

TEXAS  **STATE**
UNIVERSITY
ROUND ROCK CAMPUS
The rising STAR of Texas

St. David's School of Nursing

**Graduate Nursing
Programs**

**Student Handbook
2018-2019**



**100 Bobcat Way
Round Rock, TX 78665**

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INTRODUCTION

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

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.

The mission statement was approved by The Texas State University System Board of Regents on August 24, 2012 and by the Texas Higher Education Coordinating Board at its January 24, 2013 meeting.

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:

- Teaching and learning based on research, student involvement, and the free exchange of ideas in a supportive environment;
- Research and creative activities that encompass the full range of academic disciplines—research with relevance, from the sciences to the arts, from the theoretical to the applied;
- The cultivation of character, integrity, honesty, civility, compassion, fairness, respect, and ethical behavior, in all members of our university community;
- A diversity of people and ideas, a spirit of inclusiveness, a global perspective, and a sense of community as essential conditions for campus life;
- A commitment to service and leadership for the public good;
- Responsible stewardship of our resources and environment; and
- Continued reflection and evaluation to ensure that our strengths as a community always benefit those we serve.

Goal Statements

Goal 1: Promote academic quality by building and supporting a distinguished faculty.

Goal 2: Provide opportunities for a public university education and contribute to economic and cultural development.

Goal 3: Provide a premier student-centered, education experience that fosters retention and success.

Goal 4: Enrich our learning and working environment by attracting and supporting a more diverse faculty, staff, and student body.

Goal 5: Develop and manage human, financial, physical, and technological resources effectively, efficiently, and ethically to support the university’s mission.

Texas State University College of Health Care Professions

Vision Statement

The vision of Texas State University’s College of Health Professions is to be recognized for educating healthcare professionals who can recognize, respond, and mitigate current and future healthcare challenges and disparities in our diverse society.

Mission Statement

The College of Health Professions educates and prepares healthcare professionals with innovative teaching, evidence-based practice and principles, and a commitment to life-long learning in a student-centered environment. The College excels in teaching, clinical practice, scholarship, and service while responding to the diverse healthcare needs of the State of Texas, the nation, and the global community. The College unites faculty, students, communities, and consumers in coalitions to expand the body of knowledge in healthcare practice and management.

Texas State University
St. David's School of Nursing
Round Rock Campus

Vision Statement

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 Statement

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 and leaders of interprofessional healthcare teams, 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 global 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 can 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 Doctor 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 and/or DNP program, the graduate 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 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 bio-psychoneurological scientific underpinnings, cognitive neuroscience, and psychoneuroimmunology.

About Texas State University and its Round Rock Campus

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.

Texas State is home to a diverse campus community where ethnic minorities make up 48% of the student body and 33% are Hispanic. Texas State is recognized by the federal government as a Hispanic-Serving Institution (HSI), the largest in Texas, and ranks among the top 20 universities in the nation for the number of 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 a new Nursing Building at the Round Rock campus opened in 2010. It 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 by 2023. Two additional Health Professions' buildings are designated for the Round Rock campus to serve the College's seven other departments and clinics: Clinical Laboratory Science Program, Respiratory Care, Radiation Therapy, Physical Therapy, Health Administration, Health Information Management, and Communication Disorders. The first of the new buildings opened in summer 2018 and houses Respiratory Care, Communication Disorders and Physical Therapy. Financing for the next building to house the remainder of the programs is being sought from various sources, including bonds from the Texas Legislature, Higher Education Assistance Funds from The Texas State University System, and other sources, such as grants from federal, foundation, and private philanthropic sources.

Round Rock, located 15 miles north of Austin, is one of the fastest growing communities in the nation with a population of 113,390 people (2018). The community supports three hospitals: St. David's Round Rock Medical Center, Baylor Scott and White Health, and Seton Medical Center Williamson, all members of large health care networks within Texas. In addition to these hospital systems that offer a wide range of medical and mental health services, the Lone Star Circle of Care, a system of 25 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.

Texas State originally planned a traditional BSN program as the initial offering while anticipating future educational options such as the Master of Science in Nursing (MSN) to prepare nurse practitioners, nursing faculty and administrators to prepare advanced practice registered nurses and leaders. Texas State University currently offers a traditional BSN program, the RN to BSN programs, a Master of Science in Nursing Family Nursing Practitioner (MSN-FNP) program, a Master of Science in Nursing Family Psychiatric and Mental Health Nurse Practitioner (MSN-FPMHNP) program and a Master of Science in Nursing Leadership and Administration in Nursing (MSN-LAN) program.

The St. David's School of Nursing (SON) was organizationally placed as a new academic unit within the College of Health Professions (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.

Nursing Building

The nursing building is a 77,740-gross square-foot, three-story building with a creative design based 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 and a gift from the St. David's Foundation. Baylor, Scott and White Health and Central Texas Medical Center designated specific gifts in support of the nursing program and students.

A gift from the St. David's Foundation assisted Texas State with funding for initial operations and implementation of the MSN programs. The generous donor has also provided for scholarships for graduate students over 10 years beginning in 2018.

Approvals and Accreditation

The nursing programs 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. Faculty office hours are set at a mutually agreeable time between the faculty and the 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 2nd floor of the Nursing Building in Round Rock. The Admission's staff offices are on the 1st floor, faculty offices are on the 2nd and 3rd floors, and the Director's suite is on the 3rd 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.

Only the approved covered spill-proof cup is allowed in the auditorium (room 114) with the exception of water. It is available for purchase yearly. Only liquids are allowed in the approved cup; no condensed consumables like smoothies. No food or drinks are allowed in labs. The entirety of Texas State University campus, including the Nursing Building, is designated as a smoke-free campus. The University's definition of smoking includes e-cigarettes.

Printers for student use can be found in the student business center on the 1st floor of the Nursing Building and in the computer lab and library in the Avery Building.

Security phones are located throughout the campus.

A family (unisex) restroom is located on the 1st floor by the auditorium. Other restrooms are located on each floor. A separate private space for nursing mothers is located within the 1st floor women's restroom.

Clinical 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 using clinical case scenarios, faculty guidance, and resources that facilitate critical thinking and clinical decision-making.

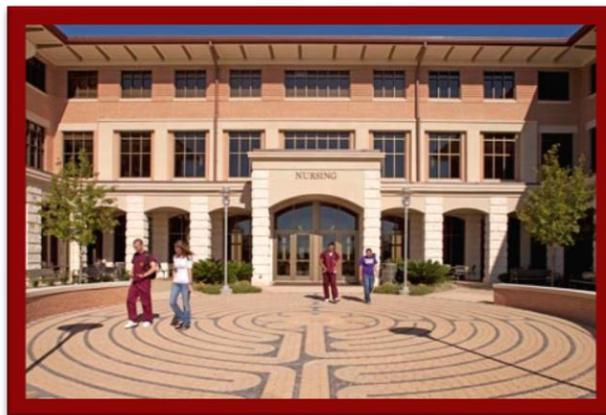
The Nursing Building has 8 state-of-the-art labs, equipped with human patient simulators, bedside computers with Internet access, digitalized video, computer-assisted instructional software, and other interactive software. The following simulation laboratories are available for student learning experiences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



ADMISSIONS REQUIREMENTS

Applying for Admission

FOR COMPREHENSIVE INFORMATION, REFER TO THE [GRADUATE CATALOG](#) and the [Graduate College website](#).

Prospective graduate students apply for admission according to the instructions on the Graduate College website at through the online [“Apply Texas Application.”](#) Two working days should be allowed for the application to be received by Texas State University.

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 graduate or current student of Texas State University 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 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 MSN 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 of 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 in your specific focus (ie. FNP or LAN).
- Written personal essay to persuade the Admission Committee that you are a highly qualified applicant and that they should select you for admission into the St. David's School of Nursing MSN-FNP, MSN-PMHNP, or MSN-LAN Program.
- Application for the specific focus of study.

All specialties require 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

MSN FNP: <https://www.gradcollege.txstate.edu/programs/fnp.html>

MSN-PMHNP: <https://www.gradcollege.txstate.edu/programs/msn-pmhnp.html>

MSN LAN: <https://www.gradcollege.txstate.edu/programs/msn-lan.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.

STUDENT SERVICES

Disability Services

The Office of Disability Services (ODS) assists students with disabilities on campus, both in San Marcos and in Round Rock. Disability services are coordinated at the Round Rock Campus by Bryttne Lowden (bl1191@txstate.edu, 512.716.4007), the Supervisor of Student Services in the One Stop Center (Avery Building, Suite 201). Please note that the processes for accessing some services and accommodations in Round Rock will differ from those at the Main Campus in San Marcos.

- More information about registering and requesting accommodations can be found on the ODS website - <http://www.ods.txstate.edu>.
- Testing information for students with disabilities can be found on the Round Rock Campus Testing page - <http://www.rrc.txstate.edu/resources/osc/testing>.

Student Business Services

The Student Business Services (SBS) office handles tuition billing for students and fees associated with attending Texas State. They calculate tuition bills and fees and collect tuition payment. SBS also offers payment plans and emergency loans for tuition costs each semester. Tuition disputes will be handled by the SBS office on the main campus, but Bryttne Lowden (bl1191@txstate.edu, 512.716.4007) in the One Stop Center (Avery Building, Suite 201) can answer SBS questions for SON students.

- Information about billing, tuition, and payment can be found on the main SBS website - <http://www.sbs.txstate.edu/>.
- Important registration and payment deadlines can be found here - <http://www.sbs.txstate.edu/students/dates.html>.
- Other information (tuition and fee rates, payment options, etc.) can be found here - <http://www.sbs.txstate.edu/students.html>.

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

Financial Aid and Scholarships

Students needing assistance with tuition costs can apply for financial aid. All financial aid documents are processed at the Financial Aid Office in San Marcos. A Financial Aid Advisor can be reached at 512.245.2315 or financialaid@txstate.edu.

- To apply for financial aid and for more information, please visit the Financial Aid website - <http://www.finaid.txstate.edu/>.
- Scholarship information can be found here - <http://www.finaid.txstate.edu/scholarships.html>.
- Scholarship and Financial Aid Resources for Nursing Students – <http://www.nursing.txstate.edu/enteringclass/Resources/scholarships-all.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. The Library holdings consist of more than 4.3 million printed volumes of books, documents, and serials, over 129,479 electronic journals, and more than 870,016 eBooks. There is access to over 548 databases covering all subjects and minimum 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, mentor preceptor, and/or clinical site for each course they take. The Director of each program 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 student liaisons from each specialty 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

The Office of Veterans Affairs assists veterans by answering questions about veteran educational benefits, certifying enrollments for the Department of Veterans Affairs, and monitoring veterans' degree plans and academic progress. If you have any questions, a Veterans Affairs representative can be contacted at 512.245.2641 or veteransaffairs@txstate.edu. The office is in San Marcos.

- To submit certification requests and for more information about VA benefits, please visit the Veterans Affairs website - <http://www.va.txstate.edu/>.

Health Services and Resources

Nursing students pay a health services fee with their tuition each semester, so they can access services at the Student Health Center in the Nursing Building or at the Student Health Center in San Marcos.

www.healthcenter.txstate.edu.

Hours for Student Health Services

Nursing Building

Round Rock, Texas

- MWF-9am to noon and 1pm to 5pm

Dial 2-1-1

The most encompassing database of resources including healthcare services in Central Texas is the 2-1-1 Texas Community Resource Database.

