a GPA of at least 3.0 (or higher if required) for each major or minor/cognate listed on the Degree Audit. Some degree programs may also call for higher minimum requirements. Effective fall 1991, no grade earned below “C” on any graduate course may apply toward a graduate degree at Texas State. In addition, no grade earned below “B” on any graduate course may apply toward a doctoral degree at Texas State.

BACKGROUND/LEVELING WORK
Background/leveling work is not computed in the graduation GPA requirement, nor is graduate-degree credit granted for background work for the degree to be earned.

INCOMPLETE GRADES
Incomplete grades must be cleared through the Registrar’s Office at least ten days before the commencement for which the degree is to be conferred. No incomplete grades will be assigned for clinical/practicum courses. If an incomplete grade is assigned in a didactic course, you may not progress in the MSN-FNP program until it is finished and a passing letter grade is awarded.

The Dean of the Graduate College certifies candidates for graduation after the completion of all requirements for the appropriate graduate degree and with the approval of the departments concerned. Degrees are conferred publicly at the close of the fall semester, the spring semester, and the second summer session.
A student will graduate under the catalog that is current during the semester of his or her graduation unless the Dean of the Graduate College at his or her own discretion finds good cause to grant a waiver. To seek a waiver to graduate under the catalog in effect when a student began his or her Texas State graduate program, the student must make an appeal to his or her graduate advisor to submit a written request to the Dean of the Graduate College. A program may automatically initiate this request. Students who have any questions should contact the Office of the Graduate College at 512-245-2581.

**FINAL DEGREE AUDIT**

Upon reaching two semesters, or 18 semester hours before completion of the MSN degree, the student should request a final degree audit by contacting the St. David’s School of Nursing Academic Advisor. The Academic Advisor will complete the final degree audit in conjunction with the Graduate College. The audit will list the courses remaining to be taken, as well as grade-point averages in courses taken at Texas State and in the major field of study. If the student’s GPA is below program or state requirements for the degree, the summary can be used to decide how the averages could best be raised in the remaining course work. The final degree audit is simply the updated DARS report that is available to the student through CatsWeb: [http://www.txstate.edu/catsweb-redirect.html](http://www.txstate.edu/catsweb-redirect.html).

**GRADUATION REQUIREMENTS**

Before graduating from Texas State with the MSN, students **must** satisfy the following requirements:

- a grade of "B" or above in each nursing course
- GPA **must be** at least 3.0

**APPLICATION FOR DEGREE**

Students are required to APPLY for graduation during their last semester. Contact the St. David’s School of Nursing Graduate Advisor for the deadline dates of each semester. **STUDENTS CANNOT GRADUATE UNLESS AN APPLICATION FOR GRADUATION HAS BEEN COMPLETED. THE DEADLINE IS A HARD DEADLINE SET BY THE GRADUATE COLLEGE.**
## SECTION 12: NURSING PROGRAM OF STUDY AND COURSE DESCRIPTIONS

### PROGRAM OF STUDY

Master of Science in Nursing: Class of 2017 (48 semester hours minimum required)

<table>
<thead>
<tr>
<th>Prefix and Number</th>
<th>Required Courses</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year One, Fall</strong></td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>NURS 5301</td>
<td>Advanced Pathophysiology</td>
<td>3</td>
</tr>
<tr>
<td>NURS 5202</td>
<td>Advanced Health Assessment</td>
<td>2</td>
</tr>
<tr>
<td>NURS 5102</td>
<td>Advanced Health Assessment Practicum</td>
<td>1</td>
</tr>
<tr>
<td>NURS 5351</td>
<td>Theoretical Foundations of Advanced Integrative Nursing</td>
<td>3</td>
</tr>
</tbody>
</table>

| **Year One, Spring**                                    |                                                         | 10           |
| NURS 5410        | Adult/Gerontology Primary Care                                         | 4            |
| NURS 5310        | Adult/Gerontology Primary Care Practicum                               | 3            |
| NURS 5303        | Advanced Pharmacotherapeutics                                          | 3            |

| **Year One, Summer**                                    |                                                         | 9            |
| NURS 5204        | Fundamentals of Appraisal and Translational Research I                | 2            |
| NURS 5311        | Behavioral Health Primary Care                                         | 3            |
| NURS 5341        | Reproductive, Sexual and Obstetrical Health                           | 3            |
| NURS 5141        | Reproductive, Sexual and Obstetrical Health Practicum                  | 1            |

| **Year Two, Fall**                                      |                                                         | 10           |
| NURS 5430        | Pediatric & Adolescent Primary Care                                   | 4            |
| NURS 5330        | Pediatric & Adolescent Primary Care Practicum                         | 3            |
| NURS 5205        | Health Care Leadership for a Changing World                           | 2            |
| NURS 5106        | Fundamentals of Appraisal and Translational Research II               | 1            |

| **Year Two, Spring**                                    |                                                         | 10           |
| NURS 5450        | Integrative Family Primary Care                                       | 4            |
| NURS 5350        | Integrative Family Primary Care Practicum                             | 3            |
| NURS 5208        | Current Issues in Advanced Practice Nursing                          | 2            |
| NURS 5107        | Fundamentals of Appraisal and Translational Research III              | 1            |
### Master of Science in Nursing: Class of 2018 and after (48 semester hours minimum required)

<table>
<thead>
<tr>
<th>Prefix and Number</th>
<th>Required Courses</th>
<th>Credit Hours</th>
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<tbody>
<tr>
<td><strong>Year One, Fall</strong></td>
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<td>9</td>
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<tr>
<td>NURS 5301</td>
<td>Advanced Pathophysiology</td>
<td>3</td>
</tr>
<tr>
<td>NURS 5202</td>
<td>Advanced Health Assessment</td>
<td>2</td>
</tr>
<tr>
<td>NURS 5102</td>
<td>Advanced Health Assessment Practicum</td>
<td>1</td>
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<tr>
<td>NURS 5351</td>
<td>Theoretical Foundations of Advanced Integrative Nursing</td>
<td>3</td>
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<tr>
<td><strong>Year One, Spring</strong></td>
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<td>12</td>
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<tr>
<td>NURS 5410</td>
<td>Adult/Gerontology Primary Care</td>
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<td>NURS 5310</td>
<td>Adult/Gerontology Primary Care Practicum</td>
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<tr>
<td>NURS 5303</td>
<td>Advanced Pharmacotherapeutics</td>
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<tr>
<td>NURS 5204</td>
<td>Fundamentals of Appraisal and Translational Research I</td>
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<tr>
<td><strong>Year One, Summer</strong></td>
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<tr>
<td>NURS 5311</td>
<td>Behavioral Health Primary Care</td>
<td>3</td>
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<tr>
<td>NURS 5341</td>
<td>Reproductive, Sexual and Obstetrical Health</td>
<td>3</td>
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<tr>
<td>NURS 5141</td>
<td>Reproductive, Sexual and Obstetrical Health Practicum</td>
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<td><strong>Year Two, Fall</strong></td>
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<tr>
<td>NURS 5430</td>
<td>Pediatric &amp; Adolescent Primary Care</td>
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<tr>
<td>NURS 5107</td>
<td>Fundamentals of Appraisal and Translational Research III</td>
<td>1</td>
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COURSE DESCRIPTIONS

NURS 5301 Advanced Pathophysiology (3-0)
In preparation for advanced practice, this course will expand understanding of the pathophysiology underlying dysfunctions and interrelatedness of the processes of normal physiology and pathophysiology across the continuum of disease and return to wellness. Applications will be made utilizing lifespan perspectives of the process.

NURS 5202 Advanced Health Assessment (2-0)
This course emphasizes advanced health assessment techniques and skills common to family practice. Advanced skills in laboratory evaluation, taking and assessing patient history, and diagnostic capabilities, which are sensitive to cultural and developmental needs of a variety of patients in diverse settings, will be developed.

NURS 5102 Advanced Health Assessment Practicum (0-4)
This course emphasizes advanced health assessment techniques and skills common to patient evaluation and development of differential diagnoses. Advanced physical assessment skills and identifying common signs and symptoms related to physical examination will be developed.

NURS 5351 Theoretical Foundations of Advanced Integrative Nursing (3-0)
This course explores the historical processes and scientific research underpinning nutrition, psychoneuroimmunology, and other bodies of evidence linking mind and body in health and disease. The developmental process of health and illness within the context of allopathic and alternative care and their integration are considered. Interprofessional patient care is reviewed.

NURS 5410 Adult/Gerontology Primary Care (4-0)
This course focuses on the collection of data, pertinent laboratory findings, diagnostic tests, differential diagnoses and plans for therapeutic intervention. Integration of theory, health promotion, disease prevention, and clinical decision making in a variety of clinical care settings as applied to adults and older adults will be emphasized.

NURS 5310 Adult/Gerontology Primary Care Practicum (0-12)
This clinical experience encompasses adult through geriatric health care in a variety of clinical settings. Application of the principles for developing a differential diagnosis, clinical decision making, designing interventions for patient care, and treatment in a variety of clinical settings will be performed.

NURS 5303 Advanced Pharmacotherapeutics (3-0)
This course provides advanced knowledge in selecting pharmacologic agents and specific drugs, based on acute and chronic health problems in diverse populations. Knowledge of pharmacologic groups,
indications and contraindications, dosing with special needs groups, adverse effects, and collaborative monitoring of pharmacotherapy and alternative therapies will be developed.

**NURS 5204 Fundamentals of Appraisal and Translational Research I (2-0)**
This course focuses on a variety of interest areas, related research and the evaluation of current research trends. There will be critique of research methodologies and outcomes into application within the clinical setting, as well as exploration of technological applications and student data compilations.

**NURS 5311 Behavioral Health Primary Care (3-0)**
This course includes family system theories and their application to families. Common behavioral health diagnoses, such as anxiety, depression, and co-existing mental and physical illness, are investigated in relation to the human lifespan. The prevalence and incidence of behavioral health issues are considered in terms of diagnosis and theory.

**NURS 5341 Reproductive, Sexual and Obstetrical Health (3-0)**
This course examines issues of fertility and infertility in males and females as well as the diseases related to sexual health. Selected topics in obstetrics, genetics, adolescent sexuality, family planning, cancers, HIV/AIDS, and STI’s will be explored.

**NURS 5141 Reproductive, Sexual, and Obstetrical Health Practicum (0-4)**
Students will integrate research evidence into practice with adolescent and adult patients while working in clinical settings in collaboration with other health care professionals. Students will utilize a systematic approach of assessment to develop advanced practice treatment plans for patients seeking care related to reproduction, sexual, and obstetrical health.

**NURS 5430 Pediatric & Adolescent Primary Care (4-0)**
This course investigates the primary care management process to diagnose, treat, and follow up common illnesses of increasing complexity in pediatric and adolescents using family-centered and developmental perspectives. Perspectives of underserved populations in a variety of clinical settings will be explored.

**NURS 5330 Pediatric & Adolescent Primary Care Practicum (0-12)**
Students will integrate translational research evidence into practice with adolescent and pediatric patients while working in clinical settings in collaboration with other health care professionals. Students will utilize a developmental approach of assessing the pediatric and adolescent patient to create advanced practice treatment plans.

**NURS 5205 Health Care Leadership for a Changing World (2-0)**
This course will utilize documents from the World Health Organization, current research in the concepts
of complexity leadership skills, creating adaptive systems, and new views on communication and intersubjectivity in collaborative relationships within these systems. Research in mindfulness and reflective practice will be employed.

