St. David’s School of Nursing at Texas State University

Faculty Handbook

TEXAS STATE UNIVERSITY
ROUND ROCK CAMPUS
The rising STAR of Texas

2016

1555 University Blvd.
Round Rock, Texas 78665
http://www.nursing.txstate.edu

10-20-16
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The information in this handbook is intended to be informational and not contractual in nature. Texas State University reserves the right to amend, alter, change, or modify the provisions of this handbook at any time and in any manner that the St. David’s School of Nursing or Administration deems is in the best interest of the University and its students.

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

For more information go to: www.ods.txstate.edu/. See also the current undergraduate catalog.

The information in this version of the St. David’s School of Nursing Faculty Handbook is subject to change without notice and may not reflect the most recent changes.

St. David’s School of Nursing at Texas State University

Nursing Faculty Handbook

The St. David’s School of Nursing Faculty Handbook serves as a convenient reference for faculty. It includes policies and guidelines of the Nursing Program and from various official Texas State University and College of Health Professions (CHP) sources. This handbook is not intended to supplant the official sources and faculty are encouraged to consult the original sources when more information is needed or to confirm current information as policies may change without notice. Where applicable, Texas State and College of Health Professions sources take precedence.
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OVERVIEW

Texas State University’s Mission and Shared Values

The noblest search is the search for excellence.

—Lyndon B. Johnson
Thirty-Sixth President of the United States, 1963-1969
Texas State University Class of 1930

Our Mission

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

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:

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

College of Health Professions’ Vision and Mission

Vision Statement

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

**Mission Statement**

The College of Health Professions educates and prepares healthcare professionals in a student centered learning environment. The College excels in teaching, scholarship, and service while responding to the health care needs of the global community. The College unites faculty, students, the health care communities, and consumers in coalitions that support the academic, scholarly, and service aspects of health care.

**St. David’s School of Nursing’s Vision, Mission, Shared Values and Goals**

**Vision**

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

**Mission**

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

**Values**

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

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

Goals

We the faculty are committed to:

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

Nursing Program Student Educational Outcomes

At the completion of the BSN program, a graduate of the St. David’s School of Nursing at Texas State University will be able to:

1. 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.
2. Demonstrate professional accountability and responsibility for nursing judgments and actions within an ethical and legal framework, utilizing the most current knowledge.
3. Demonstrate leadership in the provision and coordination of safe, cost effective and high quality nursing care
4. Advocate for patients, families, communities, and the nursing profession, applying values and utilizing an ethical framework, clinical reasoning, and cultural competence.
5. Utilize information and technology to communicate, manage knowledge, educate, mitigate error and support decision making.
6. Provide entry-level professional nursing care to clients across the lifespan in a variety of health care settings.
7. Promote a culture of caring to provide holistic, compassionate, culturally competent care.
8. Function effectively within nursing and interprofessional teams, fostering open communication, mutual respect, and shared decision making to achieve quality patient care.

At the completion of the MSN program, a graduate of the St. David’s School of Nursing will be able to:

1. Integrate nursing and related sciences into the delivery of advanced nursing care to diverse populations.
2. Incorporate current and emerging genetic/genomic evidence as well as biopsychosocial-ecological paradigms in providing advanced nursing care to individuals, families, and communities while accounting for patient values and clinical judgment.
3. Design nursing care for a clinical or community-focused population based on biopsychosocial, public health, nursing, and organizational sciences.
4. Evaluate the nutritional, vitamin, supplemental, herbal interventions in individuals, groups, and communities.
5. Apply ethical analysis and clinical reasoning to assess, intervene, and evaluate advanced nursing care delivery.
6. Synthesize evidence for practice to determine appropriate application of interventions across diverse populations.
7. Use quality processes and improvement science to evaluate care and ensure patient safety for individuals and communities.
8. Integrate organizational science and informatics to make changes in the care environment to improve health outcomes.
9. Analyze nursing history to expand thinking and provide a sense of professional heritage and identity.
10. Synthesize integrative practices based on biopsychoneurological scientific underpinnings, cognitive neuroscience, and psychoneuroimmunology.

History of the St. David’s School of Nursing

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 Masters of Science in Nursing (MSN) to prepare nurse practitioners, nursing faculty and administrators, and the Doctorate in Nursing Practice (DNP) to prepare advanced practice registered nurses and leaders.

The nursing programs are organizationally placed in the St. David’s School of Nursing (SON), which became a new academic unit within the CHP formally in 2010 (informally in 2008). The CHP prepares undergraduate and graduate students in the disciplines of Clinical Laboratory Science, Communication Disorders, Health Administration, Health Information Management, Physical Therapy, Radiation Therapy, and Respiratory Care.

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

Approval for the program was received from various authorized agencies prior to opening the BSN program in the fall 2010. Approval from the Southern Association of Colleges and Schools (SACS) was given in September 2008. In January 2009 Texas State University received approval for operation and funding of a nursing program from the Texas Higher Education Coordinating Board (THECB). The Texas Board of Nursing (BON) quickly followed with approval for the operation of the nursing program at its July 2009 meeting in Austin. Effective November 7, 2011, the BSN program was granted accreditation by the Commission on Collegiate Nursing Education (CCNE) Board of Commissioners. This accreditation will expire on June 30, 2017.

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

Texas State began to offer a Master’s of Science in Nursing Family Nurse Practitioner degree program with a focus on primary care of families and individuals across the lifespan, in fall 2013. The MSN program is a 21 month (5 semesters, 48 semester credit hour) program in which registered nurses (RNs) with a Bachelor of Science in Nursing (BSN) degree advance their skills to the entry level for certification as a nurse practitioner (NP), and licensure as an advanced practice registered nurse (APRN). Instruction is in an online format with required on campus
learning experiences twice per semester at the St. David’s School of Nursing in Round Rock. The on campus learning experiences augment the online course work and allow assessment of students to ensure that advanced level competencies have been met. Of the 48 semester hours required, 11 hours (effective 2015) are allotted to practicum courses. Faculty facilitate practicum course work online and during the on campus experiences; however, required clinical hours are spent with individual preceptors in a clinical setting. The curriculum requires students to log 660 clinical clock hours (effective fall 2015) with a preceptor(s) over the course of the 5 semesters. Students are taught to treat all members of the 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. In addition to acquiring the knowledge and skills necessary for certification as a Family Nurse Practitioner (FNP), graduates of the program have developed competence in the theory and techniques of integrative health.

MSN graduates are required to meet professional competencies related to their focus area of study. The graduates are qualified to sit for one or more of the following certification examinations:

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

The Texas State University System Board of Regents voted to approve the MSN degree during the November 15-16, 2012 meeting. The program was initially approved to operate by the Texas Board of Nursing and has since been accredited from the Commission on Collegiate Nursing Education (CCNE), effective October 8, 2014. The program is designed around the standards listed in two documents which the CCNE uses for determining accreditation: the American Association of Colleges of Nursing’s (AACN) The Essentials of Master’s Education in Nursing (2011a) and the National Task Force on Quality Nurse Practitioner Education’s Criteria for Evaluation of Nurse Practitioner Programs (2012).

Texas State University is an Emerging Research Institution accredited by the Southern Association of Colleges and Schools (SACS). The design of the MSN program is such that Texas State was required to file a substantive change request with SACS. Approval was received from SACS on August 23rd, 2013 for the addition of the MSN program to the current scope of the University accreditation.

The FNP program director was hired in January 2013 and two clinical faculty positions were created. A third position, tenure-track, is available for hire. A gift of $2 million dollars from the St. David’s Foundation assisted with initial operations and implementation of the MSN program. In addition, the University pledged new university faculty/program funds until formula funding was received.

Looking to expand the school, two additional MSN programs are being developed. A Nursing Health Care Leadership and a Family Psychiatric Mental Health Nurse Practitioner program will be opened in the next two years with 3.1 million dollars in start-up and scholarship funding provided by the St. David’s Foundation. Proper notification to CCNE will be conducted once the program is approved. Faculty for the programs will be hired in Spring 2017.
Nursing Building

The nursing building, funded by $36 million in tuition revenue bonds, is a 77,740-gross square-foot, three-story building with the creative design based on on-site visits to other state of the art nursing facilities. Construction of the nursing building at the Round Rock campus was completed in summer 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.

Curriculum Conceptual Framework

BSN

Conceptual Framework Diagram

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

1. PATIENT-CENTERED CARE PROVIDER: Left lower outer quadrant
2. PROFESSIONAL/LIFELONG LEARNER: Right lower inner quadrant
3. LEADER: Left lower inner quadrant
4. ADVOCATE: Right upper inner quadrant
5. CONSUMER OF INFORMATICS AND TECHNOLOGY: Left upper inner quadrant
6. PRACTICE ACROSS THE LIFESPAN AND CONTINUUM OF CARE: Right upper outer quadrant
7. CARING: Right lower outer quadrant
8. EFFECTIVE, SAFE, QUALITY PATIENT-CENTERED CARE: Left upper outer quadrant
Practice Across the Lifespan and Continuum of Care

Caring, Compassionate, Holistic and Integrative Care

Effective, Safe, Quality Patient Care

Patient-Centered Care Provider

Caring, Compassionate, Holistic and Integrative Care

Consumer of Informatics and Technology

Advocate

Professional Lifelong Learner

Leader
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

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<th>Concept 1: Patient-Centered Care Provider</th>
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<tr>
<td>Possesses an entry level RN knowledge and skills including teaching skills and utilizes nursing process, clinical reasoning/critical thinking and Evidence Based Practice in the practice of holistic care providing patient safety, health promotion, and disease prevention.</td>
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<th>Concept 2: Professional / Life Long Learner</th>
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<td>The professional nurse is a lifelong learner who has the educational background to support his/her actions and decisions and abides by the American Nurses Association (ANA) Code of Ethics for Nurses. A lifelong learner pursues self-assessment and continued learning integrated with delineated knowledge and skills that are consistent with professional and personal goals.</td>
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<th>Concept 3: Leader</th>
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<td>A leader is a person that exerts influence over people to achieve a goal. Leadership is a process involving personal accountability for actions, being part of the team and a reciprocal relationship between leader and a person, group, organization, or community that results in others being motivated to move towards a goal through inspiration, engagement and empowerment.</td>
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<th>Concept 4: Advocate</th>
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<td>An advocate speaks and acts for others to meet their needs. Nurses advocate on behalf of others and the profession by preserving autonomy, dignity, and rights.</td>
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<th>Concept 5: Consumer of Informatics and Technology</th>
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<td>Nurses are consumers of technology and utilize informatics in daily practice. Nursing informatics is “the specialty that integrates nursing science, computer science and information science in identifying, collecting, processing, and managing data and information to support nursing practice, administration, education, research and the expansion of nursing knowledge” (Staggers, Gassert, &amp; Curran)</td>
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<th>Concept 6: Practice across the lifespan and continuum of care</th>
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<td>Nursing care that addresses the age-specific needs of individuals and populations in primary, secondary, and tertiary healthcare settings.</td>
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<th>Concept 7: Caring</th>
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<td>Caring is part of the nurse’s professional identity requiring a commitment to protect and enhance human dignity (Watson, 2007). Nursing education is devoted to culturally competent, relationship-centered care (Future of Nursing, 2011).</td>
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<th>Concept 8: Effective, Safe, Quality Patient-Centered Care</th>
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<td>Providing continuous quality patient centered care which values interprofessional relationships in which the nurse collaborates, communicates, and integrates care for the patient within a systems aware dynamic (IOM Studies, 2011).</td>
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The labyrinth is completed at the end of the senior year. A labyrinth, unlike a maze, has no dead ends and always leads to an exit. (animated movement through the labyrinth)
**Concept 1: Patient-Centered Care Provider**

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

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

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

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

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

Major concepts for this learning outcome include:
- Entry level RN knowledge, skills, and abilities
- Patient safety
- Nursing process
- Clinical reasoning
- Critical thinking
- Evidence based practice
- Holism
- Caring
- Teaching skills
- Health promotion and disease prevention

References


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

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

**Expanded Definition:** Professional nurses who engage their careers as reflective practitioners are grounded in the educational process from the very start (Plack & Santasier, 2003); they utilize a normative process of learning, mindfully experiencing, becoming self-aware, “processing the process” (reflective thinking), and finally linking the entire process to affective learning. Indeed, developing self-awareness is critical to growing into an accomplished nurse, as it is a precursor to establishing interpersonal relationships with patients, colleagues and other professionals (Fitzpatrick, 2006). Moreover, the quest for internal awareness and external application becomes a force for life-long learning in self- and other-care.

To prepare students for such professional achievement and lifetime commitment, the program encourages them to think critically about “who [they] are and how [they] feel, how [they] interact, and how [they] choose” and learning appreciative inquiry within the interactive process (Vogt, Brown, & Issacs, 2003). Undergoing this self-discovery helps them to reconcile learned information with lived experience. It is the program’s goal that each student will realize “that learning takes place both consciously (being aware of what is being learned) and unconsciously (not being aware of what is being learned)” (Trapp, 2005). By becoming aware of the “unaware,” students will build a foundation for wellness and healthy interactions. Furthermore, faculty individually support students in identifying strategies for continued education, navigating ethical
challenges, self-healing, and wellness. By building a foundation of learning from the beginning, students learn to be a self-directed learner across the lifetime.

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

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

**References**


**Concept 3: Leader**

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

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

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

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

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

**References**


**Concept 4: Advocate**

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

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

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

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

**References**


**Concept 5: Consumer of Informatics and Technology**

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

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


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

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

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

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

References
Concept 7: Caring Care, Holistic and Integrative Nursing

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

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

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

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

Major concepts for this learning outcome include:
- Caring
- Compassion
- Advocacy
• Culture
• Profession
• Ethics.

References


Jarrin, O. F. (2007). An integral philosophy and definition of nursing. Presented at DigitalCommons@UConn, Storrs, CT.


**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**


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

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

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

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

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

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

This program was designed with the clear recognition of the failures of the national healthcare system, which ranks 37th in the world, (WHO, 2000) and “ranks last overall compared to six other industrialized countries—Australia, Canada, Germany, the Netherlands, New Zealand, and the United Kingdom—on measures of health system performance in five areas: quality, efficiency, access to care, equity and the ability to lead long, healthy, productive lives,” (Commonwealth Fund 2012). Most recent indicators for this type of program are the awareness of the need for nurse practitioners to fill the shortage gaps in primary care roles, which are only anticipated to increase with new additions to the Affordable Health Care for America Act (Murray, 2010). These are contributing factors to the elevated demands for more and better educated nurse practitioners, and the increased the 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 neuro relationships of Daniel Seigel, psychoneuroimmunology of Robert Ader, mindfulness/reflective practice of Jon Kabat-Zinn, Concepts of holistic nursing, Barbara Dossey and Lynn Keegan, and the burgeoning field of integrative healthcare.

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

**MSN ESSENTIAL 1: Background for Practice from Sciences and Humanities**

**AACN Definition**
Recognizes that the master’s-prepared nurse integrates scientific findings from nursing, biopsychosocial fields, genetics, public health, quality improvement, and organizational sciences for the continual improvement of nursing care across diverse settings.
Expanded Definition
To achieve the synthesis of learning and knowledge indicated by this essential, the student must develop an awareness of their academic capabilities and hone it through proven adult learning processes, such as self- and other-directed learning. At the same time, research on lifelong education for APRNs indicates that educational models must address changes in practice as well as foster evolution of the profession. In order for students to achieve these aims and integrate all their knowledge into their practice, a reflective practice is necessary. Dewey (1933) wrote extensively regarding the need for “reflective thinking” as foundational for the educational process. Whitton et al. (2004) deconstructs 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 biopsychosocial-ecological paradigms in providing advanced nursing care to individuals, families, and communities while accounting for patient values and clinical judgment.
Outcome 9: Analyze nursing history to expand thinking and provide a sense of professional heritage and identity.

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

References


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

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

**Expanded Definition**
This Essential recognizes that the APRN holds a leadership role with the responsibility to advocate within his/her organization for patient-centered care. Therefore, the APRN leader must promote teams of care, interdisciplinary conversations, and collaborative efforts in care delivery (American College of Physicians, 2009). APRN’s are increasingly in better positions to have such impact, as they begin to fill the care delivery gaps in primary care, influence organizational policy development, run nurse lead clinics, and head interdisciplinary care teams in integrated models for clinics and medical homes (Newhouse, 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


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

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

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

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

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

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

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

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

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

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

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

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

References


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

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

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

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

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

Intersections
Content of this definition intersects with Essential 9: Master’s-Level Nursing Practice, Essential 3: Quality Improvement and Safety, and Essential 5: Informatics and Healthcare Technologies
Related Outcomes
Outcome 6: Synthesize evidence for practice to determine appropriate application of interventions across diverse populations.

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

References


**MSN ESSENTIAL 5: Informatics**

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

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

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

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

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

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

References


**MSN ESSENTIAL 6: Health Policy and Advocacy**

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

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

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

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

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

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

MSN ESSENTIAL 7: Interprofessional Collaboration
AACN Definition
Recognizes that the master’s-prepared nurse, as a member and leader of interprofessional teams, communicates, collaborates, and consults with other health professionals to manage and coordinate care.

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

Intersections
Content of this definition intersects with Essential 2: Organizational and Systems Leadership, Essential 3: Quality Improvement and Safety, Essential 8: Interprofessional Collaboration for Improving Patient and Population Health Outcomes, Essential 9: Master’s-Level Nursing Practice.
Related Outcomes
Outcome 10: Synthesize integrative practices based on biopsychoneurological scientific underpinnings, cognitive neuroscience, and psychoneuroimmunology. Design models of care which utilize and recognize the significance of the individuals comprising the entire team and not just the professional disciplines.

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

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

References


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

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

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

Because cognitive neuroscience clarifies the process for individual learning, it supports efforts at prevention, preventive care, and community health projects, as well as formulating successful interventions. Cognitive neuroscience and integrative healthcare attempt to understand and impact a gap in social psychology, community education, and patient care. In community preparation for primary prevention, recognizing the process of denial (Brown, 2009; Chua, 2009;) and neurological iterations for attitudinal formation (Cunningham, 2007) limits a patient’s ability to recognize needs or readiness for primary prevention and wellness measures. These limitations are often formulated by family of origin attitudes and behaviors as well as the culture or community within which the patient lives.

The APRN must evaluate whether a patient or population is capable of receiving a given preventive health measure, a task which requires a deep understanding of the pathway into pre-primary prevention education. It is necessary to understand the devastating effects of prolonged stress and arousal, the impact on immune processes, disease development, and ultimately the return to wellness. For example, it is possible to communicate to patient populations the consequences for “pruning” of neurons in the brain, destruction of the hippocampus by cortisol released during stress, the literal brain damage caused by hyper-arousal in stress producing settings, and the possible intervention into these processes by reducing stress (Cohen, 2007; Conrad, 2006). This program educates APRNs to prepare populations for primary prevention by designing and implementing interventions at the most basic, pre-dispositional level.

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

**Intersections**
Content of this definition intersects with all eight other Essentials.

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

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

**References**


**MSN ESSENTIAL 9: Master’s-Level Nursing Practice**

**AACN Definition**

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

**Expanded Definition**

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

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

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

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

Related Outcomes
Outcome 4: Evaluate the nutritional, vitamin, supplemental, herbal interventions in individuals, groups, and communities.