- www.unitedwayaustin.org/navigation-center/
- Ask Aunt Bertha

A service of the Williamson County Wellness Alliance, Aunt Bertha is a resource to find free or low-cost community resources (food, housing financial assistance, etc.) in your Zip Code using the Williamson County Community Resource site powered by Aunt Bertha.

<http://www.healthywilliamsoncounty.org/index.php?module=Tiles&controller=index&action=display&alias=auntbertha>

Mental Health Services and Resources

Students can access the Texas State University Counseling Center on campus in San Marcos or in Round Rock at the Student Health Center.

Nursing students **have access to** services offered at the Counseling Center free of charge (number of sessions are limited) if they are enrolled at the university and are paying tuition. The center on campus in

San Marcos is in the LBJ Student Center, Room 5-4.1, call 512.245.2208 For specific information about the Center and their special programs: www.counseling.txstate.edu/

Round Rock Campus

<http://www.counseling.txstate.edu/round-rock.html>

The Counseling Center in Round Rock is housed within the Student Health Center located in the Nursing Building, Room 116. Counseling is available Wednesday and Friday 9AM - Noon and 1PM - 5PM, during the regular term schedule. Services are free of charge to currently enrolled Texas State students. Making an initial appointment:

<http://www.counseling.txstate.edu/round-rock/appointments.html>

Student Support Services at the Round Rock Campus

The Round Rock Campus offers many of the support services also available to students on the main campus.

- IT Assistance Center (ITAC) - <https://itac.txstate.edu/>
- The Writing Center - <http://rrc.writingcenter.txstate.edu/>
- Library Services: The RRC Library is located on the 2nd floor of the Avery Building – www.rrc.library.txstate.edu
- Counseling Practicum Clinic (CPC) and Career Exploration Services (CES) - <http://www.txstate.edu/clas/Professional-Counseling/counseling-services/RRC-Counseling-Practicum-Clinic.html>
- Student Health Center - <http://www.healthcenter.txstate.edu/Round-Rock-Student-Health-Center.html>
- Student Food Pantry – Nursing Building, 2nd floor
- One Stop Center: Main office for liaison services and Texas State ID cards - <http://www.rrc.txstate.edu/resources/osc.html>

Online Resources

- Writing Lab – <https://tim.txstate.edu/slacow/>
- SLAC online writing resources – <http://www.txstate.edu/slac/subjectarea/writing.html>
- Texas State Bookstore – <http://www.rrc.txstate.edu/current/university-bookstore.html>.

PROGRAM REQUIREMENTS

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 Disciplinary Policy and Procedure on pages 98 and 99 of your student handbook.*

Students will be required to notify the Director of the School of Nursing 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

*Several healthcare plans can be found online.

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) 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.

Additional Admissions Requirements

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

1. Complete training for HIPAA, TB, and blood borne pathogens.
2. 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.
3. Attend weekend classes in Round Rock twice each semester.

Once admitted, students will be given an account in CastleBranch. This is where students will upload their documents to satisfy each requirement listed above and can keep track of what is needed.

GENERAL POLICIES

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. Texas State University 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 always be followed . **All patient information must always remain confidential .**

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. 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.01%20Grade%20Appeals.01%20Grade%20Appeals.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

Texas State grades are assigned as follows: “A,” excellent; “B,” good; “C,” not passing; “D,” not passing; “F,” failure or withdrawn failing; “I,” incomplete; “W,” withdrawn passing; and “U” unearned failure.

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:

A	4 points
B	3 points
C	2 points
D	1 point
F	0 points

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:

90	-	100	A
80	-	89	B
70	-	79	C

60	-	69	D
Below 60%			F

Rounding Policy: 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 79.5 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 working 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 04.0.1.07), 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 percent of the term. Refer to the academic calendar on the University Registrar's website for the most current dates.
2. After the automatic "W" period, faculty assign 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 a "U" grade.
3. Please refer to the academic calendar on the University Registrar's website for the withdrawal deadline. (<http://www.registrar.txstate.edu/persistent-links/academic-calendar.html>)

- The student must contact the office of the University Registrar in person, by letter, by email, or by fax to withdraw officially from the university. Visit the registrar's office website at <http://www.registrar.txstate.edu/> or contact the registrar's office at 512.245.2367 for the proper procedures.

SIMULATION LAB REQUIREMENTS ROUND ROCK CAMPUS

On-Campus Requirements

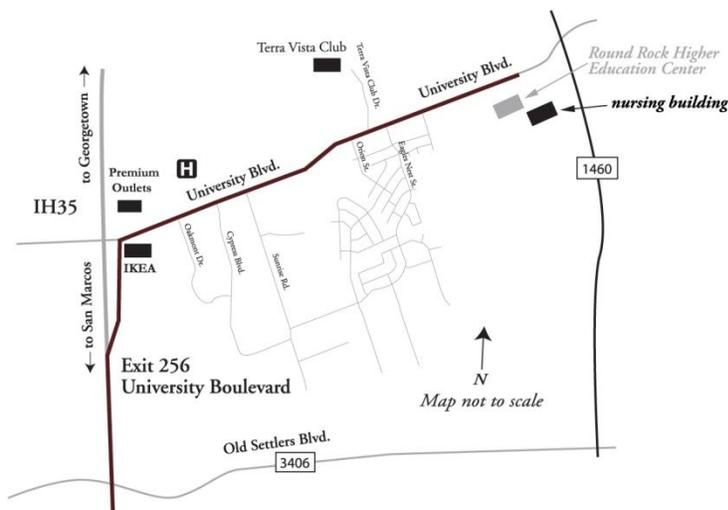
Although you will satisfy the clinical requirements at an approved facility near your home, you are required to come **on-campus** in Round Rock, Texas to demonstrate that you have grasped certain essentials of the course. These on-campus weekends will be tied to your didactic grade. You will attend 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:

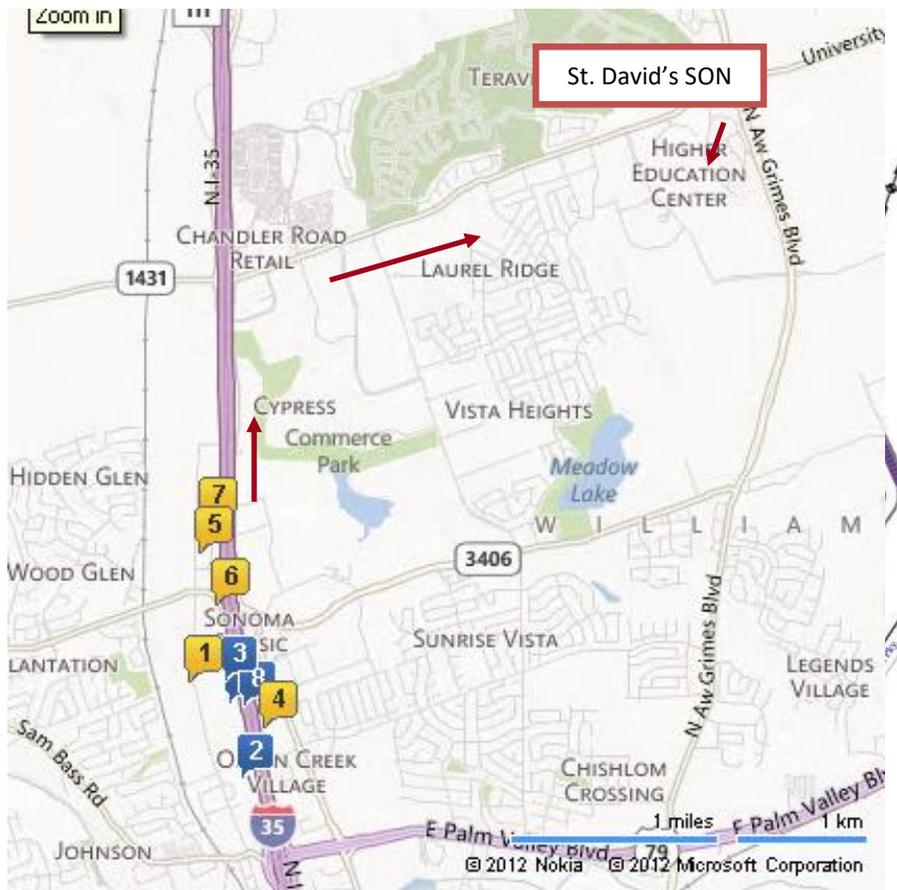
- On I-35 N go toward US-290 E
- Take exit #238B/HOUSTON onto US-290 E, and go 6.61 mi
- Take the WACO exit onto TX-130-TOLL N (toll applies) and go 18 mi
- Take exit #419/CHANDLER RD (toll applies)
- Turn LEFT onto Chandler Rd
- Continue on Chandler Rd for 3.92 mi (Chandler Rd becomes University Blvd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

Nearby Accommodations

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.

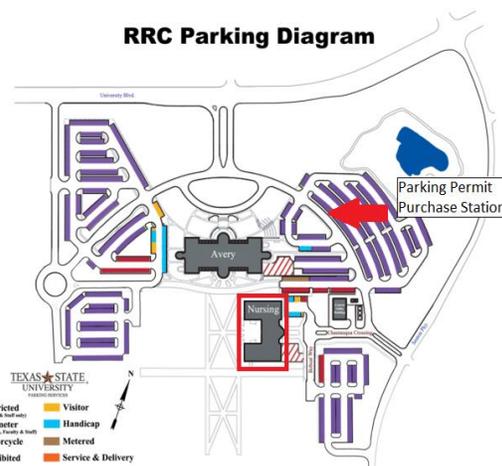
1	Holiday Inn Austin North-Round Rock	2370 Chisolm Trail Round Rock 78681	512-246-4000
2	Country Inn and Suites Round Rock	1560 North I-35 Round Rock 78681	512-828-3800
3	La Quinta Inn and Suites Austin-Round Rock North	2004 North I-35 Round Rock 78681	512-255-6666
4	Best Western Executive Inn	1851 North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

(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. Parking is not enforced on the weekend.



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 always be visible. Student appearance must also follow 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 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 always be covered 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. The lab coat is to be ordered from the approved vendor: Mor University (<https://tsu.moruniversity.com/store/StorePassword.aspx?r=%2fDefault.aspx>, Password: morBOBCATS)
3. Appropriate undergarments should be worn under business attire (i.e. full coverage and not visible)
4. Carry stethoscope and otoscope/ophthalmoscope

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 acts 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 act 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 based on 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. To address concerns related to sexual misconduct, please contact the Title IX Coordinator in the Office of Equity and Access at 512.245.2539.

This policy defines and describes prohibited sexual conduct, establishes procedures for processing complaints of sexual misconduct, permits appropriate sanctions and identifies available resources.

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.

- What is sexual misconduct (Title IX)?
<http://www.txstate.edu/oea/Sexual-Misconduct--Title-IX-.html>
- What to do if you experience sexual misconduct
<http://www.txstate.edu/oea/Sexual-Misconduct--Title-IX-/sexual-misconduct.html>
- <https://tim.txstate.edu/sexualmisconductweblne>

At this website, you can file a report for any of the following categories of sexual misconduct: sexual assault, dating violence, stalking, sexual harassment, domestic violence, sexual exploitation

- What to do if sexual misconduct is reported?
<http://www.txstate.edu/oea/Sexual-Misconduct--Title-IX-/sexual-misconduct-report.html>
- Resources for sexual assault survivors
<http://www.txstate.edu/oea/Sexual-Misconduct--Title-IX-/sexual-assault-survivors.html>
- Determining consent- was consent provided?
<http://www.txstate.edu/oea/Sexual-Misconduct--Title-IX-/consent.html>
- Raising awareness on Title IX and Sexual Assault
<http://www.txstate.edu/oea/Sexual-Misconduct--Title-IX-/awareness.html>
- Useful Terms
<http://www.txstate.edu/oea/Sexual-Misconduct--Title-IX-/definitions.html>

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 (<http://www.dos.txstate.edu/handbook/rules/cosc.html>) 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> 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

According to the [University Policy and Procedures Statement 07.10.01](#) the following is important information concerning definitions relating to academic dishonesty.