**NURS 5106 Fundamentals of Appraisal and Translational Research II (1-0)**
This course builds upon work begun in the first research course. Emphasis will be placed on writing an evidence-based scholarly paper or project in collaboration with a faculty member. Presentation of the findings and submission of a paper for publication will be required in the final semester.

**NURS 5450 Integrative Family Primary Care (4-0)**
This course emphasizes evaluation of clinical indications and contraindications, potential risks, and methods of accessing evidence-based information, integrating knowledge of complementary and alternative care, nutrition, herbs and dietary supplements. Skills in educating patients, communicating and collaborating with other health professionals, and documenting and reporting adverse events will be mastered.

**NURS 5350 Integrative Family Primary Care Practicum (0-12)**
This course develops skills in utilization of holistic assessment, as well as application of the principles for developing a differential diagnosis, clinical decision making, and designing interventions and treatment in a variety of clinical settings. Evaluation of traditional and complementary/alternative methods for supporting health promotion will also be explored.

**NURS 5208 Current Issues in Advanced Practice Nursing (2-0)**
The current professional and legal issues that influence advanced practice nursing, nursing education and the health care delivery system are discussed. Health care policy, changes in the economics of health care, and their impact on nursing are considered.

**NURS 5107 Fundamentals of Appraisal and Translational Research III (1-0)**
This course is a continuation of work begun in previous courses and will result in an evidence-based scholarly paper or project. Presentation of the findings and submission of a paper for publication will be required. This is a culminating project for the entire course of study.
CURRICULUM CONCEPTUAL FRAMEWORK

BSN

Conceptual Framework Diagram

The following eight core concepts guide the curriculum of the St. David’s School of Nursing at Texas State University Round Rock Campus. Each core concept has been assigned a quadrant located in either the inner or outer circle of the labyrinth:

1. PATIENT-CENTERED CARE PROVIDER: Left lower outer quadrant
2. PROFESSIONAL/LIFELONG LEARNER: Right lower inner quadrant
3. LEADER: Left lower inner quadrant
4. ADVOCATE: Right upper inner quadrant
5. CONSUMER OF INFORMATICS AND TECHNOLOGY: Left upper inner quadrant
6. PRACTICE ACROSS THE LIFESPAN AND CONTINUUM OF CARE: Right upper outer quadrant
7. CARING: Right lower outer quadrant
8. EFFECTIVE, SAFE, QUALITY PATIENT-CENTERED CARE: Left upper outer quadrant
The labyrinth represents the continuity and connectedness of the curriculum content and the faculty-student partnership in the learning and professional growth journey.

The path on the labyrinth represents the process undertaken by the students. It begins with the students’ intention to gain knowledge and experience traveling a single path in nursing school. There are no dead-ends but rather a continuous path that folds back and forth moving through the eight core concepts, allowing for concept interconnection as knowledge and attitudes are built. The foundation (the first 4 core concepts) are mainly built in the junior year and are expanded or deepened as the semesters continue. The student arrives at the center of the labyrinth at the end of the junior year after covering the 8 conceptual areas. The senior year is represented by the journey back out of the labyrinth. During the senior year students deepen and expand experiences and knowledge applying them at complex levels and in diverse settings, and culminating in their preceptorship experience. As the students exit the program of study they are pinned and take their NCLEX exam joining the profession of nursing.
The Path

<table>
<thead>
<tr>
<th>Concept 1: Patient-Centered Care Provider</th>
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<tbody>
<tr>
<td>Possesses an entry level RN knowledge and skills including teaching skills and utilizes nursing process, clinical reasoning/critical thinking and Evidence Based Practice in the practice of holistic care providing patient safety, health promotion, and disease prevention.</td>
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<table>
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<tr>
<th>Concept 2: Professional / Life Long Learner</th>
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<tbody>
<tr>
<td>The professional nurse is a lifelong learner who has the educational background to support his/her actions and decisions and abides by the American Nurses Association (ANA) Code of Ethics for Nurses. A lifelong learner pursues self-assessment and continued learning integrated with delineated knowledge and skills that are consistent with professional and personal goals.</td>
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<tr>
<th>Concept 3: Leader</th>
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<tbody>
<tr>
<td>A leader is a person that exerts influence over people to achieve a goal. Leadership is a process involving personal accountability for actions, being part of the team and a reciprocal relationship between leader and a person, group, organization, or community that results in others being motivated to move towards a goal through inspiration, engagement and empowerment.</td>
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<tr>
<td>An advocate speaks and acts for others to meet their needs. Nurses advocate on behalf of others and the profession by preserving autonomy, dignity, and rights.</td>
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<tr>
<th>Concept 5: Consumer of Informatics and Technology</th>
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<tbody>
<tr>
<td>Nurses are consumers of technology and utilize informatics in daily practice. Nursing informatics is “the specialty that integrates nursing science, computer science and information science in identifying, collecting, processing, and managing data and information to support nursing practice, administration, education, research and the expansion of nursing knowledge” (Staggers, Gassert, &amp; Curran).</td>
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<tr>
<th>Concept 6: Practice across the lifespan and continuum of care</th>
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<tbody>
<tr>
<td>Nursing care that addresses the age-specific needs of individuals and populations in primary, secondary, and tertiary healthcare settings.</td>
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<tr>
<th>Concept 7: Caring</th>
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<tbody>
<tr>
<td>Caring is part of the nurse’s professional identity requiring a commitment to protect and enhance human dignity (Watson, 2007). Nursing education is devoted to culturally competent, relationship-centered care (Future of Nursing, 2011).</td>
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<tr>
<th>Concept 8: Effective, Safe, Quality Patient-Centered Care</th>
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<tbody>
<tr>
<td>Providing continuous quality patient centered care which values interprofessional relationships in which the nurse collaborates, communicates, and integrates care for the patient within a systems aware dynamic (IOM Studies, 2011).</td>
</tr>
</tbody>
</table>

The labyrinth is completed at the end of the senior year. A labyrinth, unlike a maze, has no dead ends and always leads to an exit. (animated movement through the labyrinth)
Concept 1: Patient-Centered Care Provider

**Definition:** Possesses an entry level RN knowledge and skills including teaching skills and utilizes nursing process, clinical reasoning/critical thinking and evidence based practice in the practice of holistic care providing patient safety, health promotion, and disease prevention.

**Expanded Definition:** Professional graduate nurses possess entry level knowledge, skills, and abilities to provide holistic, safe patient care across the continuum of health and illness. They utilize the nursing process, clinical reasoning/critical thinking skills and the most current evidence in the provision of patient-centered care across the lifespan.

Educating nurses to become patient-centered care providers is one of the concepts woven throughout the entire curriculum. The program focuses on developing and facilitating safe, holistic and effective patient/family centered care outcomes through use of evidence-based research and other scientific frameworks to promote and maintain health, prevent disease and manage illness. Developing relationship and interpersonal skills is fundamental to this goal and allows nurses to identify with the patient as a human being with whom they have more in common than from whom they are different” (Sullivan, 1962; Peplau, 1987). Nurses must learn to actively listen and understand through narrative interaction in order to gain self-awareness and to identify with others (Greenhaulgh, 2006). Further, it is critical that they consider knowledge, doing and being, as well as balance differences between “the end and means of caring for people” (Ford, Rolfe, & Kirkpatrick, 2011).

Developing students’ capacity for critical thought and evaluation is key to providing individualized care that is safe, evidence-based and integrative. Initially, the program focuses on the competencies outlined in the Texas Board of Nursing Differentiated Essential Competencies (DEC) and Quality and Safety Education for Nurses’ (QSEN) criteria for patient centered care: knowledge, skills and attitudes (Undergraduate KSAs). Students develop the ability “to recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patients' preferences, values, and needs” (Cronenwett et al., 2007). Further, students learn to identify correct, safe patient care, and understand and express failures in safety, while mastering the communication skills and critical thought processes which allow them to navigate complex nursing situations.

**Student Outcomes:** Facilitate safe, holistic and effective patient/family centered care outcomes through use of evidence-based research and other science-based frameworks to promote and maintain health, prevent disease and manage illness.

Major concepts for this learning outcome include:

- Entry level RN knowledge, skills, and abilities
- Patient safety
- Nursing process
- Clinical reasoning
- Critical thinking
- Evidence based practice
- Holism
- Caring
- Teaching skills
- Health promotion and disease prevention

References


**Concept 2: Professional / Life Long Learner**

**Definition:** The professional nurse is a lifelong learner who has the educational background to support his/her actions and decisions and abides by the ANA Code of Ethics for Nurses. A lifelong learner pursues self-assessment and continued learning integrated with delineated knowledge and skills that are consistent with professional and personal goals.

**Expanded Definition:** Professional nurses who engage their careers as reflective practitioners are grounded in the educational process from the very start (Plack & Santasier, 2003); they utilize a normative process of learning, mindfully experiencing, becoming self-aware, “processing the process” (reflective thinking), and finally linking the entire process to affective learning. Indeed, developing self-awareness is critical to growing into an accomplished nurse, as it is a precursor to establishing interpersonal relationships with patients, colleagues and other professionals (Fitzpatrick, 2006). Moreover, the quest for internal awareness and external application becomes a force for life-long learning in self- and other-care.
To prepare students for such professional achievement and lifetime commitment, the program encourages them to think critically about “who [they] are and how [they] feel, how [they] interact, and how [they] choose” and learning appreciative inquiry within the interactive process (Vogt, Brown, & Issacs, 2003). Undergoing this self-discovery helps them to reconcile learned information with lived experience. It is the program’s goal that each student will realize “that learning takes place both consciously (being aware of what is being learned) and unconsciously (not being aware of what is being learned)” (Trapp, 2005). By becoming aware of the “unaware,” students will build a foundation for wellness and healthy interactions. Furthermore, faculty individually support students in identifying strategies for continued education, navigating ethical challenges, self-healing, and wellness. By building a foundation of learning from the beginning, students learn to be a self-directed learner across the lifetime.

**Student Outcomes:** Demonstrate professional accountability and responsibility for nursing judgments and actions within an ethical and legal framework, utilizing the most current knowledge.

Major concepts for this learning outcome include:

- Accountable for behavior
- Ethics
- Interprofessional teams
- Collaborator
- Professional communication
- Professional image
- Member of profession
- Internalized values of the profession
- Professional competence
- Responsibility for continued learning
- Personal and professional development
- Evidenced based practice competency

**References**


Concept 3: Leader

**Definition:** A leader is a person that exerts influence over people to achieve a goal. Leadership is a process involving personal accountability for actions, being part of the team and a reciprocal relationship between leader and a person, group, organization, or community that results in others being motivated to move towards a goal through inspiration, engagement and empowerment.

**Expanded Definition:** Leadership research has moved away from concepts of leadership as autocratic, transactional, and utilizing change agents as the focus of leadership actions. Donald Schön (1983), in his work on reflective practice, thought “reflect on action” for instance, provided the ground for continuous education and had implications for the quality of practice itself. Moreover, Bass (1994) listed four initiatives which are foundational to transformational leadership: inspirational motivation, individualized consideration, idealized influence, and intellectual stimulation. This more recent view takes transformation as a process among peers, and as such is more dynamic and fluid. The concept of transformational leadership begins with an ever-growing self-awareness rooted in a continual process of self-discovery through interaction with others. Because of the interactive nature of the transformation, a nurse’s individual growth ripples outward throughout his/her organization and impacts patient care. Such an outlook on leadership may seem new, but it builds on the work of Kurt Lewin and the original T-groups, where participants’ feedback to their evaluators created dialogic transformation, a simultaneous evaluation of researcher and subject (Luechtefeld & Watkins, 2007).

