

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING**

MASTER OF SCIENCE IN NURSING (MSN)



**GRADUATE NURSING
STUDENT HANDBOOK
2011-2012**

VALUES • EDUCATION • SERVICE

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SECTION I:
LINCOLN MEMORIAL UNIVERSITY

LINCOLN MEMORIAL UNIVERSITY MISSION AND PURPOSE

Lincoln Memorial University is a values-based learning community dedicated to providing educational experiences in the liberal arts and professional studies. The University strives to give students a foundation for a more productive life by upholding the principles of Abraham Lincoln's life: a dedication to individual liberty, responsibility, and improvement; a respect for citizenship; recognition of the intrinsic value of high moral and ethical standards; and a belief in a personal God.

The University is committed to teaching, research, and service. The University's curriculum and commitment to quality instruction at every level are based on the beliefs that graduates must be able to communicate clearly and effectively in an era of rapidly and continuously expanding communication technology, must have an appreciable depth of learning in a field of knowledge, must appreciate and understand the various ways by which we come to know ourselves and the world around us, and must be able to exercise informed judgments.

The University believes that one of the major cornerstones of meaningful existence is service to humanity. By making educational and research opportunities available to students where they live and through various recreational and cultural events open to the community, Lincoln Memorial University seeks to advance life in the Cumberland Gap area and throughout the region through its teaching, research, and service mission.

Approved by the Board of Trustees May 5, 2006

For further information on University tradition and heritage, accreditation, memberships, institutional goals, and academic information please see the Caylor School of Nursing *Master of Science in Nursing Catalog*.

ACADEMIC CALENDAR 2011-2012

Official University Holidays (Offices closed/no classes):

2011: September 5, November 24-25, December 26-30;

2012: January 2, April 6, May 28 and July 4.

Fall Semester 2011

New Student Registration	August 19
New Student Survival Weekend	August 20
Matriculation Ceremony (11 a.m.).....	August 20
Residence halls open (8 a.m.)	August 21
Final Registration before classes begin.....	August 22
Classes begin	August 23
Last day to complete registration/add classes	August 31
Labor Day (no classes; offices closed; residence halls remain open)	September 5
Convocation (9:30 a.m. in session classes & resident students)	September 13
Last day to drop course without “WD”	October 12
Homecoming (classes held as scheduled).....	October 13-15
Mid-term	October 17-21
Fall Break	October 27-28
Last day to drop course without “F”	October 31
Early registration begins	October 31
Thanksgiving holiday (no classes; offices closed).....	November 24-25
Classes end	December 9
Final exams.....	December 12-16
Commencement (11 a.m.).....	December 17
Residence halls close (2 p.m.)	December 17

Spring Semester 2012

Residence halls open (8 a.m.)	January 8
Registration and New Student Orientation	January 9
Classes begin	January 10
Martin Luther King Day (no classes).....	January 16
Last day to complete registration/add classes	January 18
Convocation (9:30 a.m. in session classes & resident students)	February 7
Lincoln Day/Founders Day (special activities).....	February 13
Last day to drop course without “WD”	February 23
Mid-term	Feb. 27 – Mar. 2
Last day to drop course without “F”	March 14
Residence halls close (5 p.m.)	March 16
Spring break (no classes)	March 19-23
Residence halls open (1 p.m.).....	March 25
Early registration begins	March 26
Good Friday (no classes; offices closed)	April 6
Classes end	April 27
Final exams.....	April 30 -May 4
Commencement (11 a.m.).....	May 5
Residence halls close (2 p.m.)	May 5

Mini-Term 2012 May 7-25

Summer Terms 2012

Term A—10-week session (no classes, offices closed July 4)	May 29 - August 3
Term B—First 5-week session	May 29 – June 29
Term C—Second 5-week session (no classes, offices closed July 4)	July 2 - August 3

UNIVERSITY SERVICES AND RESOURCES

Library Services

The Lincoln Memorial University Carnegie-Vincent Library links to self-paced, web-based tutorials to introduce Lincoln Memorial University students, faculty and staff to important research concepts and how to use library resources. They can be accessed at <http://library.lmunet.edu/tutorials/research-process>. The Library will be developing new tutorials for using the Library's resources in the near future. The Carnegie-Vincent Library Web site can be found at <http://library.lmunet.edu>. The Lon and Elizabeth Parr Reed Medical and Allied Health Library, which is housed within the Carnegie-Vincent Library, maintains a Web site that provides students with access to the medical and allied health electronic resources and interactive websites that enhance learning; the website can be found at <http://library.lmunet.edu/medlib>. For further assistance, call 1-800-325-0900, ext. 7079 or send an email to library@lmunet.edu.

There are twenty (20) primary databases specific to the Nursing curriculum. The library also offers 130 secondary databases and almost 39,000 full-text journals. Electronic databases are grouped on the library's webpage according to subject discipline. Nursing databases are aggregated under the "Nursing" heading for ease of access and use.

Lincoln Memorial University has an Extended Sites Librarian and a Medical and Allied Health Librarian to specifically serve the needs of nursing students. There is a librarian assigned to the Cedar Bluff extended site.

The following list represents the databases and resources that are most useful for the nursing programs:

- **Academic Search Premier**—Provides full-text access to more than 4,600 journals, including more than 3,900 peer-reviewed titles; indexes and abstracts over 8,450 titles total; full-text back files to 1975 or further are available for well over 100 journals; includes 271 nursing periodicals.
- **Bates Visual Guide to Physical Examination**—Includes physical examination videos of bodily systems, body regions, and patients by age.
- **CINAHL (Cumulative Index of Nursing and Allied Health Literature) with Full Text**—is the world's most comprehensive source of full-text access for nursing and allied health journals. CINAHL indexes over 2,900 nursing and allied health journals; provides full-text access to more than 600 nursing and allied health journals; full-text coverage dates back to 1981; and includes 1,338 nursing periodicals.
- **DynaMed**—Includes information on drugs and conditions. It has clinically organized summaries for more than 3,000 topics that are in an outline form and can be used efficiently in clinical settings. DynaMed is updated daily and monitors the content of over 500 medical journals and systematic evidence review databases directly and indirectly by using many journal review services. Each publication is reviewed cover-to-cover, and each article is evaluated for clinical relevance and scientific validity. The new evidence is integrated with existing content, and overall conclusions are changed as appropriate, representing a synthesis of the best available evidence.
- **Health & Wellness Resource Center**—This database is a user-friendly great place for consumers to start researching health topics. It provides full-text access to health-related magazines, journals, pamphlets, newspapers, encyclopedias, videos, and even websites. Nursing students can find information for patient handouts and refer their patients to it for research.
- **Health Reference Center Academic**—This database provides full-text access to respected nursing, allied health and medical journals; consumer health magazines; newsletters; pamphlets; newspaper articles; topical overviews; and reference books. Many images are also included. Includes 196 nursing periodicals.
- **Health Source: Consumer Edition**—Offers full-text access to 80 consumer health periodicals. Also included is full-text access for more than 1,000 health-related pamphlets and more than 130 health reference books. Also contains more than 4,500 Clinical Reference Systems reports (in English and Spanish); *Lexi-PAL Drug Guide*, which covers 1,300 generic drug patient education sheets with more than 4,700 brand names; and *Merriam-Webster's Medical Desk Dictionary*. Nursing students can find information for patient handouts and refer their patients to it for research.
- **Health Source: Nursing/Academic Edition**—Provides full-text access to nearly 550 scholarly journals; indexes over 850 journals. Also features the *Lexi-PAL Drug Guide*, which covers 1,300 generic drug patient education sheets with more than 4,700 brand names. Includes 170 nursing periodicals.
- **Lexi-Comp ONLINE**—Includes non-biased information on drugs and natural products as well as medical calculations, a drug ID component, an interactions component, I.V. compatibility information, FDA special alerts, updates on medical safety issues, and more
- **Piper Online Catalog**—Includes records for print and electronic books, audiovisual materials, and ephemera; includes over 1,000 records for nursing materials
- **ProQuest Health & Medical Complete**—Indexes and abstracts over 1,500 publications; provides full-text access to 1,250 publications and of these, over 900 include MEDLINE indexing. Includes 124 nursing journals. Includes 92 nursing periodicals.
- **PsycINFO**—from the American Psychological Association (APA) is an abstract database that contains more than 2.7 million citations and summaries of scholarly journal articles, book chapters, books, and dissertations, all in psychology and related disciplines; includes "comprehensive" coverage of more than 1,500 titles
- **PubMed**—A service of the [National Library of Medicine](http://www.nlm.nih.gov) that includes over 18 million citations from MEDLINE and other life science journals for biomedical articles back to 1948

- **STAT!Ref Medical**—Includes thirty-four full-text electronic books (i.e., *The 5-Minute Clinical Consult*, *Harrison's Principles of Internal Medicine*, *Red Book: Report of the Committee on Infectious Diseases*, & *Stedman's Medical Dictionary*); includes a unit & dose converter, medical equations, decision trees, clinical criteria, and other tools.
- **STAT!Ref Nursing**—Includes fourteen full-text electronic books including *Stedman's Medical Dictionary*; includes MedCalc 3000, which includes a unit & dose converter, medical equations, decision trees, clinical criteria, and other tools
- **Thieme ElectronicBook Library**—Includes thirty-nine electronic books. Includes the popular Flexibook Atlases and Textbooks Series, a trusted review and reference collection.
- **UpToDate**—This is an evidence-based resource with over 80,000 pages of original, peer-reviewed text to allow practitioners to keep current with new clinical developments, be more confident in diagnosis and treatment decisions and answer clinical questions more efficiently; offers comprehensive information in the specialties of adult primary care and internal medicine, cardiovascular medicine, critical care, endocrinology and diabetes, family medicine, gastroenterology and hepatology, gynecology, hematology, infectious diseases, nephrology and hypertension, neurology, obstetrics, oncology, pediatrics, pulmonology, rheumatology, sleep medicine, women's health
- **VisualDX**—Includes an interactive tool for finding differential diagnoses based on visual findings. Included information on conditions with visual findings; components for international travel; child abuse recognition; terrorism recognition; oral mucosa; drug eruptions; external eye visual findings; fever and rash; smallpox vaccination; CA-MRSA; of pressure ulcer staging; marine exposures; cellulitis differential diagnosis; female anogenital visual findings; male anogenital visual findings; immunocompromised conditions; nail and distal digit visual finds; and bite, stings,, and infestations.

In addition to these extensive electronic databases, the library maintains collections of electronic books from netLibrary and other providers that include over 85,000 titles. As included in the list above, the library has two consumer health databases, Health Source: Consumer Edition and Health and Wellness Resource Center, that nursing students can use to compile information for patients; since one of the databases, Health and Wellness Resource Center, is freely available through public libraries in Tennessee, nursing students can refer patients to this source for consumer health information and informative videos. Electronic databases and electronic books may be accessed by all faculty, staff and students at campus and off-campus sites. Interlibrary loan is also available through the library and many articles can be delivered electronically.

The library and Nursing faculty members collaborate to integrate library resources into the curriculum of the program. The Library updates the nursing collection annually, purchasing new editions of existing books. The Library Director serves on the Library and Learning Resources Committee and Academic Council, as well as numerous other academic committees to ensure that the library collection is closely aligned with the University's academic programs.

Additional University Services and Resources

Please refer to the information in the *Master of Science in Nursing Catalog* on information on official academic records, change of address, residency requirement, applicable catalog, graduate degree time restrictions and limitations, Family Education Rights and Privacy Act (FERPA), Add or Drop courses, withdrawal from the University, and academic honesty. Please also refer to the information in the *Master of Science in Nursing Catalog* on university services and resources, including the Abraham Lincoln Museum, Tagge Center for Academic Excellence, student support services, student health insurance, academic advisement, university organization, and computer services (i.e. Student computer accounts, WebAdvisor, university email, university internet, personal computer repair).

UNIVERISTY POLICIES

Please refer to the information in the *Master of Science in Nursing Catalog* on university policies, including inclement weather policy, students with disabilities policy, discrimination, scholastic dishonesty, cheating, and plagiarism policies, LMU student email policy, smoke free campus policy, and alcohol and drug policy.

SECTION II:
CAYLOR SCHOOL OF NURSING

CAYLOR SCHOOL OF NURSING (CSON) HISTORY

In response to the University's mission, Nursing was established as a major in 1974 with the Associate of Science in Nursing (ASN) Degree. Because of the growing health care needs of the region, Nursing expanded the ASN program to extended sites and initiated the Registered Nurse (RN) to Bachelor of Science in Nursing (BSN) program in 1987. The Caylor School of Nursing's mission "seeks to respond to the needs of nursing education and health care in the surrounding communities by preparing nurses at multiple levels." Therefore, the Master of Science in Nursing (MSN) degree was established in 2006 to offer nurses further education options and provide surrounding communities with advanced practice nurses to meet identified health care needs. In Fall 2010, the BSN generic option commenced in response to state and community needs. Presently the Caylor School of Nursing offers MSN concentrations as a Family Nurse Practitioner, Nurse Anesthetist, and Psychiatric Nurse Practitioner. Post-Master's Certificates are offered in all three (3) MSN concentrations. For further information on the school's MSN programs please contact the Chair, MSN Program.

Caylor School of Nursing programs are founded on the belief that nursing is a service which aims to assist individuals to attain, maintain, or regain optimum level wellness through application of the nursing process.

CSON ACCREDITATION/APPROVALS

Nursing program accreditation has been granted by the National League for Nursing Accrediting Commission (NLNAC). The Associate of Science in Nursing (ASN) and the Registered Nurse (RN) to Bachelor of Science in Nursing (BSN) programs at LMU are fully accredited by NLNAC. The Master of Science in Nursing (MSN) degree program has received accreditation from NLNAC. Additionally the Nurse Anesthesia Concentration has been accredited by the Council on Accreditation (COA) of Nurse Anesthesia Educational Programs. Contact the NLNAC at 3343 Peachtree Road NE, Suite 500, Atlanta, Georgia 30326 or call 404.975.5000 for questions about the accreditation of Lincoln Memorial University. Contact the COA at 222 S. Prospect Avenue, Park Ridge, IL 60068 or call 847-692-7050 for questions about the accreditation of Lincoln Memorial University.

The undergraduate programs and the MSN program are fully approved by the Tennessee Board of Nursing. The ASN program offered at the Corbin, Kentucky extended site has been approved by the Kentucky Board of Nursing. There is an Advisory Board for the MSN program that includes Advanced Practice Nurses (APNs), FNPs, CRNA, Anesthesiologist, and employers of APNs.

CSON VISION, MISSION, AND PHILOSOPHY

Vision

We, the Nursing Faculty of Lincoln Memorial University, Caylor School of Nursing, envision culturally diverse Faculty and students engaged in teaching, education, service, practice, and scholarship. Faculty desires to be excellent nurse educators, adhering to nationally recognized competencies and standards of nursing practice, while assisting undergraduate and graduate students to become qualified nurse professionals capable of adaptation, and promotion of adaptation, in the 21st century health care environment. The Caylor School of Nursing will develop, attain, and engage in unique educational programs and services for the surrounding regions. We desire to be recognized as providing excellent nursing programs of choice that value high academic, moral, and ethical standards.

Mission

In agreement with the University's mission and goals, the Faculty of the Caylor School of Nursing strives to instill responsibility and high moral/ethical standards in the preparation of quality nurses, at multiple levels of nursing education, through superior academic programs at the undergraduate and graduate level. Specifically, the mission of the Faculty is to prepare nurses with the ASN, BSN, and MSN degrees, to assist individuals, families, communities, and society as they adapt to changes in physiological needs, role function, self-concept, and interdependent relationships during health and illness. The Caylor School of Nursing seeks to respond to the needs of nursing education and healthcare in the surrounding communities by preparing nurses at multiple levels and by providing continuing education/professional development opportunities that are rooted in knowledge, research, and other scholarly activities.

Philosophy

Nursing is a health care profession with a unique body of knowledge. The Caylor School of Nursing is viewed as a place where culturally diverse students and faculty actively engage in a **teaching-learning process** to attain and generate nursing knowledge. Faculty and students are partners in this process, creating unique learning opportunities. This knowledge can be imparted through multiple levels of nursing education, a design which is most responsive to community needs. The teaching-learning process fosters individual growth and goal attainment, which are manifested through changes in thinking and behavior.

The Faculty believes in multiple degree levels of nursing education and encourages the promotion of ongoing/continuing education for nurses. This education is based in an institution of higher learning, consists of both general education courses and nursing courses, and is provided by qualified Faculty on site, or may include alternate delivery methods, such as through

distance education. Faculty members serve as role models through nursing education, practice, service, and scholarship (as scholarship is defined by the University).

The Faculty acknowledge the ASN graduate's focus is care of persons with adaptive and/or ineffective health responses, whereas, the BSN graduate's focus is care of persons, groups, communities, and society with adaptive and/or ineffective health responses. Graduate education will prepare nurses to assume advanced practice roles including: practitioner, educator, researcher, advocate, consultant/collaborator, manager, and leader. Additionally, we agree that both undergraduate and graduate nursing education must be consistent with nationally recognized competencies and standards, including the APRN Consensus Model for Advanced Practice.

Roy Adaptation Model

The Roy Adaptation Model (Roy, 2009) serves, along with national competencies and standards, as a comprehensive framework for the curriculum of the ASN and BSN programs. The Roy Model also provides, to a lesser extent, a conceptual basis for the masters program. The graduate program relies heavily upon national competencies and standards to direct the curriculum and provides the student with a comprehensive appraisal of multiple theoretical frameworks from which they may draw in their personal professional practice.

Fundamental to the Roy Adaptation Model "is the goal of enhancing life processes to promote adaptation" with **Adaptation** is viewed "as the process and outcome whereby thinking and feeling people, as individual or in groups, use conscious awareness and choice to create human and environmental integration" (Roy, 2009, p. 28).

Human persons are the focus of nursing endeavors and are viewed as an adaptive system. "As an adaptive system, the human system is described as a whole with parts that function as a unity for some purpose. Human systems include people as individuals or in groups including families, organizations, communities, and society as a whole" (Roy, 2009, p. 27). Faculty also believe that humans as an adaptive system act to maintain adaptation in the four adaptive modes of the Roy Model: physiologic-physical, self concept-group identity, role function, and interdependence.

Environment is defined as "all conditions, circumstances, and influences that surround and affect the development and behavior of humans as adaptive systems, with particular consideration of human and earth resources" (Roy, 2009, p. 28). We believe that human persons interact with the changing environment and make either adaptive or ineffective responses.

Health is defined as "a state and a process of being and becoming an integrated and whole human" person (Roy, 2009, p. 27). The Faculty believes that responses by human persons that can be observed in the four adaptive modes are reflective of one's health state.