"Violation of the Honor Code" includes, but is not limited to, cheating on an examination or other academic work, collaboration/collusion, plagiarism, fabrication, and facilitating academic dishonesty. (<http://www.txstate.edu/effective/UPPS/upps-07-10-01.html>)

Examples of Honor Code Issues and Concerns

Cheating	Including engaging or attempting to engage in any of the following activities:
	1. Copying from another student's test, paper, report, computer files, data listings, computer screen, 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. Without authorization, using, buying, selling, stealing, transporting, soliciting, copying or possessing, in whole or in part, the contents of an unadministered test or other academic products (e.g., study guides, solution manuals, etc.)
	4. Substituting for another student or permitting another person to substitute for oneself in taking an examination or preparing academic work.
	5. Bribing or coercing another person to obtain an unadministered test or obtain information about an unadministered test or other academic products.
	6. 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.
	7. Submitting the same essay, thesis, report, or other project, without substantial revision or expansion of the work, in an attempt to obtain credit for work submitted in another course.
	8. Seeking, receiving or giving aid during examinations through electronic means (e.g., cell phone, email, text messaging).

	9. Using unauthorized materials or information from others for a take-home exam. It is expected that students do independent work for exams whether they are take-home or in-class. Students are expected to comply with the guidelines set by the instructor.
Collaboration/Collusion	The unauthorized collaboration with another person in preparing any work offered for credit. Examples include:
	1. Collaborating, without authorization, with another person during an examination or in preparing academic work. In some instances, instructors may indicate permitted forms of collaboration with other students. If the instructor does not indicate that collaboration is permitted, it should be understood that none is permitted. Students are encouraged to seek clarification from their instructors regarding the acceptable parameters for collaboration should they be in doubt regarding assignments that require group work. Instructors are encouraged to make their policy regarding collaboration explicit both orally to the class and in writing with each assignment. Acknowledgement of collaboration is required when presenting authorship of student work.
Plagiarism	Including the appropriation of another's work and the inadequately or inappropriately acknowledged incorporation of that work in one's own written, oral, visual, or original performative work that is offered for credit. Examples include:
	1. Submitting an assignment that was written during a prior semester or submitting the same assignment for more than one class simultaneously to include resubmitting substantial portions of previously written work for a current assignment, unless instructors in multiples courses are informed of and approve of the submission. Students should consult with their instructors if unsure of what work of their own they may use in preparing an assignment.
	2. Copying from another student's paper partially or entirely or from any source without proper citation such as a book, article, notebook, video, or other source material, whether published or unpublished.
	3. Inserting a passage from the Internet or any computer source into one's paper without proper citation.
	4. Appropriating another person's computer programming work for submission as an assignment.
	5. Failing to attribute material that comes from other media sources or failing to obtain proper permission for the use of such material when creating a web page, film, or musical composition as a course assignment.

	6. Any other appropriation of another's intellectual property without proper attribution.
	7. Citing sources improperly, which includes failure to use quotation marks or other appropriate notation for direct quotes or for an author's distinctive phrases, and following an author's structure of writing and ideas, but rephrasing the sentences partially to give the impression that the whole passage reflects the student's structure and ideas.
Fabrication	Including intentional and unauthorized falsification or invention of any information or citation in an academic exercise. Examples include:
	1. Furnishing false information or falsifying or distorting data.
	2. Forging a signature to certify completion of an assignment or falsifying attendance records to fabricate proof of attendance.
	3. Collaborating with another student to falsify attendance records to fabricate proof of attendance.
	4. Fabricating data in support of laboratory or field work.
	5. Intentionally misrepresenting one's academic accomplishments.
	6. Fabricating or falsifying a bibliography.
Facilitating Academic Dishonesty	Intentionally or knowingly helping or attempting to help another to violate any provision of this policy. Examples include:
	1. Providing to other students one's own work or that of others with the reasonable expectation that these will be used for the purpose of cheating or plagiarism.
	2. Maintaining a file of exams or papers with the reasonable expectation that these will be used for the purpose of cheating or plagiarism.
	3. Theft of other students' notes, papers, homework, or textbooks for academic gain.
	4. The use of any electronic means to assist another without authorization.
	5. Copyright infringements.

*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.

Addressing Acts of Dishonesty

Students accused of dishonest conduct may have their cases heard by the faculty member. The student may also appeal the faculty member's decision to the Honor Code Council. Students and faculty will have the option of having an advocate present to insure their rights. Possible actions that may be taken range from exoneration to expulsion.

Acceptance of Gifts

Taken from: THE TEXAS STATE UNIVERSITY SYSTEM, SYSTEM RULES AND REGULATIONS:

5. BENEFITS, GIFTS AND HONORARIA.

5.3 Prohibited Benefits. A Regent or an employee shall not solicit, accept, or agree to accept any benefit from any person the Regent or employee knows is interested in or is likely to become interested in any contract, purchase, payment, claim, or transaction involving the Regent's or employee's discretion. This prohibition does not apply to (1) gifts or other benefits conferred on account of kinship or a personal,

professional, or business relationship independent of a Regent's or employee's status, respectively, as a member of the board or as an employee; (2) a fee prescribed by law to be received by a Regent or employee or any other benefit to which he or she is lawfully entitled or for which he or she gives legitimate consideration in a capacity other than as a member of the Board or an employee of the System or a component; (3) a gift, award, or memento that is received from a lobbyist who is required to make reports under Government Code, Chapter 305 and, (4) items having a value of less than \$50, not including cash or negotiable instruments. A Regent or an employee who receives an unsolicited benefit that he or she is prohibited from accepting by law may donate the benefit to a governmental entity that has the authority to accept the gift or may donate the benefit to a VIII-7 recognized tax-exempt charitable organization formed for educational, religious, or scientific purposes.

***Texas State College of Health Professions Grade Appeals
Policy and Procedure Statement 04.01***

www.health.txstate.edu/About/College-Policies-and-Procedures

See Attachment D

GRADUATION

Degree Audit Reports (DAR)

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 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 their academic advisor who 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>.

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.***

MASTER OF SCIENCE IN NURSING PROGRAM OF STUDY AND COURSE DESCRIPTIONS



The Master of Science in Nursing (MSN) program is a program in which registered nurses (RNs) with a Bachelor of Science in Nursing (BSN) degree advance their skills in one of three specialty areas currently offered; Family Nurse Practitioner (FNP), Psychiatric Mental Health Nurse Practitioner (PMHNP), or Leadership and Administration in Nursing (LAN). Instruction will be in a hybrid format, primarily online with approximately two meetings per semester at the St. David's School of Nursing in Round Rock, Texas.

MSN, FAMILY NURSE PRACTITIONER

The FNP 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 FNP 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 bio-psychoneurological 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.

PROGRAM OF STUDY

48 semester hours minimum required

Course Number	Required Courses	Credit Hours
Year One, Fall		9
NURS 5301	Advanced Pathophysiology	3
NURS 5202	Advanced Health Assessment	2
NURS 5102	Advanced Health Assessment Practicum	1
NURS 5351	Theoretical Foundations of Advanced Integrative Nursing	3
Year One, Spring		12
NURS 5410	Adult/Gerontology Primary Care	4
NURS 5310	Adult/Gerontology Primary Care Practicum	3
NURS 5303	Advanced Pharmacotherapeutics	3
NURS 5204	Fundamentals of Appraisal and Translational Research I	2
Year One, Summer		7
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
Sub-total		48 hours

COURSE DESCRIPTIONS

NURS 5301 Advanced Pathophysiology

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The current professional and legal issues that influences 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

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.

MSN, PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER

This program is designed to strengthen the skills of experienced RN's in mental health practices and prepare students to take the PMHNP Certification Exam. Mental Health has been an area of concern and focus for several years. The community needs strong practitioners to help pave the way for new advancements in diagnosis and treatment. Students will learn how to deliver evidence-based care, evaluate mental health, and assess and treat patients in the Psychiatric Mental Health Care field. Students will also be required to perform a certain number of clinical hours each semester to practice their new skills.

In addition to meeting all relevant professional competencies, MSN-PMHN graduates will be qualified to sit for the following certification exam:

- American Nurses Credentialing Center (ANCC) Psychiatric-Mental Health Nurse Practitioner (Across the LifeSpan) Certification Exam

The MNHP program will begin in Spring 2019 and can be completed in as few as 15 months. It is an online/hybrid program that has both full-time and part-time options. More information will be coming soon.

PROGRAM OF STUDY

48 semester hours minimum required

Course Number	Required Courses	Credit Hours
Semester One		9
NURS 5202	Advanced Health Assessment	2
NURS 5170	Advanced Health Assessment Mental Health Focused Practicum (60 hours clinical practicum)	1
NURS 5303	Advanced Pharmacotherapeutics	3
NURS 5301	Advanced Pathophysiology	3
Semester Two		11
NURS 5372	Psychological Theory for APRNs	3
NURS 5273	Neuroscience for Mental Health Practitioners	2
NURS 5274	Developmental Models of Care Across the Lifespan	2
NURS 5275	Developmental Models Across the Lifespan Practicum (120 hours clinical practicum)	2
NURS 5176	Models of Psychotherapy	1
NURS 5177	Models of Psychotherapy Practicum (60 hours clinical practicum)	1
Semester Three		9
NURS 5278	Acute and Crisis Models of Care	2
NURS 5279	Acute and Crisis Models of Care Practicum Across the Lifespan (120 hours clinical practicum)	2
NURS 5180	Advanced Health Assessment Applications for PMHNP	1
NURS 5281	Psychopharmacology	2
NURS 5182	Psychoeducation Theory	1
NURS 5183	Psychoeducation Practicum (60 hours clinical practicum)	1
Semester Four		11
NURS 5384	Role, Leadership, Policy, and Ethics Within the US Healthcare Delivery System	3
NURS 5385	Translational Research and Capstone	3
NURS 5386	Chronic Mental Health Self-Management Across the Lifespan	3
NURS 5287	Chronic Mental Health Self-Management Practicum Across the Lifespan (120 hours clinical practicum)	2
Sub-total		40 credit hours/540 practicum hours

COURSE DESCRIPTIONS

NURS 5170: Advanced Health Assessment Mental Health Focused Practicum

This course emphasizes advanced health assessment techniques and skills common to patient evaluation and the development of differential diagnoses. Advanced physical and mental health assessment skills and

the ability to identify common signs and symptoms related to physical and mental health disease processes will be developed.

NURS 5176: Models of Psychotherapy

The course will examine the variety of therapeutic modalities available for the treatment of mental health disorders across the lifespan. Attention will be given to the nurse as psychotherapist and the development of a framework for practice. Integrating psychopharmacology with psychotherapy, and therapy with special populations will be presented.

NURS 5177: Models of Psychotherapy Practicum

This course emphasizes advanced health assessment techniques and skills common to patient evaluation and the development of differential diagnoses. Advanced physical and mental health assessment skills and the ability to identify common signs and symptoms of disease will be developed.

NURS 5180: Advanced Health Assessment Applications for PMHNP

This course emphasizes advanced mental health assessment techniques and skills unique to patient mental health evaluation and the development of differential diagnoses. Advanced physical and mental health assessment skills using standardized instruments and DSM5 guidelines will be developed.