Currently, transformational leadership concepts are developing toward an organizational psychology where “the leader will have high expectations, model the desired behaviors, show concern for group needs, and promote cooperation and collaboration (Schaubroeck, Lam,& Cha, 2007). Similarly, leaders in transformational education increasingly emphasize “consciousness raising, critical reflection, development and individuation” (Dirkx, 1997). Finally, the Sigma Theta Tau International Textbook on Reflective Practice in Nursing encourages continued exploration of the view of “conscious expertise” practiced by those willing to reflect, learn in an open-minded manner, and collaborate in the learning process (Freshwater et al., 2008). These sources form the basis of the program’s conceptual ideals of leadership, education, reflection and practice.

**Student Outcomes:** Demonstrate leadership in the provision and coordination of safe, cost effective and high quality nursing care.

Major concepts for this learning outcome include:
- Responsibility
- Decision making
- Entry-level management
- Coordination of care
- Role model
- Quality improvement
• Safety
• Change agent
• Communication

References


**Concept 4: Advocate**

**Definition:** An advocate speaks and acts for others to meet their needs. Nurses advocate on behalf of others and the profession by preserving autonomy, dignity, and rights.

**Expanded Definition:** According to Foley, Minick, & Kee (2002) there are three means for students to learn advocacy: 1) who they are—family and community values which enculturated them to stand up for others; 2) observing other nurses in their patient interactions; and 3) developing confidence in their own practice beliefs and skill in caring for others. All of these pathways lead to the development of social consciousness and civic responsibility, which inform how a nurse addresses disparity, vulnerability and healthcare needs of the patient (Connolly, et al., 2004). Moreover, the need for advocacy creates an academic impetus to more clearly connect education in the academy and clinical practice, or “praxis.” To this end, the program has threaded the following concepts throughout its curriculum: advocating for patients and healthcare implementation, understanding public policy formation, and service learning. To advocate effectively for patients, it is fundamental that all nurses develop strong communication, teaching, and negotiations skills which are non-confrontational, civil, and supportive. At the same time, nurses must be aware of various and potentially conflicting needs of various stakeholders. To become a balanced advocate, nurses must be critical thinkers while teaching and learning to be respectful,
measured, and reasonable in our discussions (Lothian, 2005). The political and policy-oriented nature of healthcare, both locally and globally, only amplifies this necessity.

Advocacy as a concept manifests most in the programs clinical courses. Students participate in clinical rotations in community based primary care offices, health departments, schools, and hospital rotations; in these community settings, students learn to assess populations and resources, targeting nursing diagnoses to meet the community’s needs. All clinical experiences focus on increasing awareness of self-other interactions with and within diverse populations. Through exposure to healthcare in disadvantaged populations, students develop a sense of reflective activism and mindful practice. Further, faculty also demonstrate their efforts to promote health, encourage preventative care, and increase healthcare access, serving to reinforce these lessons for students.

**Student Outcomes:** Promote a culture of advocacy in the provision of patient-centered care and on behalf of the profession.

Major concepts for this learning outcome include:
- Nursing social contract
- Social justice
- Justice
- Autonomy
- Beneficence
- Respect
- Caring
- Compassion
- Holistic care
- Health disparities
- Cultural proficiency

**References**


Concept 5: Consumer of Informatics and Technology

**Definition:** Nurses are consumers of technology and utilize informatics in daily practice. Nursing informatics is “the specialty that integrates nursing science, computer science and information science in identifying, collecting, processing, and managing data and information to support nursing practice, administration, education, research and the expansion of nursing knowledge” (Staggers & Thompson, 2002; ANA, 2001).

**Expanded Definition:** Although the definition of this concept is clearly founded on the ANA Scope and Standards of Nursing Informatics Practice (2001), including the competency standards for nurses ranging from “beginning” to “specialist,” other sources have heavily directed the implementation of this concept in transition. For example, the program takes as mandate the directives from the Institute of Medicine’s (IOM) report *Health Professions Education: A Bridge to Quality:* “all health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics” (Hundart, et al., 2003). Also incorporated are the DHHS goals from the 2004 document *Decade of Information Technology* which include adoption of electronic health records, greater service availability to rural and underserved populations, inter-collaboration of clinicians, developing national health information network, personalized health records, promoting use of telehealth systems, unifying public health surveillance and monitoring, and accelerating research and dissemination of evidence. All of which are threaded across the curriculum. Students and faculty alike are encouraged to take advantage of opportunities to learn advanced use of informatics and “promote an attitude of life-long learning through awareness and investigation into the use of new and cutting-edge technologies.” (Ainsley & Brown, 2009)

Further, the impact of technology on the program is visible in the facilities, curriculum and program execution. The SON building was designed for use 75 years in the future. It includes simulation labs for all clinical areas of nursing education. All students use handheld PDAs or smartphones and have individual computers. Student-focused classroom exercises require students to use these tools “in the moment” to consult databases, to produce teaching exercises for peers, and to create brief presentations in the classroom. Across the curriculum, the use of technology and informatics allows faculty to teach an evidence-based practice supported by electronic resources and databases.

**Student Outcomes:** Utilize information and technology to communicate, manage knowledge, educate, mitigate error, and support decision making.

Major concepts for this learning outcome include:
- Interoperability
- Quality care
- Decision support
- Cost-effective care
- Bench-to-bedside
- Medically underserved
Consumer involvement
Accuracy and privacy
Public health monitoring
Proficiency in information management and communication

References


**Concept 6: Practice across the lifespan and continuum of care**

**Definition:** Nursing care that addresses the age-specific needs of individuals and populations in primary, secondary, and tertiary healthcare settings.

**Expanded Definition:** The program incorporates knowledge, skills, and attitudinal development that emphasize the important of the nurses partnership with patients at all stages of life (Qsen.org). Lifespan courses teach nursing across the lifespan by addressing the potential needs of patients in primary, secondary, and tertiary treatment settings. The wellness environment and choices of the patient have consequences across their lifespan, as evidenced by the conclusion of the CDC’s 2008 report, *The Effects of Childhood Stress on Health Across the Lifespan.* This broad and thorough research concludes that child neglect and abuse impacts the health of its victims throughout their life. These results have implications for multiple levels of curricula and various courses, including pediatric, psychosocial, medical-surgical, and community nursing as well as research. They also encourage students and faculty to explore Integrative Nursing as a means of creating environments and interventions to prevent disease and promote wellness beginning at any
stage of a patient’s life. This concept reinforces the importance of “life-long learning,” including graduate education for nurses, and through them, patients.

Addressing an emerging aspect of nursing across the lifespan, the program also addresses the impact of genetic factors. In 2001, Jenkins et al. wrote the article Recommendations for Educating Nurses in Genetics, which redirected nursing education towards this important goal; Lashley (1998) writes, “Nurses are currently expected to integrate information about genetic risks, testing, and treatments for clients throughout the clients’ entire lifespan. Genetic diseases and conditions with a genetic factor know no age, social, economic, racial, ethnic, or religious barriers.” In keeping with these ideas, genetics and genomics are integral to several courses and the program seeks to further integrate these across the curriculum in relationship to a continuum of patient care. Directives for increased genetics education promulgated by IOM, AACN, and ANA in the last decade also influences the content of all courses.

**Student Outcomes:** Provide entry-level professional nursing care to patients across the lifespan in a variety of healthcare settings.

Major concepts for this learning outcome include:
- Gerontology
- Adult (young, middle aged)
- Pediatrics (infant, child & adolescence)
- Neonatal

**References**


**Concept 7: Caring Care, Holistic and Integrative Nursing**

**Definition:** Caring is part of the nurses professional identity requiring a commitment to protect and enhance human dignity (Watson, 2007). Nursing education is devoted to culturally competent, relationship-centered care (Future of Nursing, 2011).

**Expanded Definition:** Caring is at the heart of nursing, and the primary role of a nurse is to create a culture of caring. This outcome prepares students to focus on nurturing the well-being of the patient and supporting persons based on individual needs. With their limited nursing experience, students are often preoccupied with either the technical aspects of nursing or the critical thinking/clinical reasoning required to provide safe, quality, patient-
centered care. As a result, they sometimes forget to consider the caring aspect of nursing. However, in the art and science of nursing, “we have a mandate never to overlook that patients are human, not merely an illness problem. They come to us primarily for our specialized knowledge and skills, but also for us to share our humanness with them” (Sumner, 2004). This mandate to empathize with patients is the bedrock of integrative nursing and utilizes a perspective of holistic nursing which embraces caring as foundational to patient care and collegial relationships (Dossey, 2007). Further, the concept is an embedded process; the professional nurse and the student should engage in critical thought processes and resultant behaviors which are sensitive to the context of the patient’s culture and situation (Jarrin, 2007).

The outcomes resulting from this concept charge students to foster a compassionate approach to their nursing practice and to integrate that compassion into their professional identity as a nurse. They must have the moral commitment to protect and enhance human dignity (Watson, 2007) and help patients to “reclaim or develop new pathways toward human flourishing” (NLN, 2010, p. 67). The program teaches students to develop a caring practice on a macro level by threading grand theories across the curriculum, as well as through specific experiences and activities such as QSEN’s “Through the Patient’s Eyes”. Students study theories such as Leininger’s (1988) nursing theory of cultural care and universality, Watson's (1988) nursing theory of human science and human care, and Swanson’s (1991) middle range theory of caring; learning that caring for both the self and others is integral to patient satisfaction and facilitating institutional operations. Intrinsic to building interpersonal and professional relationships, caring is the substrate which makes all growthful interactions possible. A cognizant faculty, who can analyze and teach from their experience interacting with patients, peers, and students, is key to achieving this outcome.

**Student Outcomes:** Promote a culture of caring to provide holistic, compassionate, culturally-competent care.

Major concepts for this learning outcome include:

- Caring
- Compassion
- Advocacy
- Culture
- Profession
- Ethics.

**References**


Concept 8: Effective, Safe, Quality Patient-Care

Definition: Providing continuous quality patient centered care which values interprofessional relationships in which the nurse collaborates, communicates, and integrates care for the patient within a systems aware dynamic (IOM Studies, 2011).

Expanded Definition: The program takes safety as a fundamental outcome of nursing care, and incorporates ideas from various studies into the curriculum and teaching strategies. The Quality and Safety Education for Nurses (QSEN) initiative is near the forefront, although this is tempered with concurrent research from the National Patient Safety Goals (NPSG, 2011) and Patient Safety and Quality: An Evidence-Based Handbook for Nurses (AHRQ, 2008). What is clear from all of these sources is that ensuring that students are academically ready is critical to educating nurses who maintain a safe practice. As such, students develop competencies in patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics (IOM, 2003).