Integrative Healthcare 9:
1. Differentiate the appropriate, inappropriate and ethical uses of integrative practices for prevention and in the care of patients and patient populations across the lifespan and in the entire continuum of care.
2. Utilize and create experiential programs for knowledge acquisition and skill mastery in integrative healthcare.

Key Items Included
- Principles of leadership, including horizontal and vertical leadership
- Effective use of self
- Advocacy for patients, families, and the discipline
- Conceptual analysis of the master’s-prepared nurse’s role(s)
- Principles of lateral integration of care
- Clinical outcomes management, including the measurement and analysis of patient outcomes
- Epidemiology
- Biostatistics
- Health promotion and disease reduction/prevention management for patients and clinical populations
- Risk assessment
- Health literacy
- Principles of mentoring, coaching, and counseling
- Principles of adult learning
- Evidence-based practice:
  - Clinical decision making and judgment
  - Critical thinking
  - Problem identification
- Outcome measurement
- Direct patient care.
- Integrated practice models

- Care environment management
- Team coordination; including delegation, coaching, interdisciplinary care, and group process
- Negotiation, understanding group dynamics and conflict resolution
- Healthcare reimbursement and reform and its impact on practice
- Resource allocation
- Use of healthcare technologies to improve patient care delivery and outcomes
- Healthcare finance and socioeconomic principles
- Principles of quality management/risk reduction/patient safety
- Informatics principles and use of standardized language to document care and outcomes of care
- Educational strategies
- Learning styles
- Cultural competence/awareness
- Global health care environment, international law, geopolitics, and geo-economics
- Nursing and other scientific theories
- Appreciative inquiry
- Reflective practices

References


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

SUPPORT SERVICES

Alkek Library

The TxState Albert B. Alkek Library is located on the San Marcos campus and supports the CHP. The Library supports the SON through online services and an onsite satellite library in the Avery Building on the Round Rock campus. In FY16 (Sept. 2015/Aug.2016), the Library holdings consisted of more than 4.3 million printed volumes of books, documents, and serials, over 129,479 electronic journals, and more than 870,016 eBooks. As of FY16, the Library had 548 databases covering all subjects. There are 81 distinct databases specifically related to medicine and health sciences including but not limited to CINAHAL Complete, Health Reference Center Academic, Health Source: Nursing/Academic Edition, Lippincott Video Series: Nursing Procedures, Nursing Education in Video, and ProQuest Nursing and Allied Health Source. Through its membership in several consortia agreements, the Library also has access to journal packages from BioOne, DOAJ (Directory of Open Access Journals), EBSCO, Elsevier, Wiley, and Springer, all of which include subject groups for medicine and health sciences. The Library maintains cooperative borrowing agreements with other libraries in the region. Through TexShare, a statewide resource sharing program, faculty and students may borrow materials at most of the public and private university libraries as well as community college libraries in the state. An online catalog linked from the Library’s website provides information on the Library holdings (http://catalog.library.txstate.edu). While the SON does not have a computer lab, the students have access to labs in the adjacent Avery Building.

The satellite library on the Round Rock campus is well staffed by professional librarians and support staff who assist faculty and students in the instruction of and access to library resources. Instruction and reference assistance is provided for classes as well as one-on-one by appointment or on a drop-in basis. Online assistance is available to students and faculty through email, online chat, text messaging or telephone. In addition to the vast online resources purchased specifically for the addition of the SON, a variety of print resources are also available. Other materials such as books, DVDs, VHS tapes, audio-cassettes, and articles that may not be available on the Round Rock campus may be requested electronically and are transported from the San Marcos campus to the Round Rock campus satellite library each business day.

Since the BSN program began in 2010, the Library holdings in the field of nursing have increased substantially. Journals concerning professional values, advanced practice nursing, nurse practitioner competencies, current research, and role development are now included in the holdings. The majority of TxState’s nursing literature is electronic rather than physical books and journals. Databases and subscription services such as the Cochrane Library, ProQuest Nursing and Allied Health Source, Nursing Education in Video (Alexander Street Press), and the Nursing Reference Center have been purchased to support the nursing program. Since 2013, the library has added many new online references such as: Board Vitals for NCLEX-RN from Stat!Ref; DynaMed Plus from EbSCO; Educating Nurses Videos from Educating Nurses; JAMAEvidence from McGraw Hill; LifeMap Discovery from BioTime; Lippincott Video Series: Nursing Procedures from Stat!Ref; MalaCards from BioTime; Native Health Database from University of New Mexico; Natural Medicines from Natural Standard; Nursing Education in Video from Alexander Street Press and UpToDate from Wolters Kluwer Health.
Available Full Text Databases

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<td>Lippincott Williams &amp; Wilkins Nursing &amp; Health Professions Premier Collection</td>
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The SON will continue to recommend and add new sources to keep library resources current and adjust to any unforeseen shortcomings in library materials. The majority of requests for additional library materials are filled due to the generous library funding provided to the SON.

Library Funding for the SON (2014-2017)

| Fund 81 Nursing-library allocated funds           | FY2014 $78,480 ($39,386 of this in serials) | FY2015 $89,363 ($55,439 of this in serials) | FY2016 $97,607 ($86,332 of this in serials) | FY2017 $111,492 ($89,237 of this in serials) |

The library holdings are current, sufficient and available either on-campus or online to students and faculty using contemporary technology. The library resources for the BSN Program address *The Essentials of the Baccalaureate Education* for Professional Nursing Practice (AACN, 2008) and *The Essentials of Master’s Education in Nursing* from the AACN (2011). These resources include those necessary for nursing research by students and faculty and are readily available. Journals concerning professional values, core nursing competencies, core knowledge, and role development are now included in the holdings.

Library Research Grants

Faculty members who need materials that are not in the library collection to support their research are invited to submit a proposal for a Library Research Grant. Each year, the Alkek Library provides funds to acquire non-curricular materials for this purpose. Although the review process is competitive, the majority of professionally written proposals that clearly justified how the materials requested would benefit research, have been funded. Priority is given to material that can be permanently added to the library collection.
Information Technology

The division of information technology is comprised of three units: Technology Resources, Instructional Technologies Support, and Alkek Library (previously discussed). Information Technology administrators have developed a central point of contact for students, faculty, and staff termed the Information Technology Assistance Center (ITAC), which receives and triages all issues related to technology. Referrals are made internally so that assistance occurs from the appropriate department.

Technology Resources (TR) provides information technologies to the TxState community. TR supports critical technological functions such as remote desktop support for academic instruction in classrooms, administration, student services, research activities, human resources and financial services. In addition, TR provides telephone, computing, and Internet access as well as technical support and training to assure optimal use of information technology.

A full time ITAC Technical support team member, housed in the nursing building, is available to faculty, staff, and students. This individual works closely with the SON faculty and staff in support of the students and the needs of the faculty and staff. For example, the technical support member attends classes in which online exams are administered so that he can assist if technical problems arise during the exam. Issues such as lost connection, laptop failure, and simply clicking the wrong button are resolved quickly. The ITAC support team member also performs an initial check of all student laptops prior to the first day of class so that students have the correct software versions and have laptops protected from viruses. This individual also takes care of the phones in the school. A summary of issues resolved by technical support services will be made available in the resource room during site visit.

Instructional Technologies Support (ITS) provides the faculty and the TxState community instruction, leadership and support for all phases of instructional design, development, and deployment. The ITS Learning Experience Design (LxD) team works closely with faculty to help them design, develop, and teach effective online courses that meet high quality standards and incorporate best practices for online instruction. The instructional designers also gather extensive data regarding our students’ experiences while enrolled in the online MSN-FNP courses and engage in evidence-based improvement of existing materials and teaching methods. Face-to-face and hybrid faculty development workshops are provided regularly to strengthen online teaching skills. ITS instructional designers are located on the Round Rock campus, with additional resources available on the San Marcos campus accessible via videoconference, email, and phone.

ITS houses and has administrative authority for the university’s learning management system (TRACS), web content management system (GATO), Desktop Conferencing tools, and a myriad of other critical academic services, as well as academic computing server support. In addition, ITS provides faculty with the opportunity to develop instructional materials in collaboration with media production professionals such as graphic artists, videographers, photographers, and web programmers. On the Round Rock campus, the Learning Spaces Department, another division of ITS, supports the faculty with emergency classroom support for all classrooms configured with audio/visual technology and software appropriate to the instructional goals. ITS supports all ITV classrooms and ad hoc video conferencing services, in addition to professional audio/video system design and installation.

The faculty use the TxState TRACS system to facilitate teaching. TRACS is an online platform used by faculty in course management as well as exam or quiz construction and evaluation. Online platforms for quizzes and exams provide the students with experience in computerized testing which gives them experiences similar to when they complete the NCLEX-RN® for the BSN students. Test security remains an ongoing issue in the academe. TRACS was
designed for online testing in an open book, non-proctored setting. It was not designed to be a secure site; thus the faculty have decided to transition to ExamSoft for delivery of exams. Quizzes will still be administered on TRACS for the next year and transitioned to ExamSoft per the discretion of the faculty. All efforts have been made to maintain the integrity of each exam and accurate assessment of knowledge.

The faculty believe that adequate support systems are in place to facilitate student and faculty success and to ensure quality nursing education. The evaluation of these support services are ongoing through contact with the faculty and staff in the SON and via a yearly survey conducted by the Assistant Vice President for Academic Affairs on the Round Rock Campus. In addition to the yearly survey performed by academic affairs, faculty identified a need to directly collect data from nursing students related to perceptions of academic support services. These additional questions were first administered to the Class of 2016 in the spring of 2016 and results will be reported to faculty assembly at the September meeting. Constructive feedback is provided to the departments involved, along with recommendations for changes if needed. All supporting documents will be made available in the resource room.

Round Rock Technology Center office hours, room 304 Avery

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Computer Lab hours, room 303 and 305 Avery

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**NURSING PROGRAM ADMINISTRATION**

The Associate Dean/Director of the Nursing Program is the administrator and accountable for the nursing program, and reports to the Dean of the College of Health Professions.

The Associate Dean/Director is responsible, along with the faculty, for complying with the Texas Board of Nursing rules and regulations, the Nursing Practice Act, AACN BSN Essentials, AACN MSN Essentials, and the policies of Texas State University and the College of Health Professions.

The Associate Dean/Director and faculty seek the most current evidence-based standards for nursing education and nursing practice. The policies, procedures and practices of the nursing program and the curriculum are developed by the Associate Dean/Director and the faculty through the Nursing Faculty Assembly and its committees.
Records and Reports

St. David’s School of Nursing records and reports will be maintained as follows:

1. Student records, paper or electronic, are maintained in the SON Office of Admissions, including the application and documents submitted at time of application, notices of acceptance or denial, and documents produced during matriculation in the nursing program.

2. The Notice of Conditions that might Disqualify Students Eligibility for Licensure is acknowledged, signed by the student, and is maintained for two (2) years after graduation or permanent withdrawal from the nursing program (see Appendix M).

3. Student records are also maintained in the College of Health Professions Advising Center. After 3 years the advising center file becomes inactive and after 5 years the inactive files are destroyed.

4. The Registrar’s Office maintains the transcripts and permanent academic records for student matriculation and graduation from Texas State.

5. Faculty Records, under the Office of the Provost, maintains permanent faculty records.

6. The Associate Dean/Director maintains at least three (3) years of records, paper or electronic, of faculty and program related minutes, annual reports, and catalogs.

7. The Associate Dean/Director maintains on file, paper or electronically, a copy of the St. David’s School of Nursing vision, mission, goals, values and program outcomes, and copies of course syllabi for the program.

8. The Dean of the CHP maintains a file of all the affiliation agreements negotiated for student clinical experiences.

9. The Associate Dean/Director maintains the master copy of the Total Program Evaluation Plan and supporting documentation for faculty use and as reference for accreditation and approval agencies.

10. The Associate Dean/Director maintains a copy of all annual reports prepared for approval and accreditation agencies.

11. The faculty of record should maintain exam blueprints, student exams, answer keys, and results for two years past completion of the course.

12. The SON Office of Admissions maintains the record of the individual student clinical evaluation tools for each clinical course. These must be kept for 2 years past completion of the student’s academic program.

13. An ongoing formal complaint log is kept in the Associate Dean/Director’s office.
SON Strategic Plan

The five-year strategic plan for the SON (on the following pages) supports those of the College of Health Professions and Texas State University. See:

- CHP: [https://tracs.txstate.edu/access/content/group/5c2926d0-60c7-46bf-b529-fa9e6ef0d3c0/Handbooks%20Manuals/CHP%20strategic%20Plan.pdf](https://tracs.txstate.edu/access/content/group/5c2926d0-60c7-46bf-b529-fa9e6ef0d3c0/Handbooks%20Manuals/CHP%20strategic%20Plan.pdf)
I. Introduction

State your department/school/college mission statement.

The Texas State University School of Nursing educates and prepares graduates, using innovative teaching strategies and state-of-the-art technology, to function in professional nursing roles to promote, maintain, and restore health and wellness and to prevent illness among diverse individuals and communities. Graduates demonstrate competence as critical thinkers who effectively collaborate as members of the interprofessional health care team and utilize scientifically-based interventions. These future nurses will provide ethical, safe, and effective patient-centered care and contribute to present and emerging research and health management practices.

Outline briefly your “vision” for the 2012-2017 planning cycle.

We envision a vibrant, cutting edge School of Nursing devoted to the education of nurses from the baccalaureate through the doctoral level of preparation. Our distinguished faculty and students will be actively engaged in teaching, scholarship, practice, and service. The school will become nationally recognized for the innovative curriculum and caliber of our graduates and faculty.
Using University goals and initiatives as a guide, list and briefly describe your top five priorities for the 2012-2017 planning cycle and indicate the university initiative/goal to which the unit’s initiative is linked.

1.  Explore/establish advanced practice opportunities (University Goal 5.6). Explore opportunities for maintaining and credentialing of qualified Clinical faculty in the advanced nursing role in order to provide advanced practice graduate programs.

2.  Expand collaboration with other institutions (University Goal 2.5). Develop and recruit distinguished clinical and tenure track faculty to meet the needs of expanding enrollment through collaboration and mutually supportive exchange of distance faculty to achieve academic excellence.

3.  Become an NLN center for excellence in nursing education and become accredited for society for simulation and healthcare (SSH). (University Goal 1.5).

4.  Foster Retention & Success for Students (University Goal 3.6 & 3.8). Enrich our student learning environment and promote student success by creating a Nursing Learning Resource Center, (NLRC) in the School of Nursing building.

5.  Develop Graduate Programs (University Goal 1.5 & 2.8). Develop an online MSN program with a Family Nurse Practitioner option for 2013; a Doctorate of Nursing Practice Program for 2014; and an Associate Degree to MSN program with a Leadership Track for 2014.

Based on unit goals, list the number of new (not replacement) faculty lines you plan to request in the 2012-2013 academic year and in the remaining 2-5 years.

- **2012-2013**—5 new lines for MSN (2 to begin in spring 2012 to develop MSN courses)
- **2013-2014**—5 new lines for DNP (2 to begin in spring 2014 to develop DNP courses); 3 new lines for ADN to MSN; 1 line for faculty position for learning resource center
Based on unit initiatives outlined in your plan, estimate the total amount of new funding that your unit will realistically need in the 2012-2013 academic year and in the remaining 2-5 years.

$200,000 to hire faculty to develop courses for the MSN
$5,778,995 for remainder of faculty lines and other cost associated with all the goals.

State the facilities (e.g. offices, research and lab space, classrooms) that will be required for anticipated growth and new initiatives.

The new graduate programs proposed will be primarily on-line, with some on-site attendance required. As a result, no additional classroom facilities are anticipated. The School of Nursing building was designed with future growth in mind; therefore, ample office and research space for additional faculty are already available. AHEC will however have to be relocated.

In terms of space for the Learning Center, Room 340 would be re-arranged at no cost other than furniture items to accomplish this goal.

No alteration in facilities is planned for the proposed initiatives.
II. Process

Describe, in a brief paragraph, the process used to develop your plan, including the nature and extent of faculty involvement.

In early 2012 the faculty and staff met to discuss the 5 top priorities for the SON based on the University goals and initiatives. Consensus was reached and committees developed around each of the 5 goals the group agreed upon. Each member of the SON was represented on at least one committee. The committees each reported out to the entire team during a regular faculty and staff meeting to garner feedback which was then used to strengthen the proposals. The Director took the SON plan and reported this to the College Council and Dean of the College of Health Professions.
### Program Maintenance

<table>
<thead>
<tr>
<th>Maintenance Need</th>
<th>Reason for Need</th>
<th>Cost</th>
<th>Result of Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain state of the art simulation center with upgrade of equipment.</td>
<td>Enhance student learning. Accommodate the expanding needs of the simulation center</td>
<td>$100,000</td>
<td>State of the art simulation center to step up to center of excellence.</td>
</tr>
<tr>
<td>Lab assistant (BSN) for simulation center (12 month position)</td>
<td>Open lab availability and opportunity to practice skills outside of the clinical lab course. Faculty will be able to refer students to the lab for remediation. Ability to assist lab coordinator with routine lab activities—set up and tear down, repackage supplies.</td>
<td>$275,000</td>
<td>Enhance student learning experience. Improved student skills and decreased complaints from faculty and clinical sites regarding skill level of students.</td>
</tr>
<tr>
<td>Travel</td>
<td>Maintain faculty competence and increase presence of the school at the state and national level. Recruitment of distinguished faculty.</td>
<td>$100,000</td>
<td>Recruit distinguished faculty and retain the current faculty.</td>
</tr>
</tbody>
</table>
## IV. Planning Categories

<table>
<thead>
<tr>
<th>Dept.</th>
<th>Initiative</th>
<th>1 yr</th>
<th>2-5 years</th>
<th>New Resources Required</th>
<th>Cost</th>
<th>Source of Resources</th>
<th>Assessment Criteria</th>
<th>University Initiative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>Become an NLN center for excellence in nursing education and become accredited for Society for Simulation in Healthcare (SSH)</td>
<td>x</td>
<td></td>
<td>Faculty &amp; Staff Time and fees for accreditation and Center of Excellence</td>
<td>50,000</td>
<td>Departmental Funds</td>
<td>Achieving the status of the NLN center and accreditation for SSH. Visibility of Programs.</td>
<td>1.5</td>
</tr>
<tr>
<td>Nursing</td>
<td>Develop Graduate Nursing Programs</td>
<td>X</td>
<td></td>
<td>Supplies</td>
<td>$200,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>New Faculty lines</td>
<td>$1,604,246</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>New staff position</td>
<td>$129,744</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Program faculty</td>
<td>$19,200</td>
<td>Departmental State</td>
<td>Establishment of programs with target goals for student numbers</td>
<td>1.5 &amp; 2.8</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Graduate assistants</td>
<td>$285,840</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- Increased virtual distance faculty available to collaborate with
  - Departmental Funds and External Grants
  - TBD
  - 2.5
### Goal 3: Provide a premier student-centered, educational experience that fosters retention and success.

| Nursing | Expand collaboration with other institutions | X | Not yet determined | Faculty and students | Table: 
| —— | —— | —— | —— | —— |
| | | | | Retention of 95% of students in programs; Increase in student satisfaction regarding support for students. |

| Nursing | Foster Retention & Success for Students | X | Furniture for the Learning Center and clinical track faculty line | $8,800 | Departmental and State | $491,520 |
| —— | —— | —— | —— | Departmental and State | —— | —— |
| | | | | Retention of 95% of students in programs; Increase in student satisfaction regarding support for students. | 3.2 |

### 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.

| Nursing | Explore/establish advanced practice opportunities | X | Not yet determined | Faculty and staff time. | Department | Ability to maintain national certification for faculty | 5.6 |
| —— | —— | —— | —— | Department | —— | —— | —— |
| | | | | | | Ability to maintain national certification for faculty | 5.6 |
FACULTY

Nursing Faculty Assembly

The Nursing Faculty Assembly is founded on the Nursing Faculty Bylaws, which provide for the faculty to actively participate in the development and implementation of the nursing program. The bylaws set forth procedures for meetings, elections, and committees and maintenance of records such as minutes and reports (see Faculty Assembly Bylaws in TRACS).