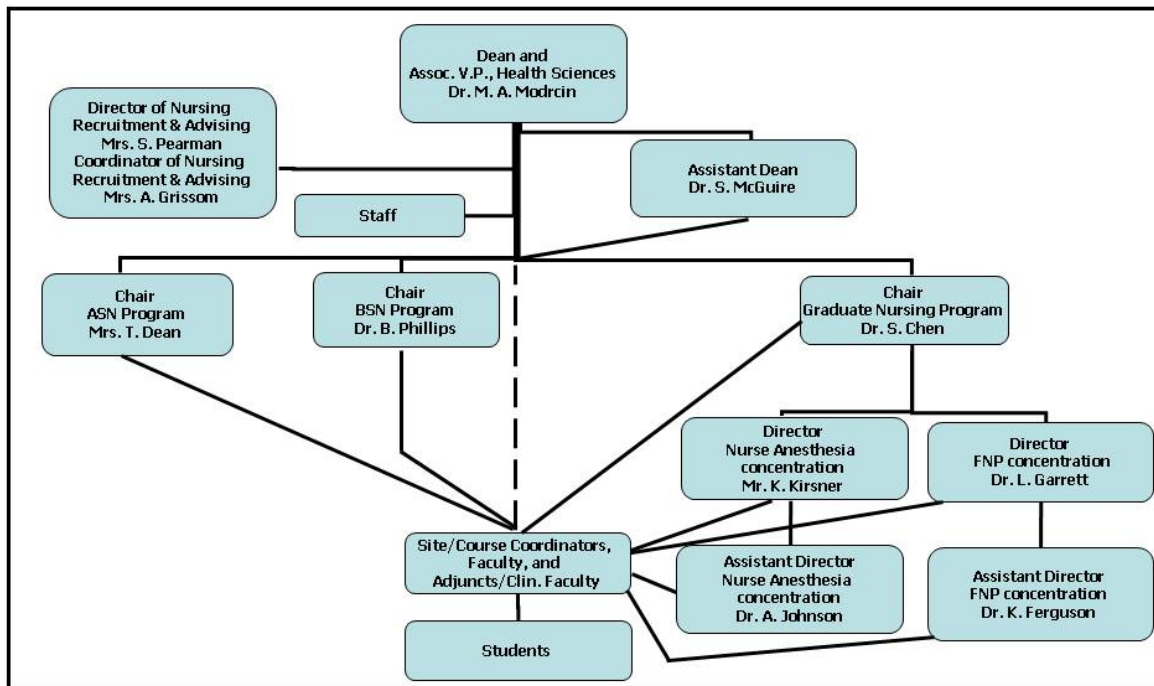
Nursing is defined as "as a health care profession that focuses on the life processes and patterns of people with a commitment to promote health and full life-potential for individuals, families, groups and the global society" (Roy, 2009, p. 3). We view the goal of **nursing practice** as the promotion of adaptation in each of the four adaptive modes, "thus contributing to health, quality of life and dying with dignity by assessing behaviors and factors that influence adaptive abilities and by intervening to enhance environmental interventions (Roy, 2009, p. 29). The Faculty further believes that nursing practice is both an art and a scientific discipline, rooted in caring, cultural sensitivity/competence, a code of ethics, and standards of care and professional performance/practice. We believe all of these are essential for both provision of holistic, effective, quality nursing care; and for promotion of adaptation in humans across the lifespan, as individuals, or in groups, communities, and society as a whole in the 21st century healthcare environment.

Reference:

Roy, C. (2009). *The Roy Adaptation Model* (3rd ed.). Upper Saddle River, NJ: Pearson Education, Inc.

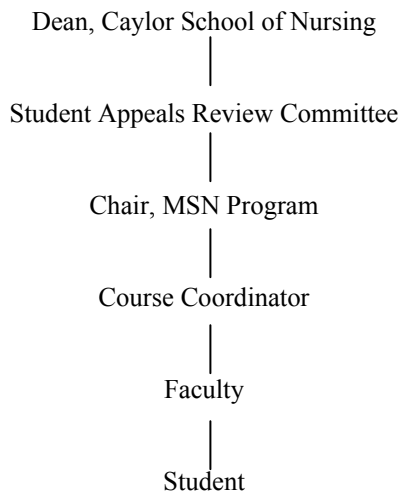
Revised 5/24/10

Caylor School of Nursing Organizational Chart 2011-2012



Revised July 2011

CAYLOR SCHOOL OF NURSING CHANNELS OF COMMUNICATION



GENERAL MSN INFORMATION

Admission

See the *Master of Science in Nursing Catalog* for MSN Admission requirements.

Categories of Enrollment in Graduate Nursing Classes

Students are admitted to the graduate program upon completion of all admission requirements. Students can be admitted as full-time, part-time, or non-degree seeking.

Full-Time: Each concentration designates full-time student course load. A sample full-time curriculum plan for each concentration is given in this handbook and the *Master of Science in Nursing Catalog*.

Part-Time: There is not a part-time option for the Nurse Anesthesia Concentration. A part-time option is offered in the FNP and PMHNP Concentrations on a space available basis. Part-time options will vary in length. FNP and PMHNP applicants who are interested in a part-time option should contact the Chair, MSN program, to inquire about part-time availability. Part-time students must work with an advisor to design a plan of progression which is consistent with course prerequisites and future course availability. Please be aware that all MSN students must take their advanced pharmacology and health assessment courses in the semester immediately prior to beginning initial clinical practicum. If a student chooses to interrupt their NURS course sequence for any reason, a readmission application must be submitted to Graduate Nursing Office. Readmission to the MSN program is not guaranteed.

Non-degree: Students who have not been admitted to the graduate nursing program may seek permission from the Chair, MSN Program, to enroll (on a space available basis) in NURS 500, NURS 510, or NURS 550 courses. All other graduate nursing courses are limited to students enrolled in the MSN program. Persons otherwise qualifying for admission to graduate studies but not seeking admission to the degree program are classified as non-degree MSN students. Individuals wishing to pursue graduate study at Lincoln Memorial University in this classification must submit an application for admission. Non-degree MSN student status does not guarantee admission to the graduate school of nursing. Non-degree MSN students later wishing to enter the program must then apply as degree-seeking students and follow the process outlined for regular graduate student status. Course credit transferred from non-degree to degree must have a grade of at least “B” and be relevant to the degree sought and the approved program of study (refer to the “program of study” section in this handbook).

Orientation

New graduate nursing students are required to attend a mandatory new student orientation. The orientation session provides students with critical information for progressing through the program.

Transfer of Graduate Credit

Up to six (6) hours may be transferred in to the MSN program from accredited institutions offering the graduate degree. Transferred courses must have been taken for graduate credit and must not have been applied towards a previous degree. All transferred course work must carry a grade of “B” or better. CSON MSN students must take their advanced pharmacology and health assessment courses in the semester immediately prior to beginning initial clinical practicum; thus, no course credit will be given for advanced pharmacology and health assessment courses that are taken from other institution. No credit will be given for pathophysiology course that is greater than two (2) years old at the time of admission. No course credit for other graduate courses earned more than five (5) years ago can be transferred. All transfer credit into the MSN program must be approved by both the Chair of MSN Program and the Dean of the Caylor School of Nursing. If the student proposes to replace a required nursing course with transferred credit, the student must submit a course syllabus and provide transcript evidence of having attained a “B” or better in the course. Course equivalency will be evaluated by the faculty currently teaching the LMU version of the course. The designated faculty member will make a recommendation to the Chair, MSN Program, regarding substitution.

STUDENT ESSENTIAL FUNCTIONS

With job duties that can change by the minute, nurses must be ready to perform a variety of tasks. Below are the essential functional abilities necessary for success (in addition to academic requirements) in the Lincoln Memorial University Nursing Program. All students are required to meet these essential functions, which include the ability to perform a variety of interventions impacting patient care and safety, as well as interactions necessary in the clinical and classroom setting. The School of Nursing will work with students with documented disabilities to explore whether a reasonable accommodation exists which will allow them to perform essential functions without undue burden. Student essential functions include functions in the areas of physical and psychomotor; communication, reading and writing; cognitive/psychological/affective; and professional behaviors the

Student’s with disabilities who have questions regarding the student essential functions please refer to the information on “Students with Disabilities Policy” in the *Master of Science in Nursing Catalog*. The *Student Essential Functions Form* is found under Section III: Forms in this handbook.

Core Performance Standards Required for Nursing

Issue	Standard	Examples of Necessary Activities (not all inclusive)
Critical Thinking	Critical thinking ability sufficient for clinical judgment.	Identify cause and effect relationships in clinical situations, use diagnostic reasoning to develop a plan of care
Interpersonal Skills	Interpersonal abilities sufficient to interact with individuals, families and groups from diverse backgrounds	Establish rapport patients, families and colleagues.
Communication	Communication abilities sufficient for interaction with others in verbal and written form.	Elicit a detailed history, listen to client concerns, explain treatment plan, initiate health teaching, compose a medical record entry, accurately interpret data in the medical record
Mobility	Physical abilities sufficient to perform the duties of a primary care provider.	Move about within and between clinical sites, perform CPR, perform maneuvers associated with physical assessment.
Motor Skills	Fine and gross motor skills sufficient to provide safe nursing care	Able to calibrate and use equipment, to draw up and administer medications, to position patient
Hearing	Auditory function sufficient to monitor and assess health needs	Hears monitor alarm, emergency signals, auscultatory sounds, cries for help.
Visual	Visual ability sufficient for observation and assessment necessary in nursing care.	Observes patient/client responses., able to detect color change, able to use ophthalmoscope, otoscope, and microscope
Tactile senses	Tactile ability sufficient for physical assessment.	Able to perform palpation and other functions of physical examination involving touch, able to perform diagnostic or therapeutic procedures such as venipuncture or IV insertion.

ACADEMIC ADVISEMENT

Each student is assigned an academic advisor according to his/her major area of study. The academic advisor will assist the student in selecting appropriate courses for each academic semester. The student bears ultimate responsibility for effective planning, progression and completion of all requirements for the chosen degree, but the academic advisor can give valuable direction and encouragement. Advisors are accessible throughout the program for academic advisement. Advisors' contact information (phone numbers, email/web page addresses and office hours) are posted on each syllabus. Students are responsible for checking the handbook, catalog, website, and advisors' LMU emails for important communications about program requirements.

ACADEMIC INTEGRITY

Code of Ethics

As reflected in our philosophy, the faculty and students of Lincoln Memorial University Caylor School of Nursing regard nursing as an "art and scientific discipline, rooted in caring, a code of ethics, and standards of care and professional performance/practice. We believe all of these are essential for both provision of holistic, effective, quality nursing care and for "promotion of adaptation in humans across the lifespan . . ." (LMU, Caylor School of Nursing Philosophy). Therefore, high standards of conduct are expected and must be adhered to by those associated with the Caylor School of Nursing. These standards must relate to all areas of activity, including academic and clinical experiences, relationships between faculty and other students and maintenance of conduct, which reflects credit upon nursing and Lincoln Memorial University.

With this in mind, the LMU Caylor School of Nursing has developed its own code of ethics integrating basic concepts of both the philosophy of the LMU nursing program and the *Guide to the Code of Ethics for Nurses* American Nurses Association (ANA), 2010). Students who fail to adhere to these established criteria (code, standards) are held accountable for such violations and may be subject to immediate dismissal from the nursing program. Decisions regarding the appropriateness of discipline for such violations are at the discretion of the faculty of the School of Nursing.

It is the aim of the LMU and the faculty of the CSON to foster a spirit of complete honesty and a high standard of integrity. The attempt of any student to present work as his/her own that he/she has not honestly performed is regarded by the faculty and administration as a very serious offense and renders the offender liable to severe consequences and possible suspension. The following are the LMU descriptions of cheating and plagiarism:

Certificate of Authorship

All MSN student papers must include the Certification of Authorship statement, which is found in this handbook under Section III: Forms.

Cheating

LMU prohibits dishonesty of any kind on examinations or written assignments. These include: unauthorized possession of examination questions, the use of unauthorized notes during an examination, obtaining information during an examination from another student, assisting others to cheat, altering grade records, or entering any campus office without permission. Violations will subject the student to disciplinary action.

Plagiarism

LMU prohibits offering the work of another as one's own without proper acknowledgement. Any student who fails to give credit for quotations or essentially identical material taken from books, magazines, encyclopedias, or other reference works, or from the themes, reports, or other writings of a fellow student has committed plagiarism. Some departments or schools maintain additional rules regarding plagiarism and students should become familiar with those policies.

MSN EVALUATION METHODS

Mastery of didactic content will be evaluated by a combination of in-class exams, on-line exams, application of content in graded case studies, oral and web-based presentations, as well as written papers and protocols. The combination of evaluative methods will vary from course to course and will be clearly explicated in each course syllabus. These evaluative strategies are designed to measure student attainment of course objectives. Criteria for evaluation of written assignments appear in the syllabus for each course.

Assignments will be returned to students in a timely fashion. Students will receive individualized feedback to facilitate improvement and progress. Each student's progress is reviewed periodically during and at the end of each semester. Evaluation is based on the student's performance on examinations and other assignments, and in the clinical setting or laboratory. If a student's performance is judged to be borderline or failing during a course, the faculty member will discuss this with the student and advise the student regarding how to remedy the situation.

Grading System

Grading Scale: The LMU grading system is based on a four-point scale. The grading scale for the MSN Program is as follows:

Points*	Grade	Four-Point Scale
93-100	A	(4.0 quality points per credit hour)
89-92	B+	(3.33 quality points per credit hour)
83-88	B	(3.0 quality points per credit hour)
79-82	C+	(2.33 quality points per credit hour)
73-78	C	(2.0 quality points per credit hour)
72 or below	D	(0.0 quality points per credit hour)

* Partial points will be rounded to the nearest full point; for example, 88.49=88 leads to a grade of B; and 88.50=89 leads to a grade of B+.

Incompletes: A grade of Incomplete ("I") may be given in circumstances where the student has successfully completed the majority of the coursework and the instructor determines that exceptional circumstances warrant extending the time for the student to complete the work. In order to receive an "I", the student and course instructor must negotiate a contract containing a timeline specifying the date(s) by which the remaining coursework will be completed (including any clinical hours), and specifying the written assignments or examinations to be completed. The form for documenting a contract for an "I" is found in this handbook under Section III: Forms. It is the responsibility of the student to monitor progress towards completion of the contract to remove the Incomplete and to arrange for make-up exams, labs, or clinical hours. According to LMU policy, all work needed to remove an "I" must be completed by the sixth (6th) week of the next semester (inclusive of summer). If a grade change request has not been submitted by the instructor by that date, the "I" grade automatically becomes an "F" on the student's transcript. In general, an "I" grade in any sequential nursing course must be removed by the end of the first week of the next semester in order for the student to continue enrollment in the next nursing course in the sequence. In exceptional cases where serious illness or temporary disability prevent completion of the clinical component of a course, but the student is able to successfully continue with the didactic component, the student may petition the Dean to negotiate an alternative plan to complete all requirements for removal of the "I". Before granting such a waiver, the Dean will require a statement from the treating physician specifying that there is a reasonable expectation that the student will be able to complete the clinical component and remove the "I" within the proposed time line. An alternative would be to request a medical withdrawal.

Clinical Failure: A student who fails the clinical component of any nursing course fails the course. The instructor will seek input on clinical performance from the clinical preceptor; however final responsibility for the student's grade is retained by the LMU-CSON faculty

Clinical Evaluation Methods

Students and faculty will maintain an ongoing dialog regarding clinical experiences and clinical performance. This may occur in class, via clinical journals, via web-based communications, or in individual meetings as appropriate. Formal evaluations will occur at midterm, at the end semester, and at the request of the student, the preceptor, or the instructor. Clinical evaluation tools (student version, faculty version, and preceptor version) are used to structure the formal evaluations. Some written assignments will be based on current clinical cases (with all identifying data removed). Feedback regarding the development of diagnostic reasoning and clinical management skills are provided. Clinical performance is evaluated as Pass/Fail. If a student does not pass the clinical portion of a course they do not pass the course.

Course and Program Evaluation

Mechanisms for ongoing evaluation have been built-in to both course and program design. This is consistent with the faculty commitment to the development of innovative, quality courses and to being responsive to student needs and perceptions.

Course Evaluation: At LMU, students complete course evaluation forms and have an opportunity to provide open-ended feedback anonymously. Students also complete preceptor and clinical placement evaluation forms. This information will be used by the LMU Nursing faculty to determine if courses or placements need to be modified. Faculty will look at test item evaluation data and student performances on written assignments to determine if the assignments are consistent with the course objectives. The MSN faculty will meet to review and assess this evaluative data.

Program Evaluation: The nursing faculty review the evaluative data described above to determine if courses are meeting their stated objectives. Exit interviews and surveys will provide data regarding student satisfaction. Preceptors complete a survey regarding their satisfaction with student preparation and program support. Students complete preceptor and clinical site evaluations. Pass rates on national certification exams will be monitored to evaluate program outcomes. As students graduate and are employed, employers will be surveyed to determine if graduates exhibit the core competencies consistent with the Family Nurse Practitioner or Nurse Anesthetist role and asked to evaluate how LMU MSN program graduates compare with new graduates of other programs.

MSN COMPREHENSIVE EXAMINATION

The MSN program has been designed as a non-thesis option master's degree. Graduate nursing students, including Post Master's Certificate students, must pass a comprehensive final examination as part of program degree/certificate requirements.

Candidacy Committee for MSN Comprehensive Examination

Students are advanced to candidacy status after successfully completing 12 credit hours of required graduate credit in their program. A student must fill out the *Admission to Candidacy* form for his/her concentration and be admitted to candidacy before taking the Comprehensive Examination. By the third class period during the last semester, the student must submit his/her *Arrangement for Comprehensive Examination* form. These forms are in this handbook under Section III: Forms.

In the process of being admitted to candidacy, students must identify three (3) faculty members to serve on their committee. One must be the concentration director of their program and one should be another doctorally prepared MSN faculty. These faculty members will ensure that the student has successfully completed 12 hours of credit towards completion of his or her degree requirements and that the proposed plan of study will fulfill requirements for the MSN degree. The committee will grade the student's comprehensive examination.

Comprehensive Examination Policy

Successful completion of the Comprehensive Examination demonstrates the student's ability to synthesize knowledge from the core courses and the concentration courses to devise a sound, holistic and evidence-based plan of care consistent with the standards and scope of practice for advanced nursing practice. The written comprehensive examination will validate student knowledge in the areas of research, nursing theory, professional practice and role issues, and primary care (inclusive of pathophysiology and pharmacology). The comprehensive examination will be administered during the final semester of study.

The student must have submitted both an *Admission to Candidacy* form and an *Arrangement for Comprehensive Examination* form, must be in good standing (not on academic probation), and must have completed or be currently enrolled in the coursework required to complete the program of study. The dates for the comprehensive examination will be announced at the beginning of the final semester.

Note the following:

- The comprehensive final exam may consist of take-home and timed, in-class questions.
- Students will receive selected examination questions that must be completed over a period as designated by the graduate faculty.
- The examination must be submitted by the due date. Students may not submit their exam electronically. Each student must attach a signed honor statement with this part of the comprehensive exam.

- The timed, in-class portion of the comprehensive exam will be a paper exam. All master candidates complete this portion of the exam on an assigned date.
- Except for highly unusual circumstances, students who fail to submit their take-home exam by the deadline or to take the timed, in-class exam on the scheduled date will fail the exam. They may register for course work to repeat the exam in the following semester.
- Faculty will have a minimum of two (2) weeks to complete the grading process. The committee members will grade the examinations as Pass (meets expectations), Conditional (must schedule an oral examination) or Failed (did not meet expectations). Two members must agree for a Failed (“F”) designation to be assigned. A Conditional designation will be reserved for that situation in which at least one (1) of the readers has a specific concern about an omission or about a statement that needs further development or clarification.
- The student will be notified in writing of the results of the examination.
- In the event of a Conditional grade, the student will be informed regarding the concern which prompted the decision to require an oral examination. The oral examination will be scheduled promptly. The committee members will participate in the oral examination. The purpose of the oral exam is to allow the student to clarify the specific concern.
- After the student completes the oral defense of their question, he or she will be asked to step out of the room to allow the faculty to deliberate. The committee will invite the student back in to the room and advise him or her of the outcome. As a result, the comprehensive examination grade will be changed to either “Pass” or “Failed”. A written confirmation of the decision will be mailed to the student and placed in the student’s file.
- An “F” on the Comprehensive Examination will delay completion of the program. A student who fails the comprehensive exam may elect to enroll in a 3-credit hour directed study with an assigned faculty mentor to remediate identified deficiencies. The student has the opportunity to write one (1) additional written comprehensive examination. The earliest date to schedule a repeat attempt would be at the mid-term of the following semester. It must be scheduled within one (1) calendar year. If the student does not pass the second attempt or fails to schedule a repeat comprehensive exam within one calendar year, the student will be dropped from the program, will not graduate, and will not be certified as having completed the program.