As a next step, students learn from experienced nurses who understand the difficulties that students face when transitioning from the university to the workplace and can guide them towards a practice of safe patient-care. Working with the students, faculty demonstrate transformational leadership, further honing the students’ team-building skills, self-reflection, awareness, and mindfulness. These are the basis of the clinical care of patients with safety at its core (WHO, Salas, 2007). Further, the program keeps in mind seven challenge areas which students face when entering real world practice: “1) being aware of human
vulnerability, 2) feeling the weight of registered nurse (RN) responsibility, 3) recognizing limits, 4) evaluating self, 5) seeing the patient/family perspective, 6) confronting ethical issues, and 7) facing reality versus expectations” (Cooper, Taft, & Thelen, 2005).

Teaching safety is accompanied by one final challenge. Specifically, nursing education must prepare students to adapt to conditions, technologies, and information that do not yet exist. To do so, the program utilizes the best current practices and research and teaches students to think critically, dialogue with colleagues, communicate clearly, and seek the best available information. Quality care begins with self-awareness, supported by the nurse’s experiences in the academy and clinical practice. Continued vigilance and devotion to lifelong education in an impermanent environment is fundamental to a safe practice.

**Student Outcomes:** Function effectively within nursing and interprofessional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.

Major concepts for this learning outcome include:
- Systems
- Collaborative care
- Civil, clear, and cooperative communication.

**References**


CURRICULUM CONCEPT MAP

To understand the implementation of the philosophy, mission, objectives for this graduate program one must understand the physical and historical development of the St. David’s School of Nursing. The programs at the SON are represented by the labyrinth standing on the west side of the building. The labyrinth at the school is a reproduction of the one found in the Chartres Cathedral near Paris, France, one of the last extant ancient labyrinths still in use. Where others might have only constructed gardens, there was built a labyrinth, an ancient symbol and mechanism for healing, which confronts students daily as they enter the building.

Hospitals, communities and religious institutions of all denominations and faiths are increasingly recognizing and utilizing labyrinths, with hundreds worldwide. Their simple purpose has been evoked in one form or another in all communities of humankind for thousands of years. Walking the labyrinth brings centeredness, peace, stillness, mental and emotional and spiritual balance and the health that results (Wood, 2006). The labyrinth is a sacred path connecting the individual who walks it to the inner depths of the self and, when standing at the center, to deep spirituality or a Sacred Other. These effects are recognized as foundational to health and healing in Holistic Nursing as well as Integrative Healthcare (Weigle, et al, 2007).

Labyrinths are constructed using four quadrants which are commonly defined as physical, emotional, mental, and spiritual. The recognition of the synergy between aspects of Self – of the concrete, functional, linear, sequential thought processes as well as the global, intuitive, artistic processes which comprise whole brain functioning – is the ultimate goal of walking a labyrinth. Walking the labyrinth becomes a mediation, a mindful, self-reflective process, which brings all aspects of oneself into balance and approaching an holistic experience of the self.

This process is central to Holistic care and Integrative Healthcare. By definition, Holistic care addresses the whole person: mental, emotional, and spiritual health as well as physical. Integrative Healthcare extends Holistic Care by incorporating all methods of treatment available to the patient and practitioner. Together, these two perspectives create a powerful philosophy for care of the patient and of oneself. Each is fundamental to this curriculum.

With this historical perspective, and driven by the Institute of Medicine Summit on Integrative Medicine (2009), the decision was made to design the SON’s graduate programs with an emphasis on Integrative Healthcare. The conventional program meets the requirements of the national accrediting and evaluating bodies (the concrete, linear, and sequential), but with a broader awareness of the connections to Integrative Healthcare Modalities (global, intuitive, artistic). (Kreitzer, et al, 2009). The synthesis of both aspects into a single approach prevents piecemeal additions, silos, and ladders in program design.
and pedagogy. Integrative Healthcare permeates the entire curriculum: every course and every clinical.

In keeping with the philosophy, mission, values of the University, the College of Health Professions and the St. David’s School of Nursing, this program is inclusive, innovative, forward thinking, devoted to the education of diverse populations, and works toward eliminating healthcare disparities. The basis of the rigor and currency of this program is not mere compliance with the national standards for education of nurse practitioners, but a commitment to exceed those standards.

This program was designed with the clear recognition of the failures of the national healthcare system, which ranks 37th in the world, (WHO, 2000) and “ranks last overall compared to six other industrialized countries—Australia, Canada, Germany, the Netherlands, New Zealand, and the United Kingdom—on measures of health system performance in five areas: quality, efficiency, access to care, equity and the ability to lead long, healthy, productive lives, (Commonwealth Fund 2012). Most recent indicators for this type of program are the awareness of the need for Nurse Practitioners to fill the shortage gaps in primary care roles, which are only anticipated to increase with new additions to the Affordable Health Care for America Act (Murray, 2010). These are contributing factors to the elevated demands for more and better educated nurse practitioners, and the increased demands for new visions of practice and models for care and access for care which have shaped the design of this curriculum.

The conceptual framework is grounded in the Cognitive Neuroscience of Michael Gazziniga, the neurobiology of Ernest Rossi, Interpersonal neurorelationships of Daniel Seigel, Psychoneuroimmunology of Robert Ader, Mindfulness/reflective practice of Jon Kabat-Zinn, Concepts of Holistic Nursing, Barbara Dossey and Lynn Keegan, and the burgeoning field of Integrative Healthcare.

The visual construct representing the conceptual framework is a three circle Venn Diagram demonstrating the intersections of academic thought, the clinical experience and Integrative Healthcare.
The Venn Diagram comprises the essence of the program in so far as it is scientific: concrete, functional, linear, and sequential. However, it is also critical to understanding this program design to consider the art of advanced practice nursing – the global, the intuitive, and the artistic. The convergence of art and science expressed here is symbolized in the rose center of the Labyrinth. It is the end of the path, where one may find enlightenment. Further, each petal of light represents the “possible, the potential” for future programs, those yet to be imagined, waiting to be created.
**MSN ESSENTIAL 1: Background for Practice from Sciences and Humanities**

**AACN Definition**

Recognizes that the master’s-prepared nurse integrates scientific findings from nursing, biopsychosocial fields, genetics, public health, quality improvement, and organizational sciences for the continual improvement of nursing care across diverse settings.

**Expanded Definition**

To achieve the synthesis of learning and knowledge indicated by this essential, the student must develop an awareness of their academic capabilities and hone it through proven adult learning processes, such as self- and other-directed learning. At the same time, research on lifelong education for APRNs indicates that educational models must address changes in practice as well as foster evolution of the profession. In order for students to achieve these aims and integrate all their knowledge into their practice, a reflective practice is necessary. Dewey (1933) wrote extensively regarding the need for “reflective thinking” as foundational for the educational process. Whitton et al. (2004) deconstructs refection as a threefold process comprising documenting direct experience, analysis of beliefs, values, or knowledge about experience, and consideration of the options for action.

This program employs journaling as a primary strategy to instill in students a personal reflection practice. Schoen (1983, 1987) developed journaling as a process of self-discovery as a “consciousness discipline” for use in behavioral sciences and education (Walsh, 1980). Since then, Kabat-Zinn (1997, 2000, 2003) has observed its expansion as a mindfulness technique at work in practice careers and personal growth. Chirema (2007) even documented the using of journals with nursing students to promote reflection, discernment, ethics and clinical reasoning. Journaling encourages students to self-regulate and self-evaluate, a process which expands their understanding of self and leads to integrated processes and goal setting.

Journaling yields for the student an internal awareness and observation of externalized actions, both theirs and those of others. As they develop awareness, they further engage in self-education, seeking understanding and knowledge from interdisciplinary fields, such as genomics and genetics, which are crucial in individual patients, community, family and public health populations. Moreover, the students’ mindfulness practice leads them to more thoughtful consider plans of care. They have increased respect for patients’ (and their own) personal preferences, including the Integrative Healthcare modalities and methods emphasized in this program. As such, the process of education, advising, and prescribing requires broad knowledge in a variety of non-nursing disciplines.

Lastly, this program adopts recommended measures by the US Department of Health and Human Services, ARHQ current research in integrated medical services and clinical sites as a practice and care design model, and the QSEN transformation of advanced practice criteria for knowledge, skills and attitudes involved in evaluating and ensuring patient safety.
These national initiatives further individualized, custom-designed care based on the genetic patient profile, prevention of illness, and individual preferences for care. Fulfillment of this definition prepares the APRN to function living in advance of the healthcare delivery system as a transformational leader.

**Intersections**

Content of this definition intersects with Essential 2: Organizational and Systems Leadership, Essential 7: Interprofessional Collaboration for Improving Patient and Population Health Outcomes, and Essential 9: Master’s-Level Nursing Practice

**Related Outcomes**

Outcome 2: Incorporate current and emerging genetic/genomic evidence as well as biopsycoco-ecological paradigms in providing advanced nursing care to individuals, families, and communities while accounting for patient values and clinical judgment.

Outcome 9: Analyze nursing history to expand thinking and provide a sense of professional heritage and identity.

**Key Items Included**

- Cognitive neuroscience
- Genetics and genomics
- Stress
- Psychoneuroimmunology
- Evolutionary processes
- Ecopsychology
- Public health
- Nutritional medicine
- Integrative healthcare
- Self-awareness
- Journaling
- Self-directed learning
- Cultural awareness

**References**


**MSN ESSENTIAL 2: Organizational and Systems Leadership**

**AACN Definition**

Recognizes that organizational and systems leadership are critical to the promotion of high quality and safe patient care. Leadership skills are needed that emphasize ethical and critical decision making, effective working relationships, and a systems-perspective.

**Expanded Definition**

This Essential recognizes that the APRN holds a leadership role with the responsibility to advocate within his/her organization for patient-centered care. Therefore, the APRN leader must promote teams of care, interdisciplinary conversations, and collaborative efforts in care delivery (American College of Physicians, 2009). APRN's are increasingly in better positions to have such impact, as they begin to fill the care delivery gaps in primary care, influence organizational policy development, run nurse lead clinics, and head interdisciplinary care teams in integrated models for clinics and medical homes (Newhouse,
While nursing can respond to the increased need for primary care providers, the current system is fragmented and regulatory barriers inhibit the full participation and contribution that nurses could make to the nation’s health, the healthcare system at this time provides care too late and in the wrong place at high cost (Mundinger, 2010).

The APRN’s role in amending the healthcare system would be impossible without leadership. Organizations only exist among the people who constitute them; they are systems comprised of the actions and attitudes of their constituents, as they “try to accomplish the aim of the system” (Deming, 1993). Organizations constantly fluctuate as their people negotiate their varied ideas about the organizations’ goals. It is for this reason that leadership is both possible and necessary, and leaders must be flexible, have broad vision, and guide all stages of organizational evolution. Given the vulnerability of patients in a healthcare system, leadership becomes much more critical, and the role falls on the APRN, as patient advocate. They must strive for the ideal health system with providers who communicate with and are accountable to each other to deliver coordinated care (Shih & Fund, 2008).

In this program students analyze healthcare models and systems, as well as care delivery systems, which include the strategies and practices of integrative healthcare. This requires that students broaden their perspectives, remaining open to paradigm shifts (Kuhn, 1996). Writing in a similar vein, Karl Popper (1985) generalizes experiences which often precede a paradigm shift: ‘problems crop up especially when we are disappointed in our expectations, or when our theories involve us in difficulties, in contradictions. It is the problem which challenges us to learn; to advance our knowledge; to experiment; and to observe’ (Popper, 1985). Students challenge their ideas about themselves, practice, and treatment through a dialectical process – akin to those in the philosophy of science and scientific evolution/revolution. As they integrate the conventional and the alternative approaches to care in their own practice, their leadership will begin to the healthcare community, as well. Healthcare consumers already seek out integrative healthcare services. The healthcare system is “playing catch-up” to fulfill the public demand for more humane, individualized, affordable, holistic care, and it is essential that APRNs be able to practice and lead in this modality.