NURS 5182: Psychoeducation Theory

The course will explore approaches to patient education including legal and ethical issues specific to mental health. Educational activities, including teaching, counseling, and behavior modification will be discussed. Examination of techniques specific to mental and behavioral health and the use and impact of technology will be included.

NURS 5183: Psychoeducation Practicum

The course will apply approaches to patient education including legal and ethical issues specific to mental health. Educational activities, including teaching, counseling, and behavior modification, will be implemented. Examination of techniques specific to mental and behavioral health and the use and impact of technology will be included.

NURS 5273: Neuroscience for Mental Health Practitioners

This course explores the connection of mind and body and the current neuroscience that supports the linkage between them. The physiology of the brain and nervous system, genetics and epigenetics, and the immune system will be examined. Diagnostic tools and evidence-based treatment modalities will be explored.

NURS 5274: Developmental Models of Care Across the Lifespan

The course will explore the contribution of growth and development on mental illness. Specific attention will be paid to disorders of childhood, adolescence, and aging. Developmental factors associated with mental illness will be examined. Specific attention will be given to anxiety, autism spectrum, bipolar, depression, dementia, and impulse control disorders.

NURS 5275: Developmental Models of Care Across the Lifespan Practicum

The course will explore therapeutic mental illness interventions that occur during lifespan growth and development. Specific attention will be given to anxiety, autism spectrum, bipolar, depression, dementia, and impulse control disorders of patients across the lifespan.

NURS 5278: Acute and Crisis Models of Care Across the Lifespan

This course will explore acute and crisis conditions needing immediate intervention and care. The examination of substance abuse, violence, trauma, suicide, and forensics will be undertaken. Special emphasis will be placed on suicide prevention, substance abuse intervention, and domestic violence. Disorders leading to forensic intervention will be discussed.

NURS 5279: Acute and Crisis Models of Care Across the Lifespan Practicum

This course emphasizes mental health assessment techniques and skills for patients experiencing a variety of acute or crisis health issues and the development of differential diagnoses. Advanced physical and mental health assessment skills, identifying symptomology and treatment strategies for suicide prevention, substance abuse, and domestic violence, will be developed.

NURS 5281: Psychopharmacology

This course focuses on the principles of clinical psychopharmacology for diverse populations across the lifespan. Knowledge of pharmacologic categories, indications and contraindications, dosing with special needs groups, adverse effects, and collaborative monitoring of pharmacotherapy and alternative therapies will be developed.

NURS 5287: Chronic Mental Health Self-Management Across the Lifespan Practicum

The course will apply self-management strategies for psychiatric disorders that manifest throughout the lifespan. Chronic disease self-management principles will be applied to a variety of long-term mental illnesses in a clinical setting. A self-management intervention will be developed, implemented and evaluated.

NURS 5372: Psychological Theory for Mental Health Practitioners

The course provides the foundation for assessing the most commonly used theories in psychiatric- mental health practice and integrating the nursing theories specific to psychiatric nursing. Theories used to guide practice will be stressed. Emphasis will be placed on the interrelationship between theory and research.

NURS 5384: Role, Leadership, Policy, and Ethics Within the US Healthcare Delivery System

The course will emphasize the role of the Psychiatric Mental Health Advanced Practice Nurse. Leadership styles, the process of policy, ethical standards, barriers, and role will be addressed. Characteristics of leaders in the nurse practitioner role, policy and policy making, and ethical dilemmas facing patients and providers will be included.

NURS 5385: Translational Research and Capstone

The students will explore evidence-based practice (EBP) for Psychiatric Mental Health Nurse Practitioners. This course will equip nurses with the skills needed to effectively engage in EBP, to serve as EBP champions and mentors, and to lead projects that translate evidence into clinical practice within healthcare facilities.

NURS 5386: Chronic Mental Health Mental Health Self-Management Across the Lifespan

The course will explore psychiatric disorders that manifest throughout the lifespan. Chronic disease self-management principles will be applied to a variety of long-term mental illnesses. Emphasis will be placed on the chronicity of certain illnesses and the need to manage them from onset to end-of-life.

MSN, LEADERSHIP AND ADMINISTRATION PROGRAM

The community is in desperate need of highly qualified and forward-thinking leaders in nursing. The LAN program teaches students how to effectively lead others and their organizations to continuously improve and strengthen the care that is provided to today's community and for the future. Students will learn how to manage cultural changes, be innovative, manage, and initiate process and organizational improvements. The curriculum includes:

1. Identifying leadership skills and organizational theory. Learning how to communicate effectively with others and properly lead an organization that aligns with patient outcomes and organizational goals.
2. Researching current leaders in healthcare, quality improvement strategies, and best practices for policy implementation.
3. Learn to make executive decisions in areas such as risk, liability, legality, finance, patient care, and organizational roles.
4. Develop and improve policies at the state and national levels.
5. Evaluate the use of technology to foster improvement in care provided by the organization.
6. Examine diversity in healthcare and cultural impacts on organizations.

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

- American Organization of Nurse Executives (AONE) Certification Exam – Executive Nursing Practice (CENP)_ or Certified Manager and Leader (CNML)
- American Nursing Credentialing Center (ANCC) Certification Exam—Nurse Executive (NE-BC) or Nurse Executive, Advanced (NEA-BC)

Program Goals

We the faculty of the MSN-LAN program have a focused commitment to following goals:

- 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
- Foster educational partnerships with community organizations for academic programs

Program Student Educational Outcomes

Graduates of the MSN will meet national, professional, and graduate educational standards. Graduates of the MSN-LAN program will gain knowledge, skills and competencies around the following program educational objectives:

1. Demonstrate effective oral and written communication across a diverse constituency including board members, executives, academia, physicians and providers, employees, community members, patients, and families.
2. Gain extensive knowledge of the health care environment regarding patient safety, quality and performance improvement, delivery models, economics and policy, and governance.
3. Internalize personal and professional leadership skills that demonstrate reflective practice, change management, succession planning, systems thinking, and emotional intelligence.
4. Synthesize personal accountability and professional ethics into an advocacy role as a nurse leader.

5. Correlate business skills in financial management, human resources, strategic planning, and information management and technology.

PROGRAM OF STUDY

36 semester hours minimum required

Course Number	Required Courses	Credit Hours
1st Spring Session		6
NURS 5360	Leadership Science: Foundational Thinking Skills, Governance, and Community and Provider Relationships	3
NURS 5361	Leadership Science: Performance and Quality Improvement (20-hour mentored project)	3
2nd Spring Session		6
HS 5315	Leadership Science: Principles of Healthcare Finance for Clinical Leaders	3
NURS 5363	Leadership Science: Evidence-Based Practice for Nurse Leaders	3
Summer Session		6
NURS 5362	Leadership Science: Patient Safety, Risk Management, Legal & Regulatory Requirements	3
NURS 5364	Leadership Science: Health Care Finance and Workforce Planning (20-hour mentored project)	3
1st Fall Session		6
HA5355	Leadership Science: Human Services Management in Healthcare Facilities	3
HA5342	Leadership Science: Information Systems and Technology	3
2nd Fall Session		6
NURS 5365	Leadership Art: Ethics, Diversity, and Relationship Building	3
NURS 5366	Leadership Art: Health Policy & Advocacy	3
1st Spring Session		3
NURS 5367	The Leader Within: Professional Accountability, Succession Planning and Reflective Practice I (40-hour mentored capstone project)	3
2nd Spring Session		3
NURS 5368	The Leader Within: Professional Accountability, Succession Planning and Reflective Practice II (40-hour mentored capstone project)	3
Sub-total		36 hours

COURSE DESCRIPTIONS

NURS 5360 - Leadership Science: Foundational Thinking Skills, Governance, and Community and Provider Relationships

This course will emphasize leadership skills in communication, leadership styles and organizational theory. Communication will focus on conflict resolution, presentation skills, and relationship building.

Delivery systems, leadership styles, and demand for nursing will be examined. Complexity science, systems theory, and diversity required for organizing health care will be explored.

NURS 5361 - Leadership Science: Performance and Quality Improvement

This course will articulate performance improvement activities using evidence-based metrics to align patient outcomes with organizational goals. Methods for using quality metrics and action plans will be emphasized.

NURS 5362 - Leadership Science: Patient Safety, Risk Management, Legal and Regulatory Requirements

This course will examine areas of risk and liability. Students will develop systems that identify early warning indicators of problems and will explore “just in time” reporting. The concept of sentinel events and root cause analysis will be explored. Accreditation standards, legal regulations, and compliance requirements will be integrated.

NURS 5363 - Leadership Science: Evidence-Based Practice for Nurse Leaders

The students will explore evidence-based practice (EBP) for nurse leaders. This EBP course will equip nurses with the skills needed to effectively engage in EBP, to serve as EBP champions and mentors, and to lead projects within healthcare facilities.

HS 5315 - Leadership Science: Principles of Healthcare Finance for Clinical Leaders

This course is designed to prepare allied health professionals in a leadership degree program for managerial positions in healthcare organizations by providing sufficient knowledge of industry financial matters, so they can provide input to the organization's chief executive officer.

NURS 5364 - Leadership Science: Health Care Finance and Work Force Planning

This course will emphasize workforce planning for nursing and the application of general principles of accounting. Twenty hours will be allocated to the development of a department operational and capital budget in collaboration with a nurse director or executive. Negotiation and monitoring of contracts and contract compliance will be explored.

HA 5355 - Leadership Science: Human Services Management in Health Care Facilities

A study of personnel administration in the healthcare facility and the environment in which it functions. Emphasis will be on the role of the Personnel Office in forecasting, developing, and managing human resources, in addition to a review of current legislation affecting the personnel function.

HS 5342 - Leadership Science: Information Systems and Technology

This course introduces the fundamental concepts of health information technologies and information management strategic planning. A major focus will be design and selection of data-driven systems that offer strategic advantages, facilitate compliance and provide a return on investment. Department approval required.

NURS 5365 - Leadership Art: Ethics, Diversity, and Relationship Building

This course will explore theories of culture and will include legal regulations that govern diversity. The relationship between medical ethics and corporate compliance will be explored. Methods for creating a trusting environment will be evaluated and the need for relationships with providers and academia will be illustrated.

NURS 5366 - Leadership Art: Health Policy & Advocacy

This course will focus on the need for leaders to belong to professional organizations to affect policy and advocacy. Participation in legislative activities will be promoted at the state and national levels. The impact of nurse leaders serving on boards that govern health care activities and organizations will be emphasized.

NURS 5367 - The Leader Within: Professional Accountability, Succession Planning and Reflective Practice I

This course provides a mentored experience for the synthesis of critical thinking and reflections from didactic work with the practice of nursing leadership. Observational and independent learning activities will result in a Part I of the final capstone project reflecting culmination of program objectives.

NURS 5368 - The Leader Within: Professional Accountability, Succession Planning and Reflective Practice II

This course is designed to be the culminating mentored experience for the synthesis of critical thinking and reflections from didactic work with the practice of nursing leadership. Students will evaluate and present their final capstone project, reflecting summation of program objectives.