STUDENT APPEALS PROCEDURE

If a problem should arise involving the course, clinical, or campus lab, the student should follow the channel of communication outlined in this handbook (see previous page). The student should first consult the faculty member involved. If the problem is not resolved, the student should next contact the Course Coordinator and/or Site Coordinator, then the Chair, MSN Program, Student Appeals Review Committee, followed by the Dean of the Caylor School of Nursing.

Each student has recourse to appeal any decision made by the faculty of the Caylor School of Nursing regarding evaluations or committee decisions. The student should initiate the appeal process by completing the required form within one week of the incident. If there are any conflicts of departmental or school policy with university policy then university policy supersedes. Refer to Section III: Forms of this handbook for the *Student Appeals Form*.

CSON ALCOHOL & DRUG POLICY

The Caylor School of Nursing (CSON) enforces the Lincoln Memorial University Alcohol and Drug Policy as outlined in the *Master of Science in Nursing Catalog*. The CSON believes that in order to maintain a safe effective learning environment for students; and for the safe and effective care of patients while students are in the clinical area:

- A. A student must be alcohol and drug free.
- B. The student must adhere to the following policies and procedures:
 1. Have a chain of custody drug screen performed within 90 days of the start of the nursing program and will be at the student’s expense. A positive screen will result in dismissal from the program.
 2. If, during the course of the program, the student appears to be under the influence of alcohol or drugs or is functioning in an impaired manner, the faculty shall have the responsibility for dismissing that student from the clinical experience and/or class that day and the student will be required to submit to a drug screen.
 3. A student’s consent to submit to a drug screen, if requested by the Dean, Chair, or faculty at any time during the program, is required as a condition of acceptance into the nursing program. The cost of the screen will be the responsibility of the student. The facility for conducting the screen will be designated by Lincoln Memorial University. A student’s refusal to submit to such tests may result in disciplinary action, including dismissal from the program. A positive drug test is grounds for dismissal. A “positive” will be defined as:
 - a) Screen results indicating use of illegal drugs/non-prescribed drugs
 - b) Screen results indicating presence of .02 or greater blood alcohol level.
 4. An affiliate/clinical agency used for student clinical experience can require screening without cause if such screenings are in the policy for employees of that affiliate.

5. Positive results of screen testing on students can be reported by the affiliate to the Caylor School of Nursing. Positive results can be shared by the Caylor School of Nursing with employers of students.

STUDENT EMAIL POLICY

Every student is issued an LMU email account. Please refer to the information on Student Computer Accounts in the *CSON Master of Science in Nursing Catalog*.

Electronic mail (email) is an official mechanism for administrators, faculty, staff and students to communicate with each other. The University expects that email communications will be received and read in a timely manner. Students are expected to check email on a frequent and regular basis in order to stay current with University related communications, recognizing that certain communications may be time-critical. If a student receives an official email from a University faculty member, administrator, or staff member and does not read that email any subsequent repercussions cannot be excused by “unread email messages.”

Inappropriate emails are prohibited. Anyone receiving such an email should immediately contact the University Helpdesk. Examples of inappropriate uses of email:

- Sending bulk emails which do not relate to University business or student activities. Bulk emails which mention names and individuals in a derogatory manner are unprofessional and could be considered slanderous.
- The creation and exchange of messages which are harassing, obscene or threatening.
- The unauthorized exchange of proprietary information or any other privileged, confidential sensitive information.
- The creation and exchange of information in violation of any laws, including copyright laws, or University policies.
- The knowing transmission of a message containing a computer virus.
- The misrepresentation of the identity of the sender of an email.
- The use or attempt to use the accounts of others without their permission.

Material that is fraudulent, harassing, profane, obscene, intimidating, defamatory, or otherwise unlawful or inappropriate may not be sent by email or other form of electronic communications. If a student engages in this type of behavior it will be considered a violation of the policy and will result in disciplinary action.

CLASSROOM POLICIES

Exam Policies

Rules regarding tests and examinations for all MSN students are as follows:

1. All students are expected to take exams as scheduled. Students are required to notify the faculty by phone or email prior to the scheduled exam time if they are not going to be present. Students are given faculty contact information in each NURS course syllabi and are expected to have it available at all times. If for any reason a student is unable to leave a message for the faculty member via the contact information provided, it is the student’s responsibility to contact the Nursing Office and leave a message. State you are unable to take the exam and be specific as to the course, the faculty’s name, and the site you attend. Any student that does not make the appropriate notification will receive a zero for the examination.
2. The faculty will determine the date and time of any alternate make-up exam. If the student does not make up the exam on the scheduled date and time, the student will get a zero on the exam.
3. All electronic devices (pagers, cell phones, PDA’s, etc.), are prohibited during examination times. Simple calculators are the only calculators allowed during an exam. Student must make arrangements for their other personal belongings during test time.
4. Ball caps or hats with any type of brim will not be allowed to be worn during exam administration.
5. Editorial corrections will be given at the beginning of the exam. If corrections to the exam are needed once the exam has started, the faculty will interrupt the exam and announce the correction.
6. Any student who has questions during the exam should raise his/her hand and stay seated.
7. The student must not leave his/her seat until the exam is finished, except for emergencies.
8. The exam will be timed. Any student entering late will be required to turn his/her exam at stated time.
9. After the exam is finished, the student has the following options:
 - a) Return to his/her seat, and remain quiet until class resumes.
 - b) Leave the classroom. (If the student chooses to leave the room, he/she may not reenter until class resumes.)
10. Nursing Faculty will review and score exams during the week after the exam is given. Individual student grades will be available and posted one week after the exam has been given. Faculty will inform students at the beginning of the semester how the grades will be posted.
11. Faculty reserve the right to correct any clerical error. This includes both increases and decreases to adjusted exam grades.
12. Any exam reviews will be scheduled outside of class time. Attendance for exam review is strongly recommended. No books, pencils, or taping are allowed during the exam review.

13. If a student wishes to challenge a question on an exam, the rationale must be put in writing and documented by page number in the textbook within one (1) week from the time of the test review. This documentation should be given to the faculty who taught the unit by the student challenging the test item.
14. Students have one calendar week after the test review to meet with their instructor for clarification of any exam related issue. For the last exam of the semester (final unit exam or final exam), students must contact the instructor within 24 hours for clarification of any exam related issue. If a student wants to appeal any exam related issue, it must be presented via email within the time frame listed above and addressed to the instructor who taught the content.
15. It is the intention that on-line or take-home examinations be completed without any inappropriate help. Please consult your instructor if you do not understand what is allowed. Violation of this expectation is an honor code violation and will result in dismissal from the program.

Student Permission to Tape Record Lecture

Taping of lectures is a privilege which may be granted by the individual faculty member, but it is up to students who wish to tape lectures to ask permission, and not simply assume permission. Students should ask for permission at the beginning of the semester with each individual faculty member. Faculty members reserve the right to discuss with students their desire to tape lecture and what benefit it will have for the student.

Cell Phone or Other Electronic Use

Cell phone use is NOT permitted in the classroom or clinical area. This includes, but not limited to, talking on the phone, checking messages, and text messaging. If a student uses a cell phone during class or clinical, they will be asked to leave and counted absent for that day. Students may use computers to take course notes but are not to use computers or other electronic devices to engage activities including checking email, doing computer games, and surfing the internet.

CLINICAL POLICIES

Clinical Policies

1. Students are expected to be familiar with and comply with all the requirements and policies in the student handbook regarding the clinical component of coursework.
2. Before beginning clinical, students must have on file with LMU evidence of a current negative PPD or chest x-ray, record of hepatitis B vaccine or declination form, a Rubella titer or second MMR, and current CPR certification.
3. Professional behavior requires that students communicate with their preceptors as soon as possible if they discover that they will be late or absent for any scheduled clinical experiences. Unprofessional behavior may be grounds for a clinical failure.
4. Students are expected to complete the required hours of clinical before the end of each semester. This will require careful planning.
5. Logs and journals should be submitted weekly.
6. If a student becomes aware of any barriers to the timely completion of clinical hours, the student should immediately consult with faculty to explore remedies and options.
7. Under extenuating circumstances, an Incomplete "I" grade may be given to allow completion of required clinical hours with the provision that any deficiency in clinical hours will be removed as soon as possible. Be aware: Students may not enroll in subsequent clinical classes until the "I" is removed. Please review LMU incomplete policy in the *CSON Master of Science in Nursing Catalog*.

Preceptor Requirements

Criteria for selection of MSN clinical preceptor are as follows:

1. The clinical preceptor will maintain all applicable accreditation requirements and certify such compliance to LMU or other entity as requested by LMU.
2. Preceptor will allow authorities responsible for accreditation of LMU's curriculum to inspect the facility as necessary.
3. Preceptors may be Family Nurse Practitioners, Pediatric Nurse Practitioners, Adult Health Nurse Practitioners, Gerontological Nurse Practitioners, Mental Health Nurse Practitioners, Women's Health Nurse Practitioners, Medical Doctors, Doctors of Osteopathy, Nurse Midwives, Certified Registered Nurse Anesthetists, and Anesthesiologists.
4. Preceptors will be supportive of the LMU program.
5. Preceptors will provide appropriate clinical opportunities for the student to meet the course learning objectives and clinical outcomes within a particular setting.
6. Preceptors will be experienced health care providers (greater than one year of practice).
7. Preceptors will be health care providers who are receptive to placement of students.
8. Preceptors should have a sufficient number of patients that are seen in the practice for the student to assess and plan care for a variety of patients.
9. Preceptors should be compatible with a reasonable travel distance for the student to participate in the clinical setting.
10. Preceptor evaluation is done by the student.

Clinical Facility Requirements

Qualifications for facility (clinical site placements) are as follows:

1. The facility will comply with all federal, state, and municipal laws, advice, rules, and regulations, which are applicable to the performance of responsibilities, which shall include, but not limited to: Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and Centers for Medicare & Medicaid Services (CMS) standards, facility policies, and any regulatory standards or requirements of third-party payors.
2. They will be supportive of LMU's program.

Universal Precautions

The Center for Disease Control and the Hospital Infection Control Practices Advisory Committee (1997) established standard precautions and transmission-based precautions to prevent the transmission of microorganisms in the clinical setting. Students receive instruction on the use of these precautions and are expected to adhere to standard precautions in the care of all patients. Students are required to follow the policies of each clinical facility regarding preventing transmission of infectious diseases. Any student who has an exposure of blood or body fluids to mucous membranes or broken skin shall follow the guidelines of the facility in which the incident occurs. It is the student's responsibility to report the occurrence to the appropriate clinical instructor and complete the *Post Occurrence/Exposure Report Form* found in this handbook under Section III: Forms.

GRADUATE ASSISTANTSHIPS AND TRAINEESHIPS

Depending upon the availability of external and intramural funding, graduate nursing may have graduate teaching assistantships, graduate research assistantships or traineeships available. Please see the *CSON Graduate Nursing Student Handbook* or consult the assigned faculty advisor for details on availability, requirements, applications, and deadlines.

Application Process

Graduate assistants must be currently enrolled. Graduate students wishing to apply for assistantship should contact the Chair, MSN Program, for information about program availability, applications, and deadlines. If federal funding is received by LMU for traineeships, the amounts of individual awards will be contingent upon the amount of federal funding, the number of eligible graduate students, and any program criteria. Receiving funds in one year does not necessarily mean that funds will be approved in subsequent years. Students must be in good academic standing to receive these funds. Full-time students and students who commit to providing primary care services to underserved areas and/or to minority populations after graduation will receive priority for traineeships. Traineeship recipients must agree to submit data regarding professional activities following graduation to LMU for three years. Federal traineeships do not require a work assignment.

Graduate Assistantships

Programs of graduate study are designed to transform the individual from student to knowledgeable practitioner or professional scholar. A well-designed graduate assistantship can provide experiences which complement the student's program of study. While assistantships provide financial support to graduate student recipients, the primary goal of an assistantship is to facilitate progress toward the graduate degree.

To retain a graduate assistantship, the student is expected to perform well academically. Recipients of assistantships should meet with the supervising faculty person to develop a clear contract outlining the work to be done and identifying any need for in-service training. Thereafter, there should be regularly scheduled meetings to mentor and counsel the student and to evaluate the student's work. The graduate assistant is expected to meet the obligations of the assignment. The graduate assistant receives financial support for graduate study by contributing to the mission of the university. The totality of responsibility may be greater than that required of other students, but the opportunities for professional development also are greater for the graduate assistant.

Traineeships

Federally-funded traineeships are designed to help fund advanced nursing practice training in order to improve access to healthcare services for underserved populations. Individual funding is awarded based upon the intent of the student to serve in high priority areas. While there is no penalty if the student does not ultimately accept a position in an underserved area upon graduation, priority for future funding of a program is somewhat dependent upon the program's track record of having produced traineeship graduates who accept employment in underserved areas. Graduate students who receive a federally funded traineeship must be in the last two semesters of their training program and be willing to provide LMU with employment information for three years after graduation. Federal traineeships do not require a work assignment during graduate school.

Definitions and Tax Consequences

An assistantship is a financial award, in the form of tuition waiver, to a graduate student for part-time work while pursuing a degree. Graduate assistants are appointed to perform various duties. Most commonly the duties relate to research and teaching support activities. According to the IRS regulations, graduate assistantship awards are considered taxable income.

Traineeships are federally funded awards designed to support the final semesters of advanced practice education for students who intend to work with underserved populations. Support through the federal traineeship program is limited to the last two semesters of preparation as an advanced practice nurse. Students must be United States citizens or have permanent residency status to be eligible for federally-funded nurse traineeships. Since the traineeship is not awarded in payment for your services, the award may not be taxable.

According to the IRS, a traineeship is not taxable if the participant is a degree candidate at an institution which maintains a regular faculty and curriculum and normally has enrolled students and the funds are used to pay for tuition, fees, or required books, supplies, and equipment. For further information, the IRS website directs recipients of assistantships, scholarships, and traineeships to Publication 970 www.irs.gov/publications/p970/index.html for use in preparing returns.

APA WRITING TIPS
Helping Students Prepare Manuscripts Using the 6th Edition APA Manual
Dr. Sandra L. McGuire

The *Publication Manual of the American Psychological Association* is intended primarily as a guide to preparing manuscripts for publication in the American Psychological Association (APA) journals. However, it is frequently utilized as the format for student papers. Information on the manual and revisions to the manual can be found at the APA website <http://www.apa.style.org>.

The materials presented here are meant to help familiarize the student with APA format. Students should check with their faculty for specific guidelines for using the manual with course papers and assignments (e.g., is an abstract required). It is suggested that students have their own copy of the manual.

Helpful Information in the APA Manual

1. Author responsibility in manuscript preparation (APA, 2010, pp. 228-231, 241)
2. Sample papers (pp. 41-59)*
3. Levels of headings (pp. 62-63)
4. Use of quotations (pp. 92, 170-173)
5. Secondary sources, specific parts of a source, and sources within a source (pp. 178-179)
6. Use of abbreviations (pp. 106-111)
7. Use of numbers (pp. 111-114)
8. Reference citations in text (pp. 174-179); Multiple citations in the same parentheses (p. 177)
9. Examples of references (pp. 198-224)
10. Electronic resources & digital object identifiers (DOI) (pp. 187-192)
11. Self-Plagiarism (p. 16)
12. Digital Object Identifiers (doi) numbers (p. 188-189)**

*There are errors in the sample papers in the first printing of the manual. These errors have been corrected in subsequent printings and on the APA website. If you have the first printing of the manual please check the APA website for the corrected sample papers.

** Digital Object Identifiers (doi) are new in the 6th edition. Please read this section and check with your faculty to see if they are required on your reference list.

Tips for Students: Putting Your APA Paper Together

1. The chronological order of the manuscript is: title page, abstract (if used), text, references, tables, figures, and appendix.
2. Use standard 8 ½ x 11 inch paper size. Use at least a 1-inch margin on all sides of the page.
3. Include the running head on each page of the manuscript. Do not put your name in the running head [Note: The title page has its own running head format and can be viewed in the sample paper].
4. Include the page number on each page of the manuscript [Note: If an abstract is not used the text will start on p. 2]
5. The font size should be size 12 and done in Times New Roman.
6. Double space text and references [Note: Single-spacing or one-and-a-half spacing can be used in figure and tables]. Text should be flush left—do not right justify.
7. Use indentations for each paragraph [Note: Exceptions to this is include block quotations, the abstract, and the first paragraph of an appendix]. For consistency use the tab key set at five to seven spaces or ½ inch (p. 229).
8. Do not break words at the end of a line.
9. Use two spaces after the period at the end of a sentence. Use one space after initials in personal names, punctuation, and periods that separate part of a reference citation.

10. Use headings!! Headings organize your paper and assist the reader.
11. Start the reference list, each table and figure, and each appendix on a separate page.
12. Tables, Figures, and Appendix should be mentioned in the text so the reader knows they are there and can refer to them.

COMPONENTS OF A MANUSCRIPT USING APA FORMAT IN ORDER:

Title Page

The title page is numbered as the first page of the manuscript and includes the running head, title, author(s) names and institutional affiliation (the author(s) names and affiliation follow the title). The title is centered on the upper half of the page in uppercase and lowercase letters, should be no longer than 12 words, and should summarize the main idea of the paper. The title is not put in bold. An abbreviated title is usually used as the running head of the manuscript (See p. 41 for how the running head is done on the title page).

Abstract

An abstract is often not required in student papers. When used it starts on a separate page and becomes the second page of the manuscript. It is a brief, comprehensive summary of the contents of the manuscript. It explains to the reader what the paper is all about. At the top of the page type the word, Abstract, in uppercase and lowercase letters, centered, and not bolded. An abstract is generally between 150 to 250 words. It is usually a single paragraph with no indentation. If a second paragraph is used it is indented.

Text

This is the body of the manuscript where the “content” of the paper is presented. Important to this part of the paper are writing style, grammar, the use of headings, and referencing. Begin the text on a new page with the manuscript title (centered in uppercase and lowercase letters, but not put in bold), double space, and then start the text with an introduction. The introduction does not have a heading and starts immediately after the title.

Each page of the text is numbered consecutively. Indent the first line of each paragraph with consistent spacing. For consistency, use the tab key, set at five to seven spaces or ½ inch (p. 229). Paragraph length should be longer than a sentence but generally not longer than one page (p. 68). Do not hyphenate words—let a line run short rather than divide a word.

The running head is put flush left, in capital letters on each page after the title page. Do not put your name in the running head.

Space twice after a period at the end of a sentence (this is a change from the 5th edition). Use one space after initials in personal names, punctuation, and periods that separate part of a reference citation on the reference page.

It is important to use headings to organize the content and establish the importance of topic areas. All topics of equal importance have the same level of heading. Headings function as an outline to reveal a manuscript’s organization. A manuscript can have from one to five levels of headings.

Levels of Headings (p. 62)

Level 1	Centered, Boldface, Uppercase and Lowercase Heading
Level 2	Flush Left, Boldface, Uppercase and Lowercase Heading
Level 3	Indented, boldface, lowercase paragraph heading ending with a period.
Level 4	<i>Indented, boldface, italicized, lowercase paragraph heading ending with a period.</i>
Level 5	<i>Indented, italicized, lowercase paragraph heading ending with a period.</i>

For examples of reference citations in the text see pp. 174-179.

References (pp. 198-224)

References are listed after the text and start on a separate page. Type the word, References, in uppercase and lowercase letters at the top of the page—do not put in bold. The reference list documents all references used in the text except for personal communications. References not used in the text are not put on the reference list. References are listed in alphabetical order (in the case of multiple references by an author the entries are given in chronological order). References are double spaced with double spacing in between references. A hanging indent format is used (the first line of each reference is flush left and subsequent lines are indented).