Faculty Recruitment and Hiring

Faculty recruitment and hiring is addressed in PPS 7.02 – Faculty Hiring, UPPS 04.04.03 – Staff Employment, UPPS 04.04.04 – Affirmative Action Recruitment Plan, and PPS 7.14, Attachment B – Contracting of Temporary Faculty. It is also consistent with PPS 7.14 – Hiring and Use of Temporary, Non Continuing Faculty.

Texas State University and College of Health Professions Policies

The University Policy and Procedures Statements (UPPS), Academic Affairs Policies and Procedures statements (PPS), and the College of Health Professions Policies and Procedure Statements are available on the Texas State website (see Appendix E: Listing of College of Health Professions policies and procedures).

Texas State University Statement on Prohibition of Discrimination and Sexual Misconduct (Title IX)

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

Policy Statements:

UPPS 04.04.46, Prohibition of Discrimination

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

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

The Texas State University System Sexual Misconduct Policy

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

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

**Reporting Responsibilities:**

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

**UPPS No. 04.04.46, Prohibition of Discrimination**

**The Texas State University System Sexual Misconduct Policy**

Report all instances of sexual misconduct to the Texas State University Sexual Misconduct
Webl ine at: [https://tim.txstate.edu/sexualmisconductwebline/](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

**Nursing Faculty Policies and Procedures**

The Nursing Faculty Policies and Procedures are primarily those of the University, Academic
Affairs, and the College of Health Professions. Policies and guidelines for the nursing program
specifically may be found in the Nursing Faculty Handbook, the Nursing Student Handbook,
and/or in the syllabus for the courses. See also **Appendix F** for the Social Media and Networking
Policy.
Faculty Orientation

The nursing faculty participates in university faculty orientation and in the nursing program orientation. During the general university faculty orientation, the overall employment responsibilities and benefits are reviewed. Continuing faculty development is available through the office of Professional Development and through various programs in the school of nursing, as well as via outside offerings.

Orientation specific to the St. David’s School of Nursing occurs prior to the beginning of the semester in which faculty accept an appointment. There are two parts to this orientation: first, the Associate Dean/Director discusses school policies and procedures. Second, the Student and Faculty Governance Committee give an overview of faculty tools and resources such as Outlook, TRACS, and library facilities. Course specific orientation takes place prior to the beginning of each semester, as needed. Faculty must be familiar with the Nursing Faculty Handbook, the Nursing Student Handbook, Policies and Procedures of CHP and the St. David’s School of Nursing, and the curriculum of the nursing program.

Faculty Expectations

The faculty expectations that follow are consistent with the UPPS, PPS, and CHP Policies and Procedures concerning faculty and academics (see Appendix E and faculty position descriptions in Appendix C).

Faculty members are expected to abide by the following guidelines and expectations:

1. Faculty areas are alarmed at all times. Students may call faculty from the student lounge to gain admittance. Students should be escorted at all times while in the faculty area.

2. Work cooperatively with the Associate Dean/Director and other faculty and staff to promote a sense of community and collegiality in the School and the College of Health Professions consistent with the Nursing Program Vision, Mission, Shared Values, and Goals Statement.

3. Administrative needs, such as work requests and assistance, must be negotiated among faculty and the staff. The Associate Dean/Director determines priorities when conflict occurs. Administrative assistance is available 8:00 to 5:00 Monday through Friday.

4. Maintain current licensure and certification (including BLS), as appropriate, and provide current verifications to the administration. Maintain any immunizations and disease reports required by external clinical facilities where supervising students. The Associate Dean/Director maintains documentation concerning current licensure, drug screen results and qualifications of the faculty.

5. New faculty participate in orientation usually one week prior to the fall semester. Orientation includes an overview of Texas State University, College of Health Professions and St. David’s School of Nursing policies and procedures and faculty
expectations. Information about benefits and retirement is included at the general university orientation.

6. Faculty post and keep regular on-site and virtual office hours suitable to meet the needs of their students. Full-time faculty must be scheduled to be available for advising and counseling students a minimum of five (5) hours per week and to be available at other times by appointment. Post on-site office hours with the Associate Dean/Director’s office and at the faculty office prior to the beginning of each semester. Faculty must also include the office hour schedule in their syllabus. Advise the Director and administrative assistants regarding what phone number(s) may be released to students.

7. Advise the administrative assistant of needs in connection with your faculty responsibilities. Office supplies are provided in the Director’s suite workroom, including staplers, staples, scissors, paper clips, writing utensils, paper products, file folders, tape dispensers, and more.

8. Seek assistance from the administrative assistant if needed regarding use and maintenance of the equipment and supplies. Faculty should shred confidential materials themselves. The faculty workrooms house a printer/copier/scanner and shredder. Faxes can be sent via the computer or a stand-alone machine is housed in the workroom in the Director’s suite. All faculty have a long distance code to use with the fax machine.

9. Schedule rooms with the Administrative Assistant II located in the Admissions Office Suite. The reservations should be cancelled as soon as it is known that a reserved room is no longer needed by notifying the Administrative Assistant II.

10. Check mailboxes regularly. Faculty mailboxes are located in the faculty copy/mail workrooms. Student submissions of hard copy documents to faculty should be placed in a folder for the faculty in the file cabinet in the SON Office of Admissions. Confidential material may be left with the Administrative Assistant II.

11. Update the Curriculum Vitae each year and place it into the ePortfolio portal to be used with annual evaluation in the spring of each year and submit an electronic copy to the Administrative Assistant III for placement on TRACS.

12. Consult the Texas State Honor Code and apply Texas State policies regarding disciplinary matters if a faculty suspects a student of cheating and/or other forms of academic dishonesty (see Appendix L). The Nursing program promotes academic and general honesty, fosters mutual trust and respect between faculty and students, and prepares the students to live according to the ethical rules and code of the nursing profession. The Honor Code recognizes the importance of integrity, honesty, trust, fairness, respect, and responsibility. Students in the nursing program are expected to abide by the Honor Code and the American Nurses Association Code of Ethics for Nurses.

13. Ensure confidentiality of student, employee, faculty, and operational information. It is the responsibility of each faculty and employee to take measure to protect confidentiality and to report breaches to the Director as soon as noted. Breaches may be intentional but most
often may be casual, unnecessary, or an unauthorized review and discussion of confidential information. Faculty and students must receive HIPAA (privacy) training for the assigned clinical facilities and abide by that agency’s policies.

14. Release information about students in accordance with the Family Educational Rights and Privacy Act (FERPA--Buckley Amendment) that applies to currently enrolled students and alumni. Access to this information in all forms, including hard copy, digital and verbal, is restricted to those for whom it is necessary in order to perform their assigned job. This information includes but is not limited to student records, employee records, files, information obtained from organizational or staff committees, inquiries from family or friends, media or external agencies about students or employees, and any information obtained from computerized systems including security access codes. All requests for release of student related information must be referred to and handled by the Director.

15. Be available at least one and a half weeks in advance of the first day of the fall term for planning, semester preparation, and to participate in faculty, committee and course meetings, and other activities designated by the Associate Dean/Director, Dean, or University. Faculty must also be available at minimum through graduation and potentially until their contract expires.

16. Provide upper division and graduate student advising that involves course planning and assignments, career counseling, and academic questions. The Nursing Admissions and Retention Coordinator and the Academic Advisor II, as well as the faculty, assist the College of Health Professions academic advisors in providing pre-admission advising and recruiting.

17. In the event of an illness, coordinate coverage by another faculty to fill in for the assigned course or clinical as appropriate and notify the Associate Dean/Director of the illness and coverage arrangements. Communicate the change to the Coordinator of Nursing Program Services, students, and faculty, including who to contact with questions. No more than one clinical teaching day should be missed for attendance at a conference or advisory board. It is disruptive to the student learning experience to switch instructors frequently.

18. In event of adverse weather conditions, the Associate Dean/Director will communicate to faculty and the students the decision regarding cancellation of classes consistent with Texas State policies. Phone or email the Director if weather conditions at the clinical site are dangerous to faculty and students. Safety is a priority.

19. Consult the Coordinator of the Simulation Laboratories regarding the scheduling of the simulation lab or the Coordinator of the Standardized Patient Program well in advance of needing to set up a scenario involving standardized patients.

20. Set an example of respect for and behavior in the practice/simulation labs, including showing up for lab at least 30 minutes prior to the beginning of the lab in order to be prepared. The simulation laboratories are designed to provide realistic hands-on practice for nursing students in an area that simulates a variety of realistic healthcare facility
environments. There are numerous resources available to facilitate group and individual 
learning. Each lab is equipped with up-to-date resources, including a variety of manikins 
with various electronic capabilities, and supplies to create a realistic nursing 
environment. Labs must be treated as clinical areas where patients are cared for. Labs 
must be maintained, organized, and cleaned. Specific practice and simulations labs are 
scheduled each semester through the assigned administrative assistant. Any changes in 
scheduling needs must be made as soon as known to the Coordinator of the Simulation 
Laboratories. Faculty are responsible for assisting in set up of the simulation laboratories. 
Students and faculty will straighten up the labs after use. Students will not be left 
unattended for more than brief periods of time in the laboratories.

21. Attend faculty, committee, and course planning meetings as assigned. All faculty are 
expected to attend the College of Health Professions fall general faculty and staff 
meeting, as well as convocation each fall on the San Marcos campus. Each faculty 
member is required to attend one College of Health Professions graduation each year (at 
least one-third of the CHP faculty must attend any given graduation) and are encouraged 
to attend the nursing pinning ceremony as well. Faculty teaching full time in the summer 
must attend the summer graduation in addition to a fall or spring graduation ceremony. 
Faculty must also participate in University and College of Health Professions committees 
and activities as assigned by the Director.

22. The faculty of record for each course will make decisions concerning required and 
recommended textbooks. Decisions must be made early enough for textbooks to be 
ordered or made available for students to order online. Report textbook orders to the 
Administrative Assistant III consistent with their reporting forms and timeline for 
ordering textbooks. Textbook change requests must comply with Nursing Curriculum 
Committee procedures prior to implementation of a nursing course.

23. Requests for desk copies of textbooks and demonstration copies of software or electronic 
resources may be obtained from publishers. All desk copies or demonstration software 
are the property of the Nursing Program. If there is a fee required for previewing 
materials, the Director must approve the expenditure of such funds.

24. Fulfill course faculty of record responsibilities:

A. Ensure that the current course syllabus includes the course title, description, 
overview, purpose, measurable objectives, course requirements, teaching-learning 
methods, evaluation criteria, schedule of exams, project due dates, required and 
recommended texts, bibliography and reference materials, and handouts for the 
course. The syllabus should list the course faculty office location and office hours 
and should address policies regarding attendance and absences, grades, and special 
accommodations. Each semester, submit for publication a shortened version of the 
syllabus on the University website to comply with House Bill 2504. Prepare and 
distribute course guidelines/handouts for lectures, seminars, practice or simulation 
labs and special course activities using TRACS.

B. Update required online materials on TRACS.
C. Prepare written examination questions that apply critical thinking/clinical reasoning skills and evidence-based practice consistent with the course outcomes. Test Banks should not be utilized without revisions to the questions. Course Exams will be given via ExamSoft in addition to nationally normed standardized exams provided by a vendor and administered via their site.

D. Define criteria for evaluating clinical experiences, projects, and special course activities. Provide students with a copy of the rubric.


F. Student course evaluation forms are conducted for each course using Survey Monkey administered by SON staff. A separate student evaluation is conducted to meet the House Bill 2504 requirement for all colleges and universities under the Texas Higher Education Coordinating Board (THECB) regarding public access to course information.

G. Post a final copy of the course syllabus on the TRACS course site and send a copy with the Coordinator of Nursing Program Services. Once a final copy has been posted, prior to the beginning of the first day of class, no changes are to be made to the syllabus. If a change is needed, it will be communicated and labeled as an addendum. This should be an exception, not a frequent occurrence.

25. Check the TRACS class roster prior to the twelfth day to ensure that students in class are properly and officially registered for the course. Faculty will be asked to certify class rosters after the 12th day of class. The information is submitted to the Higher education coordinating board. Regular and punctual attendance is expected and must be consistent with the course syllabus. Attendance documentation is required and can take a number of different formats.

26. Submit grades on final grade rosters electronically to the Registrar’s Office consistent with the deadline established by the Registrar. Faculty should submit any grade changes to the Associate Dean/Director and the Dean in accordance with Texas State policy.

27. Faculty are encouraged to participate in professional meetings to the fullest extent possible as representatives of Texas State. Travel expenses may be reimbursed with prior approval by the Associate Dean/Director. Faculty travel and continuing education provisions are consistent with the College of Health Professions and Texas State faculty policies.

28. Participate in faculty peer review evaluation. Tenure track faculty should have peer and director review of their teaching every semester or at least once per evaluation cycle. Faculty document activities for assigned review. Completed peer reviews are provided to the faculty member to be included in the portfolio. The Associate Dean/Director will finalize the faculty re-appointment review report and meet with the reviewed faculty. Promotions, salary increases, and the reappointment process are consistent with the Texas
State and College of Health Professions policies. Tenure and promotion decisions reflect program requirements that are consistent with the Texas State and College of Health Professions policy (see Appendix E). The University, College of Health Professions, and the St. David’s School of Nursing set these requirements. For issues that fall outside the annual evaluation and re-appointment Process, faculty may use the (Faculty Peer Review process see Appendix K, Faculty Peer Review policy and procedure).

29. The Director, with the Personnel Committee, will approve all faculty recruitment efforts and recommend offers of employment to the Dean consistent with the College of Health Professions policies.

30. Texas State University and College of Health Professions policies and procedures apply to the nursing faculty. A list of those policies is available on the Texas State website www.txstate.edu/academicaffairs/pps/pps_toc.htm and http://www.txstate.edu/effective/upps/.

Faculty Development

Faculty development is consistent with University policy UPPS 4.04.30 – University Leave Policy. Faculty are encouraged to participate in professional meetings and conferences with funding at the discretion of the Director. Faculty prepared at the MSN level are encouraged to pursue either a DNP or PhD degree.

Research

Support for faculty and staff research comes from the Office of the Associate Vice President for Research (AVPR) and Federal Relations. Texas State is committed to supporting and promoting research and scholarship of faculty and staff while promoting shared responsibility, compliance and scholarly integrity. The AVPR assists faculty members in their research endeavors, encourages interdisciplinary activities across campus and provides matching funds to support new research programs and initiatives. In addition, this office provides administrative support for research activities through the Office of Sponsored Programs, the Office of Research Compliance and the Office of Electronic Research Administration. The office is located on main campus in San Marcos. Assistance can be obtained via the web, email and phone.

In addition to these resources, a new initiative was launched in 2012 to support the development of research at Texas State University. The Initiative for Interdisciplinary Research Design and Analysis (IIRDA) was launched in 2012 with a mission to serve as a resource to meet the need for state-or-the-art research support in a comprehensive, rigorous and interdisciplinary way. IIRDA’s mission is realized by increasing external funding to the level that aligns with the university’s Emerging Research University trajectory, 2) serving as the primary point of contact for faculty seeking expertise in the design, analysis, and publication of research at the highest level, and 3) offering graduate-level courses specific to all types of research methodology and analysis that leads to the certificate in research, measurement and statistics and qualitative methodology.
Support for research can be found within the College of Health Professions. There is an Associate Dean for Research and a Research Coordinator.

Faculty Workload

Faculty Workload is calculated consistent with PPS 7.05 – Faculty Workload and 7.08 – Summer Teaching Loads. The Associate Dean closely monitors the workload of faculty to determine that there is a balance in teaching, scholarship, and service, when appropriate. The workload assignment is designed to allow time for teaching, service, and research activities. Full-time, tenure track faculty are expected to participate in research. The full-time faculty are responsible for overseeing the curriculum as course faculty of record and for supervision of part-time faculty or adjunct faculty.

Consistent with PPS 7.05, each unit in the College of Health Professions has the responsibility to develop a program workload policy that further addresses PPS 7.05 based on the unique needs of each program in the College. The Nursing Program specifically considers course outcomes and curriculum plan when assigning workload and evaluating appropriate adjustments.

Each full-time faculty member is expected to complete twelve (12) workload units per semester. Typically, tenured and tenure-track faculty workload is fulfilled by teaching nine (9) workload units with the additional three units assigned for research and scholarly activities. The Associate Dean/Director may recommend that assignments other than teaching count as workload credit. The Associate Dean/Director, for example, is given workload credit for administrative time consistent with PPS 1.03 – Dean and Chair Workload.

Sample Workload for Clinical Track Faculty Teaching Primarily in Undergraduate Program

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Name</th>
<th>Units (Hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 3220</td>
<td>Essentials of Nursing Care Practicum</td>
<td>3.4</td>
</tr>
<tr>
<td>NURS 3110</td>
<td>Health Assessment Across the Life Span Practicum</td>
<td>3.4</td>
</tr>
<tr>
<td>NURS 4311</td>
<td>Nursing Care in Complex Health Practicum</td>
<td>5.0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>11.8</strong></td>
</tr>
</tbody>
</table>

Sample Workload for Clinical Track Faculty Coordinating a Course in Undergraduate Program

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Name</th>
<th>Units (Hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 3220</td>
<td>Essentials of Nursing Care Practicum</td>
<td>3.4</td>
</tr>
<tr>
<td>NURS 3221</td>
<td>Essentials of Nursing Care</td>
<td>2.0</td>
</tr>
<tr>
<td></td>
<td>Adjustment for course coordinator</td>
<td>2.0</td>
</tr>
<tr>
<td></td>
<td>Adjustment for large class size</td>
<td>2.0</td>
</tr>
<tr>
<td>NURS 3110</td>
<td>Health Assessment Across the Life Span Practicum</td>
<td>3.4</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>12.8</strong></td>
</tr>
</tbody>
</table>

Sample Workload for Tenure-Track Faculty

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Name</th>
<th>Units (Hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 3300</td>
<td>Foundations of Professional Nursing Practice</td>
<td>3.0</td>
</tr>
<tr>
<td></td>
<td>(section 001)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adjustment for writing intensive course</td>
<td>1.5</td>
</tr>
<tr>
<td>NURS 4311</td>
<td>Nursing Care in Complex Health Practicum</td>
<td>5.0</td>
</tr>
<tr>
<td></td>
<td>Release workload for research</td>
<td>3.0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>12.5</strong></td>
</tr>
</tbody>
</table>
Sample Workload for Clinical Track Faculty Teaching in Both Undergraduate & Graduate Programs

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 5301 Advanced Pathophysiology</td>
<td>3.0</td>
</tr>
<tr>
<td>NURS 5301 Advanced Pathophysiology</td>
<td>3.0</td>
</tr>
<tr>
<td>NURS 3220 Essentials of Nursing Care Practicum</td>
<td>3.4 (10 students/section x .34 WLU/student)</td>
</tr>
<tr>
<td>NURS 3110 Health Assessment Across the Life Span Practicum</td>
<td>3.4 (10 students/section x .34 WLU/student)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>12.8</strong></td>
</tr>
</tbody>
</table>

**PPS 7.05 – Faculty Workload** provides for a number of workload adjustments to consider large classes, team teaching, writing intensive courses, and others. These adjustments can be recommended by the Associate Dean/Director to the Dean after consultation with an individual faculty member.