LEADER AND MENTOR REQUIREMENTS FOR LAN

An essential component of the LAN program includes students applying what they have learned in their coursework at their current place of employment with a mentor/leader. This section applies to the following courses, each of which has a mentored project included:

- 5361 – Leadership Science: Performance and Quality Improvement. 3 credits, 20-hour mentored project)
- 5364 – Leadership Science: Health Care Finance and Workforce Planning, 20-hour mentored project
- 5367 – The Leader Within: Professional Accountability, Succession Planning and Reflective Practice I, 40-hour mentored capstone project
- 5368 – The Leader Within: Professional Accountability, Succession Planning and Reflective Practice II, 40-hour mentored capstone project

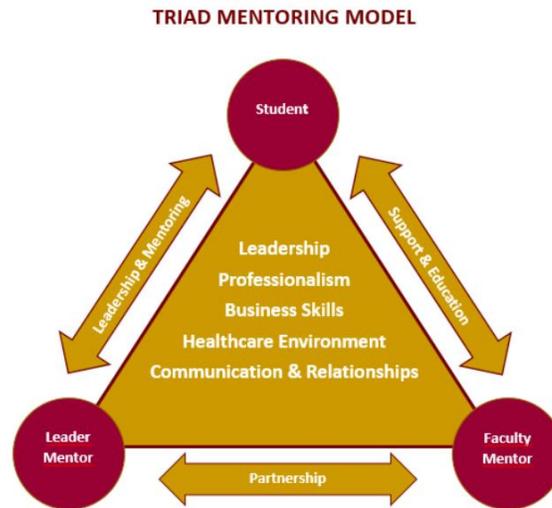
Leader Mentor and student practicums are unique relationships. Each student is responsible for identifying a mentor and clinical site at the beginning of their program. The Clinical Education Placement Coordinator and the Program Director will assist student's in establishing Leader Mentor and facility assignments. Note that students will be required to travel to and comply with the work schedule and availability of both the facility and mentor. The student must clear the time and location with clinical faculty for supervision and responsibility reasons. Securing clinical site(s) and mentors should begin as soon as the student is accepted into the program, and approval can take three months or longer (for military sites, between six to twelve months). Both the clinical site and the mentor must be approved by the St. David's School of Nursing prior to beginning the program. Forms required for this approval process can be found at in attachment E (Clinical Site Approval) and G (Mentor Agreement) All clinical requirements must be met at an approved clinical site with an approved mentor.

Leader and Mentor

Orientation to the MSN-LAN Leader and Mentor role has included an overview of the MSN-LAN program curriculum, with a focus on the objectives for courses requiring mentored practice hours. We ask

that you mentor and coach the student to the next leader/manager role. We anticipate that you will role model, identify projects, and facilitate the student's ability to work within your facility's culture and systems. We also ask that Leader Mentors verify the student's tracking of their practicum hours by initialing the Practicum Log Sheet. Our students have committed to the Texas State University Honor Code therefore, we expect that their documentation is true and accurate. We ask that you participate in formative and summative evaluations of the student's learning experience. Hence your thoughtful appraisals will provide the student with direction for growth and celebration.

Throughout the mentored courses curriculum times have been identified whereby the Leader Mentor-Student-Faculty Mentor Triad will have discussions (in-person or telephone or videoconferencing) to clarify the student's course work and/or determine projects. The faculty anticipates that the didactic work of the students will evolve from the Leader Mentor's work issues and perhaps help solve a present concern or challenge. For example, help you initiate a new program/service, launch a change project, or meet a strategic quality measure. We also hope that any products the student might develop in the course will be helpful to you and your facility. For clarification of the student's work we will have discussions (in-person or telephone or videoconferencing) whereby the Leader Mentor-Student-Faculty Mentor Triad meet at a time convenient to the Leader Mentor during the semester. In addition, the Leader Mentor is encouraged to reach out to the Faculty Mentor and/or Program Director at any time.



CLINICAL REQUIREMENTS FOR FNP AND PMHNP

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

FNP

- 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

PMHNP

- 5170 – Advanced Health Assessment Mental Health Focused Practicum, 1 credit hour, 60 clinical hours
- 5275 – Developmental Models Across the Lifespan Practicum, 2 credit hours, 120 clinical hours
- 5177 – Models of Psychotherapy Practicum, 1 credit hour, 60 clinical hours
- 5279 - Acute and Crisis Models of Care Practicum Across the Lifespan, 2 credit hours, 120 clinical hours
- 5183 – Psychoeducation Practicum, 1 credit hours, 60 clinical hours
- 5287 – Chronic Mental Health Self-Management Practicum Across the Lifespan, 2 credit hours, 120 clinical hours

Learning the advanced practice nurse patient management role from a preceptor is one of the most important aspects of your clinical education. St. David's School of Nursing has structured clinical sites with agency and preceptor agreements in place that are available for practicum experiences. The faculty and staff will place you in clinical experiences. However, each FNP and PMHNP student is encouraged to take an active part in identifying clinical sites and preceptors that incorporates the student's desired role models and personal goals. Clinical site(s) may be located near the student's residence and/or at locales designated by the faculty advisor. Note that students will be required to travel to and to comply with the work schedule and availability of both the facility and preceptor. Arrangements for securing clinical site(s) and preceptor(s) should begin as soon as the student is accepted into the program because 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 practicum course. Forms required for this approval process can be found at [Clinical Forms](#) and at the end of this handbook. All clinical requirements must be met at an approved clinical site with an approved preceptor. The process for doing so is outlined below.

Clinical and 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 prescriptive authority) (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. 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.

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 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 and mental health sites)
2. Outpatient primary care clinics (family practice and mental health sites)
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 at nurs_clnclplcmnt@txstate.edu. Upon receipt, the Nurse Practitioner Program Director will determine if both the clinical site and preceptor meet requirements and sign the form(s). The MSN student will be notified by email of the approval status for each form submission by the Clinical Education Placement Coordinator. In addition, clinical work can not start until the Texas State faculty member is notified by the Clinical Education Placement Coordinator that the student is approved to begin clinical. The faculty member approves his/her clinical schedule.

In no case should a student work clinical hours without both the preceptor and the site being approved.

Such hours accrued without preceptor and site approval forms officially approved **will NOT count** for practicum hours. Doing so would mean the student was at the facility without student liability insurance. 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 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. An APRN must approve the student's choice for preceptor and faculty placement.

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 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 for Clinical Hours

The SON uses Typhon software (specifically the NPST for Advanced Practice Nursing program) to track clinical hours of all 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 72 hours 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 (i.e., lunch break), you may not list that hour for your clinic hours.

Clinical Evaluations and Grading

For clinical courses, students will be evaluated according to on-campus intensives, journals, logs of hours worked, and patient populations served, preceptor recommendations, and/or letters from supervising mentors. Preceptors will be contributing to your mid-term and final assessments (e.g., Completion of Mid-term and Final assessments). Clinical faculty make the final determination of the student's assessment for the practicum.

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 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 can 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.

CURRICULUM AND CONCEPTUAL FRAMEWORK

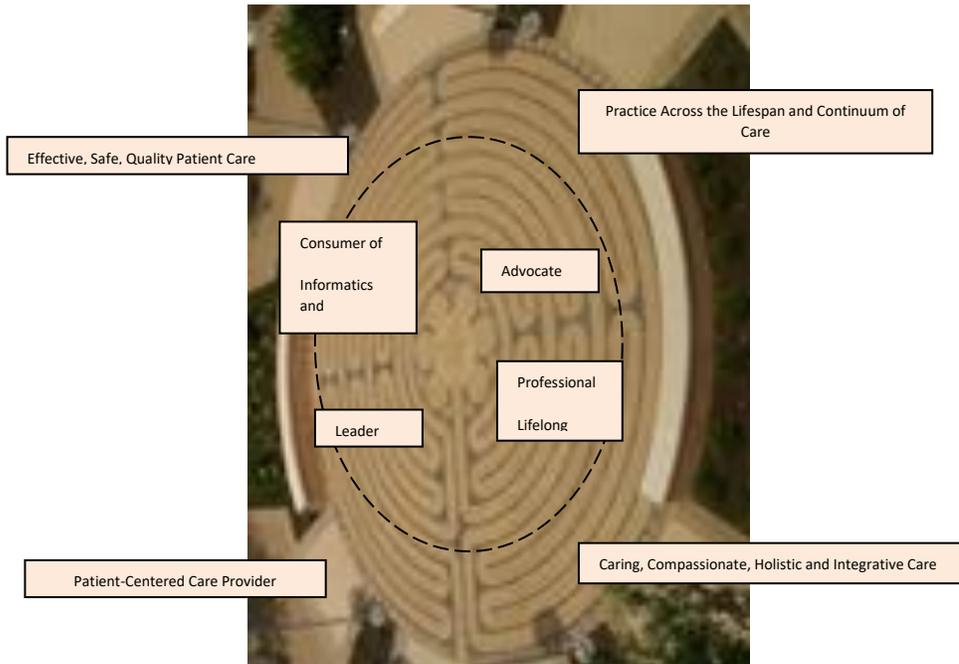
BSN

Conceptual Framework Diagram

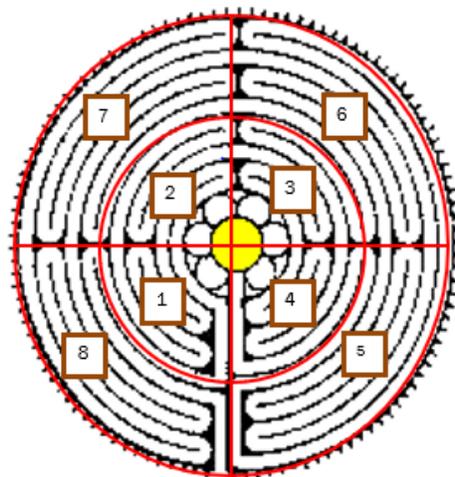
The Following eight core concepts guide the curriculum of the St. David's School of Nursing at Texas State University Round Rock Campus. Each core concept has been assigned a quadrant located in either the inner or outer circle of the labyrinth:

- 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**



Student Progression through the Labyrinth (Curriculum)

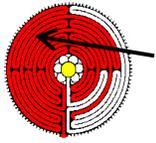


The labyrinth represents the continuity and connectedness of the curriculum content and the faculty-student partnership in the learning and professional growth journey.

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.

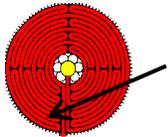
The Path

	<p><u>Concept 1: Patient-Centered Care Provider</u></p> <p>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.</p>
	<p><u>Concept 2: Professional / Life Long Learner</u></p> <p>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.</p>
	<p><u>Concept 3: Leader</u></p> <p>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</p>
	<p><u>Concept 4: Advocate</u></p> <p>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.</p>
	<p><u>Concept 5: Consumer of Informatics and Technology</u></p> <p>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, & -</p>
	<p><u>Concept 6: Practice across the lifespan and continuum of care</u></p> <p>Nursing care that addresses the age-specific needs of individuals and populations in primary, secondary, and tertiary healthcare settings.</p>



Concept 7: Caring

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-



Concept 8: Effective, Safe, Quality Patient-Centered Care

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



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 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

- Cronenwett, L., Sherwood, G., Barnsteiner, J., Disch, J., Johnson, J., Mitchell, P., ... Warren, J. (2007). Quality and safety education for nurses. *Nursing Outlook* 55 (3), 122-131.
- Ford, P., Rolfe, S., & Kirkpatrick, H. (2011). A journey to patient-centered care in Ontario, Canada: Implementation of a best-practice guideline. *Clinical Nurse Specialist* 25(4), 198-206.
- Girdley, D., Johnsen, C., & Kwekkeboom, K. (2009). Facilitating a culture of safety and patient-centered care through use of a clinical assessment tool in undergraduate nursing education. *Educational Innovations, Journal of Nursing* 48(12), 705.
- Greenhaulgh T. (2006). *What Seems to be the Trouble?* Oxford: Radcliffe Publishing.
- Peplau, H. (1987). Interpersonal constructs for nursing practice. *Nurse Education Today*, 7(5), 201-208.
- Sullivan, H. S. (1996). *Interpersonal Theory and Psychotherapy* (Makers of Modern Psychotherapy series). London: Routledge.