APA REFERENCE STYLES	
BOOKS & BOOK CHAPTERS (pp. 202-205)	<p style="text-align: center;">General Reference Form for a Book:</p> <p style="text-align: center;">Author, A. A. (year). <i>Title of work</i>. Location: Publisher.</p> <hr style="width: 50%; margin: auto;"/> <p style="text-align: center;">Example of a Book on a Reference List:</p> <p style="text-align: center;">American Psychological Association. (2010). <i>Publication manual of the American Psychological Association</i>. Washington, DC: Author.</p>
PERIODICALS (pp. 198-202)	<p style="text-align: center;">General Reference Form for a Journal Article (Use doi if available):</p> <p style="text-align: center;">Author, A. A., Author, B. B., & Author, C. C. (year). Title of article. <i>Title of Periodical</i>, xx, pp-pp. doi:xx.xxxxxxxx</p> <hr style="width: 50%; margin: auto;"/> <p style="text-align: center;">Example of a Journal Article on a Reference List Without doi:</p> <p style="text-align: center;">Light, M. A., & Light, I. H. (2008). The geographic expansion of Mexican immigration in the United States and its implications for local law enforcement. <i>Law Enforcement Executive Forum Journal</i>, 8(1), 73-82.</p>
MEETINGS (pp. 206-207)	
AUDIOVISUAL MATERIAL (pp. 209-210)	
UNPUBLISHED AND INFORMALLY PUBLISHED WORKS (pp. 211-212)	

Tables

Check with faculty for formatting. Manual: pp.128-150 (checklist p. 150)

Figures

Check with faculty for formatting. Manual: pp. 150-167 (checklist p. 167)

Appendix (pp. 38-39)

An appendix allows the author to provide the reader with detailed information that would be distracting to the main text of the manuscript. Start each Appendix on a separate page. Each Appendix must have a title. Type the word *Appendix* in the center of the page (for more than one appendix label it with a capital letter (*Appendix A*, *Appendix B*, etc.)). Then double space, type the title (centered, in uppercase and lowercase letters and **not** italicized), double space again, and begin the text of the appendix flush left, followed by indented paragraphs. Double space the text. Each page is numbered.

Reference*

American Psychological Association (2010). *Publication manual of the American Psychological Association* (6th ed.). Washington, DC: Author

**LINCOLN MEMORIAL UNIVERISTY
CAYLOR SCHOOL OF NURSING
Master of Science in Nursing
Faculty/Staff Directory
2011-2012**

Name	Title	Email Address
Dr. Mary Anne Modrcin	Dean, Caylor School of Nursing Professor of Nursing	maryanne.modrcin@lmunet.edu
Dr. Earl Dan Bembry	Assistant Professor of Nursing	earl.bembry@lmunet.edu
Dr. Shu-li Chen	Chair, MSN Program Professor of Nursing	shu-li.chen@lmunet.edu
Dr. Kimberly Ferguson	Assistant Director, FNP Concentration Assistant Professor of Nursing	Kimberly.Ferguson@lmunet.edu
Dr. Linda Garrett	Director, FNP Concentration Associate Professor of Nursing	linda.garrett@lmunet.edu
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Ms. Joy Lew	Instructor of Nursing	joy.lewis@lmunet.edu
Dr. Sandra McGuire	Assistant Dean, Caylor School of Nursing Professor of Nursing	sandra.mcguire@lmunet.edu
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TBA	Administrative Assistant	TBA

SECTION III:

FORMS

LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
MASTER OF SCIENCE IN NURSING

APPEAL REQUEST FORM

PLEASE TYPE OR PRINT LEGIBLY THE INFORMATION REQUESTED BELOW.

Date _____ Telephone _____

Name _____ LMU ID # _____

Address _____

1. Appeal request for: Fall ____ Spring ____ Summer ____ Year _____

2. Course to which appeal is requested: _____

3. LMU campus last attended: _____

4. Situation which you are requesting an appeal: (Be specific regarding your request.)

5. Supporting evidence for the appeal: (You may use back of request form if needed.)

6. Any additional comments: (Limit to the space provided below.)

7. Signature of Student: _____

**PLEASE RETURN THIS REQUEST TO:
LMU CAYLOR SCHOOL OF NURSING
6965 CUMBERLAND GAP PKWY
HARROGATE, TN 37752**

- FOR CAYLOR SCHOOL OF NURSING USE ONLY: -----
■ Committee decision: _____
■ _____
■ _____
■ Notification sent to student: _____ Date: _____
■ Committee Member's Signature/Date: _____
- MSN Program Chair's Signature/Date: _____

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
MASTER OF SCIENCE IN NURSING**

CHANGE OF COMMITTEE FORM

<hr/> Student's Name (Print)	<hr/> Student's Signature	<hr/> Student ID Number	<hr/> Date
MSN Concentration <input type="checkbox"/> FNP <input type="checkbox"/> NA <input type="checkbox"/> PMHNP		MSN Campus <input type="checkbox"/> Harrogate <input type="checkbox"/> Cedar Bluff	

I hereby request that the members of my Master's committee be changed.

Original Committee Members:

<hr/> Print Name, Concentration Director	
<hr/> Print Name	
<hr/> Print Name	

New Committee Members

The following faculty members have agreed to be on my Master's Comprehensive Exam Committee, as indicated by their signatures below: Enter no change, if applicable.

<hr/> Print Name, Concentration Director	<hr/> Signature	<hr/> Date
<hr/> Print Name	<hr/> Signature	<hr/> Date
<hr/> Print Name	<hr/> Signature	<hr/> Date

Approved by:

<hr/> Signature of the Chair, MSN Program	<hr/> Date
<hr/> Signature of the Dean, CSON	<hr/> Date

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
MASTER OF SCIENCE IN NURSING**

CERTIFICATE OF AUTHORSHIP

All MSN student papers must include the following Certification of Authorship statement:

*I certify that I am the author of this paper titled _____.
And that any assistance I received to its preparation is fully acknowledged and disclosed in the paper. I have also cited any sources from which I used data, ideas, or words, either quoted directly or paraphrased. I also certify that this paper was prepared by me specifically for this course. I understand that falsification of information will affect my status as a graduate nursing student.*

Student's Name (Print) **Student's Signature** **Student ID Number** **Date**

MSN Concentration FNP NA PMHNP

MSN Campus Harrogate Cedar Bluff

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
MASTER OF SCIENCE IN NURSING**

CONSENT FORM

(to be printed and signed by each nursing student)

**I HAVE READ AND AGREE TO ABIDE BY THE FOLLOWING
LMU CAYLOR SCHOOL OF NURSING POLICIES:**

I. Code of Ethics

I have read and agree to abide by the Lincoln Memorial University Caylor School of Nursing Code of Ethics while I am a student within this program. _____ (Initial here)

II. Plagiarism

I have read the Caylor School of Nursing policy regarding plagiarism and agree to follow this policy while enrolled in this program. _____ (Initial here)

III. Failure to Abide by Code of Ethics/Plagiarism Policy

I understand the failure to abide by Code of Ethics and/or the policy on Plagiarism may subject me to immediate dismissal from the nursing program. _____ (Initial here)

IV. Policy Regarding Alcohol and Drugs on Campus

In order to encourage chemical-free activities and support people who choose not to use alcohol and other drugs, and to enforce university, local and state codes, ordinances, and statutes which govern alcohol and other drug use, LMU prohibits students from possessing, consuming, or using alcoholic beverages and nonmedically prescribed drugs and narcotics while on campus or while participating in University-sponsored events on or off campus. Enforcement and penalties regarding this policy are outlined in the current *Graduate Nursing Student Handbook*. _____ (Initial here)

V. Permission to Post Grades

I do hereby grant permission to have my grades posted by the Caylor School of Nursing. Grades will be posted one week after the exam has been given. I further understand that if I do not wish my grades to be posted, other arrangements may be made with my instructor to obtain my grade. _____ (Initial here)

VI. Permission to Release Medical Information

I hereby give permission for the Caylor School of Nursing of LMU to release medical information according to the policies of clinical agencies. _____ (Initial here)

VII. Caylor School of Nursing *Graduate Nursing Student Handbook*

I have viewed the *Graduate Nursing Student Handbook* for the LMU-CSON Nursing Program. I agree by my signature to abide by the contents within. Failure to abide with the requirements stated herein will result in appropriate action by nursing faculty. _____ (Initial here)

VIII. Student Essential Functions

I have read the copy of the Student Essential Functions for the LMU Nursing Program. I can meet the Student Essential Functions as stated. If I can no longer meet the Student Essential Functions, I agree to notify the Chair of MSN Program immediately. _____ (Initial here)

IX. Permission to Photocopy

I hereby give my permission for photocopying of my written work. I understand that this material is to be utilized by the faculty for curriculum evaluation and development. Further, I understand that my name will not appear on the copy. _____ (Initial here)

X. Permission to Release Name and Address

I hereby give permission for the Caylor School of Nursing of LMU to release my _____ name and address for professional purposes, i.e., employment. _____ (Initial here)

XI. Cell Phone Usage

I have read the Caylor School of Nursing policy regarding cell phone and electronic usage and agree to abide by the policy while I am a student in this program. _____ (Initial here)

XII. Permission to Tape Record

I have read the Caylor School of Nursing policy regarding tape recording lectures and agree to abide by the policy while I am a student in this program. _____ (Initial here)

XIII. Acknowledgement of receipt of drug/alcohol use/abuse policy

I hereby acknowledge receipt of Lincoln Memorial University Caylor School of Nursing's policy governing the use and/or abuse of drugs and alcohol, its intention to test for such substances, and the possible penalties for violation of that policy.

I understand the purpose of the policy is to provide a safe working environment for persons (patients, students, hospital staff, and school staff) and property. Accordingly, I understand that prior to participation in a clinical experience, I will be required by the Caylor School of Nursing, and may be required by the clinical agency to undergo drug screening of my blood and/or urine. I further understand that I am subject to subsequent testing based on reasonable suspicion that I am using or under the influence of drugs or alcohol such that it impairs my ability to perform competently the tasks required of me.

I agree to be bound by this policy and understand that refusal to submit to testing or a positive result from testing under this policy will affect my ability to participate in a clinical experience and will also result in dismissal from the program.

I hereby release Lincoln Memorial University from any claim or liability arising from such tests, including, but not limited to the testing procedure, the analysis, and the accuracy of the analysis or the disclosure of the results. . _____ (Initial here)

Student's Name (Print)	Student's Signature	Student ID Number	Date
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MSN Concentration FNP NA PMHNP

MSN Campus Harrogate Cedar Bluff

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
MASTER OF SCIENCE IN NURSING**

GAP ANALYSIS FOR POST MASTER’S CERTIFICATE CANDIDATES

Each student who is admitted as a candidate for a Post Master’s Certificate (PMC) student in the Master of Science in Nursing (MSN) program will complete a Gap Analysis. PMC students must successfully attain graduate didactic objectives and clinical competencies of the MSN program. A Gap Analysis for each student includes required courses in the student’s concentration and a list of completed courses from their official MSN transcript that satisfy the required courses in the student’s concentration. The waived and/or challenged course(s) or concentration area are described and listed in the Gap Analysis. A description is recorded of clinical hours and experiences needed to meet the required competencies for the concentration. Analysis of completed coursework and clinical experiences are compared with the program requirements and national nurse practitioner or nurse anesthetist competencies necessary for certification in student’s concentration.

Name of PMC Candidate _____

New National Certification Sought _____

Previously Completed APN Certification _____ **School** _____ **Year** _____

Instructions: This student candidate who is nationally certified as an advanced practice nurse is seeking partial credit or waivers of coursework towards completion of a Post Master’s Certificate in another advanced practice nursing specialty.

- Column 1:** List of Required Courses for standard program of study for preparation in the student’s chosen concentration.
- Column 2:** List of Courses from the student’s transcript that satisfy Required Course listed in Column 1. Course lists from the student’s transcript that will be used to waive courses from Column 1.
- Column 3:** Identified type and clinical hours and experiences needed to meet the required clinical competencies for the student’s chosen concentration. The student must meet the clinical course requirements of the program of study using both clinical course previously taken and indicated on the transcript and courses to be completed
- Column 4:** List all coursework to be completed for the certificate (all courses from Column 1 not waived). This column, in combination with Column 3, will constitute the student’s individualized program of study.

List Required Courses for the Student’s Concentration	List Courses from the Transcript That Satisfy Required Courses Listed in Column 1	Type and Number of Clinical Experiences Needed by Student	Coursework to be Completed by the Student for the Certificate

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
MASTER OF SCIENCE IN NURSING**

HONOR STATEMENT FOR COMPREHENSIVE EXAMINATION

I certify that I am the sole author of this comprehensive final exam. The sources cited are used to support my answer(s) and direct quotes, paraphrases, and ideas are appropriately cited. I attest that this take home portion of the test was completed by me alone without any help. I understand that falsification of information will affect my grade and standing as a graduate student.

Student's Name (Print)

Student's Signature

Student ID Number

Date

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
MASTER OF SCIENCE IN NURSING**

MEDICAL RECORDS RELEASE CONSENT FORM

The Lincoln Memorial University Caylor School of Nursing is required to keep certain medical records on LMU students with potential occupational exposure to human blood. The medical records include hepatitis B vaccination status and medical records after an exposure to human blood. This release form when signed by the LMU student authorizes the health care provider to give LMU the medical records as required by the OSHA Bloodborne Pathogen Standard CFR 1910.1030.

Patient Name: _____

List other names patient has been known as: _____

Date of Birth: _____

Date of Medical Services: _____

The patient authorizes the health care provider _____ to release medical information to the Lincoln Memorial University Caylor School of Nursing regarding hepatitis B vaccinations and/or records relating to the treatment of the patient after an occupational exposure to human blood.

Patient Signature _____ Date _____

Or

Authorized Representative _____ Date _____

Witness _____ Date _____

This consent expires on the following date _____ or no later than two years from the date of signature. This release can be revoked at any time. To revoke this release a written statement must be signed, dated, and received by the health care provider.

Records may be sent to:

ATTENTION:
DR. MARY ANNE MODRCIN
CAYLOR SCHOOL OF NURSING
LINCOLN MEMORIAL UNIVERSITY
Cumberland Gap Parkway
Harrogate, TN 37752

**LINCOLN MEMORIAL UNIVERSITY
Caylor School of Nursing
Master of Science in Nursing**

NURS 595 SPECIAL TOPIC FORM

1. All items must be completed by the individuals listed: proposed student, proposed instructor, Concentration Director, and Chair of Graduate Nursing.
2. The proposed student must not begin work on a Special Topic course until all approvals are obtained.
3. All work and examinations must be retained for at least one year.
4. A learning contract must be attached to this form by the proposed instructor.

Student Name: _____ Student I.D. _____

MSN Concentration: _____

MSN Campus: _____

Proposed Course Credit Hours: _____ Cr. Hrs.

Semester for initiation and completion of the course: _____

Justification of this proposed Special Topic course: _____

With the student's signature below, he/she agrees to comply with the requirements and details appearing in the attached learning contract and any conditions or stipulations which may be added by appropriate personnel prior to affixing their signatures of approval.

Signature of Student

Student's mailing address for notification of action regarding this request.

Date submitted to proposed instructor: _____

Date submitted to Concentration Director: _____

Date submitted to Chair of Graduate Nursing: _____

Date filed to proposed student's file: _____

**LINCOLN MEMORIAL UNIVERSITY
Caylor School of Nursing
Master of Science in Nursing**

NURS 595 SPECIAL TOPIC FORM

To be initiated as confirmation by Proposed Instructor:

- _____ 1. Attached is the learning contract, adapted as necessary to the Special Topic course.
- _____ 2. The proposed Instructor agrees to meet with the student regularly for appropriate periods (approximately 15 minutes for each semester credit hour) to treat the course matter/specific schedule subject to mutual agreement of the instructor and student.

ADDITIONAL CONDITIONS OR STIPULATIONS (IF ANY)

SIGNATURES INDICATING APPROVAL

Proposed Instructor _____
Date _____

Concentration Director _____
Date _____

Chair of MSN Program _____
Date _____

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
MASTER OF SCIENCE IN NURSING**

**POST OCCURRENCE/EXPOSURE REPORT FORM
(Complete and forward to the Chair of MSN Program within 24 hours)**

Date of Report _____ Time of Report _____

Student's Name _____ LMU ID # _____

MSN Concentration FNP NA PMHNP

MSN Campus Harrogate Cedar Bluff

SS# _____ Phone _____

Date of Occurrence _____ Time of Occurrence _____

Facility _____ Location of Occurrence _____

Date of last tetanus _____ Hepatitis B Vaccination Record _____

Type of Occurrence: (please check or complete)

Possible Injury _____ No injury _____ Property Damage _____ Complaint _____
Confidentiality Breach _____ Missing Article _____ Medication Error _____
Potential Hazard _____ Other _____
Exposure to blood born communicable diseases _____

Description of occurrence or exposure: (Use separate page if necessary and include the following information if applicable: Part of body affected, possible causes, both immediate and long term measures to prevent re-occurrence, witness(es) name and phone number).

Student responsibilities:

1. Notified supervising faculty: _____ Date: _____ Time: _____
Name of supervising faculty: _____
2. Completed incident report as required by facility: _____ Date: _____ Time: _____
3. Reported for testing/treatment: _____ Date: _____ Time: _____
Physician on site _____
Facility ER _____
Student's PCP _____
4. Name/Signature of attending physician/health care provider:

(Print Name) _____ (Signature)
5. Student refused examination and/or treatment Yes _____ No _____

Student Signature: _____

Faculty Signature: _____

MSN Program Chair Signature: _____

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
MASTER OF SCIENCE IN NURSING**

STUDENT ESSENTIAL FUNCTIONS FORM

With job duties that can change by the minute, nurses must be ready to perform a variety of tasks. Below are the essential functional abilities necessary for success (in addition to academic requirements) in the Lincoln Memorial University Nursing Program. All students are required to meet these essential functions, which include the ability to perform a variety of interventions impacting patient care and safety, as well as interactions necessary in the clinical and classroom setting. The School of Nursing will work with students with documented disabilities to explore whether a reasonable accommodation exists which will allow them to perform essential functions without undue burden. Contact the Vice President for Enrollment Management and Student Services for more information. Also see the “Students with Disabilities Policy” information in the *Master of Science Nursing Catalog*.

Physical and Psychomotor- The student must be able to:

1. accurately and reliably visually inspect and observe the skin, facial expression, anatomical structures, posture and movement of others, and color differentiation of fluids;
2. detect and distinguish odors from patients and environment;
3. examine and evaluate/assess blood pressure, and lung and heart sounds;
4. accurately and reliably read and/or manipulate equipment dials and monitors;
5. exhibit sufficient manual dexterity to manipulate small equipment such as syringes for intravenous injections, common tools for screening tests of sensation, etc; provide support and resistances as needed through complex exercise movements; perform CPR; and treat acutely ill patients without disturbing sensitive monitoring instruments and lines;
6. feel pulses, skin condition, muscle and tendon activity, and joint and limb movement;
7. negotiate level surfaces, ramps and stairs to assist patients/classmates appropriately;
8. lead patients through a variety of examinations and treatments, typically requiring sitting, standing, squatting and kneeling on the floor or treatment table;
9. react effectively and respond quickly to sudden or unexpected movements of patients/classmates;
10. transport self/patients from one room to another, from one floor to another;
11. manipulate another person’s body in transfers, gait, positioning, exercise and other treatment or diagnostic techniques;
12. lift at least 30 pounds on a regular basis and, on occasion, move real/simulated patients generating lifting forces of up to 75 pounds.
13. maintain patient care activities, and other essential functions, throughout an eight (8) hour work day;

Communication, Reading, and Writing- The student must be able to:

1. Attend selectively and in a controlled and respectful manner to various types of communication, including the spoken and written word and non-verbal communication;
2. relay information in oral and written form effectively, accurately, reliably, thoroughly and intelligibly to individuals and groups, using the English language; and
3. read English (typed and hand-written in a minimum of 12 font size) and read graphs and digital printouts.