**Faculty Evaluations**

The Associate Dean/Director conducts annual faculty evaluations consistent with **PPS 1.10** and **PPS 8.01**. Evaluations are based on the CV and self-evaluation as well as on student evaluation and nursing faculty peer review. Faculty reappointments are in addition to the annual review (see SON Policy 08.02).

**Faculty Responsibility for Course Planning, Implementation and Evaluation**

The Curriculum Committee oversees the components of the curriculum development, coordination, implementation, and evaluation. The chair is elected by the faculty annually and automatically serves as the representative from the SON to the College of Health Professions Curriculum Committee.

Each course has an assigned Faculty of Record, who is central to course planning, lecturing, designing simulation and clinical experiences, and evaluating the course. All faculty develop objectives, assignments, learning activities, and specific content for assigned courses with student outcomes as the overarching guide. They are also responsible for planning lectures and labs for each course. Faculty must also evaluate curriculum, individual courses, and student experiences in terms of the learning opportunities in the simulation labs and at clinical sites. The Total Program Evaluation Plan outlines all areas of evaluation by the faculty and students (see TPEP in TRACS under the Total Program Evaluation Committee).

**Course Management**

The Faculty of Record prepares a syllabus for each course consistent with the decisions of the SON Curriculum Committee. The course syllabus format meets the requirements of the Texas Board of Nursing and includes additional relevant information as identified by the faculty.

Faculty should create a course website on TRACS and include the class roster, course syllabus, links to references, online materials, and other course information. TRACS features numerous
tools to facilitate course management. Communication features allow faculty to contact individual students, create discussion forums between all class participants, and deliver announcements to the entire class or to groups within it. Through other features, students can submit homework and assignments electronically while TRACS records the date and time of submission. TRACS also features a grade book which calculates grades as faculty enter test and assignment scores. TRACS is secure and password protected, ensuring that only the course faculty has access to confidential student information.

Course Attendance is tracked using the Student Response System, TRACS, or a sign-in sheet.

Faculty make assignments and supervise students in clinical settings consistent with the objectives of the course.

Faculty develop quizzes and examinations consistent with the course objectives and the faculty expectations concerning critical thinking and evidence-based testing. Test questions are validated for reliability for effective measurement of student learning and progress. Construction of examinations/tests should include blueprinting. The construction of test blueprinting is left to the discretion of nursing faculty, however documentation of the structure should be on file, available, and shared with students. Also, see Students: Exams and Competency.

In the BSN program, standardized tests are used at each semester level to complement course quizzes, examinations, and to evaluate the curriculum to validate that students will be prepared to pass the NCLEX-RN® upon graduation. Students should demonstrate competence on standardized tests (see ATI policy).

In the MSN program, students will come to campus twice a semester in order to receive face to face instruction, mentoring, and evaluation. Nationally normed standardized testing will occur at various intervals throughout the program to validate student learning.

Grading policies are consistent with PPS 4.07 – Grades and Changes of Grades, including reporting course grades, incomplete grades, and grade changes.

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.

Any student adverse event must be documented and reported to the Associate Dean/Director immediately, (refer to the student liability and adverse event reporting policy 2.02 on the CHP website under policies).

Undergraduate students are placed in clinical agencies and other facilities based on the course objectives. Faculty are responsible for student instruction at the clinical site.

Graduate students are responsible for arranging their own clinical preceptors following the program guidelines for selection of preceptors. The faculty of record must approve the preceptor
for the practicum. Each faculty of an APRN clinical course oversees the clinical experience of 6-8 students per section, a ratio which meets national standards.

Faculty Leave

Faculty earn 8 hours of sick leave per month, but do not accrue vacation time. Scheduled time off for faculty is allotted between semesters. As Faculty do not work a standard 40-hour workweek, with occasional overtime considered part of their schedule, leave for “non-sick” purposes may be taken as needed with prior Director approval. Faculty are expected on campus during the regular work week; exception with prior Director approval.

Faculty must complete a “Texas State Faculty & Staff Application for Leave Approval” form when:

- Requesting sick leave;
- Traveling on business (conferences, meetings, etc.) to indicate dates absent and how your classes will be covered (if applicable). Note that a travel application form must also be completed for this purpose prior to your departure. The Administrative Assistant III will help you with the travel application.
- Other types of leave approved for faculty (e.g. jury duty, etc.)—see “Texas State Faculty & Staff Application for Leave Approval” form. Note that a travel application form must also be completed for this purpose.
- Faculty are responsible for maintaining personal records of leave accrued/taken.
- All Faculty leave must have prior approval of the Director.

The “Texas State Faculty & Staff Application for Leave Approval” form can be found on TRACS. Go to the “Resources” section of the “SON Faculty and Staff” TRACS site or follow this link: https://tracs.txstate.edu/access/content/group/5c2926d0-60c7-46bf-b529-fa9e6ef0d3c0/Timekeeping/Leave%20Request%20Form.doc.

STEPS:

1. Based upon the above policies, faculty complete in advance a “Texas State Faculty and Staff Application for Leave Approval” form. Alternatively, when the faculty member calls/e-mails in sick to the Director, they must complete a “Texas State Faculty and Staff Application for Leave Approval” form upon returning to work.
2. Faculty submit the completed form to the SON Director for review/approval, who will forward it to the SON Timekeeper for processing.
3. The SON timekeeper enters faculty approved leave in SAP, unless faculty prefer to enter their own leave. SAP time records should be updated the same week the leave is accrued/taken.
STUDENTS

Refer to the Nursing Student Handbook or the Graduate Nursing Student Handbook regarding Admission and Progression Guidelines and student related policies and requirements. See also the Texas State Student Handbook.

Undergraduate Students

Student Application for Admission

Application to the St. David’s School of Nursing is a two-step process.
1. Applicants must first be admitted to Texas State University; this application is available at https://www.applytexas.org.
2. Application to the Nursing School is a separate process. This includes:
   - Prerequisite coursework
   - St. David’s School of Nursing admission procedures
   - Supporting documents
   - These procedures and documents can be found at http://www.nursing.txstate.edu;
   - Applicants will find the most current St. David’s School of Nursing admission procedure at this site. Each year the application process begins October 1 and ends the second Friday in January.

Student Orientation

Each year a new student orientation will be held the week prior to the first day of classes. The orientation is in a hybrid format with an online component which includes quizzes. This online orientation is followed by a one day on campus experience organized with Senior class participation and input.

The goals of orientation are to:
   - Ensure students begin their nursing education prepared.
   - Assist students in making the transition to nursing school.

The objectives include:
   - Academic expectations are clear and understandable to each student. Expectations for both classroom and clinical conduct are presented and discussed as well as ethical and professional expectations.
   - Technologies (Laptops/TRACS/PDAs) are tested.
   - A sense of community is established by engaging students, staff, faculty, and students’ loved ones. Resources/Support systems are clearly delineated.

Student Progression and Retention

The St. David’s School of Nursing serves diverse, non-traditional students such as working parents and underrepresented groups, including men. Students identified as potential for
academic risk will be provided additional guidance and resources. Academic risk suggests that
the eligible student may not have a strong education background, or may come from a family or
environment where higher education is not valued; therefore, may need additional learning
experiences and resources.

Student academic challenges may include:
- Low reading comprehension and speed
- Lack of strategies to successfully deal with stress, anxiety, coping, time management,
critical thinking, academic preparation, and test-taking skills
- Having to work, caring for children, ailing parents, or unexpected events
- Slow acquisition of nursing skills requiring additional time in skills labs
- English as a second language

The intent is that every student admitted to the nursing program will be provided support and
learning opportunities to help that student persevere and graduate.

Once a student is admitted to the nursing program, the resources of Texas State, the program and
faculty and staff are extended to promote progression and on time graduation. The administration
and faculty are committed to supporting the successful progression and on time completion by
each student. The student is also expected to take responsibility for their effective matriculation
utilizing the faculty and other resources available to ensure their progression and on time
graduation. See APPENDIX I for the Student Retention Plan.

Student Admission Requirements

The application process to the St. David’s School of Nursing is competitive; 100 students are
admitted each fall semester. In addition to Texas State’s admission requirements, the St. David’s
School of Nursing application process includes a minimum prerequisite GPA of 2.90 or higher
and a science GPA of 3.00 or higher. Additional admission procedures include:
- Completed application
- Scores from the pre nursing assessment - Test of Essential Academic Skills (TEAS V
  BSN) an assessment of academic preparedness covering reading, math, science, English,
  and language usage
- Two professional/volunteer and/or academic references
- Completed prerequisite coursework
- Criminal background check

The Nursing Admission, Retention and Graduation Committee reviews and approves applicants
for admission to the nursing major. Notification of admission begins in March. Students are
admitted based on eligibility outcome of the application procedures and space available in the
program. Basic admission requirements are published in the Texas State Undergraduate Catalog
(http://www.txstate.edu/curriculum/services/catalogs/undergraduate/catalogs/2012-14.html). The
full-time program is five (5) semesters of coursework specific to the BSN degree plan.
**Student Nursing Organization**

The Student Nursing Organization (SNO) is a chapter of the National Student Nurses Association ([http://www.nsna.org](http://www.nsna.org)) and is open to nursing students. Members elect officers who represent the student body in all activities requiring representation. A faculty member serves as the advisor to the Student Nursing Organization. This advisor is supported by the Admission and Retention Coordinator and the SON academic advisor. Additionally each nursing class has elected a student representative to serve on the Faculty and Student Governance Committee to share information between faculty and students. Each class has a nursing faculty sponsor to help guide their decisions as a class for items such as fund raising and the graduation pinning ceremony.

Other organizations in the SON:

- **Student Promoted Integration in Nursing (SPIN):** A Texas State recognized social organization founded to promote understanding of cultural differences.
- **Bobcat Association of Men in Nursing (BAMN):** A Texas State recognized organization formed to allow male students a place to gather and share concerns and strategies for success in nursing. Females may join.

**Exams and Competency Validation**

Each course will have required activities or assignments and examinations to validate learning and competency. An overall earned course average of 75% is required of all students in order to pass all nursing courses. In order to pass nursing courses with a clinical practicum component, the student must achieve a 75% average or above on theory exams, which may include quizzes, unit exams, and a comprehensive final as defined in the course syllabus.

In addition to the course exams, students will be required to take a series of Assessment Technologies Institute (ATI) exams to guide the faculty and student on the student’s readiness to eventually pass the National Council Licensure Examination for Registered Nurses, (NCLEX-RN®). The ATI exams are assigned to a particular course each semester. The results of the ATI exams will highlight areas of strength and weakness for each student and allow for additional preparation on content, as needed. Faculty may provide additional learning experiences for students based on need. ATI exam grades are factored into the course grade as defined in the course syllabus (see ATI policy found on TRACS).

**Medication Administration & Calculations: Nursing Program Examination Requirements**

**General Purpose:**
Medication dosage calculation is a critical component of clinical nursing practice. It is imperative that drug dosages be calculated correctly for safe patient care. In order to ensure that students have mastered dosage calculations, they will be required to pass medication exams in selected nursing courses. In addition to dosage calculations, students will be required to know how to read medication orders accurately, including medical abbreviations.

**Requirements:**
Students will be required to pass all medication exams administered in the nursing program. The
passing score is 95%. Each student will have 3 opportunities to pass any given medication exam; however, failure to pass the exam after the third attempt will lead to failure to progress in the nursing program. Please refer to the admission and progression policies regarding readmission.

**Preparation:**
Students will be given assignments in the courses to assist in preparation for the medication exams. Practice quizzes will also be available so students will know what to expect on the medication exams.

**Helpful Guidelines:**
1. Do assignments on time. The information is learned by practice not cramming. Students need the time provided to master the content.
2. The medication calculation textbook offers 4 methods to do drug calculations. All methods are acceptable. Students should choose the method that works best for them.
3. If a student experiences difficulty at any time, they should seek help quickly. Do not delay. The faculty is committed to their success and will assist them if they seek help.
4. Rounding, if needed, should be done after arriving at the final answer. Do NOT round at each step in the calculation. Rounding is done only when you arrive at a dose that is not realistic to give. For example, one cannot give 3.07 tablets; therefore, one must round to 3 tablets. The rounding rule states that if the hundredth column is 5 or greater, the tenth column is increased by 1. In the example of 3.07 tablets, the 7 rounds up to make the number 3.10. However, realistically one still cannot give 3.10 tablets, so rounding will continue to the tenth column. Because 1 is less than 5, drop the 0.10 to be left with 3. The realistic answer is to give 3 tablets. The medication calculation textbook covers rounding in the Basic Math Review Section.
5. Practice, practice, practice calculation problems consistently. There are ample practice problems in the textbook, textbook CD-ROM and student resources online provided by the textbook.
6. Students may use a calculator when completing calculation problems for practice and in the clinical area. Only calculators provided by the St. David’s School of Nursing may be used during any examination.

**Remediation:**
If a student is unsuccessful on the first or second attempt to pass any given medication exam, they will be required to develop a plan for remediation with the instructor of record for the course. The remediation plan must be completed prior to the date of the repeat medication exam.

**Graduate Students**

**Student Application for Admission**
Application to the St. David’s School of Nursing is a two-step process.
1. Applicants must first be admitted to Texas State University, as determined by the Graduate College; this application is available at [https://www.applytexas.org](https://www.applytexas.org).
2. Upon accepting the applicant to Texas State, the Graduate College forwards the application materials to the St. David’s School of Nursing for selection of candidates. This includes:
   - Prerequisite coursework
   - St. David’s School of Nursing admission procedures
Supporting documents
These procedures and documents can be found at http://www.nursing.txstate.edu; applicants will find the most current St. David’s School of Nursing admission procedure at this site.

Student Orientation

Each fall a new student orientation will be held on campus prior to the first week of classes. The goals of this orientation are to:

- Ensure students begin their nursing education prepared.
- Assist students in making the transition to graduate school.

The objectives include:

- Academic expectations are clear and understandable to each student. Expectations for both classroom and clinical conduct are presented and discussed as well as ethical and professional expectations.
- Technologies (Laptops/TRACS/PDAs) are tested.
- A sense of community is established by engaging students, staff, faculty, and students’ loved ones. Resources/Support systems are clearly delineated.

Student Admission Requirements

- Bachelor of Science in Nursing degree from a nationally accredited nursing program.
- Admitted to the Graduate College at Texas State University.
- 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 at an accredited college or university.
- Complete an undergraduate course in statistics with a grade of C or higher.
- Complete the St. David’s School of Nursing, Texas State University, Master of Science in Nursing Program, Major: Family Nurse Practitioner Application. This includes
  - Current, unencumbered RN licensure in Texas or other state in which the student will complete clinical courses.
  - Equivalent of one year experience as a RN prior to beginning clinical course work.
  - Three (3) letters of reference from professionals competent to assess the applicant's academic capability and interest in pursuing a career as an FNP.
  - Written personal essay to persuade the Admission Committee that you are a highly qualified applicant and that they should select you for admission to the St. David’s School of Nursing MSN-FNP Program in the Fall of 2013.
  - Current CV or resume.
Student Support Services

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

Texas State University in Round Rock provides:

- Writing Center: http://rrc.writingcenter.txstate.edu/
- Library Services: The RRC Library Services room is located on the 2nd floor of the Avery Building (www.rrc.library.txstate.edu)
- Veterans Affairs: A Veteran’s Affairs Benefits Specialist is available at the One Stop Center in Round Rock. Students can call 512.716.4023 or go to the Veterans Affairs Web site at www.va.txstate.edu for more information.
- Counseling Services in the Student Health Center in the Nursing Building
- Student Health Services in the Nursing Building
- Counseling Practicum Clinic (CPC) and Career exploration services (CES) http://www.txstate.edu/clas/Professional-Counseling/counseling-services/RRC-Counseling-Practicum-Clinic.html
- Student Food Pantry – Nursing building 2nd floor
- One Stop Center at the Round Rock Campus
  - www.rrc.txstate.edu/resources/osc
  - Financial aid information
  - Accommodations for students with disabilities.
  - Texas State ID cards

On-line Texas State University Resources

- Writing Lab: https://tim.txstate.edu/slacowl/home.aspx
- Grammar, Spelling and Punctuation: www.txstate.edu/slac/subjectarea/writing.html

Textbooks can be ordered online at www.bookstore.txstate.edu or in person through the Texas State Bookstore located in the LBJ Student Center on the main campus in San Marcos. Options for shipping textbooks may exist. Information can be obtained by contacting the bookstore.

Health Services and Resources

Nursing students pay a health services fee with their tuition each semester so they are able to access services at the Satellite Student Health Center in the Nursing Building or at the Student Health Center in San Marcos. However students must check with their insurance provider to make sure they are in network for procedures and testing.
Refer to 2-1-1, the most encompassing database of resources including healthcare services in Central Texas is the 2-1-1 Texas Community Resource Database.  
http://www.unitedwayaustin.org/navigation-center/

Mental Health Services and Resources

- Texas State University Counseling Center on the Round Rock and main campus: 512.245.2208

Nursing students pay via tuition and fees for services at the Counseling Center. The Center in Round Rock is in the Nursing building and on campus in San Marcos; it is located in the LBJ Student Center, Room 5-4.1. For specific information about the Center and their special programs: www.counseling.txstate.edu/

Student Advisement

The St. David’s School of Nursing has an academic advisor on-site to advise students admitted to Texas State University about prerequisite courses, transfer coursework, as well as University policies and procedures. Pre-nursing students attending Texas State in San Marcos can receive academic advising at the Advising Center in the College of Health Professions in San Marcos or at the St. David’s School of Nursing in Round Rock. The advisor will assist prospective students with admission requirements and transfer course equivalencies. The academic advisor works closely with the Nursing Admissions and Retention Coordinator and collaborates with the College of Health Professions academic advisors in San Marcos. The academic advising office is located on the first floor in the Nursing building in suite 117.

Round Rock based students who need information on disability accommodations, VA benefits and financial aid, can receive assistance at the One Stop Center in the Avery building on the Round Rock Campus.

Graduate students will receive advising from the Nurse Practitioner Program Director and other nursing faculty as assigned during orientation.

Honor Code

Honor Code is consistent with UPPS 07.10.01 Honor Code.