Texas State MSN students learn to evaluate evidence and to consider treatment protocols, which transform organizations and the healthcare system. By implementing an integrative healthcare approach to prevention, intervention, and treatment for patients of diverse cultural backgrounds, while considering cost effective and high quality care, our students represent a new vision of APRN leadership in organizations and policy development. This leader is focused on the individual genetic profile of patient susceptibility, base-line risks, and early intervention programs. Focusing on these factors allow the APRN to advance wellness, preventive programs, and organizational models which allow innovative thought and practice.
Intersections

Content of this definition intersects with Essential 6: Health policy and Advocacy, Essential 8: Clinical Prevention and Population Health for Improving Health, and Essential 7: Interprofessional Collaboration for Improving Patient and Population Health Outcomes.

Related Outcomes

Outcome 7: Use quality processes and improvement science to evaluate care and ensure patient safety for individuals and communities.

Key Items Included

- Awakened
- Intentional
- Systems
- Integrative processes
- Transformational processes
- Decision making
- Culturally responsive
- Oversight
- Accountability
- Patient safety
- Improvement initiatives
- Interprofessional teams
- Effective communication (scholarly writing, speaking, and group interaction) skills
- Healthcare delivery systems are organized and financed
- Identify the economic, legal, and political factors
- Complexity science and systems theory in the design, delivery, and evaluation of health care
- Budgeting
- Cost/benefit analysis
- Marketing, business plan
- Systems change strategies
- Models of care delivery

References


**MSN ESSENTIAL 3: Quality Assurance and Safety**

**AACN Definition**

Recognizes that a master’s-prepared nurse must be articulate in the methods, tools, performance measures, and standards related to quality, as well as prepared to apply quality principles within an organization.

**Expanded Definition**

APRNs are responsible for both providing quality care to the patient and for advocating for greater quality practice within his/her organization. Primarily, APRNs are the first point of contact in terms of care and fulfill all the inherent responsibilities (Cooper, 1998, 2007). These include the ability to diagnose with or without physician consultation, treating patients when a referral is unnecessary, yet operate within the scope of practice by referring patients when necessary (Council on Licensure, Enforcement and Regulation, 2010). To provide quality in this function, APRNs must consider the standards of care, their practice style, and the costs of care. They must also recognize that increased complexity of care, changing patient demographics, and changes in healthcare delivery require a mindfulness of how their practice, and the role of the practitioner, are evolving.

In terms of quality, this program embraces the Institute of Medicine’s Six Aims for improving healthcare (2001):

1. Safety (reducing harm from care);
2. Effectiveness (increasing the reliability of alignment between scientific evidence and practice, reducing both underuse of effective practices and overuse of ineffective ones);
3. Patient-centeredness (offering patients and their loved ones more control, choice, self-efficacy, and individualization of care);
4. Timeliness (reducing delays that are not instrumental, intended, and informative);
5. Efficiency (reducing waste in all its forms); and
6. Equity (closing racial and socioeconomic gaps in quality, access, and health outcomes).

To apply these effectively to quality assessment, it is critical to employ evidence based practice and appreciative inquiry. Indeed, “it is a fundamental principle of quality control that if a process cannot be measured, it cannot be [meaningfully] improved” (Hicks, 2008).

Further, the IOM recommends that APRNs “work with the context of and lead change within healthcare delivery systems...expand competencies to practice in domains of health policy, systems improvement and change within curricula” (2012). Here, this program looks to the National Research Council’s five domains of 21st century skills for leadership (2010):

1. Adaptability
2. Complex Communication/Social Skills
3. Non-routine Problem-Solving
4. Self-Management/Self-Development
5. Systems Thinking

In this curriculum, each of these is interpreted in terms of reflective/mindful practice and integrative healthcare to influence students from informed perspectives towards intentional leadership.

**Intersections**

Content of this definition intersects with Essential 2: Organizational and Systems Leadership, Essential 7: Interprofessional Collaboration for Improving Patient and Population Health Outcomes and 9: Master’s-Level Nursing Practice.

**Related Outcomes**

Outcome 5: Apply ethical analysis and clinical reasoning to assess, intervene, and evaluate advanced nursing care delivery.

**Key Items Included**

- Trend analysis
- Quality initiatives
- Transparency
- High reliability
- Just culture principles
- Models
- Mentor and model
- Best practices
- Reporting
- Research on errors
- Appreciative inquiry
References


**MSN ESSENTIAL 4: Translating and Integrating Scholarship into Practice**

**AACN Definition**

Recognizes that the master’s-prepared nurse applies research outcomes within the practice setting, resolves practice problems, works as a change agent, and disseminates results.

**Expanded Definition**

In relation to this Essential, this program encourages students to develop an ethical, evidence-based, and mindful practice as lifelong learners (Kohlen, 2011; Lachman, 2009). Following current adult learner pedagogy (Cordere, 2003; Mandin, 1999), students integrate theory, evidence, and their increased abilities for clinical reason and evaluation, learning to translate research data into treatment/practice expertise. To become practitioners, they develop expertise in 1) researching current information in integrative healthcare, 2) comparing integrative vs. holistic nursing practices and research, 3) evaluating patient need, and 4) incorporating each of these into clinical care and teaching. For differential diagnosis,
practitioners must be able to generalize from the individual case to determine contextual and content specificity (Croskerry, 2009). They must consider the content, the context, and the framework for diagnostics and clinical problem solving to be interdependent; similarly, in teaching clinical reasoning, professors must conjoin conscious awareness of clinical and pedagogical reasoning. The goal is for students to reflect mindfully on the educational process as well as the course content (Mamede et al., 2010; Mamede, 2010; Moulton et al., 2007).

Awareness of the educational process allows student learning to become self-directed. Since reflective, thoughtful research leads to a similar approach to personal assessment, students develop personal accountability, relational interaction, and the discernment of self/other ethics and perspectives. This not only improves a student’s adaptive skills for working interprofessionally, but also their ability to integrate interdisciplinary knowledge into their reasoning as it relates to research, patient care, ethical processes, and reflective practice (Eva, 2007; Eva, Hatala, Leblanc, & Brooks, 2007).

In developing these skills, students come to understand that “good care demands more than just good intention; good care...is a practice of combining activities, attitudes, and knowledge of the situation” (Gastmans, 2006; Vanlaere & Gastmans, 2011). With such an awareness, practitioners are better prepared to advocate for patients, to build sound policy, and to research and practice ethically. This program thus adopts Tronto’s “four elements of caring” as the structure for professional ethics: “attentiveness, responsibility, competence and responsiveness” (Tronto, 1993).

To this end, students in this program become experts in neuronal plasticity and cognitive neuroscience, (Edwards, 2011), as well as integrative healthcare. The curriculum includes illness scripts, comparing and contrasting epidemiology, mechanisms of disease, and the key factors differentiating diseases from other like diseases (Bowen, 2006). In each clinical course, students hone their clinical reasoning, learning simplify from complex patient symptoms, as they develop into experts and advanced practitioners (Bordage, 1999; Redelmier, 2005). Additionally, the research course sequence culminates with a publishable clinical integrative healthcare paper.

**Intersections**

Content of this definition intersects with Essential 9: Master's-Level Nursing Practice, Essential 3: Quality Improvement and Safety, and Essential 5: Informatics and Healthcare Technologies

**Related Outcomes**

Outcome 6: Synthesize evidence for practice to determine appropriate application of interventions across diverse populations.
Key Items Included

- Research process
- Evidence-based practice:
- Clinical decision making
- Critical thinking
- Illness Scripts
- Epidemiology
- Reflective/mindful
- Problem identification
- Outcome measurement
- Design of databases that generate meaningful evidence for nursing practice
- Data analysis in practice
- Evidence-based interventions
- Application of research to the clinical setting
- Resolution of clinical problems
- Appreciative inquiry
- Dissemination of results
- Advocacy in research
- Research ethics
- Knowledge acquisition
- Group process

References


**MSN ESSENTIAL 5: Informatics**

**AACN Definition**

Recognizes that the master’s-prepared nurse uses patient-care technologies to deliver and enhance care and uses communication technologies to integrate and coordinate care.

**Expanded Definition**

In approaching Essential 5, this program follows national and international initiatives. In the Prague Declaration (2003), which was sponsored by NCLIS, NFIL, and UNESCO, twenty-three countries agreed to collaborate to make information and technology available use across disciplines. The Alexandria Proclamation (2005) and the Obama Presidential Proclamation.
(2009) later advanced this global information literacy goal and confirmed an individual right to information and literacy. Further, this initiative has achieved gubernatorial proclamations in 11 states (NFIL, 2007). The Texas Proclamation asserts that merely having information is insufficient; there must be a concurrent ability to apply the information and to evaluate it critically and creatively. Only then is information valuable for decision-making in business, education, health care, defense, economic prosperity, and improved quality of life (Weiner, 2012). At all levels, there is a clear need to integrate informatics knowledge, skills, and abilities into academic and practice settings, a goal which is actively supported by the non-profit education and development organization, Healthcare Information and Management Systems Society.

In nursing practice, advanced and otherwise, point of care “technology has been used in many environments that require human decision making in critical environments” (Elliott, 2012). From the first course, students in this program learn available technology both in simulation and in selected clinical settings, under the guidance of a preceptor. Students’ smartphones, PDAs, and tablets allow them to track clinical care, stay current with evidence based practice research, learn ICD-coding, and engage informatics resources within clinical and hospital settings (Garrett, 2008; Williams, 2009; Wyatt, 2010). Additionally, persistent use of informatics technologies are critical to develop students’ abilities to evaluate quality technologies. In leadership roles, the graduate advanced practice nurse will select technologies, determine their deployment, ensure the security of patient information, and use them to evaluate patient care and decision making processes alongside other professionals. Through ongoing use of technologies in the academy, students improve their ability to provide safe bedside care.

**Intersections**

Content of this definition intersects with Essential 9: Master’s-Level Nursing Practice, Essential 4: Translating and Integrating Scholarship into Practice, and Essential 3: Quality Improvement and Safety.

**Related Outcomes**

Outcome 8: Integrate organizational science and informatics to make changes in the care environment to improve health outcomes.

**Key Items Included**

- Technology,
- Information management systems,
- Standardized terminology
- Bio-health
- Electronic data monitoring
- Legal
- Ethical
- Point of care outcomes
- Educational/instructional technology
- Review and evidenced based practice

References


MSN ESSENTIAL 6: Health Policy and Advocacy

AACN Definition

Recognizes that the master’s-prepared nurse is able to intervene at the system level through the policy development process and to employ advocacy strategies to influence health and health care.