Cognitive/Psychological/Affective Functions- The student must be able to:

1. recall, interpret, extrapolate and apply information from a variety of sources (i.e. reading material, lecture, discussion, patient observation, examination and evaluation/assessment);
2. collect, analyze and evaluate relevant data from a variety of sources (i.e. reading material, lecture, discussion, and patient evaluation/assessment);
3. demonstrate emotional maturity, stability, and flexibility needed to perform nursing care functions, engage in therapeutic communications, provide patient education, and function effectively in stressful clinical situations;
4. adapt to changing situations;
5. exercise critical thinking skills to solve problems;
6. organize, prioritize, and assume responsibility for one's work;

7. always maintain a level of consciousness and alertness that ensures patient safety: refrain from the use of illegal drugs at any time while enrolled as a student; refrain from performing clinical duties while impaired by alcohol, legally prescribed medications, or excessive fatigue which affect your ability to safely perform these functions;
8. accept persons whose appearance, behaviors and values may be in conflict with his/her own. Nursing care must be provided regardless of the patient's race, ethnicity, age, gender, religious preference or sexual orientation;
9. (with the understanding that no student will be required to participate in a medical procedure in conflict with his or her personal beliefs and values) learn the underlying medical principles for all procedures and, without regard to one's personal beliefs regarding them, to provide competent and compassionate nursing care to patients before and after such procedures;
10. establish professional, trusting, empathetic relationships with individuals, families and communities;
11. effectively engage in teamwork;
12. meet externally established deadlines;

Professional Behaviors- The student must be able to:

1. refrain from the use of illegal drugs at any time while enrolled as a student or the performance of clinical duties while under the influence of alcohol or while impaired by legally prescribed medications which affect an individual's ability to safely perform nursing functions;
2. communicate in a professional, positive, tactful manner with patients, physicians, nurses, other staff, faculty, clinical supervisors, and fellow students;
3. demonstrate ethical behavior in the performance of nursing responsibilities including: maintaining patient confidentiality, exercising ethical judgment, and exhibiting integrity, honesty, dependability, and accountability in the performance of one's responsibilities and in connection with one's behavior and attitude at all times;
4. project a well groomed, neat appearance at all times to include cleanliness, modesty, and neatness in appearance;
5. exhibit a teachable attitude, a willingness to learn, acceptance of instruction and openness to constructive feedback with appropriate respect for those in authority;
6. not use profane language or gestures at any time; and
7. treat all persons with respect and dignity.

I acknowledge receipt of Student Essential Functions and understand its contents. I acknowledge that I must meet these essential requirements to be admitted or readmitted to Lincoln Memorial University, Caylor School of Nursing, and to remain a student in the Nursing Program. I understand that the requirements contained in this policy are in addition to any obligations set forth in the Student Handbook.

Student's Name (Print)

Student's Signature

Date

LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
MASTER OF SCIENCE IN NURSING

STUDENT MEDICAL PROFILE

COMPLETED MEDICAL PROFILES AND ALL ASSOCIATED RECORDS FOR ALL STUDENTS ENTERING NURSING ARE DUE WHEN THE STUDENT ATTENDS THE NURSING ORIENTATION FOR THEIR SITE.

Please note that this is a multi-page (6 page) form and all pages need to be completely filled out. Please keep a photocopy of all completed forms and documentation for your records.

Name of Student Applicant _____

MSN Concentration FNP NA PMHNP

MSN Campus Harrogate Cedar Bluff

Street Address _____

City _____ State _____ Zip Code _____

Phone # _____ Date of Birth _____ Gender M _____ F _____

Social Security # _____

Marital Status Married Single Divorced

Primary Care Provider Name _____ Credentials _____

Office Address _____ Phone # _____

City _____ State _____ Zip Code _____

Emergency Contact _____ Relationship to Applicant _____

Address _____ Phone # _____

City _____ State _____ Zip Code _____

Immunization Information

Certain immunizations must be completed prior to beginning the clinical portion of your nursing education because of the direct contact that you will have with patients. The appropriate information must be provided and maintained during the entire nursing program by your primary care provider (physician, nurse practitioner or physician's assistant). **Documentation of the following is to be attached to the completed Medical Profile form.**

Rubella, Rubeola and Mumps Immunity –

If born in or after 1957, provide proof of immunity by one of the following:

- ▶ Documentation of two measles, mumps, and rubella (MMR) vaccines
- ▶ Documentation by a physician that you have had rubella, rubeola, and mumps (All 3 conditions)
- ▶ Documentation of positive rubella, rubeola and mumps titers (All 3 titers required)

If born before 1957, provide proof of one of the following:

- ▶ Documentation of one measles, mumps, and rubella (MMR) vaccine
- ▶ Documentation of positive rubella, rubeola and mumps titers (All 3 titers required)

Varicella (chicken pox) Immunity - provide proof of one of the following:

- ▶ positive history of chicken pox (patient, parent, guardian recall)
- ▶ immunization with varicella vaccine
- ▶ positive antibody titer

Tuberculosis – All students must have a current (within the last 12 months) negative PPD Tuberculin skin test documented **prior to beginning** any nursing coursework and **annually, thereafter**. The two-step process TB skin test (takes 1-3 weeks to complete) is recommended if the student has never had a TB skin test. The TB skin test must be read and documented by medical personnel. Each student is responsible for providing documentation of annual TB screenings to the appropriate faculty at his/her campus.

If you have a positive reaction to the TB skin test, a chest x-ray is required and the result must be submitted with your Medical Profile. Your health care provider should indicate what treatment, if any, has been prescribed for you as a result of your positive skin test or chest x-ray. After having a positive skin reaction to the TB skin test, no further testing is required on an annual basis unless symptoms of TB are present.

Hepatitis B – Immunization against Hepatitis B is strongly recommended for your protection. You will be at increased risk because of your contact with patients. Should the student choose not to take the Hepatitis B series, he/she must sign a letter of declination. The vaccine is administered in a series of three injections at 0, 1 and 6 months. Students must provide documentation of having started the series of injections upon entry into the first NURS course. Once the series is completed, the student must submit documentation of completion of the series. Upon completion of the series, it is the student's decision as to whether or not to obtain a titer to determine presence of surface antibodies. If the titer is negative, a booster series of the Hepatitis B vaccine is recommended, with a follow-up titer. If the second titer is negative, no further immunization will be required.

If a student has completed the Hepatitis B series prior to beginning the nursing program, documentation including the dates of vaccination must be submitted the day of the Nursing Orientation. It is the student's decision as to whether or not to obtain a titer to determine presence of surface antibodies. If the titer is negative, a booster of the Hepatitis B vaccine is recommended.

Tetanus – Recommendations include a tetanus booster every 10 years. One dose is highly recommended after injury. Documentation of tetanus injection is not mandatory and is optional.

Influenza (flu) – Transmission of influenza among healthcare workers can lead to infection of patients. Flu shots are highly recommended on an annual basis but are not mandatory.

PART I
(To be completed by applicant)

All items require a "yes" or "no" response. Incomplete forms will be returned and the student will relinquish his/her position in the nursing program. Check to the right of each item. If "yes", explain as appropriate using the back of the page, if necessary.

	Yes	No
PAST ILLNESSES:		
1. Hospitalization(s) (date, reason)		
2. Operation(s) (date, type)		
3. Serious accident		
4. Serious illness		
5. Emotional problems		
6. Psychiatric treatment		
7. Other significant health problem (specify)		
COMMUNICABLE DISEASES: (give dates)		
8. Chicken pox (varicella)		
9. Malaria		
10. Tuberculosis		
11. Poliomyelitis		
12. Diphtheria		
13. Scarlet fever		
14. Mononucleosis		
15. Mumps		
16. Measles (rubeola)		
17. Rubella		
18. HIV infection		
19. Other (specify)		
ALLERGIES:		
20. Penicillin		
21. Other antibiotics (give name/s)		
22. Other medications (give name/s)		
23. Latex		
24. Life threatening reaction to bee stings, food, etc.		
25. Do you carry an epinephrine kit?		
DO YOU CURRENTLY TAKE:		
26. Heart/blood pressure medications		
27. Tranquilizers		
28. Insulin		
29. Antidepressants (give name)		
30. Allergy injections		
31. Other (specify)		
HAVE YOU EVER HAD:	Yes	No
32. Migraines (diagnosed by MD)		

33. Seizure disorder		
34. Paralysis or disability		
35. Thyroid problems		
36. High blood pressure		
37. Rheumatic fever		
38. Heart murmur (diagnosed by MD)		
39. Mitral valve prolapse		
40. Asthma		
41. Stomach or duodenal ulcer		
42. Colitis/ileitis		
43. Irritable bowel		
44. Arthritis or joint disease		
45. Hepatitis		
46. Kidney disease/bladder problems		
47. High cholesterol		
48. Back problems		
49. Eating disorder (type)		
50. Diabetes		
51. Skin problems		
52. Tumors (malignant or nonmalignant)		
53. Anemia		
54. Hernia		
55. Ear infections		
CURRENT HEALTH PROBLEMS:		
56. Are you currently in psychiatric counseling?		
57. Do you have a chronic disease? (specify)		
58. Physical disability (type)		
59. Learning disability		
60. Visual impairment (describe)		
61. Hearing loss		
62. Hearing aid		
63. Crutches, brace or prosthesis?		
64. Loss of a paired organ (eye, kidney) Which organ? Which side?		
65. Are you currently under treatment for any medical problem? If so, describe.		
66. Medications you are taking that you expect to continue taking while in nursing school, including over-the-counter medications. List on back.		

Student's Name: _____ MSN Concentration: _____ MSN Campus: _____

**Part II - Physical Examination
(To be completed by Health Care Provider)**

NAME: _____

Height _____ Weight _____ BP _____ Pulse _____

Visual Acuity (R) _____ (L) _____ Corrected Yes ___ No ___

	Normal Findings		Explanation of Abnormal Findings
	Yes	No	
1. Integumentary			
2. ENT			
3. Eyes/Pupils			
4. Oral mucosa and Teeth			
5. Neck, thyroid			
6. Anterior and posterior thorax			
7. Lung sounds			
8. Heart sounds			
9. GI/Renal			
10. Genitalia			
11. Pelvic (if indicated)			
12. Lymphatics			
13. Extremities, back & Spine			
14. Neurological & Cranial Nerves			
15. Psychological			

REQUIRED and RECOMMENDED IMMUNIZATIONS AND TESTS:

	Yes	No	Date(s)	Result
REQUIRED:				
If born in or after 1957:				
MMR #1				
MMR #2				
OR				
MD documentation of having:				
Rubella				
Rubeola				
Mumps				
OR				
Rubella titer				
Rubeola titer				
Mumps titer				
If born before 1957:				
MMR #1				
OR				
Rubella titer				
Rubeola titer				
Mumps titer				
Positive history of chicken pox				
OR				
Varicella vaccine				
OR				
Varicella titer				
PPD Tuberculin skin test				
OR				
Chest x-ray (see page 2)				
Hepatitis B #1 *				
Hepatitis B #2 *				
Hepatitis B #3 *				
*OR signed declination form				
RECOMMENDED:				
Tetanus toxoid series				
Influenza (Flu shot annually)				

Healthcare Provider's Recommendations for Entry into Nursing

(please use back of sheet as necessary)

1. Do you consider this person to be **mentally/emotionally competent** to enter nursing?
 - a. Yes No If no, please attach explanation(s).

 - b. If the applicant is on any mood altering drugs, please attach a letter listing all medications and verify applicant is competent to give patient care.

2. Do you consider this person to be **physically competent** to enter nursing?
 - a. Yes No If no, please attach explanation(s).

 - b. Are there any restrictions for this applicant in performing patient care? If yes, please list restrictions and attach explanation(s).
3. Are you the applicant's primary care provider? Yes No

4. How long have you known the applicant? _____

5. Based on your knowledge of the applicant and the physical exam, what is the present status of health?

Lab requirements: Attach copy of results to this form.

- Chain of Custody Urine Drug Screen (Must be done **no earlier than 90 days** prior to the Nursing Orientation.) Results MUST be attached indicating levels of screened substances.

- PPD Skin test (2-step process recommended if initial TB skin testing)

I certify that I have reviewed the history, verified vaccinations and tests, and performed a physical examination on the above named individual.

Health Care Provider's Name and credentials (**printed**) _____

Address _____

City _____ State _____ Zip _____ Phone # _____

Health Care Provider's Signature _____ Date _____

SECTION IV:

**FAMILY NURSE PRACTITIONER
CONCENTRATION**

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
MASTER OF SCIENCE IN NURSING**

FAMILY NURSE PRACTITIONER (FNP) CONCENTRATION

Lincoln Memorial University's MSN degree program, Family Nurse Practitioner concentration, prepares nurses in an advanced practice role with competencies in family health promotion and culturally competent clinical management of common conditions across the life span. The seventeen (17) month program requires 43 semester hours of graduate course work including 720 clinical hours. A written comprehensive exam is required during the final semester. Students will also complete a directed scholarly project.

The minimum number of credit hours required for graduation should not be construed as indicating a maximum number of credit hours for any particular student. Students who complete the program in seventeen months will have limited opportunity for elective courses, but students who pursue a part-time option may elect to explore additional topics. Thus, each program of study may vary as to total number of credit hours necessary to receive the degree.

FNP CURRICULUM PLAN

Full-Time Curriculum Plan

Students may request full or part-time status for the FNP concentration. The full-time curriculum plan is provided below.

Harrogate Site	
Curriculum Plan: FNP Required Coursework	
(17 month, 4 semesters)	
Course	Credit Hours
NURS 500 Nursing Science and Theoretical Foundations	3
NURS 510 Advanced Physiology & Pathophysiology	3
NURS 520 Health Assessment for Advanced Practice	3
NURS 530 Advanced Pharmacology	3
NURS 540 Quantitative and Qualitative Methods for Nursing Research	3
NURS 550 Health Care Policies & Systems	3
NURS 561 Family Nurse Practitioner I	6
NURS 580 Advanced Nursing Professional & Practice Roles	2
NURS 562 Family Nurse Practitioner II	7
NURS 590 Directed Scholarly Project	2
NURS 563 Family Nurse Practitioner III	8
Total Program = 43 credits	

Cedar Bluff Site	
Curriculum Plan: FNP Required Coursework (MSN)	
(17 month, 4 semesters)	
Course	Credit Hours
NURS 500 Nursing Science and Theoretical Foundations	3
NURS 510 Advanced Physiology & Pathophysiology	3
NURS 520 Health Assessment for Advanced Practice	3
NURS 530 Advanced Pharmacology	3
NURS 540 Quantitative and Qualitative Methods for Nursing Research	3
NURS 580 Advanced Nursing Professional & Practice Roles	2
NURS 561 Family Nurse Practitioner I	6
NURS 550 Health Care Policies & Systems	3
NURS 562 Family Nurse Practitioner II	7
NURS 590 Directed Scholarly Project	2
NURS 563 Family Nurse Practitioner III	8
Total Program = 43 credits	

Part-Time Option

A part-time option is offered to FNP students on a space available basis. Part-time options will vary in length. Students wishing a part-time option in the FNP concentration must first discuss this with Dr. Linda Garrett (linda.garrett@lmunet.edu), Concentration Director. Part-time FNP students must also meet with their advisor to plan an individualized progression plan. This will help to ensure that course prerequisites and future course availability will be incorporated into the plan. A change in status from part-time to full-time or vice versa must be approved by the faculty advisor and a new curriculum plan must be designed.

Sample Curriculum Plan for Part-Time FNP Students	
Harrogate Site(28 month, 7 semesters)	
Course	Credit Hours
NURS 500 Nursing Science and Theoretical Foundations	3
NURS 510 Advanced Physiology & Pathophysiology	3
NURS 540 Quantitative and Qualitative Methods for Nursing Research	3
NURS 550 Health Care Policies & Systems	3
NURS 580 Advanced Nursing Professional & Practice Roles	2
NURS 590 Directed Scholarly Project	2
NURS 520 Health Assessment for Advanced Practice	3
NURS 530 Advanced Pharmacology	3
NURS 561 Family Nurse Practitioner I	6
NURS 562 Family Nurse Practitioner II	7
NURS 563 Family Nurse Practitioner III	8
Total Program = 43 credits	

Sample Curriculum Plan for Part-Time FNP Students	
Cedar Bluff Site (28 month, 7 semesters)	
Course	Credit Hours
NURS 500 Nursing Science and Theoretical Foundations	3
NURS 510 Advanced Physiology & Pathophysiology	3
NURS 540 Quantitative and Qualitative Methods for Nursing Research	3
NURS 580 Advanced Nursing Professional & Practice Roles	2
NURS 550 Health Care Policies & Systems	3
NURS 590 Directed Scholarly Project	2
NURS 520 Health Assessment for Advanced Practice	3
NURS 530 Advanced Pharmacology	3
NURS 561 Family Nurse Practitioner I	6
NURS 562 Family Nurse Practitioner II	7
NURS 563 Family Nurse Practitioner III	8
Total Program = 43 credits	

FNP REQUEST FOR SITE TRANSFER

It is with the understanding that request for site transfer will be considered on a space available basis. If a student chooses to interrupt their NURS course sequence for any reason, including but not limited to transferring from Harrogate site to Cedar Bluff site or vice versa, a readmission application must be submitted to Graduate Nursing Office. Readmission to the MSN program is not guaranteed.

FNP COURSE LOAD

The maximum load for a FNP student is 12 credit hours during fall and spring semesters, and 11 semester hours for the summer session. The minimum load for full-time status as a graduate student is nine (9) hours during fall and spring semesters, and six (6) hours during summer session. Students must petition the Dean to receive approval for any proposed overloads.

REPEATING COURSES

Repeating Graduate Nursing Courses

Graduate nursing students must maintain a “B” (3.0) cumulative grade point average (GPA). Each course syllabus clearly outlines the criteria for successful course completion. If a student earns less than a “B” (3.0) in the following courses that course must be repeated, and the student must attain a grade of “B” (3.0) or better when retaking. These courses are:

- NURS 510 Advanced Physiology and Pathophysiology
- NURS 520 Health Assessment for Advanced Practice Nursing
- NURS 530 Advanced Pharmacology
- NURS 561 FNP I: Culturally Congruent Care for Young, Middle, and Elderly Adults
- NURS 562 FNP II: Culturally Congruent Care for Women, Children, and Childbearing Families
- NURS 563 FNP III: Culturally Congruent Care for Individuals and Families Across the Lifespan

If a course is repeated, the more recent grade will be used to calculate the student’s cumulative grade point average (GPA) although both grades will remain on the transcript. Only one nursing course may be repeated one time. Students exceeding this limit must withdraw from the program. Students who are required to repeat a course, or whose overall GPA falls below 3.0, will be placed on academic probation. If a student must repeat a course, they may not progress clinically until the course is successfully completed and they will remain on academic probation until that occurs. Students whose GPA falls below 3.0 must raise their GPA to 3.0 or above during the next semester of enrollment in order to remain in the program. A graduate nursing student may be placed on academic probation a maximum of two (2) times. Students exceeding these limits must withdraw from the program.

Repeating Other Graduate Courses

Graduate nursing students may repeat any non-nursing course if permissible. However, the student must attain a cumulative GPA of at least 3.0 to remain in good standing as described above. Only the most recent grade will be used in computing the cumulative grade point average. All attempts will remain a part of the permanent academic record.