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

- Fitzpatrick, J. (2006). Self-assessment as a strategy to provoke integrative learning within a professional degree programme. *Journal of Learning in Health and Social Care* 5(1): 23-34.
- Plack, M., & Santasier, A. (2004). Reflective practice: A model for facilitating critical thinking skills within an integrative case study classroom experience. *Journal of Physical Therapy Education* 18(1): 4-12.
- Trapp, P. (2005). Engaging the body and mind with the spirit of learning to promote critical thinking. *The Journal of Continuing Education in Nursing* 36(2): 73-76.
- Vogt, E., Brown, J., & Issacs, D. (2003). *The Art of powerful questions: Catalyzing insight, innovation, and action*. Mill Valley, CA: Whole Systems Associates.

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

- Bass, B. M. (1994). *Improving organizational effectiveness through transformational leadership*. Thousand Oaks, CA: Sage Publications.
- Dirkx, J. M. (1998). Transformative learning theory in the practice of adult education: An overview. *PAACE Journal of Lifelong Learning* 7: 1-14.
- Freshwater, D. (2008). Reflective practice: The state of the art. In Freshwater, D., Taylor, B., & Sherwood, G. (Eds), *International textbook of Reflective Practice in Nursing* (2-18). Indianapolis, IN: Sigma Theta Tau International and Blackwell Publishing.
- Luechtefeld, R. A., & Watkins, S. E. (2007). Building reflective team skills with a T-group. Presented at: 37th ASEE/IEEE Frontiers in Education Conference, Milwaukee, WI.
- Schaubroeck, J., Lam, S., & Cha, S. (2007). Embracing transformational leadership: Team values and the impact of leader behavior on team performance. *Journal of Applied Psychology* 92: 1020-1030.
- Schon, D. (1983). *The Reflective Practitioner: How Professionals Think in Action*. New York: Basics Books.

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 program’s 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

- Connolly, C., Wilson, D., Missett, R., Dooley, W. C., Avent, P. A., & Wright, R. (2004). Associate degree nursing in a community-based health center network: Lessons in collaboration. *Journal of Nursing Education, 43*(2),78-80.
- Foley, B., Minick M. P., Kee, C. C. (2002). How nurses learn advocacy. *Journal of Nursing Scholarship, 34*(2), 181-186.
- Lothian, J.A. (2005). The Dance of Advocacy, *Journal of Perinatal Education, 14*(2), 36-39. doi: 10.1624/105812405X44718

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

- Ainsley, B., & Brown, A. (2009). The impact of informatics on nursing education: A review of the literature. *The Journal of Continuing Education in Nursing, 40* (5), 228-232.
- American Nurses Association. (2001). *Scope and standards of nursing informatics practice*. Washington, DC: Author.
- Institute of Medicine. (2003). *Health professions education: A Bridge to quality*. Washington, DC: National Academies Press.
- Staggers, N., Gassert, C., & Curran, C. (2002). A Delphi study to determine informatics competencies for nurses at four levels of practice. *Nursing Research, 51*(6), 283-390.
- Thompson, T. G., & the U.S. Department of Health and Human Services. (2004). *Decade of health information technology: Delivering consumer-centric and information-rich health care. Framework for strategic action*. Washington, D.C.: U.S. Department of Health and Human Services.

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 nurse’s 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 impact 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

- Jenkins, J., Prows, C., Dimond, E., Monsen, R., & Williams, J. (2001). Recommendations for educating nurses in genetics. *Journal of Professional Nursing*, 17(6), 283-290.
- Middlebrooks, J. S., & Audage, N. C. (2008), *The Effects of Childhood Stress on Health Across the Lifespan*. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

Concept 7: Caring Care, Holistic and Integrative Nursing

Definition: 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).

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

- Dossey, B. M. (2007). *Alternative Journal of Nursing* (15). Retrieved from: http://www.altjn.com/perspectives/dossey_sp2007.pdf
- Institute of Medicine. (2011). *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: The National Academies Press.
- Jarrin, O. F. (2007). An integral philosophy and definition of nursing. Presented at DigitalCommons@UConn, Storrs, CT.
- Leininger, M. M. (1988) Leininger's Theory of Nursing: Cultural Care Diversity and Universality *Nursing Science Quarterly* (1) 4, 152-160, doi: 10.1177/089431848800100408
- Sumner, J. F. (2004). Caring: The foundation of advanced practice nursing. *Topics in Advanced Practice Nursing eJournal*, 4(4). Retrieved from: http://www.medscape.com/viewarticle/496360_4
- Sumner, J. F. (2004). A case study: The clinical application of quadrangular dialogue-a caring in nursing teaching model. *International Journal of Nursing Education Scholarship*, 1(1). Retrieved from: <http://www.bepress.com/ijnes/vol1/iss1/art7>
- Swanson, K. M. (1991). Empirical development of a middle range theory of caring. *Nursing Research* (40) 3: 16, 161-166.
- Watson, J. (1988). *Nursing: Human Science and Human Care*. New York: National League for Nursing.

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

Agency for Healthcare Research and Quality. (2008). *Patient Safety and Quality: An Evidence-Based Handbook for Nurses*. Rockville, MD: AHRQ. Retrieved from:

<http://www.ahrq.gov/qual/nursesfdbk/>

Cooper, C., Taft, L., & Thelen, H. (2005). Preparing for practice: Students' reflections on their final clinical experience. *Journal of Professional Nursing*, 21(5), 293-302.

Institute of Medicine. (2003). *Health Care Professions: A bridge to quality*. Retrieved from

http://books.nap.edu/catalog.php?record_id=10681

Joint Commission, The. (2011). *National Patient Safety Goals*. Retrieved from

http://www.jointcommission.org/standards_information/npsgs.aspx

Quality and Safety Education for Nurses. (2011). *QSEN – Quality & Safety Education for Nurses*.

Retrieved from <http://www.qsen.org/>

Salas, I. (2007). *Team Building Tool*. Retrieved from <http://www.who.int/cancer/modules/en/index.html>

MSN 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 a 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.

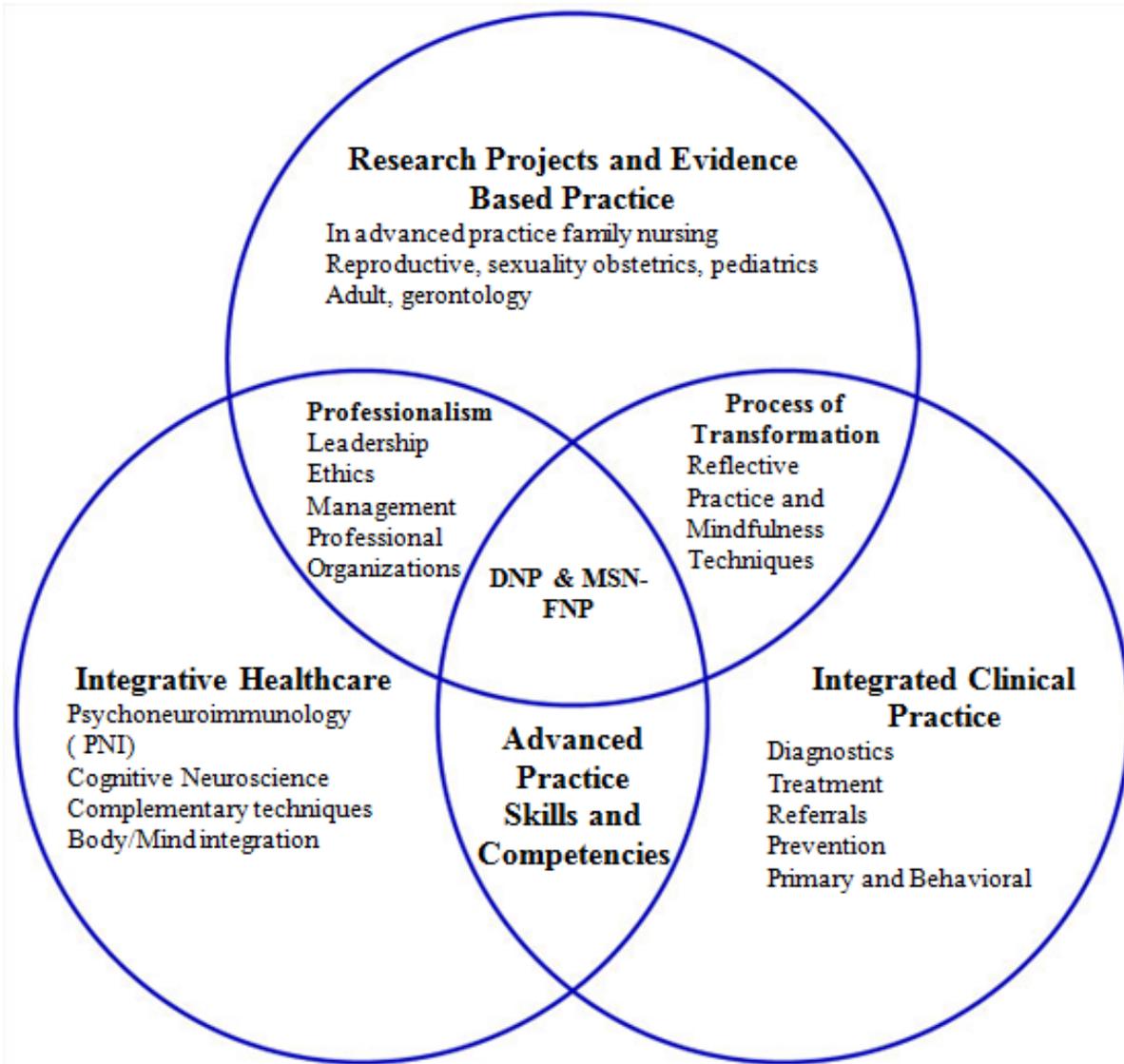
With this historical perspective and driven by the Institute of Medicine Summit on Integrative Medicine (2009), the decision was made to design the SON's graduate programs with an emphasis on Integrative Healthcare. The conventional program meets the requirements of the national accrediting and evaluating 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 Siegel, 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. 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 reflection 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 biopsychological 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

- Chirema, K. D. (2007). The use of reflective journals in the promotion of reflection and learning in post registration nursing students. *Nurse Education Today*, 27(3), 192-202.
- Dewey, J. (1933). *How We Think*. A restatement of the relation of reflective thinking to the educative process. Revised Edition. Boston: D. C. Heath. Retrieved from: <http://ehlt.flinders.edu.au/education/reflectivepractice/reflect/what%20is%20reflective%20practice.pdf>.
- NIH National Human Genome Research Institute. (n.d.). G2C2: Genetics/Genomics Competency Center for Education. Retrieved from: <http://www.g-2-c-2.org/>
- Kabat-Zinn, J. (2000). Participatory medicine. *Journal of the European Academy of Dermatology and Venereology*, 14, 239–240.
- Kabat-Zinn, J. (2003). Mindfulness: The heart of rehabilitation. In E. Leskowitz (Ed.), *Complementary and alternative medicine in rehabilitation* (xi–xv). Saint Louis: Churchill Livingstone.
- Kabat-Zinn, J., Chapman, A., & Salmon, P. (1997). The relationship of cognitive and somatic components of anxiety to patient preference for alternative relaxation techniques. *Mind/Body Medicine*, 2, 101–109.
- Schon, D. (1983). *The reflective practitioner: How professionals think in action*. New York: Basic Books.
- Schon, D. (1987). *Educating the Reflective Practitioner*. San Francisco: Jossey-Bass.
- Schuessler, J., Wilder, B., & Byrd, L. (2012) Reflective journaling and development of cultural humility in students. *Nursing Education Perspectives*, 33(2), 96-99.
- Van Eekelen, I., Boshuizen, H., & Vermunt. (2005). Self-regulation in higher education teacher learning, *Higher Education*, 50(3), 447-471.