Expanded Definition

The MSN program approaches health policy and advocacy as a gradual process of involvement and activism where students become develop progressively more aware. Advanced practice registered nurses (APRN) must analyze and participate in structures for political change. One such method is policy writing, by which advanced practice nurses self-advocate, establishing coalitions of nurses who collectively facilitate professional changes (Hanson-Turton et al., 2009). Through political action, continuing education, and community education, APRNs also impact healthcare reform for the medical, health, and wellness
needs of minority and migrant populations (Migrant Clinicians Network, 2013). The community is a stakeholder in local health, and it is the APRN’s responsibility to encourage their participation.

To prepare graduates for this work, students in this program engage with diverse populations and varied treatment sites, such as patient homes, integrated primary care facilities, and behavioral health centers (SAMHSA-HRSA, 2013). During their community experiences, students evaluate the evidence driving practice within healthcare and policy making, before developing strategies for chronic care management, wellness, and prevention programs. Students are encouraged to attend policy and legislative meetings, where they engage with law-makers, bipartisan commissions, funders, and government agencies. In this way, they not only increase their knowledge of healthcare policy, but also practice interprofessional collaboration (Stanley, et al., 2009). At each level, students evaluate research to determine how it applies to populations as well as their own interests. Thus, they are able to knowledgeably lobby local, state, and national agencies and policy makers both for their patients, their profession, and themselves.

Intersections

Content of this definition intersects with Essential 2: Organizational and Systems Leadership, Essential 3: Quality Improvement and Safety, Essential 7: Interprofessional Collaboration for Improving Patient and Population Health Outcomes, and Essential 9: Master’s-Level Nursing Practice.

Outcome 3: Design nursing care for a clinical or community-focused population based on biopsychosocial, public health, nursing, and organizational sciences to influence healthcare and public policy.

Key Items Included

- Policy process
- Healthcare delivery systems
- Theories and models of policy making
- Policy making environments
- Policy-making process at various levels of government
- Ethical and values
- Microeconomics
- Macroeconomics
- Accounting
- Marketing
- Globalization and global health
- Interaction between regulatory processes and quality control
- Health disparities
- Social justice
- Political activism
- Economics of health care
• Minority clinicians
• Migrant clinicians
• Policy analyst

References


MSN ESSENTIAL 7: Interprofessional Collaboration

AACN Definition

Recognizes that the master’s-prepared nurse, as a member and leader of interprofessional teams, communicates, collaborates, and consults with other health professionals to manage and coordinate care.

Expanded Definition 1

To achieve this Essential, the advanced practice nurse must 1) understand group dynamics, structures of power, and organizational constructs; 2) communicate clearly across professions; and 3) be skilled in negotiating disagreement and resolving conflict (Interprofessional Educational Panel, 2011). With these skills, the APRN is prepared to establish a collaborative culture for primary care practice, in which each member of the interprofessional team has clearly defined roles and expectations for patient-centered care. All members of the team must have confidence in their colleagues and be willing to support them, as needed. Establishing such mutually trusting relationships requires every team member to have a high degree of self- and other-knowledge (Gray, Brody, & Johnson, 2005). The APRN must not only practice, educate, and evaluate one’s self, but also mentor, monitor, and support other team members. In so doing, the APRN enhances
reflective/mindfulness procedures, interpersonal communication, and positive group dynamics. Further, practical daily functions such as managing questions and documentation, daily work/patient check sheets, hand-off protocols, Agency for Healthcare Research and Quality’s Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS) protocols, logic models for creation of protocol, and care outcome evaluations are more easily coordinated (Reinke & Hammer, 2011).

**Intersections**

Content of this definition intersects with Essential 2: Organizational and Systems Leadership, Essential 3: Quality Improvement and Safety, Essential 8: Interprofessional Collaboration for Improving Patient and Population Health Outcomes, Essential 9: Master’s-Level Nursing Practice.

**Related Outcomes**

Outcome 10: Synthesize integrative practices based on biopsychoneurological scientific underpinnings, cognitive neuroscience, and psychoneuroimmunology. Design models of care which utilize and recognize the significance of the individuals comprising the entire team and not just the professional disciplines.

Integrative Healthcare 7: Create programs for utilization of integrative healthcare within integrated primary healthcare settings. Educate and support interprofessional activities to expand awareness and utilization of integrative healthcare practices, referrals and research.

**Key Items Included**

- Scopes of practice for nursing and other professions
- Differing world views among healthcare team members
- Concepts of communication, collaboration, and coordination
- Conflict management strategies and principles of negotiation
- Organizational processes to enhance communication
- Types of teams and team roles
- Stages of team development
- Diversity of teams
- Cultural diversity
- Patient-centered care
- Change theories
- Multiple-intelligence theory
- Group dynamics
- Power structures
- Health-work environments
- Integrated practice environments (SAMHSA-HRSA)
- Rounding
- Logic models
References


**MSN ESSENTIAL 8: Clinical Prevention and Population Health for Improving Health**

**AACN Definition**

Recognizes that the master’s-prepared nurse applies and integrates broad, organizational, client-centered, and culturally appropriate concepts in the planning, delivery, management, and evaluation of evidence-based clinical prevention and population care and services to individuals, families, and aggregates/identified populations.

**Expanded Definition**

Although not often considered, one founding principle of this program is that the process for healthcare prevention begins in the mind of the individual self. Whether helping individuals, families, or community “[or] ourselves) to become healthy and well, we must integrate the psyche” (Quinn, 2005). This means we must understand the “psyche” portion of psychosomatic medicine as an antecedent to primary prevention interventions. Transformation – of health education, of community health, of treatment practices and environments – is only possible when the mind itself is transformed. Experiencing and understanding inner transformation is critical to understanding cognitive neuroscience and its implications for teaching, practice, and transformative education (Adolphs, 2009).

Because cognitive neuroscience clarifies the process for individual learning, it supports efforts at prevention, preventive care, and community health projects, as well as formulating successful interventions. Cognitive neuroscience and integrative healthcare attempt to understand and impact a gap in social psychology, community education, and patient care. In community preparation for primary prevention, recognizing the process of denial (Brown, 2009; Chua, 2009;) and neurological iterations for attitudinal formation (Cunningham, 2007) limits a patient’s ability to recognize needs or readiness for primary prevention and wellness measures. These limitations are often formulated by family of origin attitudes and behaviors as well as the culture or community within which the patient lives.
The APRN must evaluate whether a patient or population is capable of receiving a given preventive health measure, a task which requires a deep understanding of the pathway into pre-primary prevention education. It is necessary to understand the devastating effects of prolonged stress and arousal, the impact on immune processes, disease development, and ultimately the return to wellness. For example, it is possible to communicate to patient populations the consequences for “pruning” of neurons in the brain, destruction of the hippocampus by cortisol released during stress, the literal brain damage caused by hyper-arousal in stress producing settings, and the possible intervention into these processes by reducing stress (Cohen, 2007; Conrad, 2006). This program educates APRNs to prepare populations for primary prevention by designing and implementing interventions at the most basic, pre-dispositional level.

This program seeks to implement current theories of adaptive plasticity to support neurological change in didactic and clinical education. Students develop a real understanding of the status of preventive care and its antecedents, erroneous information learned from parents, family, and other social interactions (Geake, 2000, 2003). They help communities and individuals develop their own processes and interventions to manage group and individual stress, increasing the success of programs and prevention efforts. Further, students are prepared to design community based projects and programs that are culturally relevant, effective, and evidence-based. These issues remain at the forefront of discussions of epidemiology, health-policy, and community-based, ecological approaches to healthcare.

**Intersections**

Content of this definition intersects with all eight other Essentials.

**Related Outcomes**

Outcome 1: Integrate nursing and related sciences into the delivery of advanced nursing care to diverse populations.

**Key Items Included**

- Environmental health
- Epidemiology
- Biostatistical methods and analysis
- Disaster preparedness and management
- Emerging science of complementary and alternative medicine and therapeutics
- Ecological model of the social determinants of health
- Teaching and learning theories
- Health disparities, equity, and social justice
- Program planning, design, and evaluation
- Quality improvement and change management
- Health promotion and disease prevention
- Application of health behavior modification
• Health services financing
• Health information management
• Ethical frameworks
• Interprofessional collaboration
• Theories and applications of health literacy and health communication
• Genetics/genomic risk assessment for vulnerable populations
• Organization of clinical, public health, and global systems
• Frameworks for community and political engagement, advocacy, and empowerment
• Frameworks for addressing global health and emerging health issues
• Nursing theories

References


MSN ESSENTIAL 9: Master’s-Level Nursing Practice

AACN Definition

Recognizes that nursing practice, at the master’s level, is broadly defined as any form of nursing intervention that influences healthcare outcomes for individuals, populations, or systems. Master’s-level nursing graduates must have an advanced level of understanding of
nursing and relevant sciences as well as the ability to integrate this knowledge into practice. Nursing practice interventions include both direct and indirect care components.

**Expanded Definition**

This program contends that the ability to practice at the masters level requires a complex interweaving of skills, knowledge, and critical thought processes which are linked to role and attitudinal formation. The APRN must make fundamental assessments, diagnose, treat, and recognize when a referral is necessary and to whom. Additionally, the APRN must be able to work with individuals, families, neighborhoods, populations, and communities, all while advocating, developing policy, teaching, mentoring others, and functioning as a leader within the healthcare community. The APRN uses the best practices from the evidence-base, and is able to collaborate across disciplines, providing care and leadership in the design of programs, practices, and policy. The practitioner is able to manage the complexities of business, informatics, integrated practices, and the pragmatic skills necessary for the successful delivery of care.

The most unique, and perhaps the most complex, aspect of this academic program is to facilitate the student’s burgeoning awareness of self-transformation, a process which continuously unfolds across one’s lifetime. This process goes beyond self-education or the acquisition of knowledge and skills, leading rather to an understanding one’s own neuropsychology, an engagement with the self, and a mindful and reflective practice (Quinn, 2013a; Quinn, 2013b). These are the bases for clinical assessment, education of patients, and mentoring others, as taught by this program. It is incumbent upon each integrative healthcare practitioner to constantly seek, meditate, explore, journey, discover, and create for self and in the process of caring for others (Quinn, 2012). Applied to the patient and patient populations, the process of self-transformation is the key to transforming the healthcare system through pre-primary prevention (Quinn, 2005).

It is imperative that students understand that practitioners at this level understand have knowledge of integrative healthcare modalities, can assess the impact of these modalities in patients using them, and refer patients to specialists within particular modalities. The program does NOT prepare the practitioner to provide services and care which requires specialized education beyond the scope of this APRN practice. In order to practice a given integrative healthcare modality, the NP should seek out additional training and education which would allow for the appropriate certification or licensure.

**Intersections**

Content of this definition is the culmination of all other Essentials.

**Related Outcomes**

Outcome 4: Evaluate the nutritional, vitamin, supplemental, herbal interventions in individuals, groups, and communities.
Integrative Healthcare 9:

1. Differentiate the appropriate, inappropriate and ethical uses of integrative practices for prevention and in the care of patients and patient populations across the lifespan and in the entire continuum of care.
2. Utilize and create experiential programs for knowledge acquisition and skill mastery in integrative healthcare.