GRADUATION REQUIREMENTS

No student will be allowed to participate in Commencement exercises until all degree requirements have been met. The following requirements must be met for earning the degree:

- Completion of the 43 credit hours specified in the approved Program of Study
- Take a certification review exam in their last semester prior to graduation. The FNP student is responsible for the associated costs/fees for this review course
- Completion of 720 clinical hours
- A minimum cumulative Grade Point Average (GPA) of 3.0 (B)
- A passing score on the final Comprehensive Examination
- Payment of all fees

FNP POST MASTER'S CERTIFICATE (FNP PMC)

Gap Analysis Requirement for FNP PMC Students

A master's degree in nursing is required for admission to the PMC option. The completion of required didactic courses and clinical hours for the PMC students can be flexible depending upon waived and/or challenged credit hours and coursework, and as outlined in the student's individualized program of study. The clinical evaluation process is outlined in this handbook.

Each student who is admitted as a candidate for a Post Master's Certificate (PMC) student in the FNP Concentration will complete a Gap Analysis. The *Gap Analysis* form is located in Section III: Forms of this handbook.

Sample Curriculum Plan for FNP PMC Students

Curriculum Plan For Nurse Anesthesia PMC Students (28 month program plan, 7 Semesters)		
Course	Credit Hours	FNP Director Initials <i>Initials indicates course to be taken by FNP PMC student</i>
*NURS 500 Nursing Science and Theoretical Foundations	3	
*NURS 510 Advanced Physiology & Pathophysiology	3	
*NURS 520 Health Assessment for Advanced Practice	3	
*NURS 530 Advanced Pharmacology	3	
*NURS 540 Quan and Qual Mthds for Nursing Research	3	
*NURS 550 Health Care Policies & Systems	3	
**NURS 561 Family Nurse Practitioner I	6	
*NURS 580 Advanced Nursing Professional & Practice Roles	2	
**NURS 562 Family Nurse Practitioner II	7	
*NURS 590 Directed Scholarly Project	2	
**NURS 563 Family Nurse Practitioner III	8	
Total Program = 43 credits		
FNP PMC applicant signature _____		Date _____
FNP Concentration Director signature _____		Date _____

- * Students will be required to take these courses if they have not taken them or if they are not currently certified as an advanced practice nurse.
- ** All FNP PMC students are required to take these courses.

Graduate Coursework Requirements for Those with Certification in Advanced Practice Nursing Other Than FNP

Graduate coursework for those *with* certification in advanced practice other than as an FNP must have included: graduate level courses in pathophysiology, pharmacology, and health assessment. Courses may be waived only if the individual's transcript indicates that the required course or its equivalent has already been successfully completed. Nurse practitioners expanding into the FNP area may challenge selected courses and experiences. Students can demonstrate competency in their specific specialty by successfully completing tests or scholarly projects within that specialty, and/or by demonstrating competency in the specialty clinical area as determined by the FNP graduate faculty. An individual area of Directed Study will be developed for the student within the required course(s). The area of directed study includes those competencies that must be completed in order to ensure that the competencies of the FNP program are mastered. FNP PMC students must complete a minimum of 18 credit hours and 600 clinical hours in order to establish competency as a Family Nurse Practitioner. All students will be assessed to determine that MSN core courses are on their official transcripts.

Graduate Coursework Requirements for Those With MSN and No Advanced Practice Nursing Certification

Graduate coursework for those with MSN and no advanced practice nursing certification must complete: graduate level courses in pathophysiology, pharmacology, and health assessment as a pre or co-requisite with NURS 561 Family Nurse Practitioner I, NURS 562 Family Nurse Practitioner II, and NURS 563 Family Nurse Practitioner III. FNP PMC students who are not already NPs are required to complete a minimum of 720 supervised clinical hours. Other coursework that may be required at the master's level includes nursing science and theoretical foundations, nursing research, professional nursing roles, or advanced health policy as determined by the FNP concentration director and MSN program chair. **Graduate Student**

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
MASTER OF SCIENCE IN NURSING**

ADVISING WORKSHEET FOR FULL-TIME MSN FNP STUDENTS

Campus Harrogate Cedar Bluff

Student's Name (Print)

Student's Signature

Student ID Number

Course Number	Course Title	Credits	Semester/ Year	Student's Initials	Student's Signature	Advisor Signature	Date
NURS 500	Nursing Science & Theoretical Foundations	3					
NURS 510	Advanced Physiology & Pathophysiology	3					
NURS 520	Health Assessment For Advanced Practice	3					
NURS 530	Advanced Pharmacology	3					
NURS 540	Quantitative & Qualitative Methods for Nursing Research	3					
NURS 550	Health Care Policies & Systems	3					
NURS 561	Family Nurse Practitioner I	6					
NURS 580	Advanced Nursing Professional & Practice Roles	2					
NURS 562	Family Nurse Practitioner II	7					
NURS 590	Directed Scholarly Project	2					
NURS 563	Family Nurse Practitioner III	8					

Total Program= 43 Credits

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
MASTER OF SCIENCE IN NURSING**

ADVISING WORKSHEET FOR PART-TIME MSN FNP STUDENTS

Campus Harrogate Cedar Bluff

_____ _____ _____
Student's Name (Print) **Student's Signature** **Student ID Number**

Course Number	Course Title	Credits	Semester/Year	Student's Initials	Student's Signature	Advisor Signature	Date
NURS 500	Nursing Science & Theoretical Foundations	3					
NURS 510	Advanced Physiology & Pathophysiology	3					
NURS 540	Quantitative & Qualitative Methods for Nursing Research	3					
NURS 550	Health Care Policies & Systems	3					
NURS 580	Advanced Nursing Professional & Practice Roles	2					
NURS 590	Directed Scholarly Project	2					
NURS 520	Health Assessment For Advanced Practice	3					
NURS 530	Advanced Pharmacology	3					
NURS 561	Family Nurse Practitioner I	6					
NURS 562	Family Nurse Practitioner II	7					
NURS 563	Family Nurse Practitioner III	8					

Total Program= 43 Credits

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
MASTER OF SCIENCE IN NURSING**

**FAMILY NURSE PRACTITIONER CONCENTRATION
ADMISSION TO CANDIDACY FORM**

I certify that I have completed at least 12 hours of required graduate credit towards completion of my degree requirements. I have met with my advisor and have developed the following plan of study.

Student's Name (Print) Student's Signature Student ID Number Date

MSN Campus Harrogate Cedar Bluff

Required MSN Courses	Credits	Completed or planned enrollment Sem/Yr	Grade (if completed)
NURS 500 Nursing Science & Theoretical Foundations	3		
NURS 510 Advanced Physiology & Pathophysiology	3		
NURS 520 Health Assessment For Advanced Practice	3		
NURS 530 Advanced Pharmacology	3		
NURS 540 Quantitative & Qualitative Methods for Nursing Research	3		
NURS 550 Health Care Policies & Systems	3		
NURS 561 Family Nurse Practitioner I	6		
NURS 580 Advanced Nursing Prof & Practice Roles	2		
NURS 562 Family Nurse Practitioner II	7		
NURS 590 Directed Scholarly Project	2		
NURS 563 Family Nurse Practitioner III	8		
Electives: (Please list)			
TOTAL			

The following faculty members have agreed to be on my Master's Comprehensive Exam Committee, as indicated by their signatures below:

Print Name, Concentration Director	Signature	Date
Print Name	Signature	Date
Print Name	Signature	Date

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
MASTER OF SCIENCE IN NURSING
FAMILY NURSE PRACTITIONER CONCENTRATION**

ARRANGEMENT FOR COMPREHENSIVE EXAMINATION FORM

Student's Name (Print) Student's Signature Student ID Number

Today's Date: _____ **Campus:** Harrogate Cedar Bluff

I certify that I am in good academic standing. I have completed all coursework (see below) except for the courses scheduled to be taken in _____ (semester) _____ (year). I request that arrangements be made for me to take the Master of Science Degree in Nursing Comprehensive Examination in _____ (semester) _____ (year).

Required MSN Courses	Credits	Completed or planned enrollment Sem/Yr	Grade (if completed)
NURS 500 Nursing Science & Theoretical Foundations	3		
NURS 510 Advanced Physiology & Pathophysiology	3		
NURS 520 Health Assessment For Advanced Practice	3		
NURS 530 Advanced Pharmacology	3		
NURS 540 Quantitative & Qualitative Mthds for Nurs Research	3		
NURS 550 Health Care Policies & Systems	3		
NURS 561 Family Nurse Practitioner I	6		
NURS 580 Advanced Nursing Professional & Practice Roles	2		
NURS 562 Family Nurse Practitioner II	7		
NURS 590 Directed Scholarly Project	2		
NURS 563 Family Nurse Practitioner III	8		
Electives			
TOTAL			

The following faculty members have agreed to be on my Master's Comprehensive Exam Committee.

 Print Name, Concentration Director

 Print Name

 Print Name

(Submit Change of Committee form if the committee members have changed since the Admission to Candidacy.)

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
MASTER OF SCIENCE IN NURSING
FAMILY NURSE PRACTITIONER CONCENTRATION**

PREPARATION FOR THE PRACTICUM

Goal: To optimize the clinical learning experience

Plan:

1. The student will complete a Student Preceptor Agreement. One copy needs to be made to be retained by the student, the original goes to the preceptor. The program will maintain a copy.
2. The student will complete a Student Clinical Portfolio. Two copies need to be made, one is retained by the student, one is given to the preceptor, and one is given to the Instructor.
3. Each student should complete a *Self-Evaluation Inventory of Clinical Skills* form. Three copies need to be made, one is retained by the student, one is given the preceptor, and one is given to the Instructor.
4. Each student should read the course objectives & develop a specific set of learning objectives for the practicum experience. These must be turned in by the second class period. We will discuss them during class.
5. Each student will re-write the objectives to incorporate peer and instructor feedback.
6. Each student will make an appointment with his/her preceptor to discuss practicum logistics and to review the proposed learning objectives and to add preceptor generated modifications or suggestions.
7. The student will incorporate the preceptor feedback into a final set of objectives. Both the preceptor and the student will sign the refined objectives. The student will make three copies: the preceptor retains one, the student retains one, and the Instructor will place one in the student's course file.
8. Before reaching the midpoint of the semester, the student and preceptor will set a meeting to review the practicum experience and evaluate progress towards the learning objectives. The student will provide the preceptor with a copy of the Preceptor Version of the Clinical Skills Inventory in preparation for the midterm review.
9. If the midpoint review reveals the need to do so, the student and preceptor will make modifications to the learning objectives. Both will sign the modified objectives, each will retain a copy and a copy will be given to the Instructor.
10. The student will complete a new *Self-Evaluation Inventory of Clinical Skills* for the mid-term review.
11. Three copies of both the self-evaluation inventory and the preceptor evaluations need to be made, one of each is retained by the student, one is given to the preceptor, and one is given to the Instructor.
12. The student will schedule a meeting with the preceptor during the last week of classes to review the practicum experience and to evaluate progress on the learning objectives.
13. During the last week of the semester, each student should complete a final *Self-evaluation Inventory of Clinical Skills* and should provide the preceptor with a copy of the Preceptor version. Three copies of each completed form need to be made, one is retained by the student, one is given to the preceptor, and one is given to the Instructor.

**LINCOLN MEMORIAL UNIVERSITY
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STUDENT PRECEPTOR AGREEMENT

Faculty Supervisor _____ Cell phone _____
 Student Name _____ email _____
 Address _____

Contact information
 home phone _____ cell phone _____ work phone _____
 email address _____
 RN License(s) State _____ Number _____ Expires _____
 State _____ Number _____ Expires _____
 State _____ Number _____ Expires _____

Current infant, children and adult CPR certification:
 Provider: _____ Expires _____

I have a current Health Profile on file at LMU indicating that I have current immunizations, annual TB status, proof of Hepatitis B vaccination or signed declination form, rubella and rubeola immunization or documentation of immunity, and a negative drug screen. (Attach copy.) _____ (initial)

I understand that I may be required to undergo a criminal background check. _____ (initial)

I have personal health insurance ____ Yes ____ No, I do not have personal health insurance. I understand that any emergency care that I may require will be at my sole expense and responsibility.

I have a malpractice insurance policy in minimum amounts of _____ per occurrence and _____ in the annual aggregate. (Attach copy of certificate.) _____ (initial)

OBLIGATIONS:

- I will prepare for assignments and perform them carefully, conscientiously, and to the best of my abilities.
- I will maintain a professional demeanor.
 - I will respect time, space, equipment and materials.
 - I will take responsibility for my own learning.
 - I will work cooperatively with the staff to maintain an environment of quality patient care and learning.
 - I will work under the supervision and guidance of my preceptor.
 - I will identify myself as a student. If a patient or family does not wish to see a student, then I will not have access to, or experience with, that patient.
 - I understand that the preceptor retains responsibility for the disposition of all patients.
 - I will comply with all laws, rules, policies and regulations related to patient privacy and patient rights to confidentiality.

Agreed to, as acknowledged by the signatures below:

Preceptor Signature	Date
Student Signature	Date
Faculty Signature	Date

Copy to preceptor and instructor

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STUDENT CLINICAL PORTFOLIO

1. Clinical Experiences

Formal clinical experiences:

Other clinical experiences:

2. Clinical Interests

What aspects of primary care do you find most interesting?

What aspects of primary care do you find least interesting?

What are your career interests?

3. What are your clinical strengths?

4. What clinical skills do you need most support to improve?

5. What preceptor qualities or behaviors would help you learn the most?

6. How do you learn best?

7. What are your responsibilities as a student?

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STUDENT CLINICAL OBJECTIVES

Learning Objectives: Review the course objectives. Then list your most important goals for this clinical experience and list specific strategies you propose to meet these goals.

Objective	Strategies

Student Name _____ Date _____

Preceptor _____ Date _____

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CLINICAL LOG

Students must keep an accurate clinical log via approved electronic clinical tracking software. The American Nurses Credentialing Center (ANCC) and American Academy of Nurse Practitioners (AANP) each require documentation of clinical hours as part of the eligibility criteria to take the certification examination. Some State Boards of Nursing require documentation of clinical hours. At the midterm and at the end of the semester a copy of the log must be signed by both the student and the preceptor and turned in to the instructor. In addition, evaluation of the types of clinical experiences which a student has had can help determine what types of clinical experiences would be best for subsequent placements. Keep your log in a safe place; consider keeping multiple copies.

**AUTONOMY CODE
FOR USE WITH THE CLINICAL LOG**

Clinical Log Autonomy Code

0 - Observation

1 – Preceptor reviews entire encounter (History, Exam, Diagnosis, & Disposition)

2 – Preceptor reviews and directs most of the encounter (A portion of History & Exam; the major portion of Diagnosis & Disposition)

3 – Preceptor reviews some of the encounter (Minimal portion of History and Physical, some input regarding Diagnosis & Disposition)

4 - Student manages the patient encounter with minimal oversight by preceptor.

The form for the clinical log follows:

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CLINICAL LOG

Page _____

Student _____

Preceptor _____

Student Signature _____ Date _____

Preceptor Signature _____ Date _____

Date hours	Pt. initials, age, sex	Physical Findings	Dx ICD-9	Disposition	Autonomy Code

**LINCOLN MEMORIAL UNIVERSITY
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STUDENT SELF-EVALUATION INVENTORY OF CLINICAL SKILLS

Rating	Criteria
0=not applicable	No opportunity to observe
1=Novice	Little or no experience; may know important, related content, but has not had opportunity to apply. Needs to observe and/or be closely supervised. Psychomotor skills may be tentative or may need correction.
2=Advanced Beginner	Some previous experience and some ability to integrate didactic content with experience. Psychomotor skills reveal correct technique, but may be slow or uneven; requires additional experience and supervision.
3=Competent	Demonstrates growing ability to analyze the clinical situation in the light of previous experience and didactic knowledge. Psychomotor skills are smooth and sure. Able to interpret assessment results/data and plan management of care. Requires minimal supervision for common patient presentations. Meets expectations for level of progression.
4=Proficient	Demonstrates ability to analyze the clinical situation in the light of previous experience and didactic knowledge and to consider holistic context. Psychomotor skills are smooth and sure. Demonstrates good clinical judgment. Requires minimal supervision across a wide array of patient presentations. Seeks consultation as required. Meets or exceeds program outcome level of performance.
5=Expert	Exceeds expectations for student clinicians; exhibits consistent ability to synthesize didactic and clinical experiences to perform at a superior level. Demonstrates creative and critical thinking in approach to management of care. Few students achieve this level.

It is expected that AFTER completion of FNP I, many skills will be at the high-lighted levels for items with which the student acquires experience.

This form is to be completed before each course in the three course FNP sequence. At the midterm and at the completion of each course in the sequence, the student and the preceptor will each complete this tool. The signed originals should be given to the instructor; a copy of each should be retained by the student.

Reference: The rating scale was influenced by the work of Benner: Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Menlo Park: Addison-Wesley, pp. 13-34.]

Self-Evaluation: Inventory of Clinical Skills							
							Ratings (see instructions)
1. Interview							
a. Basic interview	0	1	2	3	4	5	
b. Cross-cultural communication	0	1	2	3	4	5	
c. Developmental assessment	0	1	2	3	4	5	
d. Family assessment	0	1	2	3	4	5	
e. Occupational history	0	1	2	3	4	5	
f. Risk assessment	0	1	2	3	4	5	
g. Sexual history	0	1	2	3	4	5	
h. Modifies interview technique to meet different client circumstance/cultural variation.	0	1	2	3	4	5	
2. Physical Exam							
a. Performs complete physical examination as historical information/situation dictates	0	1	2	3	4	5	
b. Differentiates normal from abnormal findings/ recognizes range of normal	0	1	2	3	4	5	
c. Judiciously orders/performs lab and other diagnostic tests	0	1	2	3	4	5	

3. Assessment						
a. Differentiates relevant from irrelevant diagnostic cues	0	1	2	3	4	5
b. Formulates a diagnosis fully supported by the patient data	0	1	2	3	4	5
c. Produces accurate, prioritized list of client risk factors and risk taking behaviors	0	1	2	3	4	5
d. Develops an accurate, complete and prioritized problem list	0	1	2	3	4	5
4. Plan (for each identified problem)						
a. Plan includes judicious use of further diagnostic studies	0	1	2	3	4	5
b. Plan includes appropriate non-pharmacologic strategies	0	1	2	3	4	5
c. Plan includes appropriate pharmacologic strategies	0	1	2	3	4	5
d. Provides accurate and appropriate educational counseling/anticipatory guidance	0	1	2	3	4	5
e. Plan logically relates to the diagnoses	0	1	2	3	4	5
f. Plans for appropriate follow-up/referral/consultation	0	1	2	3	4	5
5. Documentation/Presentation of Cases						
a. Can articulate a succinct and accurate bullet presentation	0	1	2	3	4	5
b. Records client data accurately, using appropriate terminology and format.	0	1	2	3	4	5
6. General						
a. Uses current evidence-based findings as a base for health care planning.	0	1	2	3	4	5
b. Demonstrates critical thinking and diagnostic reasoning	0	1	2	3	4	5
c. Able to establish good rapport/therapeutic relationship with clients and families	0	1	2	3	4	5
d. Collaborates and consults appropriately with members of the health care team	0	1	2	3	4	5
e. Is considerate of patient's time by managing patient problems quickly	0	1	2	3	4	5
f. Assumes responsibility appropriate to current knowledge/skill level and appropriate to the requirements of this practice.	0	1	2	3	4	5
g. Recognizes and seeks to remediate weak areas and seeks assistance appropriately	0	1	2	3	4	5
h. Communicates clinical goals/objectives clearly to preceptor/faculty	0	1	2	3	4	5
i. Retains composure under stress	0	1	2	3	4	5
j. Responsible and professional in manner, use of equipment and supplies, deportment, appearance, and practice.	0	1	2	3	4	5
7. Examination (Specific Lifecycle Stages)						
a. Prenatal	0	1	2	3	4	5
b. Newborn	0	1	2	3	4	5
c. Postpartum	0	1	2	3	4	5
d. Infant	0	1	2	3	4	5
e. Child	0	1	2	3	4	5
f. Adolescent	0	1	2	3	4	5
g. Adult	0	1	2	3	4	5
h. Geriatric	0	1	2	3	4	5
8. Examination (Specific Components)						
a. Integument	0	1	2	3	4	5
b. HEENT						
Use of otoscope	0	1	2	3	4	5
Use of ophthalmoscope	0	1	2	3	4	5
Mouth and throat	0	1	2	3	4	5
c. Heart	0	1	2	3	4	5
d. Lung	0	1	2	3	4	5

e. Chest	0	1	2	3	4	5
f. Breasts	0	1	2	3	4	5
g. Abdomen	0	1	2	3	4	5
h. Back	0	1	2	3	4	5
i. Genitourinary	0	1	2	3	4	5
j. Pelvic exam	0	1	2	3	4	5
k. Extremities	0	1	2	3	4	5
l. Neurologic	0	1	2	3	4	5
m. Developmental (pediatrics)	0	1	2	3	4	5
n. Functional (adult)	0	1	2	3	4	5
o. Mental status	0	1	2	3	4	5
Other (specify) _____	0	1	2	3	4	5