- Walsh, R. (1980). The consciousness disciplines and the behavioral sciences: Questions of comparison and assessment. *American Journal of Psychiatry*, 137, 663–673.
- Whitton, D., Sinclair, C., Barker, K., Nanlohy, P., & Nosworthy, M. (2004). *Learning for teaching: Teaching for learning*. Southbank, Victoria: Thomson Learning.

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, 2011). "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 health care 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

- Deming, W. E. (1993). *The New Economics*. Cambridge, MA: MIT Press.
- Institute of Medicine. (2010). *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: Institute of Medicine.
- Kuhn, T. (1996). *The Structure of Scientific Revolution*. University of Chicago Press.
- Mundinger, M. O. (2010). Health care reform and comprehensive care: Where are the nurses? *Clinical Scholars Review*, 3(1), 3-4.

Newhouse, R.P., Weiner, J.P., Stanik-Hutt, J., White, K.M., Johantgen, M., Steinwachs, D., Zangaro, G., Aldebron, J., & Bass, E. (2011). Advanced practice nurses as a solution to the workforce crisis: Implications of a systematic review of their effectiveness. Manuscript submitted for publication.

Popper, K. (1985). *Conjectures and Refutations: The Growth of Scientific Knowledge*. London, UK: Routledge.

Shih, A., & Fund, C. (2008). *Organizing the US Health Care Delivery System for High Performance*. Commonwealth Fund. Retrieved from <http://www.commonwealthfund.org/Publications/Fund-Reports/2008/Aug/Organizing-the-U-S--Health-Care-Delivery-System-for-High-Performance.aspx>

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

- Cooper, R. A., Laud, P., & Dietrich, C. L. (1998). The current and projected workforce of non-physician clinicians. *Journal of the American Medical Association*, 280, 788–794.
- Cooper, R. A., Henderson, T., & Dietrich, C. L. (1998). The roles of non-physicians' clinicians as autonomous providers of patient care. *Journal of the American Medical Association*, 280, 795–802.
- Cooper, R. A. (2007). New directions for nurse practitioners and physician assistants in the era of physician shortages. *Academic Medicine*, 82, 827–828.
- Council on Licensure, Enforcement and Regulation. *North American Regulatory Boards*. Retrieved from: <http://www.clearhq.org/Default.aspx?pageId=481248>
- Hicks, R. W., Becker, S. C., & Cousins, D. D.(Eds.). (2008). MEDMARX Data Report: A Report on the Relationship of Drug Names and Medication Errors in Response to the Institute of Medicine's Call for Action. Rockville, MD: Center for the Advancement of Patient Safety, US Pharmacopeia.
- IOM (Institute of Medicine). 2001. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: National Academy Press.
- IOM (The Institute of Medicine). (2010) *Future of Nursing: Leading Change, Advancing Health*. Washington, DC: National Academy Press.

National Research Council. (2011). *Assessing 21st Century Skills: Summary of a Workshop*. J.A. Koenig, Rapporteur. Committee on the Assessment of 21st Century Skills. Board on Testing and Assessment, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.

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 interprofessional, 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

- Bordage, G. (1999). Why did I miss the diagnosis? Some cognitive explanations and educational implications. *Academic Medicine*, 74(Suppl), S138-S143.
- Bowen, J. (2006). Educational Strategies to Promote Clinical Diagnostic Reasoning. *New England Journal of Medicine*, 355(21), 2217-2225.
- Coderre, S., Mandin, H., Harasym, P. H., & Fick, G. H. (2003). Diagnostic reasoning strategies and diagnostic success. *Medical Education*, 37, 695-703.
- Croskerry, P. (2009). Clinical cognition and diagnostic error: applications of a dual process model of reasoning. *Advances in Health Sciences Education*, 14(suppl), 27-35.
- Edwards, S. D. (2011). Is there a distinctive care ethics? *Nursing Ethics*, 18, 184-191.
- Eva, K.W. (2007). What every teacher needs to know about clinical reasoning. *Medical Education*, 39, 98-106.
- Eva, K. W., Hatala, R. M., Leblanc, V. R., & Brooks, L. R. (2007). Teaching from the clinical reasoning literature: Combined reasoning strategies help novice diagnosticians overcome misleading information. *Medical Education*, 41(12), 1152-1158.

- Gastmans, C. (2006). The care perspective in healthcare ethics. In A.J. Davis, V. Tschudin, & L. de Raeye (Eds.), *Essentials of Teaching and Learning in Nursing Ethics* (pp. 135-148). London, England: Livingstone.
- Kohlen, H. (2011). Comment. Care transformations: Attentiveness, professional ethics and thoughts toward differentiation. *Nursing Ethics, 18*, 258-261.
- Lachman, V. D. (2009). *Ethical challenges in healthcare: Developing your moral compass*. New York, NY: Springer.
- Mamede, et al. (2010). Effect of availability bias and reflective reasoning on diagnostic accuracy among IM residents. *Journal of the American Medical Association, 304*, 1233-1235.
- Mamede et al. (2010). Conscious thought beats deliberation without attention in diagnostic decision-making. *Psychiatry Research, 74*, 586-592.
- Mandin, H., Jones, A., Woloschuk, W., & Harasym, P. (1997). Helping students to think like experts when solving clinical problems. *Academic Medicine, 72*, 173-179.
- Moulton, C. E., Regehr, G. E., Mylopoulos, M., & MacRae, H. M. (2007). Slowing down when you should: A new model of expert judgment. *Academic Medicine, 82*(Suppl), S109–S116.
- Redelmeier, D. A. (2005). The cognitive psychology of missed diagnoses. *Annals of Internal Medicine, 142*, 115-120
- Richardson, W. S. (2007). We should overcome the barriers to evidence-based clinical diagnosis. *Journal of Clinical Epidemiology, 60*, 217-227.
- Schuwirth, L. (2007). Is assessment of clinical reasoning still the Holy Grail? *Medical Education, 43*, 298-300.
- Sherbino, et al. (2011). The effectiveness of cognitive forcing strategies to decrease diagnostic error: An exploratory study. *Teaching and Learning in Medicine, 23*, 78-84.
- Tronto, J. (1993). *Moral boundaries: A political argument for an ethic of care*. New York, NY: Routledge.
- Vanlaere, L., & Gastmans, C. (2011). A personalistic approach to care ethics. *Nursing Ethics, 18*, 161-173.

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

- Elliott, L. (2012). Blending technology in teaching advanced health assessment in a family nurse practitioner program: Using personal digital assistants in a simulation laboratory. *Journal of the American Academy of Nurse Practitioners*, 24, 536–543.
- Gassert, C. A. (2008). Technology and informatics competencies. *The Nursing Clinics of North America*, 43(4), 507-521.
- Garrett, B. & Klein, G. (2008). Value of wireless personal digital assistants for practice: Perceptions of advanced practice nurses. *Journal of Clinical Nursing*, 17(16), 2146–2154. National Forum on Information Literacy. (2007). Information literacy competency standards for higher education. Retrieved from www.infolit.org
- Weiner, S. (2012). Information literacy proclamation. Georgia International Conference on Information Literacy.

- Williams, M. G. & Dittmer, A. (2009). Textbooks on tap: Using electronic books housed in handheld devices in nursing clinical courses. *Nursing Education Perspectives*, 30(4), 220–225.
- Wyatt, T. H., Krauskopf, P. B., Gaylord, N. M., Ward, A., Huffstutler-Hawkins, S., & Goodwin, L. (2010). Cooperative M-Learning with nurse practitioner students. *Nursing Education Perspectives*, 31(2), 109–113.

MSN ESSENTIAL 6: Health Policy and Advocacy

AACN Definition

Recognizes that the master’s-prepared nurse can 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 can 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

- Frellick, M. (2010). Healthcare reform bill: What nurses need to know. Retrieved from: <http://news.nurse.com/article/20100330/NATIONAL01/104050041/0/frontpage> .
- Hansen-Turton, T., Ritter, A., & Valdez, B. (2009). Developing alliances: How advanced practice nurses became part of the prescription for Pennsylvania. *Policy, Politics, & Nursing Practice*, 10(1), 7-15.
- Migrant Clinicians Network. (2013). MCN sponsored webinars. Retrieved from: <http://www.migrantclinician.org/services/education/webinars.html>
- Stanley, J., Werner, K., & Apple, K. (2009). Positioning advanced practice registered nurses for healthcare reform: Consensus on APRN regulations. *Journal of Professional Nursing*, 25(6), 340–348.
- Substance Abuse and Mental Health Services Administration. (n.d.). SAMHSA-HRSA Center for Integrated Health Solutions. Retrieved from: <http://www.integration.samhsa.gov/>

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 bio-psychoneurological 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

Gray, G., Brody, D., & Johnson, D. (2005). The evolution of behavioral primary care. *Professional Psychology: Research and Practice*, 36(2), 123–129.

Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel*. Washington, D.C.: Interprofessional Education Collaborative.

Reinke, L., & Hammer, B. (2011). The role of interprofessional collaboration in creating and supporting health care reform. *American Journal of Respiratory and Critical Care Medicine*, 184, 863–872.

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 can receive 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

- Adolphs, R. (2009). The social brain: Neural basis of social knowledge. *Annual Review of Psychology*, *60*, 693–716.
- Brown, S., & Locker, E. (2009): Defensive responses to an emotive anti-alcohol message. *Psychology & Health*, *24*(5), 517-528.
- Chua, H., Liberzon, I., Welsh, R., & Strecher, V. (2009). Neural correlates of message tailoring and self-relatedness in smoking cessation programming. *Biological Psychiatry*, *65*, 165–168.
- Cohen, S., Janicki-Deverts, D., & Miller, G. E. (2007). Psychological stress and disease. *Journal of the American Medical Association*, *298*(14), 1685-1687.

- Conrad, C. D. (2006). What is the functional significance of chronic stress-induced CA3 dendritic retraction within the hippocampus? *Behavioral and Cognitive Neuroscience Reviews*, 5(1), 41-60.
- Cunningham, W., Zelazo, P., Packer, D. J., & Van Bavel, J. J. (2007). The iterative reprocessing model: A multilevel framework for attitudes and evaluation. *Social Cognition*, 25, 736–760.
- Geake, J. G. (2000). Knock down the fences: Implications of brain science for education. *Principal Matters, April*: 41–43.
- Geake, J., & Cooper, P. (2003). Cognitive neuroscience: Implications for education? *Westminster Studies in Education*, 26(1), 7-20.
- Quinn, K. (2005). Integrative care. *The Journal for Nurse Practitioners*, 1(4), 239-241.

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 master's 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 can 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. 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.