**Key Items Included**

- Principles of leadership, including horizontal and vertical leadership
- Effective use of self
- Advocacy for patients, families, and the discipline
- Conceptual analysis of the master’s-prepared nurse’s role(s)
- Principles of lateral integration of care
- Clinical outcomes management, including the measurement and analysis of patient outcomes
- Epidemiology
- Biostatistics
- Health promotion and disease reduction/prevention management for patients and clinical populations
- Risk assessment
- Health literacy
- Principles of mentoring, coaching, and counseling
- Principles of adult learning
- Evidence-based practice:
  - Clinical decision making and judgment
  - Critical thinking
  - Problem identification
  - Outcome measurement
  - Direct patient care.
  - Integrated practice models
- Care environment management
- Team coordination; including delegation, coaching, interdisciplinary care, and group process
- Negotiation, understanding group dynamics and conflict resolution
- Healthcare reimbursement and reform and its impact on practice
- Resource allocation
- Use of healthcare technologies to improve patient care delivery and outcomes
- Healthcare finance and socioeconomic principles
- Principles of quality management/risk reduction/patient safety
- Informatics principles and use of standardized language to document care and outcomes of care
- Educational strategies
- Learning styles
- Cultural competence/awareness
- Global health care environment, international law, geopolitics, and geo-economics
• Nursing and other scientific theories
• Appreciative inquiry
• Reflective practices

References


Quinn, K. (2013a). Psychoneuroimmunology and abuse: Implications for women’s health and the workplace. Faculty Presentation, Georgia Southern University, Jan. 2013

SECTION 13: NOW THAT YOU’VE BEEN ACCEPTED ....

Part II of the MSN Student Handbook will help you prepare for a successful start to your first online courses, including technology requirements, who are your “go to” staff, how to access your courses, etc.

Once you have been accepted into the MSN program, here are the next steps:

- You will receive a welcome email from the NP Program Director which includes instructions on how to log on to an orientation website on TRACS, which is Texas State’s course management system. This website contains all the information you need to get started in the FNP program.
- Activate your Texas State email account (net ID)—instructions will be provided in your welcome letter from the Coordinator mentioned above. You do this while logging into TRACS for the first time.
- Complete all the tasks on the orientation TRACS site. These include meeting the program’s technology requirements, enrolling in classes, and ordering textbooks
SECTION 14: MEET YOUR ST. DAVID’S SCHOOL OF NURSING TEAM

NURSE PRACTITIONER PROGRAM DIRECTOR:
Dr. Shirley Levenson
512-716-2957
sal111@txstate.edu

The Nurse Practitioner Program Director oversees the FNP Program, including curriculum, teaching, and advising NP students.

NURSING FACULTY
The nursing faculty, along with the Dean of the College of Health Professions, Director and NP Program Director of the St. David’s School of Nursing, are responsible for the quality of the nursing program and the graduates. Faculty will make every effort to fulfill the vision, mission, shared values, and goals of the program to provide students with the knowledge and skills that are expected as professionals. Faculty will work with the students to accommodate special situations provided the standards and outcome objectives of the program are not jeopardized.

The curriculum and related learning experiences are designed to provide the students with a sound professional nursing base for advanced nursing practice. The more the students engage in the learning activities, the more the students will gain.

The faculty members are available to confer with students in a number of ways: at agreed upon times by telephone or virtually, by email, and in person when you are on campus.

Nursing faculty are designated as Faculty of Record for each course and other faculty may assist in teaching those courses.

MSN PROGRAM CLINICAL EDUCATION PLACEMENT COORDINATOR
Lexi Losch
512-716-2978
ajl102@txstate.edu

Lexi Losch, Clinical Education Program Coordinator, facilitates student clinical placements at the site locations. This includes reconciling clinical and St. David’s School of Nursing policies and mediating misunderstandings between the student, preceptor, and/or clinical sites.
### SECTION 15: IMPORTANT CONTACTS

In addition to the St. David’s School of Nursing faculty and staff, you have many resources available to you at the click of your mouse.

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Information</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRACS Help Desk</td>
<td><a href="mailto:tracs@txstate.edu">tracs@txstate.edu</a> (512) 245-5566</td>
<td>Issues pertaining to accessing your online course or its components</td>
</tr>
<tr>
<td></td>
<td><a href="http://tracsfacts.its.txstate.edu/">http://tracsfacts.its.txstate.edu/</a></td>
<td></td>
</tr>
<tr>
<td>ITAC Help Desk</td>
<td><a href="mailto:itac@txstate.edu">itac@txstate.edu</a> (512) 245-4822</td>
<td>Any technology issues not related to TRACS</td>
</tr>
<tr>
<td>(Call Ctr: M-F, 7AM-10PM)</td>
<td><a href="http://tracsfacts.its.txstate.edu/">www.tr.txstate.edu/itac.html</a></td>
<td></td>
</tr>
<tr>
<td>Registrar’s Office</td>
<td><a href="mailto:registrar@txstate.edu">registrar@txstate.edu</a> (512) 245-8126</td>
<td>Issues pertaining to your registration/course schedule</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.registrar.txstate.edu">www.registrar.txstate.edu</a></td>
<td></td>
</tr>
<tr>
<td>Graduate College</td>
<td><a href="mailto:gradcollege@txstate.edu">gradcollege@txstate.edu</a> (512) 245-2581</td>
<td>Information regarding the graduate program</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.gradcollege.txstate.edu">www.gradcollege.txstate.edu</a></td>
<td></td>
</tr>
<tr>
<td>University Bookstore</td>
<td><a href="mailto:universitybookstore@txstate.edu">universitybookstore@txstate.edu</a> (512) 245-2273 (877) 884-3338</td>
<td>Information regarding your textbook orders</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.bookstore.txstate.edu">www.bookstore.txstate.edu</a></td>
<td></td>
</tr>
<tr>
<td>Alkek Library-Round Rock</td>
<td><a href="mailto:rrclibrary@txstate.edu">rrclibrary@txstate.edu</a> (512) 716-4700</td>
<td>Information regarding library resources and services</td>
</tr>
<tr>
<td>Campus Satellite</td>
<td><a href="http://www.rrc.library.txstate.edu">www.rrc.library.txstate.edu</a></td>
<td></td>
</tr>
<tr>
<td>Student Business Services</td>
<td><a href="mailto:cashier@txstate.edu">cashier@txstate.edu</a> (512) 245-2544</td>
<td>Information regarding fee payment</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.sbs.txstate.edu">www.sbs.txstate.edu</a></td>
<td></td>
</tr>
</tbody>
</table>
SECTION 16: COMMUNICATING WITH NURSING FACULTY AND STAFF

Both faculty and staff are responsible for returning a student’s email or voicemail message within two business days upon receipt. A voicemail message left in response to your original call is considered a returned call.

Faculty may communicate with online learners using various technologies. Those may include, but are not limited to discussion forums, email, and voice/video calls.

Students typically submit assignments via the “drop box” on TRACS or as email attachments. Mailing documents through the US Postal Service is an option that may be occasionally used. All modes of submission will be determined and announced by your faculty.
SECTION 17: TECHNOLOGY REQUIREMENTS

Each online course is composed of various components, all of which are designed to make your program a robust, interactive learning experience. In order to be able to see, hear, and interact as required, you must ensure that your computer meets the following minimum requirements:

<table>
<thead>
<tr>
<th>HARDWARE:</th>
<th>SPECS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internet Connection</td>
<td>A reliable high speed Internet connection via cable modem or DSL. If you will be using your employer’s Internet connection, it is possible that certain firewall restrictions may be in place, which could impact you accessing some or all of your online course materials. You can test the speed of your internet connection by visiting <a href="http://www.speedtest.net">http://www.speedtest.net</a>.</td>
</tr>
<tr>
<td>Laptop (desktops do not qualify)</td>
<td>See the Student Computer Inspection Report on the orientation TRACS site for a full list of specifications. <strong>Software requirements</strong> are also listed on this form.</td>
</tr>
<tr>
<td>Printer</td>
<td>Any that is compatible with your computer</td>
</tr>
<tr>
<td>PDA or Smartphone</td>
<td>No specifics required.</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>Access to the following may also be required: fax, video recorder (camcorder, smart phone, etc.), CD player, DVD player.</td>
</tr>
</tbody>
</table>
SECTION 18: STUDENT EXPECTATIONS AND SUCCESS STRATEGIES

ENFORCEMENT OF RULES
This section discusses various tools, techniques, and guidelines that support communicating with your instructor and your peers in an online environment. Of course, picking up the telephone or sending an e-mail are always options. However, in general, course communication should be handled primarily through an appropriate TRACS discussion forum.

PARTICIPATION
Each faculty will inform students via the course syllabus of participation requirements in discussion forums, class projects, and any other activity and/or technology used that are components of your online course. Any opportunity that you are provided to interact with your faculty and fellow students is strongly encouraged, as it helps to create an online community and lessen the distance among yourselves.

DISCUSSION FORUM GUIDELINES
Here are some participation tips developed by Texas State:

- In discussion forums, you learn from one another by posing questions, justifying your comments, and providing multiple perspectives. When you prepare for discussions through thoughtful reflection, you contribute to your own successful learning experience as well as to the experience of your peers.
- Log in to the course frequently (at least several times per week for long semesters and daily for summer sessions) and check the announcements. This will keep you apprised of any course updates, progress in discussions, assignment information, and messages requiring immediate attention.
- Be aware of and keep up with the course schedule in the syllabus.
- Participate in team activities to the best of your ability. How well your team does — and how well you do — depends on all the team members working cooperatively.

The rules below clarify behaviors that are and are not permissible in a forum, while the guidelines that follow provide suggestions for strengthening your contributions to forums.

Rules

1. Be sure you are responding to the specific post within the forum with which you would like your response associated by selecting Reply to Message. If you select Reply to Topic, you create a new cluster of messages, known as a thread, within the forum. This is sometimes appropriate and desirable. However, not all messages within a forum should be new threads.
2. Respect the views of others even if you disagree. You may express disagreement but do so without any harsh words or potentially inflammatory remarks. It is okay to disagree with a person’s ideas, but it is not okay to attack a person. Offensive or abusive language will not be tolerated.

3. Studies have shown that email and forum posts are typically read in a more negative tone than was intended by the author. Keep this in mind as you read and write forum posts.

4. Do not criticize grammar and spelling. In this case, as with gifts, it is most definitely the thought that counts.

5. Don’t send or post messages using ALL CAPS. It is equivalent to shouting.

6. Sign your name and provide a subject for all your posts.

Guidelines

1. Think of your post in terms of a contribution to a dialogue, not a writing exercise. Elaborate a single idea and keep your message to 150-200 words or less. Texts longer than that can be harder to follow. Here are some helpful tips for enriching the discussion:

   a. Ask a question that encourages someone to clarify or elaborate on a comment.
   b. Make a comment to link two people's contributions.
   c. Explain that you found another person's ideas interesting or useful, and describe why.
   d. Build on what someone else has said. Be explicit about the way you are extending the other person's thought.
   e. Paraphrase a point someone has already made and build on it.
   f. Summarize several people's contributions, taking into account a recurring theme in the discussion.
   g. Ask a cause-and-effect-question. For example: "Can you explain why you think it's true that if these things are in place, such and such would occur?"
   h. Find a way to express appreciation for the insights you have gained from the discussion. Be specific about what it was that helped you understand something better.

2. Make your posts clear and pertinent. Offer clarifying examples for complex and abstract ideas.

3. Make contributions to but try not to dominate a discussion.

4. Open new threads with a careful analysis, strong thesis, and supporting evidence. Also include open-ended questions that invite dialogue.