Office Procedures and Lab						
Abscess incision & drainage	0	1	2	3	4	5
CPR	0	1	2	3	4	5
Foreign body removal	0	1	2	3	4	5
Gram stain, interpretation	0	1	2	3	4	5
Growth chart	0	1	2	3	4	5
Hematocrit	0	1	2	3	4	5
KOH, skin/vaginal	0	1	2	3	4	5
Laryngoscopy	0	1	2	3	4	5
Pap smear	0	1	2	3	4	5
Rapid strep	0	1	2	3	4	5
Stool test, blood	0	1	2	3	4	5
Suturing	0	1	2	3	4	5
Suture or staples removal	0	1	2	3	4	5
Telephone referral	0	1	2	3	4	5
Throat culture	0	1	2	3	4	5
Urinalysis	0	1	2	3	4	5
Venipuncture	0	1	2	3	4	5
X-ray interpretation, chest	0	1	2	3	4	5
X-ray interpretation, extremities	0	1	2	3	4	5
Wet mount, vaginal	0	1	2	3	4	5
Write referral	0	1	2	3	4	5
Write prescription	0	1	2	3	4	5

Comments:

Preceptor's Name _____

Student Signature *Date*

Preceptor Signature *Date*

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PRECEPTOR FEEDBACK OF CLINICAL PERFORMANCE

Rating	Criteria
0=not applicable	No opportunity to observe
1=Novice	Little or no experience; may know important, related content, but has not had opportunity to apply. Needs to observe and/or be closely supervised. Psychomotor skills may be tentative or may need correction.
2=Advanced Beginner	Some previous experience and some ability to integrate didactic content with experience. Psychomotor skills reveal correct technique, but may be slow or uneven; requires additional experience and supervision.
3=Competent	Demonstrates growing ability to analyze the clinical situation in the light of previous experience and didactic knowledge. Psychomotor skills are smooth and sure. Able to interpret assessment results/data and plan management of care. Requires minimal supervision for common patient presentations. Meets expectations for level of progression.
4=Proficient	Demonstrates ability to analyze the clinical situation in the light of previous experience and didactic knowledge and to consider holistic context. Psychomotor skills are smooth and sure. Demonstrates good clinical judgment. Requires minimal supervision across a wide array of patient presentations. Seeks consultation as required. Meets or exceeds program outcome level of performance.
5=Expert	Exceeds expectations for student clinicians; exhibits consistent ability to synthesize didactic and clinical experiences to perform at a superior level. Demonstrates creative and critical thinking in approach to management of care. Few students achieve this level.

It is expected that AFTER completion of FNP I, many skills will be at the high-lighted levels for items with which the student acquires experience.

The rating scheme was influenced by: Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Menlo Park: Addison-Wesley, pp. 13-34.]

Inventory of Clinical Skills						
	Ratings (see instructions)					
1. Interview						
a. Basic interview	0	1	2	3	4	5
b. Cross-cultural communication	0	1	2	3	4	5
c. Developmental assessment	0	1	2	3	4	5
d. Family assessment	0	1	2	3	4	5
e. Occupational history	0	1	2	3	4	5
f. Risk assessment	0	1	2	3	4	5
g. Sexual history	0	1	2	3	4	5
h. Modifies interview technique to meet different client circumstance/cultural variation.	0	1	2	3	4	5
2. Physical Exam						
a. Performs complete physical examination as historical information/situation dictates	0	1	2	3	4	5
b. Differentiates normal from abnormal findings/ recognizes range of normal	0	1	2	3	4	5
c. Judiciously orders/performs lab and other diagnostic tests	0	1	2	3	4	5
3. Assessment						
a. Differentiates relevant from irrelevant diagnostic cues	0	1	2	3	4	5
b. Formulates a diagnosis fully supported by the patient data	0	1	2	3	4	5
c. Produces accurate, prioritized list of client risk factors and	0	1	2	3	4	5

risk taking behaviors						
d. Develops an accurate, complete and prioritized problem list	0	1	2	3	4	5
4. Plan (for each identified problem)						
a. Plan includes judicious use of further diagnostic studies	0	1	2	3	4	5
b. Plan includes appropriate non-pharmacologic strategies	0	1	2	3	4	5
c. Plan includes appropriate pharmacologic strategies	0	1	2	3	4	5
d. Provides accurate and appropriate educational counseling/anticipatory guidance	0	1	2	3	4	5
e. Plan logically relates to the diagnoses	0	1	2	3	4	5
f. Plans for appropriate follow-up/referral/consultation	0	1	2	3	4	5
5. Documentation/Presentation of Cases						
a. Can articulate a succinct and accurate bullet presentation	0	1	2	3	4	5
b. Records client data accurately, using appropriate terminology and format.	0	1	2	3	4	5
6. General						
a. Uses current evidence-based findings as a base for health care planning.	0	1	2	3	4	5
b. Demonstrates critical thinking and diagnostic reasoning	0	1	2	3	4	5
c. Able to establish good rapport/therapeutic relationship with clients and families	0	1	2	3	4	5
d. Collaborates and consults appropriately with members of the health care team	0	1	2	3	4	5
e. Is considerate of patient's time by managing patient problems quickly	0	1	2	3	4	5
f. Assumes responsibility appropriate to current knowledge/skill level and appropriate to the requirements of this practice.	0	1	2	3	4	5
g. Recognizes and seeks to remediate weak areas and seeks assistance appropriately	0	1	2	3	4	5
h. Communicates clinical goals/objectives clearly to preceptor/faculty	0	1	2	3	4	5
i. Retains composure under stress	0	1	2	3	4	5
j. Responsible and professional in manner, deportment, appearance, and practice	0	1	2	3	4	5
7. Examination (Specific Lifecycle Stages)						
a. Prenatal	0	1	2	3	4	5
b. Newborn	0	1	2	3	4	5
c. Postpartum	0	1	2	3	4	5
d. Infant	0	1	2	3	4	5
e. Child	0	1	2	3	4	5
f. Adolescent	0	1	2	3	4	5
g. Adult	0	1	2	3	4	5
h. Geriatric	0	1	2	3	4	5
8. Examination (Specific Components)						
a. Integument	0	1	2	3	4	5
b. HEENT						
Use of otoscope	0	1	2	3	4	5
Use of ophthalmoscope	0	1	2	3	4	5
Mouth and Throat	0	1	2	3	4	5
c. Heart	0	1	2	3	4	5
d. Lung	0	1	2	3	4	5
e. Chest	0	1	2	3	4	5
f. Breasts	0	1	2	3	4	5
g. Abdomen	0	1	2	3	4	5
h. Back	0	1	2	3	4	5
i. Genitourinary	0	1	2	3	4	5

j. Pelvic exam						
k. Extremities	0	1	2	3	4	5
l. Neurologic	0	1	2	3	4	5
m. Developmental (pediatrics)	0	1	2	3	4	5
n. Functional (adult)	0	1	2	3	4	5
o. Mental status	0	1	2	3	4	5
Other Specify _____	0	1	2	3	4	5

Office Procedures and Lab						
Abscess incision & drainage	0	1	2	3	4	5
CPR	0	1	2	3	4	5
Foreign body removal	0	1	2	3	4	5
Gram stain, interpretation	0	1	2	3	4	5
Growth chart	0	1	2	3	4	5
Hematocrit	0	1	2	3	4	5
KOH, skin/vaginal	0	1	2	3	4	5
Pap smear	0	1	2	3	4	5
Rapid strep	0	1	2	3	4	5
Stool test, blood	0	1	2	3	4	5
Suturing	0	1	2	3	4	5
Suture or staples removal	0	1	2	3	4	5
Telephone referral	0	1	2	3	4	5
Throat culture	0	1	2	3	4	5
Urinalysis	0	1	2	3	4	5
Venipuncture	0	1	2	3	4	5
X-ray interpretation, chest	0	1	2	3	4	5
X-ray interpretation, extremities	0	1	2	3	4	5
Wet mount, vaginal	0	1	2	3	4	5
Write referral	0	1	2	3	4	5
Write prescription	0	1	2	3	4	5

Comments:

Preceptor's Name _____

Student Signature Date

Preceptor Signature Date

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STUDENT EVALUATION OF CLINICAL PRECEPTOR**

Student: _____ Date: _____ Clinical Preceptor: _____

Please check or comment as appropriate:

1. Did this placement give you an opportunity to see a wide variety of patients and problems?

_____ Always _____ Usually _____ Sometimes _____ Seldom _____ Never
Comments:

2. Did your clinical preceptor support your clinical learning with helpful feedback and critique?

_____ Always _____ Usually _____ Sometimes _____ Seldom _____ Never

3. What would you recommend to your preceptor about providing feedback to students?

4. Did your preceptor allow you to evaluate, assess, and manage patient encounters to a level of autonomy consistent with your clinical abilities?

_____ Always _____ Usually _____ Sometimes _____ Seldom _____ Never

5. What would you change about the way your preceptor collaborates with students?

6. Did your preceptor listen to your concerns or questions in the clinical setting?

_____ Always _____ Usually _____ Sometimes _____ Seldom _____ Never

7. What would you recommend to your preceptor regarding dealing with student questions or concerns?

8. Did your preceptor challenge you to think by asking you to explain your diagnostic decisions or treatment choices?

_____ Always _____ Usually _____ Sometimes _____ Seldom _____ Never

9. Would you recommend any changes to your preceptor about challenging students?

10. Additional comments about the site or the preceptor:

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**SITE VISIT: CLINICAL PERFORMANCE TOOL
(TO BE COMPLETED BY THE FACULTY MEMBER)**

Student Name: _____ Date: _____

Preceptor Name: _____

Faculty Name: _____

Rate the student's performance of the listed competencies with the particular patient population as follows:

- 1=poor** (well below expectations for student's level of progression)
- 2=below average** (inconsistent or below expectations for student's level of progression)
- 3=average** (meets expectations for student's level of progression)
- 4=above average** (often exceeds expectations for student's level of progression)
- 5=excellent** (consistently exceeds expectations for student's level of progression)
- n/o=not observed**

If one or more of the categories of patient populations which are listed are not seen during the visit, leave those columns blank. Otherwise, enter a rating score in each column.

Management of Client Care

The management of client care encompasses functions of assessment, planning, intervention and evaluation. Nurse practitioner decision making and clinical judgment are supported by information derived from the analysis and synthesis of data and the integration of multiple theories. The essential core competencies in this domain are:

Reference: *National Organization of Nurse Practitioner Faculties Domains and Core Competences of Nurse Practitioner Practice*, March 2006.

Core Competencies

Patient Population

Competency	Peds	OBGyn	Adults	Gero
1. Elicits a comprehensive health history, based on the purpose for the visit.				
2. Performs a comprehensive physical examination, based on the purpose for the visit.				
3. Orders diagnostic tests appropriately.				
4. Analyzes client data to determine health status.				
5. Formulates a list of differential diagnoses.				
6. Uses diagnostic reasoning to arrive at a viable diagnosis.				
7. Chooses appropriate pharmacological, behavioral, and other non-pharmacological treatment modalities in developing a plan of care.				
8. Designs a comprehensive plan of care to attain/promote, maintain, and/or restore health.				
9. Explains the plan of care to the patient, incorporates patient preferences and engages patient in the treatment plan.				
10. Evaluates client outcomes in relation to the plan care.				
11. Modifies the plan of care when indicated.				

Management of professional relationships

The management of professional relationships is important for coordination of patient care. The nurse practitioner uses comprehensive and creative strategies to interact with other members of the health care team. The essential core competencies in this domain are:

Competency	Peds	OBGyn	Adults	Gero
12. Articulates the nurse practitioner role and scope of practice.				
13. Collaborates with health care professionals to meet client health care needs.				
14. Refers clients to other health care professionals when indicated by client health care needs.				

Ethical decision-making

Advanced practice nursing requires that nurses provide care in a manner that is consistent with the principles of respect for persons, respect for autonomy, respect for confidentiality, equality, beneficence, and justice. The essential core competencies of ethical practice include:

Competency	Peds	OBGyn	Adults	Gero
15. Protects patient confidentiality.				
16. Uses principles of ethical decision-making in selecting treatment modalities.				
17. Promotes principles of client advocacy in client interactions and in the selection of treatment modalities.				
18. Incorporates risk/benefit factors in developing a plan of care.				

Management of health care delivery system

The management of the health care delivery system encompasses use of accountability mechanisms that ensure safe and effective health care. The nurse practitioner must use essential business abilities to function as an independent health care provider. The essential core competencies in this domain are:

Competency	Peds	OBGyn	Adults	Gero
19. Maintains clinical records that reflect diagnostic and therapeutic reasoning.				
20. Applies knowledge of the regulatory processes to deliver safe and cost-effective client care.				
21. Applies principles of quality assurance or continuous improvement to evaluate and modify practice.				
22. Uses knowledge of third party payment systems to access resources on behalf of clients.				

Comments:

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MSN END OF SEMESTER EVALUATION FORM FOR CLINICAL SITE

I. Name of Site/Agency _____
Date of Clinical Experience _____

III. Faculty Evaluation of Site/Agency

In narrative format, evaluate the site (for example: opportunities for clinical experiences related to the course objectives, opportunities for professional development in the MSN role and the receptiveness of administration and staff to having a student at the site).

SECTION V:
NURSE ANESTHESIA
CONCENTRATION

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
MASTER OF SCIENCE IN NURSING**

NURSE ANESTHESIA CONCENTRATION

Lincoln Memorial University's MSN degree program, Nurse Anesthesia concentration, prepares nurses in an advanced practice role with competencies in nurse anesthesia. The 28 month, 7 semester, program requires 88 semester hours of graduate work including six (6) semesters of clinical practicum. A written comprehensive exam is required during the final semester. Students will also complete a directed scholarly project. The Nurse Anesthesia concentration does not offer a part-time option. The full-time curriculum plan is listed below. The Post-Master's Certificate (PMC) option is available.

NA Curriculum Plan

Curriculum Plan: NA Required Coursework (MSN) Harrogate Site (28 month program plan, 7 semesters)	
Course	Credit Hours
NURS 500 Nursing Science & Theoretical Foundations	3
NURS 510 Advanced Physiology & Pathophysiology	3
NURS 520 Health Assessment For Advanced Practice	3
NURS 530 Advanced Pharmacology	3
NURS 581 Introduction to Nurse Anesthesia Principles	4
NURS 540 Quantitative and Qualitative Methods for Nursing Research	3
NURS 550 Health Care Policies & Systems	3
NURS 571 Nurse Anesthesia Advanced Practice I (Clinical)	5
NURS 580 Advanced Nursing Professional & Practice Roles	2
NURS 582 Advanced Nurse Anesthesia Principles I	3
NURS 511 Advanced Pathophysiology of Anesthesia I	3
NURS 572 Nurse Anesthesia Advanced Practice II (Clinical)	5
NURS 583 Biochemistry Concepts in Anesthesia	3
NURS 512 Advanced Pathophysiology of Anesthesia II	3
NURS 573 Nurse Anesthesia Advanced Practice III (Clinical)	5
NURS 584 Professional Aspects/Principles of Nurse Anesthesia	2
NURS 514 Advanced Pathophysiology of Anesthesia III	3
NURS 574 Nurse Anesthesia Advanced Practice IV (Clinical)	7
NURS 585 Anesthesia Research Principles and Methods	2
NURS 515 Advanced Pathophysiology of Anesthesia IV	3
NURS 575 Nurse Anesthesia Advanced Practice V (Clinical)	7
NURS 590 Directed Scholarly Project	2
NURS 576 Nurse Anesthesia Advanced Practice VI (Clinical)	8
NURS 586 Advanced Nurse Anesthesia Principles II (Review)	3
Total Program = 88 credits	

NA COURSE LOAD

The maximum load for a nurse anesthesia student is 16 credit hours during fall and spring semesters and twelve (12) semester hours for the summer session. The minimum load for LMU full-time status as a graduate student is nine (9) hours during fall and spring semesters, and six (6) hours during summer session. Students must petition the Dean to receive approval for any proposed overloads.

REPEATING COURSES

Repeating Graduate Nursing Courses

Graduate nursing students must maintain a “B” (3.0) cumulative average. Each course syllabus clearly outlines the criteria for successful course completion. Nurse Anesthesia students may not repeat any courses and may not progress to the next semester if less than a “B” (3.0) is earned in any course.

Repeating Other Graduate Courses

Graduate nursing students may repeat any non-nursing course if permissible. However, the student must attain a cumulative GPA of at least 3.0 to remain in good academic standing. Only the most recent grade will be used in computing the cumulative grade point average. All attempts will remain a part of the permanent academic record.

GRADUATION REQUIREMENTS

No student will be allowed to participate in Commencement exercises until all degree requirements have been met. The following requirements must be met for earning the degree:

- Completion of the 88 credit hours specified in the approved Program of Study
- Completion of case requirements set by the Council of Accreditation of Nurse Anesthesia Educational Programs
- A minimum cumulative Grade Point Average (GPA) of 3.0 (B)
- A passing score on the final Comprehensive Evaluation
- Payment of all fees

NURSE ANESTHESIA POST MASTER'S CERTIFICATE (NA PMC)

Gap Analysis Requirement for NA PMC Students

A master's degree in nursing is required for admission to the PMC option. The completion of required didactic courses and clinical hours for the PMC students can be flexible depending upon waived and/or challenged credit hours and coursework, and as outlined in the student's individualized program of study. The clinical evaluation process is outlined in this handbook.

Each student who is admitted as a candidate for a Post Master's Certificate (PMC) student in the NA Concentration will complete a Gap Analysis. The *Gap Analysis* form is located in Section III: Forms of this handbook.