Texas State College of Health Professions Grade Appeals

Policy and Procedure 04.01(rev. 02/2014): http://www.health.txstate.edu/About/College-Policies-and-Procedure.html

Student Participation in Nursing Program

Student participation and input into Curriculum and School policies is encouraged through the nursing student representatives who serve on the Faculty and Student Governance Committee, the Nursing Student Organization and/or course evaluations. The Director of the SON also has
an open door policy for students to discuss issues or concerns. Student evaluation of courses and learning activities are reported to the Nursing Curriculum Committee for consideration as part of the curriculum and program evaluation with follow up as indicated. See Appendix H for course evaluation process.
APPENDICES

APPENDIX A: Acronyms and Definitions

AACN - American Association of Colleges of Nursing.
Academic Risk - Evidence based characteristics of student applicants that are potential for unsuccessful matriculation and graduation from a nursing education program.
ANCC - American Nurses Credentialing Center. A national program to certify individual nurses in designated specialty practices.
APRN - Advanced Practice Registered Nurse
CCNE - Commission on Collegiate Nursing Education. A national accreditation program for schools of nursing.
CHP - College of Health Professions
CNWS - Center for Nursing Workforce Studies. A center under the Texas Department of State Health Services to document demand and supply of nurse workforce.
CCPS – Centralized Clinical Placement System. Online clinical placement services for Central Texas schools of nursing and facilities provided by HISC.
http://texasnrc.org/Resources/Centralized-Clinical-Placement-System
DSHS - Texas Department of State Health Services.
E3 - Education Equals Economics Alliance. E3 is a regional collaborative to increase economic outcomes by aligning education opportunities. E3 is focused on aligning nursing education programs and outcomes for Central Texas by identifying barriers, seeking solutions, and promoting collaboration among existing nursing programs to increase the supply of RNs.
FAFSA - Free Application for Federal Student Aid.
FNP – Family Nurse Practitioner
HISC - Health Industry Steering Committee. An industry-led and community-sponsored group that exists to collectively address the workforce needs of the healthcare industry in the greater Austin community. The HISC utilizes a collaborative approach to close the gap between employer demand for a diverse, trained healthcare workforce and the workforce in need of training and preparation to enter healthcare fields.
Holistic Nursing - Holistic nursing considers the bio-psycho-social-cultural-spiritual diversity of the client as a whole person and includes healing processes also recognized as holistic nursing.
Integrated Curriculum- Curriculum that incorporates bio-psycho-social-cultural-spiritual concepts with clinical content and experiences throughout the curriculum.
NONPF – National Organization of Nurse Practitioner Faculties
OCLC – On-line College Library Center. An on-line collection analysis program.
OSC - One-Stop Center for student services at the Round Rock campus.
RRHEC - Round Rock Higher Education Center. No longer in use as the campus is now called the Round Rock campus.
SACS - Southern Association of Colleges and Schools.
ToC - Table of Contents
TSCHHS - Texas Senate’s Committee on Health and Human Services.
APPENDIX B: Faculty Assembly Bylaws

Texas State University
St. David’s School of Nursing
Faculty Assembly Bylaws

The Faculty Assembly Bylaws are located on the Faculty Assembly TRACS under “Resources”, then “Bylaws”, or https://tracs.txstate.edu/portal/site/1d3d43e5-232c-4bff-a719-71f9b2808616/page/5a4acbec-bf8f-49ca-a18e-dfad20b45a4b
APPENDIX C: Position Descriptions

Associate Dean/Director of the St. David’s School of Nursing

The Associate Dean/Director serves as the administrator of the St. David’s School of Nursing. The Associate Dean/Director is appointed by and reports to the Dean, College of Health Professions, and serves at the pleasure of the Dean and the President of the University.

The Associate Dean/Director directs the achievement of the vision, mission and values of the School. The Associate Dean/Director is responsible for planning, coordinating and overseeing the students, faculty, staff, curriculum, organizational structure and governance, resources, and evaluations.

The Associate Dean/Director represents the School to the College of Health Professions and to the community and serves as liaison to community hospitals and other health care facilities, and to other schools of nursing.

The Associate Dean/Director may attend meetings of the Nursing Faculty Assembly and its committees as ex-officio, and any other meetings related to the St. David’s School of Nursing. The Associate Dean/Director chairs the Personnel Committee.

The Director is responsible for:

A. Students
   1. Drafting, disseminating and implementing policies affecting students.
   2. Providing and/or facilitating guidance and counseling for students so that they proceed through the program in an orderly, balanced, and timely fashion.
   3. Planning, revising and overseeing admissions, progression, retention, dismissal, and graduation in the nursing program.
   4. Accepting student and faculty grievances and seeking resolutions to problems.
   5. Maintaining and securing student matriculation records.

B. Faculty
   1. Recruiting, developing and maintaining qualified faculty who support the mission, vision, and goals of the School.
   2. Promoting faculty research and development.
   3. Processing faculty promotion and retention.
   4. Maintaining and securing faculty employment files.
   5. Assigning faculty offices and allocating faculty resources.
   6. Approving faculty travel and meeting time and expenses.

C. Staff
   1. Recruiting, developing and maintaining qualified staff who support the mission, vision, and goals of the School.
   2. Processing staff promotion and retention.
   3. Maintaining and securing staff employment files.
   4. Assigning staff offices and allocating staff resources.
   5. Approving staff travel and meeting time and expenses.
D. Curriculum
   1. Overseeing faculty in curriculum planning, development and revision to respond to
      health care needs of the community, state and nation and to educate health care
      providers who are prepared to meet these needs.
   2. Developing a master curriculum plan for course and activities scheduling.
   3. Providing for a system to identify, secure and evaluate affiliation agreements with
      clinical and related agencies for student clinical practicum and preceptorships.

E. Organizational structure and governance
   1. Establishing and maintaining the administrative organization of the School.
   2. Implementing of Texas State and College of Health Professions governance policies
      and procedures.
   3. Providing administrative support to the St. David’s School of Nursing Faculty
      Assembly and other Faculty Organization committees and activities.
   4. Providing administrative support to the Nursing Student Organization and other
      nursing student committees and activities.
   5. Ex-Officio member on nursing faculty committees and serves as chair of the
      Faculty Personnel Committee.

F. Resources
   1. Developing and maintaining the budget and allocations for the School.
   2. Overseeing the hiring, training, and management of an efficient and qualified staff
      to perform duties necessary to support the mission and goals of the School.
   3. Promoting development activities as well as oversight and management of fiscal
      resources of the School to include state, grant, discretionary and endowment funds.
   4. Promoting gifts and other development resources to benefit the School and its
      programs and services from donors, alumni and other sources.

G. Evaluation
   1. Planning, developing and implementing of a comprehensive evaluation plan for the
      curriculum, and all unit and program components of the School.
   2. Compiling and analyzing data related to student admissions, progression, retention,
      re-entry, dismissal, and graduation from the nursing program.
   3. Initiating and overseeing the process of continuing approval by the THECB and the
      Texas BON, SACS, and accreditation by the AACN-CCNE.
   4. Preparing and submitting timely reports to the oversight, approval and accreditation
      agencies.

Nurse Practitioner Program Director

The Nurse Practitioner Program Director (NPPD) is appointed by and reports to the Director for
the St. David's St. David’s School of Nursing and is responsible for overseeing the graduate
nurse practitioner program. The NPPD is faculty in the St. David's St. David’s School of Nursing
with a teaching appointment. The position requires a family nurse practitioner with national
accreditation as a CNP and unencumbered license in the State of Texas as an advanced practice registered nurse (APRN). This position reports to the Director of the School of Nursing.

The Nurse Practitioner Program Director is responsible for:

A. Providing leadership for the graduate nurse practitioner program in collaboration with the Director for the St. David's St. David’s School of Nursing.
B. Directing the development and implementation of the nurse practitioner curriculum in coordination with the Director and St. David's St. David’s School of Nursing Curriculum Committee, utilizing current American Association of Colleges of Nursing Essentials, National Organization of Nurse Practitioner Faculties, Texas Board of Nursing, CCNE requirements and national trends.
C. Serving as member of the Nursing Faculty Assembly, Curriculum and Admission, Progression and Graduation Committees.
D. Collaborating with the Director in planning faculty workloads and teaching assignments as related to program needs.
E. Collaborating with the Director in providing input for faculty evaluations (NP Faculty).
F. Collaborating with the Director in the implementation of all aspects of evaluation related to the program to ensure articulation of the St. David's St. David’s School of Nursing total program evaluation plan.
G. Assisting the Director in evaluation of the nurse practitioner program and in preparing internal and external annual reports on program outcomes.
H. Promoting visibility and advancement of the role of advanced practice nursing within and outside Texas State University.
I. Serving as liaison between other agencies and Texas State University to advance practice and educational achievement in graduate nurses.
J. Promoting an interdisciplinary approach to advanced practice nursing education and healthcare delivery within and outside of the St. David's St. David’s School of Nursing.
K. Attending College of Health Professions and University academic committees as designated.
L. Representing the St. David's St. David’s School of Nursing at functions inside and outside the School as necessary.

Nursing Admission and Retention Coordinator

The Nursing Admission and Retention Coordinator is appointed by and reports to the Associate Dean/Director of the St. David’s School of Nursing and is responsible for overseeing student recruitment, the student admission process, and student retention efforts. The Nursing Admission and Retention Coordinator is staff for the Nursing Admission, Progression and Graduation Committee and the Nursing Student Organization. The Nursing Admission and Retention Coordinator position is a professional staff position. The position requires formal education and experience dealing with SON recruitment, admission and retention. This position reports to the Director of the School of Nursing.

The Nursing Admission and Retention Coordinator is responsible for:

A. Coordinating student recruitment activities.
B. Overseeing the SON admission procedures including maintaining and securing applicants’ files and tracking the status of each applicant/student file.
C. Serving as an ex-officio member to the SON Admission, Progression, and Graduation Committee. Duties include processing and preparing the application files and coordinating the admission processes and follow-up communications.

D. Coordinating with the faculty the overall programs and services to promote student retention in the program.

E. Supporting faculty responsible for the Student Nursing Organization.

F. Serving on the Student and Faculty Concerns Committee.

Coordinator of Simulation Laboratories

The Coordinator of the Simulation Laboratories is responsible for establishing, maintaining and coordinating the student learning experiences in the clinical simulation laboratories. The Coordinator supervises all personnel assigned to the Simulation Laboratories. This position reports to the Director of the School of Nursing.

The Coordinator of the Simulation Laboratories is responsible for:

A. Identifying and maintaining budget for operational expenses.

B. Ensuring that the various laboratories are equipped and functional for student and faculty use.

C. Supervising and evaluating all personnel assigned to the simulation laboratories.

D. Maintaining an inventory of supplies and equipment, including maintenance schedule for equipment.

E. Maintaining a schedule of laboratory use for each course and each lab.

F. Maintaining a file of the laboratory objectives for each course, and the nature of the experience and staffing to be provided and in which lab.

G. Assisting faculty and students in use of the various labs.

H. Collaborating with faculty to develop a file of scenarios and clinical protocols for practice and remediation in the practice/simulation labs.

I. Developing and implementing systems to enhance learning by evaluating and measuring student’s learning in simulation.

J. Carrying out other faculty duties.

Simulation Laboratories Information Specialist

The Simulation Laboratories Information Specialist is responsible for maintaining the information technology in the clinical simulation laboratories. The individual is an integral team member and ensures effective operation of the simulation laboratories for optimal student learning. The position reports to the Coordinator of the Simulation Laboratories.

The Simulation Laboratories Information Specialist is responsible for:

A. Maintaining records on simulation software licensing, equipment usage, trends, and available resources. Recommending hardware and software for purchase based upon evaluation of available products and their capabilities and durability.

B. Assisting in conducting monthly/yearly inventory of materials, equipment, tools, and supplies.

C. Setting up hardware and software in the labs as necessary. Forwarding unsolvable issues to other departments and/or vendors as needed.
D. In conjunction with the Coordinator of the Simulation Laboratories, providing instruction and orientation to the simulation lab users in the use and care of the simulation technology and audiovisual equipment and in safety procedures.

E. In conjunction with the Coordinator of the Simulation Laboratories, providing logistical support for simulation activities including: set-up and tear down of high-fidelity manikins, computers, and audiovisual equipment as determined by the simulation team, learning outcomes, and manufacturer’s recommendations.

F. Assisting with operating and programming of simulator equipment for simulation sessions.

G. Along with the Coordinator of the Simulation Laboratories, ensures maintenance of labs as professional, clean, safe, operational facilities, and provide optimal learning environments.

H. Serving as a liaison between the St. David’s School of Nursing and the manufacturers of technology, audiovisual, and simulation equipment.

I. Working closely with Simulation Lab Coordinator.

J. Carrying out special projects as necessary.

Simulation Laboratories Information Specialist: Standardized Patient Coordinator

The Standardized Patient Coordinator is responsible for the design and implementation of the standardized patient education program in the school of nursing. The individual functions as an integral team member to ensure effective operations of the simulation laboratories for optimal student learning. The position reports to the Coordinator of the Simulation Laboratories.

The Simulation Laboratories Standardized Patient Coordinator is responsible for:

A. Developing a standardized patient education program for undergraduate and graduate nursing programs and coordinates planning and administration of educational and assessment activities involving standardized patients.

B. Assisting in maintain the effective functioning of all simulation laboratories by working collegially with simulation laboratory personnel (e.g. inventory, instruction and orientation of the simulation laboratories, and setting up and tearing down labs).

C. Collaborating with school of nursing faculty in the design of standardized patient experiences to meet course and program outcomes, facilitating school of nursing faculty in the design of standardized patient experiences to meet course and program outcomes, and facilitating school of nursing faculty in the development of specific teaching strategies using standardized patients.

D. Recruiting, training, scheduling, supervising and reviews individuals who function as standardized patients, and maintains a database of standardized patient contact information.

E. Preparing and updating materials for each standardized patient encounter, such as assignments, scenarios, checklists, handouts, evaluations, schedules, and room assignments.

F. Assisting with replacing and ordering all supplies and specialty equipment and performing inventor checks.

G. Preparing the lab environment, along with simulation laboratories personnel, to replicate the clinical setting and prepares equipment and standardized patients per scenario templates, which includes but is not limited to, applying wounds; applying moulage; and
using simulation technology to replicate clinical realism; initiating simulator and simulator software function; preparing A/V equipment for simulcasting; assisting faculty with operation as necessary; and cleaning and returning the lab environment to pre-simulation conditions to ensure a professional, clean, safe, and operational facility for an optimal learning environment.

H. Assisting in the maintenance of lab security and compliance with lab policies and procedures of the school of nursing and University.

I. Orienting faculty and students to lab and equipment as needed and remediates skills of undergraduate nursing students as needed.

J. Assisting with lab tours to prospective students and visitors, promoting a positive image of lab facilities, and ensuring that labs are engaged with the University and the community.

K. Carrying out special projects and duties as assigned.

Simulation Laboratories Assistant
New position—Responsibilities in development

Academic Advisor II

The Academic Advisor II provides academic advising to pre-nursing and nursing students. The position reports directly the School of Nursing director.

The St. David’s School of Nursing Academic Advisor is responsible for:

A. Advising nursing students as well as prospective students admitted to Texas State, but not currently attending Texas State.
B. Assisting with graduation application and verification of graduation qualifications.
C. Coordinating the Scholarship Committee and assisting with the SON student organization.
D. Evaluating all transcripts for SON applicants and calculating grade point averages.
E. Providing information and advising on academic policies (ex. excessive hours, withdrawing).
F. Updating degree audits for all St. David’s School of Nursing students.
G. Verifying the transferability of courses.
H. Distributing and updating admission criteria as well as assisting with CHP new student orientation and registration advising when necessary.
I. Serving as liaison between the St. David’s School of Nursing and the CHP Advising Office.
J. Assisting nursing students with registration.

Clinical Education Placement Coordinator

The Clinical Education Placement Coordinator facilitates student clinical placement and provides support for the undergraduate and graduate program. The position reports directly to the school of nursing director.
The Clinical Education Placement Coordinator is responsible for:

A. Coordinating clinical placements for all students at all clinical sites by negotiating the number and type of placements with other area nursing programs and by identifying preceptors.
B. Advocating for advantageous clinical placements and collecting and verifying agreements with health care facilities and preceptors.
C. Managing student compliance with practicum requirements and policies and submitting that information to clinical sites.
D. Maintaining graduate student files and reviewing them for completeness including the database of clinical sites and preceptors.
E. Establishing and maintaining positive relationships with health care providers by addressing issues and demonstrating appreciation.
F. Networking with health care professionals to identify new potential affiliates.
G. Assisting with graduate student admissions, orientation, progression, and graduation, including student registration, graduation paperwork, and Board of Nursing graduation verification paperwork.
H. Assisting with all administrative support for the graduate programs and maintaining all online groups for the graduate program.
I. Other duties as assigned by the Director.

Administrative Assistant II—Admissions and Retention Office

The St. David’s School of Nursing Administrative Assistant II provides advanced administrative support to the St. David’s School of Nursing, carrying out assignments primarily associated with Nursing undergraduate and graduate admissions within the Nursing Admission and Retention Office. This position reports to the Admissions and Retention Coordinator.

The Administrative Assistant II is responsible for:

A. Assisting in processing nursing undergraduate and graduate (graduate starting Fall 2013) applications for admission. This includes: collecting and creating files for applicant documents, entering application information into Access database and generating/extracting reports/spreadsheets as needed, communicating with applicants regarding status of applications, and providing Texas Board of Nursing with list of applicants pertaining to criminal background check processing, and relaying process to applicants.
B. Initiating contact for all St. David’s School of Nursing inquiries, including admission procedures. Greeting visitors and students, and answering emails routed to nursing.
C. Assisting in the planning and coordination of the School of Nursing New Student Orientation. This includes working with University Police, Parking Services, and Facilities Maintenance.
D. Working with faculty to collect all exam grades, including final course grades for all nursing students and entering data into an Excel spreadsheet.
E. Collecting proof of required certifications and immunizations from students and entering data into an Excel spreadsheet for faculty clinical coordinator's review.
F. Scheduling rooms in the St. David’s School of Nursing Building and assisting in the coordination of events, as needed.
G. Providing additional support to the Nursing Admission and Retention Coordinator and Academic Advisor; including scheduling appointments, and handling confidential documents, and other duties as assigned.

H. Scanning and filing student clinical evaluations onto secured drive, and filing of paper copies.

I. Distributing agenda and taking minutes at the Nursing Faculty/Staff meetings. Filing electronic and paper copies of minutes.

J. Entering new nursing student information into clinical site's secured database to permit student access to technology when meeting clinical course requirements. Terminating student access when nursing students have withdrawn from the program.

K. Updating admission forms and materials.

L. Receiving and preparing deposits for application fees, and other nursing student-related payments.

M. Collecting, opening, and distributing mail for the St. David’s School of Nursing.

N. Carrying out other duties as the need arises, including performing basic maintenance on student printers/copiers and monitoring supply inventory for the Admission and Retention Office.

O. Maintaining Facebook page and other social media for the St. David’s School of Nursing.

P. Maintaining St. David’s School of Nursing Student TRACS site.

Administrative Assistant II—Director’s Suite
Job description is in development for this new position.

Administrative Assistant III

The St. David’s School of Nursing Administrative Assistant III provides administrative support to the SON Director and Faculty. The Administrative Assistant III reports to the Director of the School of Nursing.

The Administrative Assistant III is responsible for:

A. Providing administrative support for program development.
B. Preparing complex correspondence and reports.
C. Maintaining director’s calendar.
D. Answering phone, taking messages, screening and transferring calls, providing information regarding nursing program to students.
E. Creating and maintaining file system.
F. Maintaining budgets using SAP system.
G. Making travel arrangements to include travel applications and reimbursements for director and faculty.
H. Preparing purchase orders.
I. Preparing personnel change requests.
Coordinator of Nursing Program Services

The St. David’s School of Nursing Coordinator of Nursing Program Services is responsible for coordinating and carrying out administrative projects and assignments in the St. David’s School of Nursing. The coordinator reports to the Director of the School of Nursing.