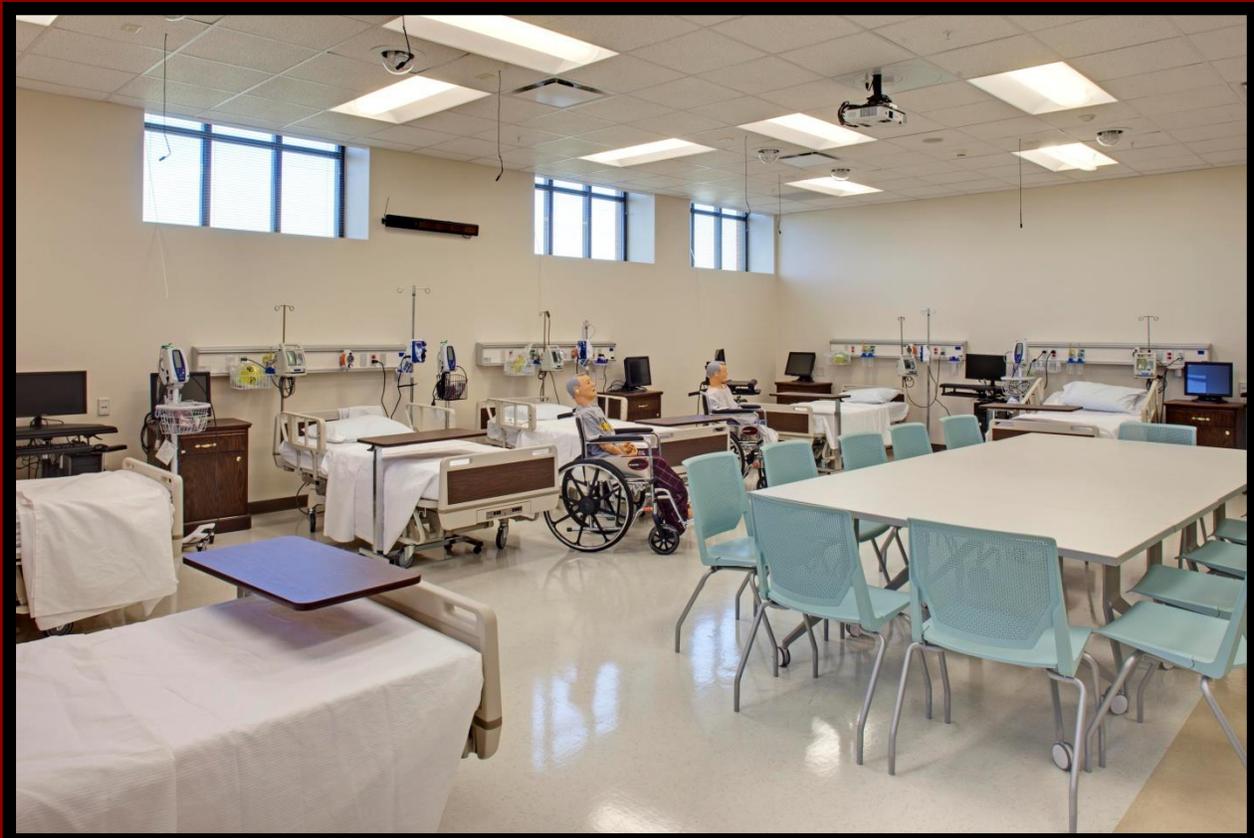
Key Items Included

- 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. (2005). Integrative care. *The Journal for Nurse Practitioners*, 1(4), 239-241.
- Quinn, K. (2012). Interprofessional mindfulness education techniques utilized in a nursing education program for self-awareness and transformation. Assembly for Expanded Perspectives on Learning Summer Conference, June 28-July 1, 2012.
- Quinn, K. (2013a). Psychoneuroimmunology and abuse: Implications for women's health and the workplace. Faculty Presentation, Georgia Southern University, Jan. 2013
- Quinn, K. (2013b). Thoughts on cognitive neuroscience, mirror neurons and the implications for interpersonal abuse in nursing education: A praxis application. In Freitas-Magalhaes (Ed.), *Emotional Expression: The Brain and the Face (Volume 5)*. University Fernando Pessoa Health Sciences School, UFP Press.



AFTER ACCEPTANCE INTO THE PROGRAM

Part II of the Graduate Programs 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 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 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



GRADUATE NURSING PROGRAM TEAM

Executive Team

Dean of the College of Healthcare Professions

Ruth B. Wellborn Ph.D., RN

Director of the St. David's School of Nursing

Marla Erbin-Roesemann Ph.D., RN

Director, Graduate Nursing Programs and LAN Program

Pamela Willson Ph.D., APRN, FNP-BC

(512)716-2908

Paw66@txstate.edu

Program Director, FNP

Shirley Levenson, Ph.D., APRN, FNP-BC

(512)716-2957

sal111@txstate.edu

Program Director, PMHNP

TBD

Graduate Program Staff

Clinical Placement Education Coordinator, BSN and MSN

Cristina McKee, MBA

(512)716-2978

Clm369@txstate.edu

Administrative Assistant II, FNP

Deanna Marks

(512)716-2934

Dmm296@txstate.edu

Administrative Assistant II, LAN

Tracey Rawls

(512)716-2903

Tr22@txstate.edu

Nursing Faculty

The nursing faculty, along with the Dean of the College of Health Professions and the 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.

IMPORTANT CONTACTS

TRACS Help Desk http://tracsfacts.its.txstate.edu/	tracs@txstate.edu (512) 245-5566	Issues pertaining to accessing your online course or its components
ITAC Help Desk (Call Ctr: M-F, 7AM-10PM) www.tr.txstate.edu/itac.html	itac@txstate.edu (512) 245-4822	Any technology issues not related to TRACS
Registrar's Office www.registrar.txstate.edu	registrar@txstate.edu (512) 245-8126	Issues pertaining to your registration/course schedule
Graduate College www.gradcollege.txstate.edu	gradcollege@txstate.edu (512) 245-2581	Information regarding the graduate program
University Bookstore www.bookstore.txstate.edu	universitybookstore@txstate.edu (512) 245-2273 (877) 884-3338	Information regarding your textbook orders
Alkek Library-Round Rock Campus Satellite www.rrc.library.txstate.edu	rrclibrary@txstate.edu (512) 716-4700	Information regarding library resources and services
Student Business Services www.sbs.txstate.edu	cashier@txstate.edu (512) 245-2544	Information regarding fee payment

The faculty members are available to confer with students in several 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.

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.

TECHNOLOGY REQUIREMENTS

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

HARDWARE:	SPECS:
Internet Connection	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 http://www.speedtest.net .
Laptop (desktops do not qualify)	See the <i>Student Computer Inspection Report</i> on the orientation TRACS site for a full list of specifications. Software requirements are also listed on this form.
Printer	Any that is compatible with your computer
PDA or Smartphone	No specifics required.
Miscellaneous	Access to the following may also be required: fax, video recorder (camcorder, smart phone, etc.), CD player, DVD player.

Attachment A: 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.
4. 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.
5. Include a subject in all emails and make sure you use your TxState email address.

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

Attachment C: Disciplinary Policy



St. David's School of Nursing 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

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

- Code of Ethics for Nurses – American Nurses Association
<http://www.nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses/Code-of-Ethics.pdf>

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>
- UPPS No. 07.10.01 Honor Code
<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>

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.

I have read and understand the St. David’s School of Nursing Disciplinary Policy and Procedures document.

Signature

Date

Print name

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)

Attachment E: Clinical Site Approval Form for All Programs



Clinical Site Approval Form

St. David's School of Nursing, Texas State University

Note: The contact for the affiliation agreement must be authorized to enter into contracts on behalf of the facility (or handle them for the administrator who does).

Facility Information

Name: _____

Address: _____

City/State/Zip: _____

Average Age Range of Patients: _____

Specialty Focus (i.e. pediatrics, women's health, etc.): _____

*Please check the appropriate box indicating the classification of this facility (*most commonly used)

- | | |
|---|---|
| <input type="checkbox"/> Private Practice | <input type="checkbox"/> Urgent Care |
| <input type="checkbox"/> Community Health Center (CHC) | <input type="checkbox"/> Federally Qualified Health Center (FQHC) |
| <input type="checkbox"/> Health Care for Homeless | <input type="checkbox"/> Rural Health Clinic |
| <input type="checkbox"/> Health Profession Shortage Area (HPSA) | <input type="checkbox"/> Other: _____ |

Contact Information

Name: _____

Title: _____

Phone: _____

Email: _____

Fax: _____

Does the contact prefer to receive the Agreement via email or regular mail?

_____ Email

_____ Mail

Please return to the student.

(Students, please submit to:)

nurs_clnclcmnt@txstate.edu

Office Use Only

Approved by *Clinical Faculty Coordinator* *Program Director*

Signature

Date



The rising STAR of Texas

Preceptor Approval Form & Agreement

St. David's School of Nursing, Texas State University

Please enter the requested information in the blanks provided. When possible, students should fill in as much of the information as they can before giving it to the preceptor to complete.

Student Name: _____

Semester and Year: _____ Course Number: _____

Preceptor Information

Name: _____

Email: _____

Clinic Name: _____

For NPs only:

APRN License #: _____ Expires: _____

For MDs/DOs only:

Medical License #: _____ Expires: _____

For PAs only (if preceptor is a PA, the supervising physician must provide their license and expiration date above):

PA License #: _____ Expires: _____

Area of Practice: _____ Years in Area: _____

Highest Nursing/Medical Degree: _____

Show a minimum 2 years employment experience as a licensed APRN, MD, or DO (required OR may attach CV/resume):

Place of Employment	Position	Start/End Years

To be completed by the preceptor:

Are you willing to precept the student named above and sign paperwork for the student?

Yes _____ No _____

Are you willing to read the Preceptor Handbook (8 pages), which serves as orientation to TxState's MSN program?

Yes _____ No _____

Are you willing to participate in student evaluation twice per semester (at midterm and final)?

Yes _____ No _____

How many other students will you be precepting concurrently? _____

Are you willing to precept TxState MSN students in future semesters?

Yes _____ No _____

If you answered yes, please note if you are only available during certain times of the year below:

Preceptor Signature: _____ Date: _____

Preceptor Signature (for P.A. only): _____ Date: _____
(actual signatures required)

Please return to the student.

(Students, please email completed form to:)

nurs_clnclplcmnt@txstate.edu

Office Use Only

Approved by *Clinical Faculty Coordinator* *Program Director*

Signature

Date

Attachment G: Mentor Approval Form & Agreement for LAN



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Mentor Approval Form & Agreement

St. David's School of Nursing, Texas State University

Please enter the requested information in the blanks provided. When possible, students should fill in as much of the information as they can before giving it to the preceptor to complete.

Student Name: _____

Semester and Year: _____ Course Number: _____

Mentor Information

Name: _____

Email: _____

Facility Name: _____

For RNs:

RN License #: _____ Expires: _____

For MDs/DOs only:

Medical License #: _____ Expires: _____

Area of Practice: _____ Years in Area: _____

Highest Nursing/Medical Degree: _____

Show a minimum 2 years employment experience as a licensed RN, MD, or DO (required OR may attach CV/resume):

Place of Employment	Position	Start/End Years

To be completed by the mentor:

Are you willing to mentor the student named above and sign paperwork for the student?

Yes _____ No _____

Are you willing to read the Leadership and Nursing Administration Guide, which serves as orientation to TxState's MSN-LAN program?

Yes _____ No _____

Are you willing to participate in student evaluation one time per semester?

Yes _____ No _____

Mentor Signature: _____ Date: _____

Please return to the student.

(Students, please email completed form to:)

nurs_clnclpmnt@txstate.edu

Office Use Only

Approved by *Clinical Faculty Coordinator* *Program Director*

Signature

Date