5. In response posts, read earlier posts and respond to one that contradicts or supports your own thoughts. Offer evidence that supports the earlier post or your contrasting point of view and ask challenging, open-ended questions. Or add to a
post that is lacking evidence or seems to fall short on an aspect that is important to you.

6. Accept some responsibility for the success of the discussion. Return to the forum and respond to anyone who has responded to you to keep the dialogue going. If the discussion appears to be confused or off-topic, simply say so or ask for help in understanding the point or relevance of remarks you do not follow.

7. Disagree with someone in a respectful and constructive way. You might reflect the comment back to the speaker to indicate that you understand his or her point of view. If possible, point out what is interesting or compelling in someone's comment before explaining why and how you disagree.

CHAT ROOM – HOW TO USE IT

If your instructor has enabled the Chat Room tool, it will appear in the left-hand navigation bar. Enter a message in the typing area at the bottom of the screen and press the Add Message button.

Of course, chat sessions can occur anytime you and your classmates happen to have entered the Chat Room at the same time. You should also consider scheduling chats in advance in order to focus on a particular question, topic, or task. You can e-mail your faculty to schedule a chat session during his or her office hours listed in the course syllabus. Or you may find it useful to schedule a chat session with your fellow classmates.

Chat Rules and Guidelines:

1. Become familiar with the chat tool. Enter a reply of some kind early in the discussion to see how it is integrated into the evolving chat session window.

2. Do not be concerned about having letter-perfect responses. Typos and grammatical mistakes are common in chat sessions.

3. Write simply and directly. Avoid jargon and special terms.

4. Respect the right of each participant to have a point of view. Do not become overly negative or express bitterness in your remarks and avoid offensive or abusive language.

5. Realize that rapidly written and quickly read responses may be easily misunderstood. Be ready to be humble about any misunderstandings that might arise.

6. Chat sessions may require a great deal of concentration. If you leave the session for some reason, you will lose track of the discussion. You may need to scroll back through the discussion to see what has been mentioned already.

7. Expect the session to have some informal and off-topic remarks, especially at the beginning. Try to minimize off-topic remarks and do your best to contribute to a focused session.
OTHER TEXAS STATE STRATEGIES FOR SUCCESS

Time Management

Online courses can be as time intensive as traditional courses, if not more. As you begin this program, make sure that you have a time management strategy in place to handle the demands of family, work, and this program.

E-Mail

While communication using the discussion forums is encouraged, there may be times you need to use e-mail to communicate with me or fellow students about matters of a private nature. In these cases, the guidelines below will help ensure effective e-mail communication.

1. Be sure that e-mail attachments are in a form that is likely to be easily read by others. In general, TRACS users can read files with the following extensions: .doc, .html, .jpg, .pdf, .rtf, and .txt.

2. Be tolerant of your classmates who may inadvertently make keyboard mistakes and misspell words. Email is an informal way of communicating and is not generally held to the same high standards that Texas State University encourages in more formal papers.

3. Offensive or abusive language will not be tolerated.

4. Don’t send messages using ALL CAPS. It is equivalent to shouting.

5. Include a subject in all emails.
Texas State University-Round Rock
St. David’s School of Nursing
Confidentiality Agreement

Students in the St. David’s School of Nursing at Texas State University will have access to medical records of actual patients in various types of healthcare facilities and in the classroom.

Two factors must be considered that are relative to student use of medical records in the educational process:

1. Legally, the information in the medical record belongs to the patient. Any violation of confidential information about a patient found in the medical record is punishable in a court of law.

2. The American Nurses Association Code of Ethics and the Texas Board of Nursing Standards of Practice stipulate “the registered nurse shall hold in strict confidence all privileged information concerning the patient and refer all inquiries to the physician in charge of the patient’s medical care.

3. Persons authorized to have access to individual’s personal health information may only use that information for the purpose for which it is authorized and may not re-disclose the information in any format without specific consent of the individual.

Because of legal and ethical considerations, any student enrolled in the St. David’s School of Nursing that reveals contents of a medical record, except as it relates to the education process in the classroom or at a clinical site, is subject to immediate disciplinary action.

I understand the above and hereby agree to maintain the confidentiality of all patient information.

____________________________  __________________________
Signature                        Date

Print Name:
ATTACHMENT B: Student Handbook Verification Statement

Student Handbook Verification Statement

This is to verify that I have received and understand that it is my responsibility to read the policies and procedures contained in this Student Handbook. I hereby agree to abide by all policies and procedures as addressed therein. These include:

- Vision, Mission and Values
- Clinical Injury or Exposure
- General Policies
- Classroom Conduct
- Clinical Setting and Simulation Laboratory
- Confidentiality and Privacy
- Academic Progression
- Ethics and Professional Conduct
- American Nurses Association Code of Ethics
- Texas State Academic Honor Code

_______________________________________________  ______________________________________
Signature                               Date

_______________________________________________
Print name

This form will be kept in your student file.
ATTACHMENT C: Disciplinary Policy

St. David’s School of Nursing
at Texas State University
Disciplinary Policy and Procedure

Policy:

It is the policy of the St. David’s School of Nursing to take a strong position regarding the safety of patients and other persons who are subject to contact with the nursing students. In addition to the criminal background check and drug testing upon admission to the program and the evaluation of the admission applications by the Nursing Admission Committee, the faculty and administration remain vigilant for evidence of any unsafe behavior or conduct violations on the part of students. The faculty is accountable for enforcing this policy and those policies of Texas State University that relate to student conduct and the Honor Code.

It is the policy of the St. David’s School of Nursing to fully investigate and take appropriate action concerning any allegations or evidence of student behavior related to but not limited to:

- Criminal conduct
- Sexual misconduct
- Lying
- Falsification
- Fraud
- Theft
- Deception
- Substance misuse
- Substance abuse
- Substance dependency and other substance use disorders

The faculty and staff of the nursing program are committed to upholding the integrity of the nursing program and are required to report to the Director any observations or knowledge of behavior subject to disciplinary action, including violation of the Texas State University – Academic Honor Code and the Code of Ethics for Nurses.

- Texas State University - Academic Honor Code
- Code of Ethics for Nurses – American Nurses Association
The Nursing Admission, Progression and Graduation Committee (A-P-G Committee) is responsible for admission and readmission of students to the nursing program. The Director may designate a subcommittee of the A-P-G Committee to investigate allegations of behavior subject to disciplinary action. The designated subcommittee is responsible for fully investigating the allegations, documenting findings, initiating action, and making a full report to the Director, who reports to the Dean, College of Health Professions (CHP).

Texas State University Policies and Procedure Statements related to health (07.09) and student discipline (07.10) include but are not limited to:

- UPPS No. 07.09.03  Policy for Handling Sexual Assaults  
  [http://www.txstate.edu/effective/upps/upps-07-09-03.html](http://www.txstate.edu/effective/upps/upps-07-09-03.html)
- UPPS No. 07.10.01  Honor Code  
  [http://www.txstate.edu/effective/upps/upps-07-10-01.html](http://www.txstate.edu/effective/upps/upps-07-10-01.html)
- UPPS No. 07.10.05  Threatening Behavior Consultation and Assessment Team  
  [http://www.txstate.edu/effective/upps/upps-07-10-05.html](http://www.txstate.edu/effective/upps/upps-07-10-05.html)

This Disciplinary Policy and Procedure is consistent with related policies and procedures of Texas State University and the Texas Board of Nursing.

**Procedures for Reporting, Investigating and Enforcing Disciplinary Violations**

1. Faculty and staff are responsible and accountable for maintaining the integrity of the program and for reporting to the Director knowledge of allegations of a violation of conduct as soon as they become aware of the alleged violation.
2. The Director designates the A-P-G Committee or a subcommittee thereof to investigate the allegations.
3. The investigation is conducted as soon as possible, considering each situation case-by-case.
4. The designated committee reports findings and the decision in writing to the Director. The actions may be but not limited to:
   a. Dismissal of allegations
   b. Reprimand
   c. Probation with conditions specified
   d. Dismissal from the nursing program
5. The Director enforces the action(s) and reports to the Dean, CHP.
6. The student may appeal to the Dean, CHP, consistent with Texas State University Policy and Procedure Statements related to student discipline (UPPS No. 07.10.06). [http://www.txstate.edu/effective/upps/upps-07-10-06.html]

7. If the allegations are concerning a student’s threatening behavior, UPPS No. 7.10.05 applies. This policy provides both procedures and the consultation of the Universities’ Threatening Behavior Consultation and Assessment Team.

Petition for Readmission to the Nursing Program

A person who has been dismissed from the program for issues related to dishonesty or other conduct violations, may apply for readmission to the Nursing A-P-G Committee. The burden of proof that the person no longer poses a danger remains with the student.
ATTACHMENT D: Grade Appeal Review Form

College of Health Professions
Grade Appeal Review Form
(if additional space is required add additional pages and label appropriately)

Student: ___________________________________________ PLID: __________________
Local Address: _________________________________ Local Phone #_______________
Texas State e-mail address: _______________________________
Department/program: __________ Course #:__________ Semester: _______
Faculty Member Who Assigned Your Grade_______________________________________

Required information to be completed by student:

You were aware of your right to appeal by:

_____ Syllabus
_____ Department Student Policy Manual
_____ University Handbook
_____ Instructor
_____ Other Instructor
_____ Another student
_____ Other (please specify)

Date grade dispute was initially discussed with course instructor: _________________
Date appeal was initiated: _________________

Materials to be submitted in support of this grade appeal include:

__ course syllabus __ graded course materials __ Texas State/CHP policy supporting appeal

Student’s rationale for grade appeal:

_________________________________________   _______________________
Signature of Student                             Date

(When completed submit this form to the Course Instructor to initiate the appeal process)
Response to Grade Appeal by Instructor of Record

Please respond to the following:

Date grade dispute was initially discussed with course instructor: ___________________

___ This response is based on materials submitted by the student (e.g. syllabus, graded material)

or

___ This response is based on additional materials being submitted by the faculty member (e.g. syllabus, graded materials, grade calculation)

_______________________________________________   ____________________
Signature of Instructor of Record                      Date

(Upon completion submit this form to the Department/Program/School Chair/Director)
Decision and Rationale of Chair/Director of Department/Program/School:
(Upon completion, provide this form to the Student to determine if continuation of the appeal process will occur)

Student’s Response to Chair/Director’s Decision:

_______ I accept the Chair/Director’s decision
Student’s Signature Date

(If accepted, file this form in the student’s file)

_____ I do not accept the Chair/Director’s decision and request the appeal be forwarded to the Dean’s Office for additional review

Student’s Signature Date

(If not accepted, submit this form to the Dean to progress the appeal process)
Recommendation and Rationale of Grade Appeals Committee:

_______________________________________________  ____________________
Signature of Grade Appeal Committee Chair                Date

(When completed, submit this form to the Dean for final consideration of the appeal)
Decision and Rationale of Dean:
ATTACHMENT E: List of Clinical Forms
Current clinical forms can be found on the website at:
http://www.nursing.txstate.edu/enteringclass/MSN-Students/clinical-forms.html

At the time of this update, clinical forms available are:
- Clinical Site Approval Form
- Preceptor Approval Form (doubles as the preceptor agreement)
- Student Clinical Schedule
- Summary of Clinical Hours
- Preceptor Handbook (serves as preceptor orientation)
- FNP Student Evaluation (preceptor evaluating student)
- Incident Reporting Form for Liability Insurance