The Coordinator of Nursing Program Services is responsible for:

A. Researching, writing and maintaining policies and procedures for the School of Nursing. This involves interviewing faculty and staff, researching, and incorporating College of Health Professions and University policies and procedures as needed, writing detailed steps for tasks that will aid in cross training, and creating interactive modules using technology available to enhance the learning experience.

B. Serving as primary Safety Officer for the school of nursing, including creating/updating emergency procedures documentation, and performing monthly AED checks at 2 stations. Coordinating occasional fire drills and recommending/coordinating safety workshops/training.

C. Publishing St. David’s School of Nursing’s Newsletter.

D. Coordinating the student evaluation process, including creating evaluations each semester for every course section, providing instruction to students, compiling results, distributing to appropriate faculty/staff, generating statistical reports, and maintaining a secure paper and electronic filing system.

E. Maintaining St. David’s School of Nursing Web site except for BSN, MSN, and Sim Lab pages.

F. Serving as hiring manager for all staff hires. Includes setting up electronic job posting and relevant documents, monitoring applications received, providing Search Committee with appropriate documents for review, setting up interviews, confirming past employers for finalists, posting final hiring decisions for all applicants on hiring Web site, and creating internal files.

G. Working on special projects as assigned by the Director.

H. Collecting, putting into appropriate formats, and organizing all documents required for approving and accrediting agencies over the Nursing programs.

I. Coordinating St. David’s School of Nursing’s schedule of class information each semester, and monitoring/enforcing deadlines for certifying course rosters and final grade submissions.

J. Serving as timekeeper for the St. David’s School of Nursing, including maintaining and monitoring faculty and staff timekeeping records, reporting/monitoring any incorrect entries made by faculty/staff.

K. Creating and posting slides and photos on the St. David’s School of Nursing’s two display monitors which serve as information and recruitment resources for students and general public.

L. Maintaining St. David’s School of Nursing Faculty and Staff and the Faculty Assembly TRACS sites.

M. Supporting the Nursing Faculty Assembly.

N. Coordinating access (electronic and key issuance) to the St. David’s School of Nursing building for faculty and staff. Informing appropriate offices of Nursing building closures to ensure facility is electronically secured.
O. Updating the University’s room utilization database with any St. David’s School of Nursing space utilization changes.

**Curriculum Chair**

The Curriculum Chair is nominated by the Nursing Faculty Assembly and is responsible for coordinating the planning, implementation, and evaluation of the undergraduate curriculum.

The Curriculum Chair represents the School on the College of Health Professions Curriculum Committee.

**The Curriculum Chair is responsible for:**

A. Coordinating the development, implementation, and evaluation of the curriculum.
B. Receiving and processing faculty and students concerns related to the curriculum with the Curriculum Committee, and making recommendation for resolution.
C. Carrying out other faculty duties.

**Course Faculty of Record**

The Course Faculty of Record is designated by the Director for each course offered. For each course there is at least one (1) Faculty of Record.

**The Didactic Course Faculty of Record is responsible for:**

A. Ensuring that the syllabus and all course components are accessible to students via TRACS prior to the first day of class and updated based on any modifications, clarifications, or additions as stated in University policies.
B. Assigning students to breakout/project groups with faculty input.
C. Interpreting the course plans, procedures, objectives, and requirements, explaining them to students, and clarifying any questions to establish common understanding. Posting notices about course implementation on TRACS.
D. Coordinating the compilation of an exam blueprint, exam questions, and assignments for the course. Using ExamSoft for major exams. Scheduling, administering, overseeing, and grading exams. Ensuring that exam questions after the first semester courses are application or higher level critical reasoning and clinical judgment questions.
E. Coordinating with the Nursing Program Services Coordinator to implement approved course and faculty evaluation surveys while ensuring quality data collection from students and self.

**Course Coordinator**

Course Coordinators may or may not receive workload credit for duties. Coordination may be subsumed under duties as Faculty of Record.

**The Clinical Course Coordinators are responsible for:**

A. Coordinating with the Curriculum Chair and faculty committees to ensure that the assigned course is planned, implemented, and evaluated according to the overall curriculum plan, goals and strategy.
B. Developing and refining the course syllabus according to the standards set forth in the overall curriculum design/plan, outcome objectives, and progression/leveling documentation. In collaboration with assigned team member(s), selects textbooks and other resources for students to purchase. Note: the syllabus is the product of the faculty; however, belongs to the program, not to the faculty.

C. Ensuring that the syllabus and all course components are accessible to students via TRACS prior to the first day of class and updated based on any modifications, clarifications, or additions as stated in University policies.

D. Orienting new, adjunct, and continuing faculty to the course and facilitating group interaction and cohesiveness throughout course delivery.

E. Developing and updating measurable course outcomes and objectives for classroom, seminar, simulation laboratory, and clinical instruction. Changes to course outcomes must be brought to the Nursing Curriculum Committee for approval.

F. Leading faculty assigned to the course and evaluating their participation and performance.

G. Assigning the various lecturers and seminar leaders for the course, where appropriate.

H. Consulting with Clinical Education Placement Coordinator to assign faculty to the simulation laboratory experiences and/or clinical agencies. Providing guidance to faculty and facility staff to meet the objectives and expectations of each clinical rotation.

I. Collaborating with the Simulation Laboratories Coordinator to design laboratory experiences, and coordinating sim-lab schedule.

J. Evaluating the course with the course faculty and students, making appropriate recommendations for changes, forwarding major changes which require committee approval to the Nursing Curriculum Committee.

K. Coordinating team meetings to ensure all faculty understand roles and responsibilities for the course.

L. Ensuring adjunct faculty have appropriate training, have contact with appropriate faculty representatives, and use appropriate forms.

M. Carrying out other faculty duties.

[Tenure-track and Tenured Faculty][NSA1]

A. Tenure-track faculty are faculty who are eligible for consideration for tenure following a stipulated probationary period. Tenured faculty have earned tenure.
   1. Assistant Professor
   2. Associate Professor
   3. Professor
   4. Professor – Endowed Chair
   5. Regent Professor
   6. Chair – Associate Professor
   7. Chair – Professor

B. Faculty members must assume academic responsibilities, including:
   1. maintaining competence in their fields;
   2. conscientiously executing assigned academic duties;
   3. not allowing the exercise of academic freedom to interfere with the performance of their academic responsibilities
C. Faculty are expected to ensure that the course is in accordance with the description provided in the appropriate catalog. The catalog course description should appear in the course syllabus.

D. Faculty are encouraged to frequently inform students of their academic progress during the semester.

E. Faculty members are expected to keep regular office hours suitable to meet with, confer with, and counsel students. Office hours should be chosen for convenience of student visits and should be posted. Normally, it is expected that a minimum of five hours of office time per week should be kept on an announced schedule and that faculty members should be available for student conferences at other times by appointment.

F. Faculty are expected to provide students with printed or electronic course syllabi as early as possible in each semester.

G. Research and creative activity are essential to the mission of the University, and they augment teaching by keeping the instructor current and active in his or her discipline.

H. Scholarly activity augments teaching, thus faculty members are encouraged to participate in meetings, conventions and other activities that promote scholarship and creative work. When participation requires faculty to be absent from courses they will need prior authorized approval. They are also expected to share the results of their scholarship through publications and creative activities.

The Tenure/ Tenure Track Faculty is responsible for:

A. Coordinating with the Course Faculty of Record to ensure that the assigned course is planned, implemented, and evaluated consistent with the overall curriculum plan, goals, and strategy.

B. Participating in development and refinement of the course syllabus consistent with the standards and the overall curriculum design/plan, outcomes, and progression/leveling documentation. In collaboration with other faculty, select textbooks and other resources for students to purchase. The syllabus is the product of the faculty; however, belongs to the program, not to the faculty.

C. Assisting the Course Faculty of Record to ensure that the course syllabus and all components of the course are on TRACS and are accessible to students prior to the first day of class and updated based on any modifications, clarifications, or additions as stated in University policies.

D. Assisting the Course Faculty of Record to orient new and continuing faculty to the course and facilitating group interaction and cohesiveness in delivery of the course.

E. Assisting in the development and update of individual class, seminar, laboratory, and clinical experience measurable outcomes, content outline, special instructions, discussion questions, textbook references, bibliographical references, and online interactive programs.

F. Assisting with evaluation of clinical agencies for clinical rotations with the Curriculum Coordinator.

G. Teaching and evaluating students in seminar and clinical groups in both laboratory and clinical area.

H. Assisting with student advisement, recruitment, and retention activities as needed.

I. Assisting the Faculty of Record with scheduling the assigned labs with the Coordinator of the Simulation Laboratories.
J. Explaining and interpreting the course plans to the students and clarifying any questions to ensure common understanding about the process, objectives, and requirements for the course.

K. Assisting with writing exam blueprints, exam questions and assignments for the course. Assisting with exam administration, overseeing, and grading. Collaborating with colleagues in writing exam questions that are application or higher level critical thinking questions.

L. Assisting with development and implementation of a tool for student course evaluations.

M. Evaluating the course along with the Faculty of Record and students, and making appropriate recommendations for changes.

N. Carrying out other faculty duties.

Clinical Faculty

The clinical faculty appointment is a route into academe for individuals who are entering academics from the clinical practice environment. Clinical faculty make a unique contribution to the mission of the University. Clinical faculty are generally full time faculty who are not only engaged in teaching, but also engaged in clinical education, supervision, program development and/or other areas of practical application. The clinical faculty appointment establishes the appropriate rank and title for individuals who participate in academic programs that educate students for professional practice. The primary responsibilities of a faculty member appointed as a clinical faculty member is to provide education in the area of client/patient services, share professional expertise with students, and to direct educational experiences in practice settings in their particular profession. They also have responsibilities for service and for scholarship.

Clinical faculty members have clinical experience and professional practice expertise. They may also be engaged in practice concurrent with teaching assignments. They are individuals who have elected to maintain their primary practice credentials and clinical practice skills, which can specifically contribute to the academic programs particularly in the clinical areas.

A. All appointments will recognize the individual's potential to provide education in clinically relevant areas.

B. Procedures for appointment and promotion to academic ranks related to positions in the clinical faculty appointments are the same as for regular appointments (PPS 8.10 and Faculty Handbook).

C. The clinical faculty members may be appointed to graduate faculty status by following the same departmental guidelines for other faculty in that particular department. Clinical faculty members shall not direct graduate theses and dissertations, but they may serve on thesis and dissertation committees as appointed.

D. If the appointment of a faculty member is changed from the clinical appointment to a tenure track appointment, years of service will not be considered in the determination of the probationary period.

E. Clinical faculty can be appointed at any academic rank as long as the faculty member fulfills the requirements.

F. A clinical lecturer shall be appointed for a specific term, not to exceed five years or, if for a lesser period of time, the time period specified.
G. A clinical assistant professor, clinical associate professor, or clinical professor shall be appointed for a term not to exceed five years or, if for a lesser period of time, the time period specified. A faculty member may be reappointed in the clinical track for one or more additional terms, contingent upon continuity of funding, the individual's evaluations, and departmental need.

H. A faculty member on appointment as clinical faculty is eligible for all benefits except tenure.

I. Clinical Lecturer: Appointment to the rank of clinical lecturer is extended to an individual who has:
   1. Completed a professional credential relevant to the particular professional discipline
   2. Demonstrates clinical/professional practice competence and has a license to practice in the discipline and is practicing (if required by the state)
   3. Contribution in the clinical/professional practice area and potential for significant professional growth

J. Clinical Assistant Professor. Appointment to the rank of clinical assistant professor is extended to an individual who has:
   1. Completed a professional credential relevant to the particular professional discipline
   2. Demonstrates clinical/professional practice competence and has a license/certification to practice in the discipline (if required by the state)
   3. Contribution in the clinical/professional practice area and potential for significant professional growth
   4. Experience in professional education (at the SON/college/university level)
   5. Relevant professional presentations, workshops, or publications
   6. Leadership in relevant professional organizations

K. Clinical Associate Professor. Appointment to the rank of clinical associate professor is extended to an individual who has:
   1. Completed a professional credential relevant to the particular professional discipline
   2. Demonstrates clinical/professional practice competence and has a license/certification to practice in the discipline and is practicing (if required by the state)
   3. Contribution in the clinical/professional practice area and potential for significant professional growth
   4. More than five years of experience in professional education at the college/university level
   5. Relevant professional presentations, workshops, or publications
   6. Leadership in relevant professional organizations

L. Clinical Professor. Appointment to the rank of clinical professor is extended to an individual who has:
   1. Completed a professional credential relevant to the particular professional discipline
   2. Demonstrates clinical/professional practice competence and has a license/certification to practice in the discipline (if required by the state)
   3. Contribution in the clinical/professional practice area and potential for significant professional growth
   4. More than ten years of experience in professional education at the college/university level
5. Relevant professional presentations, workshops, or publications
6. Leadership in relevant professional organizations
7. Recognition by peers for professional contributions (for example awards).

The Clinical Faculty is responsible for:

A. Coordinating with the Course Faculty of Record to ensure that the assigned course is planned, implemented, and evaluated consistent with the overall curriculum plan, goals, and strategy.
B. Participating in development and refinement of the course syllabus consistent with the standards and the overall curriculum design/plan, outcomes, and progression/leveling documentation. In collaboration with other faculty, select textbooks and other resources for students to purchase. The syllabus is the product of the faculty; however, belongs to the program, not to the faculty.
C. Assisting the Course Faculty of Record to ensure that the course syllabus and all components of the course are on TRACS and are accessible to student prior to the first day of class and updated based on any modifications, clarifications, or additions as stated in University policies.
D. Assisting the Course Faculty of Record to orient new and continuing faculty to the course and facilitating group interaction and cohesiveness in delivery of the course.
E. Assisting in the development and update of individual class, seminar, laboratory, and clinical experience measurable outcomes, content outline, special instructions, discussion questions, textbook references, bibliographical references, and online interactive programs.
F. Assisting with evaluation of clinical agencies for clinical rotations with the Curriculum Coordinator.
G. Teaching and evaluating students in seminar and clinical groups in both laboratory and clinical area.
H. Assisting with student advisement, recruitment and retention activities as needed.
I. Assisting the Faculty of Record with scheduling the assigned labs with the Coordinator of the Simulation Laboratories.
J. Explaining and interpreting the course plans to the students and clarifying any questions to ensure common understanding about the process, objectives, and requirements for the course.
K. Assisting with writing exam blueprints, questions and assignments for the course. Assist with exam administration, overseeing, and grading. Collaborating with colleagues in writing exam questions that are application or higher level critical thinking questions.
L. Assisting with development and implementation of a tool for student course evaluations.
M. Evaluating the course along with the Faculty of Record and students, and making appropriate recommendations for changes.
N. Carrying out other faculty duties.

Policy regarding Clinical Preceptors and Clinical Teaching Assistants

The faculty will coordinate with the facilities regarding the identification and selection of qualified preceptors for the preceptorship rotation for senior nursing students. Clinical Teaching Assistants will be identified and employed as needed to provide clinical supervision under the oversight of a fulltime faculty.
Criteria for Selection of Clinical Preceptors in the Undergraduate Program

Qualifications
A. Registered nurse, preferred baccalaureate in nursing degree and specialty certification
B. Employed full time by an affiliating clinical facility
C. Demonstrated competence in nursing and in educational strategies
D. Recommended by the chief nursing officer or designee of the facility
E. Willingness to accept a student to precept
F. Willingness to participate in the orientation and training for preceptors
G. Willingness to participate in student evaluation

Selection Process
A. Students will be advised early in the program to consider where and with whom they would prefer to have their leadership precept experience.
B. The chief nursing officers (CNO), or designee will identify those RNs who are interested is serving as a preceptor for Texas State nursing students in the leadership course last semester.
C. The faculty course coordinator(s) will secure the student’s stated interest and match them with available preceptors.
D. The preceptors may be under contract or may be processed as employees of Texas State, but the typical arrangement will fall under the affiliation agreement with the facilities and remuneration will not be provided for preceptors.

Orientation
A. The preceptor will have completed an orientation that will include clinical teaching strategies, the objectives of the course, objectives and expectation of the preceptorship, overview of the content the student has had to prepare for the preceptorship, and the evaluation of the student.
B. The preceptor will be oriented to the evaluation form and process necessary for each student assigned.

Criteria for Selection of Clinical Teaching Assistants in the Undergraduate Program

Qualifications
A. Registered nurse—Unencumbered license in State of Texas
B. MSN and BSN preferred
C. Demonstrated competence in nursing and in educational strategies
D. Willingness to accept an assignment to provide clinical supervision under the oversight of a fulltime faculty
E. Willingness to participate in the orientation for Clinical Teaching Faculty
F. Willingness to participate in student evaluation

Selection Process
A. The specific need by clinical area and expertise is identified by the course faculty.
B. Processed for employment by Texas State University as program faculty
Orientation
A. The clinical teaching assistant will be oriented by the clinical faculty to include objectives of the course, objectives and expectation of the rotation, overview of the content the student has had to prepare for the rotation, and the evaluation of the student.

Criteria for Selection of Clinical Preceptors in the Graduate Program

Qualifications
A. Must be a currently licensed physician (MD), osteopathic physician (DO), or nurse practitioner (NP) who is currently licensed in the state in which the clinical assignments will be held.
B. Must be practicing in an area related to the MSN course’s content.
C. For an NP preceptor: must have at least two years of work experience as a licensed advanced practice nurse (APRN). A master’s-prepared NP is strongly preferred.
D. Willingness to accept a student to precept.
E. Willingness to participate in the orientation and training for preceptors.
F. Willingness to participate in student evaluation.

Selection Process
A. Students will be advised early in the program to consider where and with whom they would prefer to have their precept experience.
B. The student will coordinate with an NP or physician who is interested is serving as a preceptor for them for each practicum course. The prospective preceptor will complete the “Clinical Preceptor Packet” and submit to the Clinical Education Placement Coordinator.
C. The Clinical Education Placement Coordinator will evaluate the potential preceptor’s packet along with the Nurse Practitioner Program Director (NPPD) and negotiate an affiliation agreement with the preceptor’s place of employment.
D. Packets need to be completed for each facility they will be seeing patients in with their preceptor.
E. The preceptors will not be considered employees of Texas State University and remuneration will not be provided.

Orientation
A. The preceptor will have read all preceptor orientation materials and clarified any questions before beginning instruction.
B. The preceptor will be oriented to the evaluation form and process necessary for each student assigned.

Evaluation of Preceptors and Clinical Teaching Assistants
Preceptors and Clinical Assistants will be evaluated using a process similar to that for regular course and faculty evaluations used by the students at the end of each semester.

Preceptors and clinical assistants will be regularly evaluated by supervising faculty.
APPENDIX D: Faculty Policies that Address the Board of Nursing Rule 215.7(a).

The following St. David’s School of Nursing policies address the BON rules concerning faculty, Rules 215.7 (a) and 219.7 (a) are consistent with the accepted educational standards and consistent with those of Texas State University.

A. Nursing policies are consistent and compliment the policies (UPPS and PPS) of the University and the College of Health Professions.
   1. University Policies and procedures (UPPS)
      a. UPPS 02.0 concerns academic administration.
      b. UPPS 03.0 concerns fiscal operations.
      c. UPPS 04.0 concerns general administration including records, and environmental safety.
      d. UPPS 05.0 concerns logistic al services including materials management and purchasing.
      e. UPPS 06.0 concerns alumni office and conferences.
      f. UPPS 07.0 concerns student services including student organizations, counseling and placement, financial aid, student admissions and records, student health services and student disciplinary/legal services.
      g. UPPS 08.0 concerns facilities including management of facilities and building naming.
   2. Academic Policies and Procedures (PPS)
      a. PPS 4.00 concern teaching including conduct of classes, professional responsibilities, maintenance and improvement of quality of teaching grading and grade changes, faculty authored materials, Instructional contact time and academic credit, and commercial use of class notes and materials.
      b. PPS 5.00 concern scholarly activities including contracts and grants of an academic nature and start-up funding support.
      c. PPS 7.00 concern faculty employment, assignment and compensation including hiring of deans and chairs, faculty hiring (search committee procedures and compliance with equity and access), faculty workload, clinical faculty appointments, and criminal background checks.
      d. PPS 8.00 concerning faculty development including evaluation and tenure track and non-tenure track faculty, faculty access to academic personnel files, faculty grievance, and tenure and promotion review.
      e. PPS 9.00 concerns University planning and reporting including annual reports on activities, evaluations and progress, and plans for the future.
      f. Policies concerning the workload for the director allow sufficient time for administrative responsibilities consistent with 215.6.
         1) PPS 1.03 addresses the Dean and Director workload that provides that workloads may vary and the chair or director’s workload must be approved by the Dean. In the College of Health Professions the director workload is individualized with priority given to the administrative functions, faculty oversight, academic oversight, and faculty and program evaluative activities.
         2) PPS 1.10 addresses the role, evaluation and step-down salaries of chairs and directors. This PPS defines the role related to University, College of Health Professions and St. David’s School of Nursing functions. In the situation of the St. David’s School of Nursing the Director is also an Associate Dean of the College of Health Professions to promote
interdisciplinary activities for faculty and students. While directors are encouraged to teach, participate in scholarship and community service activities as faculty, their primary responsibilities (defined in the PPS) are to the oversight of the program, in this case, the St. David’s School of Nursing. Primary duties include oversight of the budget, recruitment and employment of highly qualified faculty, faculty development, monitoring the curriculum and program activities, overall administration and management and reporting to the Dean. Secondary responsibilities (defined in the PPS) include facilitating communication between faculty and administration and scheduling, reconciling differences and providing leadership. The Director Position Description details these functions (Appendix C). The evaluation of the director is conducted by the Dean and includes faculty perceptions of the department director (PPS 1.10 Appendix A).

B. The Nurse Practitioner Program Director, in conjunction with the Director for the St. David’s School of Nursing, is responsible for the oversight of the Nurse Practitioner Program. Directors receive half time release from teaching duties. The evaluation of the NPPD is conducted by the St. David’s School of Nursing Director, with input received from faculty. Faculty policies concerning qualifications, responsibilities, performance evaluation criteria and terms of employment. PPS 7.02 concerns the qualification and hiring of faculty. The qualifications of faculty are defined in the faculty position descriptions in Appendix C.

C. The faculty workload policies allow sufficient time for faculty to accomplish those activities related to teaching-learning process. PPS 7.05 defines the faculty workload.

D. Position descriptions for the Dean/Director/Nurse Practitioner Program Director and the nursing faculty outline their responsibilities directly related to the nursing program, faculty development and evaluation of faculty. Position Descriptions are located in Appendix C.

E. Policies include those related to plans for faculty orientation to the University and the nursing program, faculty development and evaluation of faculty. Faculty orientation and development is consistent with UPSS 4.04.35 and PPS 8.01-8.10. Faculty Peer Review Policy details the various means for faculty evaluation and coordination to ensure consistency and quality of educational strategies.
APPENDIX E: College of Health Professions Policies and Procedure Statements

I. Administration: College Community

  01.02 College Web Site
  01.03 Allocation of Office Space
  01.04 Clinical/Internships during Extreme Weather Conditions

II. Curriculum

  02.01 Requirement for Liability Insurance
  02.02 Student Liability Insurance Incident Reporting
      Attachment 1
  02.03 Clinical Affiliation Agreements
      Addendum A - Affiliation Agreement Department Directory
      Addendum B - Immunizations and Tests form
      Addendum C - Immunizations and Tests form - Nursing
      Addendum D - Health Certificate
      Attachment 1-Request to Establish an Affiliation Agreement
      Attachment 2-Affiliation Agreement
  02.04 Immunization Policy and Procedures
      Addendum A
      Addendum B
      Addendum C

III. Academic Requirements and Advising

IV. Teaching

  04.01 Grade Appeals
      Attachment A

V. Scholarly Activity and Grants

VI. Honors/Scholarships

  06.01 Faculty Excellence Awards
  06.02 Research Forum
  06.03 Awards Day

VII. Personnel: Employment, Assignment and Compensation

  07.01 Workload

VIII. Personnel: Development, Evaluation and Promotion

  08.01 Tenure and Promotion
  08.02 Chair and Director Evaluations
      Appendix A
      Appendix B
  08.03 Merit and Performance Evaluation for Faculty
IX. Planning and Reporting

X. Fiscal Management

XI. Miscellaneous

University Policies and Procedures (UPPS)

Academic Affairs Policies and Procedures (PPS)
APPENDIX F: SON Policies

Tenure, Promotion, and Evaluation Policies:  
https://tracs.txstate.edu/access/content/group/5c2926d0-60c7-46bf-b529-fa9e6ef0d3c0/Policies%20%20Procedures/reviseNURS-tp_1_.docx

Performance Evaluation Policy: https://tracs.txstate.edu/access/content/group/5c2926d0-60c7-46bf-b529-fa9e6ef0d3c0/Policies%20%20Procedures/PPS%2008.02%20Annual%20Performance%20Evaluation.docx

Social Media Policy:  
https://tracs.txstate.edu/access/content/group/5c2926d0-60c7-46bf-b529-fa9e6ef0d3c0/Policies%20%20Procedures/social-media-policy-SON-5-28-15.docx
Texas State University
College of Health Professions

Program/Department Chair/School Director Review
2015

Name: ___________________________  Faculty Rank: ___________________________

School/Department/Program: _______________  Date of appointment as Chair/Director: _______

Date of Review: __________

Note: This document is intended to be used in conjunction with personal discussion and after review of annual documentation provided by chair/director.

SUMMARY COMMENTS

a. Strengths, accomplishments

b. Opportunities for development, goal-setting, new initiatives

c. Performance Analysis from Faculty Perceptions Instrument
   Size of population: __________
   Number of responses: __________
   Overall rating of chair/director's performance: __________

________________________________________
Signature  Date  Signature  Date

Response by Department Chair/Program Director (optional):
ELEMENTS OF REVIEW

II. MANAGEMENT OF ACADEMIC UNIT
   a. Organization and Delegation – mission, vision, goals; objectives defined, implemented; work distribution; effective organization
   b. Communications – information flow; clarity; completeness; accessibility
   c. Faculty and Staff – department morale; judgment; effectiveness in dealing with concerns
   d. Accreditation – maintain standards

III. RESOURCES MANAGEMENT
   a. Human Resources
      1. Faculty – turnover; development and mentoring; diversity recruitment; administration
      2. Staff – turnover; development; diversity administration; productivity
      3. Students – recruitment; advising; responsiveness; demonstrated interest
      4. Others within CHP – appropriate consultation
   b. Financial Resources
      1. Budget – monitoring and tracking
      2. Development – non-state sources; research and service grants; service contracts and fees; philanthropic support; consultation
   c. Facilities and Equipment
      1. Space – allocation of available space
      2. Durable goods – clinical and lab equipment; telecommunications and computer equipment

IV. TEACHING
   a. Personal Participation – classroom, laboratory, small group, clinic, student evaluations
   b. Curriculum – new courses, change of courses, electronic formats
   c. Teaching Environment – culture within department/program/school
V. **Research and Scholarship**
   a. Personal participation – principal investigator; team
   
   b. Publications – peer-review; single or multiple authorship; books or chapters
   
   c. Papers presented – invited; competitive peer-review; oral/poster; national/ regional/state/local
   
   d. Research environment - department/ program/school support; research culture

VI. **Service**
   a. Clinical/Professional – effort; recognized skills; consultation
   
   b. CHP/University Committees – recognized contribution(s)
   
   c. External Service – professional societies; advisory panels; editorial boards; community relations; collaborative
   
   d. Service Environment – culture within department/program/school; support of service

VII. **Progress on Goals**
   
   a. Performance Analysis from Faculty Perceptions Instrument
      Size of population    __________
      Number of responses   __________
      Summary of scores    __________

Response by Department Chair/Program Director (optional):
Chair/Director’s Signature __________________________________________

Reviewer’s Signature ___________________________________________

Date of Review ________________________________________________
APPENDIX H: Course Evaluations

- Texas State University requires departments/schools to evaluate their faculty members yearly. This evaluation is intended to benefit the faculty member and to improve faculty performance. Teaching is the primary factor in all faculty evaluation. Specific procedures of the evaluation are determined by the departments/schools.

- The University requires that students have the opportunity to evaluate their instructors. The means of evaluation are determined by the departments/schools.

- Evaluations of faculty within the St. David’s School of Nursing will be administered through Survey Monkey for students to complete anonymously at the end of the course. Instructions will be provided to students on how to access the site. Faculty will not be present during the evaluation process and will only receive results as aggregate data after the final day to submit grades has occurred.

- There are three different survey versions, one each for didactic, clinical and simulation laboratory courses.

- Scores will be utilized for performance evaluations. Faculty will also be responsible for utilizing the feedback from the students evaluations in course re-design and to enhance and improve teaching effectiveness.

- Nursing faculty are required to complete end-of-semester evaluations, including: end-of-course reports, evaluation of simulation labs, evaluation of clinical sites, and evaluation of clinical teaching assistants (if applicable). All evaluations are to be completed by faculty prior to the end of the semester.
BSN/MSN Didactic Student Eval-Sample

1.

DIDACTIC EVALUATION: NURS _____
FACULTY: __________________

This evaluation will be used to assess your instructor’s effectiveness as a teacher, and will be used as part of the faculty annual evaluation for continued employment, promotion, tenure and salary consideration. Your constructive responses will provide feedback to help the faculty improve the course, as well as their teaching.

This evaluation is anonymous. Comments will only be shared in aggregate, not as individual comments from students. Thank you in advance!
## 2. STUDENT EVALUATION OF COURSE

1. Please evaluate your course.

<table>
<thead>
<tr>
<th>Statement</th>
<th>1 (Strongly disagree)</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 (Strongly agree)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I gained relevant knowledge and information from this course.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>I am able to apply the course materials to my field of study.</td>
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<tr>
<td>The course met the stated course objectives as outlined in the syllabus.</td>
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<tr>
<td>Overall, this course was effective in advancing my learning.</td>
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</tr>
</tbody>
</table>
3. COURSE FACULTY EVALUATION

1. Please rate your course faculty member (faculty name).

<table>
<thead>
<tr>
<th>Statement</th>
<th>1 (Strongly disagree)</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 (Strongly agree)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Faculty demonstrated respect and concern for the student and student learning.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Faculty encouraged student-faculty interaction throughout the course, in person, or by e-mail, phone or TRACS.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Faculty was available and responded appropriately in person or by e-mail, phone, or TRACS for questions concerning the course.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>4. The faculty’s explanation of course materials and assignments was clear.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Feedback from examinations and graded materials was useful to me.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. Overall, the faculty member was an effective teacher.</td>
<td>☐</td>
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<td>☐</td>
</tr>
</tbody>
</table>
BSN/MSN Didactic Student Eval-Sample

4.

Please comment on the following.

1. What did the instructor do that helped you learn?

2. What could the instructor do to improve your learning?
BSN Clinical Evaluation-Sample

1.

CLINICAL EVALUATION: NURS _____
CLINICAL SITE: ____________
FACULTY: ______________

This evaluation will be used to assess your instructor, clinical course, clinical site, and simulation lab experiences as they relate to your course. The results will be used as part of the faculty annual evaluation for continued employment, promotion, tenure and salary consideration. Your constructive responses will provide feedback to help the faculty improve the labs and clinical, as well as their teaching.

This evaluation is anonymous. Comments will only be shared in aggregate, not as individual comments from students. Thank you in advance!
# BSN Clinical Evaluation-Sample

## 2. COURSE FACULTY EVALUATION

1. Please rate your course faculty member (faculty name).

<table>
<thead>
<tr>
<th>Statement</th>
<th>1 (Strongly disagree)</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 (Strongly agree)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Faculty demonstrated respect and concern for the student and student learning.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Faculty encouraged student-faculty interaction throughout the course in person, or by e-mail, phone or TRACS.</td>
<td></td>
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</tr>
<tr>
<td>3. Faculty was available and responded appropriately in person or by e-mail, phone, or TRACS for questions concerning the course.</td>
<td></td>
<td></td>
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<tr>
<td>4. The faculty's explanation of course materials and assignments was clear.</td>
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<tr>
<td>5. Feedback from examinations and graded materials was useful to me.</td>
<td></td>
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<tr>
<td>6. Overall, the faculty member was an effective teacher.</td>
<td></td>
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</tbody>
</table>
BSN Clinical Evaluation-Sample

3.

Please comment on the following:

1. What did the instructor do that helped you learn?

   

2. What could the instructor do to improve your learning?

   

BSN Clinical Evaluation-Sample

4. RATE YOUR CLINICAL EXPERIENCE

Clinical Site: (clinical site name)

1. Please evaluate your clinical course experience.

<table>
<thead>
<tr>
<th>Item</th>
<th>1 (Strongly disagree)</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 (Strongly agree)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The clinical course experience met the stated course objectives.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. The clinical content was helpful to me in relation to my career</td>
<td></td>
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<tr>
<td>goals.</td>
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<tr>
<td>3. The clinical met my expectations.</td>
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<tr>
<td>4. A sense of community or belonging was developed in the clinical</td>
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<td>section.</td>
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<tr>
<td>5. The clinical time and assignments actively engaged me in the</td>
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<tr>
<td>learning process.</td>
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<tr>
<td>6. I was able to meet most of my clinical objectives during this</td>
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<tr>
<td>clinical experience.</td>
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</tr>
</tbody>
</table>

2. Please evaluate your clinical site experience (clinical site name).

<table>
<thead>
<tr>
<th>Item</th>
<th>1 (Strongly disagree)</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 (Strongly agree)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My preceptor/nurse(s) was supportive in helping me with learning</td>
<td></td>
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<tr>
<td>new skills.</td>
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<tr>
<td>2. My preceptor/nurse(s) was welcoming.</td>
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<tr>
<td>3. My preceptor/nurse(s) was knowledgeable about my role as a</td>
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<tr>
<td>nursing student.</td>
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<tr>
<td>4. The site staff was welcoming.</td>
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<tr>
<td>5. I would like to return to this clinical site for more experience.</td>
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</tbody>
</table>
3. Please type any comments you have about the clinical site (clinical site name).
BSN Clinical Evaluation-Sample

5. RATE YOUR SIM LAB EXPERIENCES

1. Please evaluate your simulation lab experiences as they relate to this course (not regarding equipment, supplies, etc.).

<table>
<thead>
<tr>
<th>Statement</th>
<th>1 (Strongly disagree)</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 (Strongly agree)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The simulation lab experience met the stated course objectives.</td>
<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>2. The simulation lab experience was helpful to me in relation to my career goals.</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3. The simulation lab experience met my expectations.</td>
<td></td>
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</tr>
<tr>
<td>4. A sense of community or belonging was developed in the simulation lab experience.</td>
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</tr>
<tr>
<td>5. The simulation lab experience actively engaged me in the learning process.</td>
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<tr>
<td>6. I was able to meet most of my clinical objectives in the simulation labs.</td>
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<tr>
<td>7. The simulation lab setting provided a positive experience for me.</td>
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</tbody>
</table>

2. Please type any comments you have about your simulation lab experience for this course.
| CLINICAL EVALUATION: NURS  ____  
| FACULTY:  ________________  |

This evaluation will be used to assess your instructor, clinical site(s), preceptor(s), and simulation lab experiences as they relate to your course. The results will be used as part of the faculty annual evaluation for continued employment, promotion, tenure and salary consideration. Your constructive responses will provide feedback to help the faculty improve the labs and clinical, as well as their teaching. This evaluation is anonymous. Comments will only be shared in aggregate, not as individual comments from students.

Thank you in advance!
MSN Practicum Student Eval-Sample

2. RATE YOUR FACULTY

1. Please rate your course faculty member (faculty name)

Answer the questions in the sections below using the following scale: Strongly Agree (5); Agree (4); Neither Agree nor Disagree (3); Disagree (2); Strongly Disagree (1).

<table>
<thead>
<tr>
<th>1 (Strongly disagree)</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 (Strongly agree)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Faculty demonstrated respect and concern for the student and student learning.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Faculty encouraged student-faculty interaction throughout the course in person, or by e-mail, phone or TRACS.</td>
<td></td>
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</tr>
<tr>
<td>3. Faculty was available and responded appropriately in person or by e-mail, phone, or TRACS for questions concerning the course.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. The faculty’s explanation of course materials and assignments was clear.</td>
<td></td>
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</tr>
<tr>
<td>5. Feedback from examinations and graded materials was useful to me.</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>6. Overall, the faculty member was an effective teacher.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. What did the instructor do that helped you learn?


3. What could the instructor do to improve your learning?
3. RATE YOUR CLINICAL COURSE EXPERIENCE

1. Please evaluate your clinical course experience.

<table>
<thead>
<tr>
<th>Statement</th>
<th>1 (Strongly disagree)</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 (Strongly agree)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The clinical course experience met the stated course objectives.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The clinical content was helpful to me in relation to my career goals.</td>
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</tr>
<tr>
<td>The clinical met my expectations.</td>
<td></td>
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</tr>
<tr>
<td>The clinical time and assignments actively engaged me in the learning process.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I was able to meet most of my clinical objectives at this clinical experience.</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
MSN Practicum Student Eval-Sample

4. RATE YOUR CLINICAL SITE EXPERIENCE

Select your responses to the following questions pertaining your clinical site(s) used for NURS ______ only. Please do not mark any responses for any of the other sites you did not use this semester.

1. The site staff was welcoming.

   Site name
   
   1 (Strongly disagree)  2  3  4  5 (Strongly agree)
   
2. I would like to return to this clinical site for more experience.

   Site name
   
   1 (Strongly disagree)  2  3  4  5 (Strongly agree)
   
3. Please find the name of the clinical site(s) you just evaluated, and type any comments you wish to share about the site(s) you used this semester.

   Site name


5. RATE YOUR PRECEPTOR(S)

Select your responses to the following questions pertaining your preceptor(s) used for NURS ______ only. Please do not mark any responses for any of the other preceptors you did not use this semester.

1. My preceptor was supportive in helping me with learning new skills.

   Preceptor name

   1 (Strongly disagree)  2  3  4  5 (Strongly agree)

2. My preceptor was welcoming.

   Preceptor name

   1 (Strongly disagree)  2  3  4  5 (Strongly agree)

3. My preceptor was knowledgeable.

   Preceptor name

   1 (Strongly disagree)  2  3  4  5 (Strongly agree)

4. Please find the name of the preceptor(s) you just evaluated, and type any comments you wish to share.

   Preceptor name

5. Including you, how many students (from any school) did your preceptor(s) supervise on any given day? Please remember to only select the preceptor(s) you had this semester.

   Preceptor name

   1 student  2 students  3 students  4 students  5 or more students
6. RATE YOUR SIM LAB EXPERIENCES

1. Did you use any of the simulation labs this semester?
   - Yes
   - No
## MSN Practicum Student Eval-Sample

### 7. RATE YOUR SIMULATION LAB EXPERIENCE

1. Please evaluate your simulation lab experiences as they relate to this course (not regarding equipment, supplies, etc.).

<table>
<thead>
<tr>
<th>Statement</th>
<th>1 (Strongly disagree)</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 (Strongly agree)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The simulation lab experience met the stated course objectives.</td>
<td></td>
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<tr>
<td>The simulation lab experience was helpful to me in relation to my career goals.</td>
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<tr>
<td>The simulation lab experience met my expectations.</td>
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<tr>
<td>A sense of community or belonging was developed in the simulation lab experience.</td>
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<tr>
<td>The simulation lab experience actively engaged me in the learning process.</td>
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<tr>
<td>I was able to meet most of my clinical objectives in the simulation labs.</td>
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<tr>
<td>The simulation lab setting provided a positive experience for me.</td>
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</tbody>
</table>
BSN/MSN Student Eval of Sim Labs Sample

Simulation Lab Evaluation

**Summer 2016 Semester**
**BSN Student Group 0517**

In the following questions, please evaluate the simulation lab rooms and equipment based on your use this semester. Any comments regarding the specific course's usage should be addressed in the clinical evaluation.

1. Please complete this evaluation of your OVERALL simulation lab experiences this semester (Summer 2016).

<table>
<thead>
<tr>
<th></th>
<th>1 (Strongly disagree)</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 (Strongly agree)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The lab environment was conducive to learning/facilitated my meeting my learning objectives.</td>
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<tr>
<td>2. The lab time was adequate to meet my learning needs and objectives.</td>
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<tr>
<td>3. The lab technology was beneficial to my learning needs</td>
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<tr>
<td>4. The lab offered &quot;life-like&quot; learning opportunities to perform patient care.</td>
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<tr>
<td>5. The lab mannequins and equipment functioned correctly.</td>
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<tr>
<td>6. The lab supplies were adequate to practice skills.</td>
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<tr>
<td>7. The lab video and sound equipment functioned correctly.</td>
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<tr>
<td>8. The lab staff were helpful in my use of the lab.</td>
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<tr>
<td>9. Overall, the lab experience promoted student learning.</td>
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<tr>
<td>10. Overall, the lab experience was a positive experience.</td>
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</tbody>
</table>
2. Please type any comments you have about the simulation labs for this semester.
APPENDIX I: BSN Nursing Student Retention Plan

Once a student is admitted to a nursing program, the resources of Texas State, the Program and faculty and staff are extended to promote progression and on time graduation. The administration and faculty are committed to supporting the successful progression and on time completion by each student. The student is also expected to take responsibility for their effective matriculation utilizing the faculty and other resources available to ensure their progression and on time graduation.

Faculty members, the Admission and Retention Coordinator, and the Academic Advisor are the key individuals in the BSN Nursing Program who are familiar with admitted students and can identify students who are at risk for not completing the program. The faculty are also responsible for identifying students at risk, creating a Learning Contract, advising the student of the concern, and providing assistance and guidance in areas of weakness, and when appropriate, making referrals to the Admission and Retention Coordinator or other resources. Faculty are to use the Missildine Tool with students who have failed an exam to attempt to ascertain the root cause of the failure (e.g., changing answers on the test, lack of knowledge of the material, poor test taking strategies, or personal issues that need referral).

The Director of the FNP program, the clinical placement coordinator and faculty members are the key individuals in the MSN Nursing Program who are familiar with admitted students and can identify students who are at risk for not completing the program. The faculty are also responsible for identifying students at risk, creating a Learning Contract, advising the student of the concern, and providing assistance and guidance in areas of weakness, and when appropriate, making referrals to other resources.

BSN students who are experiencing academic challenges with nursing course work should be referred to the course faculty. Students who are experiencing non-academic challenges should be referred to the Admission and Retention Coordinator.

For example, refer BSN students who are having the following academic challenges to the course faculty:

- Low or failing scores on course unit exams and ATI Content Mastery Series proctored standardized tests, as well as the ATI RN Comprehensive Predictor exam
- Poor study and test taking skills
- Failure to master key course requirements (i.e. calculations, pharmacology, skills, etc.)
- Low rating in clinical evaluations
- Underdeveloped language, math, or critical thinking skills
- Poor note taking
- Difficulty accessing/using the internet and technology
- Unprofessional, non-scholarly attitude or behaviors
- Slow reading
- Poor reading comprehension strategies

Refer students who are having the following non-academic challenges to the Admission and Retention Coordinator:
- Repeated tardiness or absences
- Changes in financial need
- No family support
- Overwhelming demands at home and/or with family
- Need to see a counselor; unaware of resources
- Potential/actual victim of domestic violence
- Exceptional level of stress
- Need help in locating resources such as low cost healthy food
- Not organized, unclear of course expectations
- Poor time management
- Needs emergency money funds

The Nursing Admission and Retention Coordinator is responsible for tracking BSN enrollment in order to monitor retention and progression of students and for reporting to the Associate Dean/Director and the course faculty of record.

The Nursing Student Retention Plan does not extensively cover graduate level programs. The NPPD is responsible for tracking enrollment and retention and progression of graduate students. Graduate students may seek assistance from the Admission and Retention Coordinator in regards to non-academic challenges, or from the Nursing Academic Advisor in regards to coursework and scheduling concerns.
APPENDIX J: St. David’s School of Nursing Total Program Evaluation Plan (TPEP)

Texas State University
School of Nursing
Total Program Evaluation Plan (TPEP)
2014-2016

Refer to most current working copy of the TPEP stored on TRACS under Faculty Assembly Evaluation Committee:
https://tracs.txstate.edu/portal/site/1d3d43e5-232c-4bff-a719-71f9b2808616/page/5a4acbce-bf8f-49ca-a18e-dfad20b45a4b
APPENDIX K: Faculty Peer Review Policy and Procedure – Under Revision

A faculty peer review committee was created to address Nursing Peer Review, both Incident Based and Safe Harbor, to comply with the Texas Board of Nursing (BON) rules 217.16, 217.19 & 217.20. The committee is an ad hoc committee, chaired by a faculty member with no administrative authority. The chair is appointed by the Director and committee members mutually selected and agreed upon by the chair and the Director.

The purpose of the committee is to make recommendations to the Director of the St. David’s School of Nursing. The nursing peer review process is one of fact-finding, analysis, and study of events by nurses in a climate of collegial problem solving focused on obtaining all relevant information about an event. Refer to the BON website for more details: https://www.bon.texas.gov/practice_peer_review.asp.

Incident-based peer review focuses on determining if a nurse's actions, be it a single event or multiple events (such as in reviewing up to five (5) minor incidents by the same nurse within a year's period of time) should be reported to the Board, or if the nurse's conduct does not require reporting because the conduct constitutes a minor incident that can be remediated. The review includes whether external factors beyond the nurse's control may have contributed to any deficiency in care by the nurse, and to report such findings to a patient safety committee as applicable.

The following description is taken from the Texas BON website:

**Peer Review**--Defined by Texas Occupations Code (TOC) §303.001(5) (Nursing Peer Review [NPR] Law) as the evaluation of nursing services, the qualifications of a nurse, the quality of patient care rendered by a nurse, the merits of a complaint concerning a nurse or recommendation regarding a complaint. The peer review process is one of fact finding, analysis and study of events by nurses in a climate of collegial problem solving focused on obtaining all relevant information about an event. Peer review conducted by any entity must comply with NPR Law and with applicable Board rules related to incident-based or safe harbor peer review.

**Safe Harbor**--A process that protects a nurse from employer retaliation and licensure sanction when a nurse makes a good faith request for peer review of an assignment or conduct the nurse is requested to perform and that the nurse believes could result in a violation of the Nurse Practice Act (NPA)or Board of Nursing rules. Safe Harbor must be invoked prior to engaging in the conduct or assignment for which peer review is requested, and may be invoked at any time during the work period when the initial assignment changes.

Texas Occupations Code (TOC)--One of the topical subdivisions or "codes" into which the Texas Statutes or laws are organized. The TOC contains the statutes governing occupations and professions including the health professions. Both the NPA and NPR Law are located within these statutes. The TOC can be changed only by the Texas Legislature.

**Whistleblower Protections**--Protocols available to a nurse that prohibit retaliatory action by an employer or other entity because the nurse:
(A) made a good faith request for Safe Harbor Nursing Peer Review under TOC §303.005(c) (NPR Law) and §217.20 of this title;
(B) refused to engage in an act or omission relating to patient care that would constitute a violation of the NPA or Board rules as permitted by TOC §301.352 (NPA) (Protection for Refusal to Engage in Certain Conduct). A nurse invoking Safe Harbor under §217.20 of this title must comply with §217.20(g) of this title if the nurse refuses to engage in the conduct or assignment; or
(C) made a lawful report of unsafe practitioners, or unsafe patient care practices or conditions, in accordance with TOC §301.4025 (NPA) (report of unsafe practices of non-nurse entities) and subsection (j)(2) of this section.

All proceedings of the nursing Peer Review committee are confidential and all communications made to the committee are privileged. All information made confidential is not subject to subpoena or discovery in any civil matter, is not admissible as evidence in any judicial or administrative proceeding, and may not be introduced into evidence in a nursing liability suit arising out of the provision of, or failure to provide, nursing services. SB993 (80th Legislative Session (2007)) added §303.0075 that addresses protection of information shared between the peer review committee and a patient safety committee under §301.457(g).
APPENDIX L: Disciplinary Policy and Procedure

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

Policy:

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

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

- Criminal conduct
- Sexual misconduct—to be reported directly to the Title IX coordinator, Campus Security or the Dean of Student’s Office.
- 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 American Nurses Association Code of Ethics for Nurses.

The Nursing Admission, Progression and Graduation Committee (APG Committee) is responsible for admission and readmission of students to the nursing program. The Director may designate a subcommittee of the APG 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:

- Texas State Sexual Misconduct Policy
  [http://www.txstate.edu/oea/related-policies/Sexual-Misconduct-Policy.html](http://www.txstate.edu/oea/related-policies/Sexual-Misconduct-Policy.html)

- UPPS 07.10.01 Honor Code
  [http://www.txstate.edu/effective/upps/upps-07-10-01.html](http://www.txstate.edu/effective/upps/upps-07-10-01.html)

- UPPS 07.10.06 Threatening Behavior Consultation and Assessment Team
  [http://www.txstate.edu/effective/upps/upps-07-10-05.html](http://www.txstate.edu/effective/upps/upps-07-10-05.html)

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

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

1. Faculty and staff are responsible and accountable for maintaining the integrity of the program and for reporting to the Director knowledge of allegations of a violation of conduct as soon as they become aware of the alleged violation.
2. The Director designates the APG Committee or a subcommittee thereof to investigate academic 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 for academic issues (UPPS 07.10.06).
http://www.txstate.edu/effective/upps/upps-07-10-06.html

7. The student may appeal a faculty decision related to a suspected Honor Code Violation to the University Honor Council refer to PPS 07.10.01
http://www.txstate.edu/effective/upps/upps-07-10-01.html

8. If the allegations are concerning a student’s threatening behavior, UPPS 7.10.05 (http://www.txstate.edu/effective/UPPS/upps-07-10-05.html) 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 (not the University) 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 has resolved the problems disciplined for, remains with the student.
APPENDIX M: Licensure Conditions and Acknowledgement of Receipt of Conditions Regarding Eligibility

Conditions that may disqualify nursing student graduates from licensure and of their rights to petition the Texas Board of Nursing for a Declaratory Order of Eligibility

As noted in the Texas Board of Nursing’s Rules and Regulation relating to nurse education, licensure and practice published in March 2009: Individuals enrolled in approved professional nursing education programs preparing students for initial licensure shall be provided verbal and written information regarding conditions that may disqualify graduates from licensure and of their rights to petition the Board for a Declaratory Order of Eligibility. Required eligibility information includes:

1. Texas Occupations Codes Sections 301.252, 301.257 and 301.452 - 301.469
   http://www.statutes.legis.state.tx.us/Docs/OC/htm/OC.301.htm#301.001
   and
2. Texas Board of Nursing’s Rules and Regulation relating to Nursing Education, Licensure and Practice - Rules §213.27 - §213.30; additionally APRNs should also be familiar with Advanced Practice Registered Nurse Licensure Requirements – Rule §221.4

These codes, rules and regulations are listed below:
(1) Texas Occupations Codes Section 301:
   • Section 301.252: License Application
   • Section 301.257: Declaratory Order of License Eligibility
   • Section 301.452: Grounds for Disciplinary Action
   • Section 301.453: Disciplinary Authority of Board; Methods of Discipline
   • Section 301.4535: Required Suspension, Revocation, or Refusal of License for Certain Offenders
   • Section 301.454: Notice And Hearing
   • Section 301.455: Temporary License Suspension or Restriction
   • Section 301.456: Evidence
   • Section 301.457: Complaint and Investigation
   • Section 301.458: Initiation of Formal Charges; Discovery
   • Section 301.459: Formal Hearing
   • Section 301.460: Access to Information
   • Section 301.461: Assessment of Costs
   • Section 301.462: Voluntary Surrender of License
   • Section 301.463: Agreed Disposition
   • Section 301.464: Informal Proceedings
   • Section 301.465: Subpoenas; Request for Information
   • Section 301.466: Confidentiality
   • Section 301.467: Reinstatement
• Section 301.468: Probation
• Section 301.469: Notice of Final Action

(2) Sections 213.27 - 213.30 of Texas Board of Nursing’s Rules and Regulation relating to nurse education, licensure and practice published in March 2009:

• Rule §213.27: Good Professional Character
• Rule §213.28: Licensure of Persons with Criminal Offenses
• Rule §213.29: Criteria and Procedure Regarding Intemperate Use and Lack of Fitness in Eligibility and Disciplinary Matters
• Rule §213.30: Declaratory Order of Eligibility for Licensure
• Rule §221.4: Advanced Practice Registered Nurse Licensure Requirements

By signing I acknowledge that I have been provided verbal and written information regarding conditions that may disqualify nursing school graduates from licensure and of their rights to petition the Texas Board of Nursing for a Declaratory Order of Eligibility. Required eligibility information included:

(1) Texas Occupational Codes Section 301. 252, 301.257 and 301.452 - 301.469; and
(2) Texas Board of Nursing’s Rules and Regulation Sections 213.27 - 213.30.

________________________________________   __________________________
Student’s signature  Date

________________________________________
Print name

The St. David’s School of Nursing shall maintain written receipt of eligibility notification for a minimum of two years after the student completes the nursing program or permanently withdraws from the nursing program.
APPENDIX N: Nursing Student Evaluation Policy and Procedure

Policy: It is the intent of the nursing faculty, consistent with the mission and values of the University and the St. David’s School of Nursing to provide a creative learning environment that is “inspiring to those who teach and those who learn, based on mutual respect.” The learning environment is based on sound educational principles resulting in fair and consistent evaluation and grading of student’s performance. To that end the faculty will participate in a peer review process that is designed to create and promote consistency in the use of evaluation tools, process, and methodologies. The process will seek to confirm the reliability and validity of faculty evaluations of student performance, tests, and projects. The faculty will use the St. David’s School of Nursing Expectations of Faculty and National League for Nursing Core Competencies of Nurse Educators with Task Statements© (2005) as the basic criteria for faculty evaluation.

Procedures:
1. Each course syllabus will include outcomes, evaluation criteria and the grading plan for the course. These elements should reflect progressive leveling throughout the curriculum.
2. Tests will be based on written test blueprints and will be subject to a computerized item analysis as well as student feedback to identify test questions that may not be consistent measures of student knowledge and critical thinking skills. Item analysis will include a discrimination index, difficulty level, response, and distribution. Written tests, including new questions, will continuously be revised based on these findings.
3. Faculty will establish consistent guidelines for evaluating student participation in class and seminars, practice labs, pre and post clinical conferences, written assignments, and individual and group projects. Through the peer review process, the faculty will evaluate student work graded by other faculty to discuss and analyze similarities and differences in application of grading criteria and to validate leveling across the curriculum.
4. Faculty will use an evaluation tool for clinical experiences that includes outcome behaviors required for passing the course and that addresses knowledge (cognitive), skills (psychomotor) and attitude (affective; QSEN, 2007). Prior to implementation, the faculty will explore use of the tool and will discuss and reach consensus on interpretation of examples of various ratings on the tool. The faculty will discuss application of the tool, evaluate its effectiveness in reporting and recording student performance, and make revisions, as indicated.
5. Faculty will participate in peer review by attending an agreed number of lectures and seminars led by other faculty and provide constructive feedback to one another. Faculty will agree to be receptive to constructive feedback, seek to improve their teaching strategies accordingly and to learn from one another.
6. The faculty evaluation will address: facilitation of learning, facilitation of learner development and socialization, use of assessment and evaluation strategies, participation in curriculum design and evaluation of program outcomes, function as a change agent and leader in the profession and in community service, pursuit of continuous quality improvement in the nurse educator role, engagement in scholarship, and functioning in the educational environment. (NLN, 2005)
7. Faculty will use student feedback and evaluations during and at the end of each course as part of course review to be considered in curriculum development and faculty evaluations by faculty peers and by the Director.
8. Faculty will participate individually and collectively using the Nursing Faculty Assembly and its committees to evaluate the overall nursing program including the curriculum, and to consider changes in curriculum and procedures to improve and enhance the educational experience for students as well as faculty, and to promote positive outcomes.
APPENDIX O: Grievances/Harassment/Discrimination Policy and Procedure

Policy and Procedure Statement: 01.04
Effective Date: August 2013
St. David’s School of Nursing
Name of policy: Grievances/Harassment/Discrimination
Revised: Updated August 2016
Review Cycle: E3YRS

Purpose

The purpose of the PPS is to establish the Policies and Procedure which govern how grievances/harassment/discrimination are handled in the SON.

Policy

By policy of the School of Nursing, Texas State University and the Texas State System, Harassment and Discrimination of employees, including faculty and staff, will not be tolerated. The SON will follow the Regents’ Rules on Grievance, the University policy and procedures on harassment and discrimination and the procedures for due process.

Procedures

Harassment and Discrimination Grievances—see PPS 8.08 http://gato-docs.its.txstate.edu/jcr:f2a4e030-5121-4bbc-b889-b779ce635086/PPS8-08.pdf

Sexual Misconduct—see Texas State Sexual Misconduct Policy
http://www.txstate.edu/oea/related-policies/Sexual-Misconduct-Policy.html

See UPPS No. 04.04.39 regarding Consensual Relationships.

See UPPS 04.04.46 (Prohibition of Discrimination or Harassment Based on Race, Color, National Origin, Age, Sex, Religion, Disability or Sexual Orientation) which contains procedures for complaints of racial harassment and illegal discrimination on the basis of race, color, national origin, age, religion, sex, disability, veteran’s status or sexual orientation.

Procedures Involving Due Process. Procedures for due process in terminating (1) tenured faculty members; (2) non-tenured faculty before the end of their current period of employment; and (3) faculty under special circumstances are contained in Sections 4.5 and 4.6 of Chapter V of the Regents’ Rules.

Procedures for Grievances are found in the academic PPS 8.08 which is reviewed by the Provost’s office to comply with the most recent regulations.
http://www.provost.txstate.edu/pps/policy-and-procedure-statements/8-personnel-dev-promotion/pps8-08.html