Sample Curriculum Plan for NA PMC Students

Sample Curriculum Plan For Nurse Anesthesia PMC Students (28 month program plan, 7 Semesters)		
Course	Credit Hours	NA Director Initials <i>Initials indicates course to be taken by NA PMC student</i>
Fall I		
*NURS 500 Nursing Science & Theoretical Foundations	3	
*NURS 510 Advanced Physiology & Pathophysiology	3	
*NURS 520 Health Assessment For Advanced Practice	3	
*NURS 530 Advanced Pharmacology	3	
**NURS 581 Introduction to Nurse Anesthesia Principles	4	
Spring I		
*NURS 540 Quantitative and Qualitative Methods for Nursing Research	3	
*NURS 550 Health Care Policies & Systems	3	
**NURS 571 Nurse Anesthesia Advanced Practice I (Clinical)	5	
*NURS 580 Advanced Nursing Professional & Practice Roles	2	
**NURS 582 Advanced Nurse Anesthesia Principles I	3	
Summer I		
**NURS 511 Advanced Pathophysiology of Anesthesia I	3	
**NURS 572 Nurse Anesthesia Advanced Practice II (Clinical)	5	
**NURS 583 Biochemistry Concepts in Anesthesia	3	
Fall II		
**NURS 512 Advanced Pathophysiology of Anesthesia II	3	
**NURS 573 Nurse Anesthesia Advanced Practice III (Clinical)	5	
**NURS 584 Professional Aspects/Principles of Nurse Anesthesia	2	
Spring II		
**NURS 514 Advanced Pathophysiology of Anesthesia III	3	
**NURS 574 Nurse Anesthesia Advanced Practice IV (Clinical)	7	
**NURS 585 Anesthesia Research Principles and Methods	2	
Summer II		

**NURS 515 Advanced Pathophysiology of Anesthesia IV	3	
**NURS 575 Nurse Anesthesia Advanced Practice V (Clinical)	7	
**NURS 590 Directed Scholarly Project	2	
Fall III		
**NURS 576 Nurse Anesthesia Advanced Practice VI (Clinical)	8	
**NURS 586 Advanced Nurse Anesthesia Principles II (Review)	3	
Total Program = 88 credits		
NA PMC applicant signature _____ Date _____		
NA Concentration Director signature _____ Date _____		

- * Students will be required to take these courses if they have not taken them or if they are not currently certified as an advanced practice nurse.
- ** All NA PMC students are required to take these courses.

Graduate Coursework for Those With MSN Degree Who Are Currently Certified as an Advanced Practice Nurse Other than CRNA

Nurse Anesthesia PMC students must complete all Nurse Anesthesia courses and six semesters of clinical practicum in order to establish competency as a Nurse Anesthetist. All students will have a Gap Analysis done to determine other necessary coursework.

Graduate coursework for those *with* certification in advanced practice other than as a CRNA must have included: graduate level courses in pathophysiology, pharmacology, and health assessment. Courses may be waived only if the individual's transcript indicates that the required APN course or its equivalent has already been successfully completed. Nurse practitioners expanding into the CRNA area may challenge selected courses and experiences. Students can demonstrate competency in their specific specialty by successfully completing tests or scholarly projects within that specialty, and/or by demonstrating competency in the specialty clinical area as determined by the Nurse Anesthesia graduate faculty. An individual area of Directed Study will be developed for the student within the required course(s). The area of directed study includes those competencies that must be completed in order to ensure that the competencies of the Nurse Anesthesia program are mastered.

Graduate Coursework for Those with MSN and No Advanced Practice Certification

Students with no advanced practice certification must complete: graduate level courses in pathophysiology, pharmacology, and health assessment as a pre or co-requisite with NURS 581 Introduction to Nurse Anesthesia Principles, NURS 571 Nurse Anesthesia Advanced Practice I, and NURS 582 Advanced Nurse Anesthesia Principles I. All NA PMC students are required to complete six (6) semesters of nurse anesthesia clinical practicum. Other coursework that may be required at the master's level includes nursing science and theoretical foundations, nursing research, professional nursing roles, and/or advanced health policy as determined by the Nurse Anesthesia Concentration Director and the MSN Program Chair.

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
ADVISING WORKSHEET FOR MSN NURSE ANESTHESIA STUDENTS**

Student's Name (Print)

Student's Signature

Student ID Number

Course Number	Course Title	Credits	Semester/ Year	Student's Initials	Student's Signature	Advisor Signature	Date
FALL 1st YEAR							
NURS 500	Nursing Science & Theoretical Foundations	3					
NURS 510	Advanced Physiology & Pathophysiology	3					
NURS 520	Health Assessment For Advanced Practice	3					
NURS 530	Advanced Pharmacology	3					
NURS 581	Introduction to Nurse Anesthesia Principles	4					
SPRING 1st YEAR							
NURS 540	Quantitative & Qualitative Methods for Nursing Research	3					
NURS 550	Health Care Policies & Systems	3					
NURS 571	Nurse Anesthesia Advanced Practice I (Clinical)	5					
NURS 580	Advanced Nursing Professional & Practice Roles	2					
NURS 582	Advanced Nurse Anesthesia Principles I	3					
SUMMER 1st YEAR							
NURS 511	Advanced Pathophysiology of Anesthesia I	3					
NURS 572	Nurse Anesthesia Advanced Practice II (Clinical)	5					
NURS 583	Biochemistry Concepts in Anesthesia	3					
FALL 2nd YEAR							
NURS 512	Advanced Pathophysiology of Anesthesia II	3					
NURS 573	Nurse Anesthesia Advanced Practice III (Clinical)	5					
NURS 584	Professional Aspects/Principles of Nurse Anesthesia	2					
SPRING 2nd YEAR							
NURS 514	Advanced Pathophysiology of Anesthesia III	3					
NURS 574	Nurse Anesthesia Advanced Practice IV (Clinical)	7					
NURS 585	Anesthesia Research Principles and Methods	2					
SUMMER 2nd YEAR							
NURS 515	Advanced Pathophysiology of Anesthesia IV	3					
NURS 575	Nurse Anesthesia Advanced Practice V (Clinical)	7					
NURS 590	Directed Scholarly Project	2					
FALL 3rd YEAR							
NURS 576	Nurse Anesthesia Advanced Practice VI (Clinical)	8					
NURS 586	Advanced Nurse Anesthesia Principles II (Review)	3					

Total Program = 88 credits

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
MASTER OF SCIENCE IN NURSING
NURSE ANESTHESIA CONCENTRATION**

ADMISSION TO CANDIDACY FORM

I certify that I have completed at least 12 hours of required graduate credit towards completion of my degree requirements. I have met with my advisor and have developed the following plan of study.

Student's Name (Print) Student's Signature Student ID Number Date

Required MSN Courses	Credits	Completed or planned enrollment Sem/Yr	Grade (if completed)
NURS 500 Nursing Science & Theoretical Foundations	3		
NURS 510 Advanced Physiology & Pathophysiology	3		
NURS 520 Health Assessment For Advanced Practice	3		
NURS 530 Advanced Pharmacology	3		
NURS 581 Introduction to Nurse Anesthesia Principles	3		
NURS 540 Quantitative and Qualitative Methods for Nursing Research	3		
NURS 550 Health Care Policies & Systems	3		
NURS 571 Family Nurse Anesthesia Practice I	5		
NURS 580 Advanced Nursing Professional & Practice Roles	2		
NURS 582 Advanced Nurse Anesthesia Principles I	3		
NURS 511 Advanced Pathophysiology of Anesthesia I	3		
NURS 572 Nurse Anesthesia Advanced Practice II	5		
NURS 583 Biochemistry Concepts in Anesthesia	3		
NURS 512 Advanced Pathophysiology of Anesthesia II	3		
NURS 573 Nurse Anesthesia Advanced Practice III	5		
NURS 584 Professional Aspects/Principles of Nurse Anesthesia	2		
NURS 514 Advanced Pathophysiology of Anesthesia III	3		
NURS 574 Nurse Anesthesia Advanced Practice IV	7		
NURS 585 Anesthesia Research Principles and Methods	2		
NURS 515 Advanced Pathophysiology of Anesthesia IV	3		
NURS 575 Nurse Anesthesia Advanced Practice V	7		
NURS 590 Directed Scholarly Project	3		
NURS 576 Nurse Anesthesia Advanced Practice VI	8		
NURS 586 Advanced Nurse Anesthesia Principles I	3		
Electives: (Please list)			
TOTAL			

The following faculty members have agreed to be on my Master's Comprehensive Exam Committee, as indicated by their signatures below:

 Print Name, Concentration Director Signature Date

 Print Name Signature Date

 Print Name Signature Date

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
MASTER OF SCIENCE IN NURSING
NURSE ANESTHESIA CONCENTRATION**

ARRANGEMENT FOR COMPREHENSIVE EXAMINATION FORM

Student's Name (Print) Student's Signature Student ID Number Date

I certify that I am in good academic standing. I have completed all coursework (see below) except for the courses scheduled to be taken in _____ (semester) _____ (year). I request that arrangements be made for me to take the Master of Science Degree in Nursing Comprehensive Examination in _____ (semester) _____ (year).

Required MSN Courses	Credits	Completed/Planned Enrollment	Grade
NURS 500 Nursing Science & Theoretical Foundations	3		
NURS 510 Advanced Physiology & Pathophysiology	3		
NURS 520 Health Assessment For Advanced Practice	3		
NURS 530 Advanced Pharmacology	3		
NURS 581 Introduction to Nurse Anesthesia Principles	3		
NURS 540 Quantitative and Qualitative Methods for Nursing Research	3		
NURS 550 Health Care Policies & Systems	3		
NURS 571 Family Nurse Anesthesia Practice I	5		
NURS 580 Advanced Nursing Professional & Practice Roles	2		
NURS 582 Advanced Nurse Anesthesia Principles I	3		
NURS 511 Advanced Pathophysiology of Anesthesia I	3		
NURS 572 Nurse Anesthesia Advanced Practice II	5		
NURS 583 Biochemistry Concepts in Anesthesia	3		
NURS 512 Advanced Pathophysiology of Anesthesia II	3		
NURS 573 Nurse Anesthesia Advanced Practice III	5		
NURS 584 Professional Aspects/Principles of Nurse Anesthesia	2		
NURS 514 Advanced Pathophysiology of Anesthesia III	3		
NURS 574 Nurse Anesthesia Advanced Practice IV	7		
NURS 585 Anesthesia Research Principles and Methods	2		
NURS 515 Advanced Pathophysiology of Anesthesia IV	3		
NURS 575 Nurse Anesthesia Advanced Practice V	7		
NURS 590 Directed Scholarly Project	3		
NURS 576 Nurse Anesthesia Advanced Practice VI	8		
NURS 586 Advanced Nurse Anesthesia Principles I	3		
Electives: (Please list)			
TOTAL			

The following faculty members have agreed to be on my Master's Comprehensive Exam Committee.

 Print Name, Concentration Director

 Print Name

 Print Name

(Submit Change of Committee form if the committee members have changed since the Admission to Candidacy.)

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
MASTER OF SCIENCE IN NURSING**

NURSE ANESTHESIA CONCENTRATION POLICIES

A. Nurse Anesthesia Concentration Policies

1. Didactic Course Policies

1.1 Academic Integrity Policy

It is the aim of the faculty of Lincoln Memorial University to foster a spirit of complete honesty and a high standard of integrity. The attempt of any student to present as his/her own, any work which he/she has not honestly performed, is regarded by the faculty and administration as a very serious offense and renders the offender liable to severe consequences and possible suspension (LMU Student Handbook Online 2007-2008). Any nursing student who participates in cheating or plagiarism will get a minimum of a zero on the assignment, exam or paper, may also receive an "F" in the course, and/or may be expelled from the nursing program.

- a. **Cheating:** dishonesty of any kind on examinations or written assignments, unauthorized possession of examination questions, the use of unauthorized notes during an examination, obtaining information during an examination from another student. Assisting others to cheat, altering grade records or illegally entering an office are instances of cheating.
- b. **Plagiarism:** offering the work of another as one's own without proper acknowledgement is plagiarism; therefore, any student who fails to give credit for quotations or essentially identical material taken from books, magazines, encyclopedias or other reference works, or from themes, reports, or other writing of a fellow student has committed plagiarism.

1.2 Didactic Attendance Policy

Nurse Anesthesia students will be responsible for attending all scheduled didactic classes. Repeated tardiness will result in a decrease in the attendance/participation portion of the course grade. Repeated tardiness and/or absence will result in disciplinary action.

1.3 Didactic Satisfactory Progress Policy

Nurse Anesthesia students must pass all nurse anesthesia specific didactic course with a grade of "B" or better to enroll in the next semester course work. Nurse Anesthesia students must maintain an overall grade average of "B" (3.0) or better to remain in the program.

2. Clinical Site Policies

2.1 Nurse Anesthesia Concentration Clinical Practicum Attendance Policy

Nurse Anesthesia students in NURS 571 – 576 Nurse Anesthesia Clinical Practicum will report to the clinical site at 6:30 AM the morning of clinical or at a time sufficient to prepare for the anesthetic care plan prepared for that day.

2.2 Nurse Anesthesia Concentration Clinical Sites and Care Plans Policy

Nurse Anesthesia students will prepare a written or verbal care plan for every scheduled anesthetic they administer. CRNA's and/or Anesthesiologists (clinical supervisors) will supervise Nurse Anesthesia students in the clinical areas. Care plans must be discussed with the assigned clinical supervisor prior to the case and will be used by the clinical supervisor to design an instructional plan and address areas needing improvement. Clinical supervisors will critique and/or modify the plan prior to implementation.

2.3 Nurse Anesthesia Concentration Daily Clinical Evaluation Policy

Daily evaluations (part of the written care plan) will include: preparation and implementation of care plans, clinical critical thinking skills, fluid and blood product management, timely intervention of care, and appropriate timeliness in delivery of anesthetic care. It is the responsibility of the student to give the clinical supervisor the opportunity to sign care plans and fill

out the daily evaluation. Care Plans should be turned weekly and may be handed in person to the Harrogate or West Knox office, via email scanned document as an attachment to the Director at ken.kirsner@lmunet.edu or they may also be faxed to Harrogate at 423-869-6244 or West Knox fax 865-693-1579 attn: Director, Nurse Anesthesia Concentration. Students missing greater than 10% of their daily evaluations will be required to turn in missing evaluations or make up clinical experiences prior to advancement to the next semester clinical practicum.

2.4 Nurse Anesthesia Concentration Daily Clinical Assignment Policy

Nurse Anesthesia students are responsible for obtaining their clinical assignment for the following day. The on-call Nurse Anesthesia student (time permitting) will call each student assigned to their clinical site and leave a message describing the first case in their assigned room and cases to follow.

2.5 Nurse Anesthesia Concentration Pre-operative Health Assessment Policy

In compliance with department policies of assigned clinical site, the Nurse Anesthesia students will complete and document a pre-operative assessment of assigned in-house patients.

2.6 Nurse Anesthesia Concentration First Year Clinical Supervision Policy

In the first year of clinical, Nurse Anesthesia concentration students will be supervised in the clinical area 1:1 (clinical supervisor to student) by a CRNA and/or Anesthesiologist. Nurse Anesthesia concentration student clinical assignments and clinical supervision ratio, whether supervised by a CRNA, Anesthesiologist, or combination of CRNA and Anesthesiologist, will be coordinated taking into consideration the student's knowledge and ability; the physical status of the patient (ASA); the complexity of the anesthetic and/or the procedure; and the experience of the supervisor. The clinical supervisor will be immediately available to assist the Nurse Anesthesia student with anesthesia care of patients. Students will routinely be assigned American Society of Anesthesiologists (ASA) I and II at the discretion of the clinical supervisor. Clinical supervisors will review the written or verbal anesthetic plan with the student prior to beginning any anesthesia patient care. Furthermore, all Nurse Anesthesia concentration students in non-anesthetizing areas are to be supervised by appropriately credentialed experts who are authorized to assume responsibility for the Nurse Anesthesia concentration student. All Nurse Anesthesia concentration students are forbidden to participate in any clinical interventions without appropriate credentialed experts who are authorized to assume responsibility for the Nurse Anesthesia concentration student.

2.7 Nurse Anesthesia Concentration Second Year Clinical Supervision Policy

In the second year of clinical, Nurse Anesthesia concentration students will be supervised in the clinical area 1:1 or 1:2 (clinical supervisor to student ratio) by a CRNA and/or Anesthesiologist. A 1:1 or 1:2 clinical supervision will be at the discretion of the clinical supervisor and/or Clinical Site Coordinator. Nurse Anesthesia concentration student clinical assignments and clinical supervision ratio, whether supervised by a CRNA, Anesthesiologist, or combination of CRNA and Anesthesiologist, will be coordinated taking into consideration the student's knowledge and ability; the physical status of the patient (ASA); the complexity of the anesthetic and/or the procedure; and the experience of the supervisor. The clinical supervisor will be immediately available to assist the Nurse Anesthesia student with anesthesia care of patients. Students will routinely be assigned American Society of Anesthesiologists (ASA) I to V at the discretion of the clinical supervisor. Clinical supervisors will review the written or verbal anesthetic plan with the student prior to beginning any anesthesia patient care. Furthermore, all Nurse Anesthesia concentration students in non-anesthetizing areas are to be supervised by appropriately credentialed experts who are authorized to assume responsibility for the Nurse Anesthesia concentration student. All Nurse Anesthesia concentration students are forbidden to participate in any clinical interventions without appropriate credentialed experts who are authorized to assume responsibility for the Nurse Anesthesia concentration student.

2.8 Nurse Anesthesia Concentration First Year Clinical Student Anesthesia Care Plan Policy

First year clinical Nurse Anesthesia students will complete a written anesthesia care plan for each anesthetic the student participates in, until the Director, Nurse Anesthesia concentration evaluates the student's performance and indicates the student will be allowed to complete one care plan per clinical day.

2.9 Nurse Anesthesia Concentration Second Year Clinical Student Anesthesia Care Plan Policy

Second year clinical Nurse Anesthesia students will prepare a verbal care plan that will be discussed with the instructor prior to the case. A written care plan may be requested by an instructor at any time.

2.10 Nurse Anesthesia Concentration Case Recording Policy

Nurse Anesthesia concentration students will be responsible for keeping daily, monthly case reports. Monthly case total and cumulative case total reports should be turned in to the Assistant Director, Nurse Anesthesia concentration ASAP after the first day of the month they participate in clinical practicum. Cumulative case total reports will be maintained by the Assistant Director, Nurse Anesthesia concentration.

3. Clinical End of Term, Self Evaluations, and Clinical Site Evaluation Policies

3.1 Nurse Anesthesia Concentration End of Term Clinical Evaluation Policy

Daily Clinical Evaluation tool will be used to monitor each student's ongoing progress and for advising. The Assistant Director, Nurse Anesthesia concentration will distribute End of Term Clinical Evaluation forms to each site clinical coordinator. Forms will be given to each clinical supervisor to fill out on each student they have supervised during the current term. Site coordinators will collect and return completed forms to the Assistant Director, Nurse Anesthesia concentration. Evaluation results will be tabulated including comments and discussed in the end of term conference with each student by the Director, Nurse Anesthesia concentration, and/or the Assistant Director, Nurse Anesthesia concentration. The quantified results of all the clinical evaluations for the semester will be assigned a numerical value based on the scale below and will be 60% of the clinical grade.

Clinical Evaluation Grading Scale

2.75-3.00 = 100
2.50-2.74 = 96
2.25-2.49 = 92
2.00-2.24 = 88
1.75-1.99 = 84
1.50-1.74 = 80
1.25-1.49 = 76
1.00-1.24 = 72

3.2 Nurse Anesthesia Concentration Clinical Self Evaluation Policy

Clinical End of Term Self Evaluation forms will be distributed to each student participating in clinical practicum. They will fill them out and return to the Assistant Director, Nurse Anesthesia concentration. These will be included in the end of term conference with the Director, Nurse Anesthesia concentration and/or the Assistant Director, Nurse Anesthesia concentration.

3.3 Clinical Site Evaluation Policy

Clinical Sites will be evaluated the first semester that it is used for student placement, once per year and as needed using the Clinical Site Evaluation Form. Evaluations will be conducted with an onsite visit to each clinical site by the Director or Assistant Director, Nurse Anesthesia concentration. The onsite visit will be conducted with input from the clinical site coordinator. Students evaluate each clinical site once per semester using the Student Evaluation of Nurse Anesthesia Clinical Site Form. Data from both evaluations will be tabulated by the Assistant Director, Nurse Anesthesia concentration and used for ongoing clinical site evaluation.

4. Nurse Anesthesia Concentration Student Grievance Policies

4.1 Nurse Anesthesia Concentration Student Complaints Policy

The Caylor School of Nursing, MSN Catalog policy on grievances should be adhered to with the exceptions listed below:

- a. In the didactic areas and clinical simulation lab, student complaints should be addressed with the teaching instructor/faculty, the Director, Nurse Anesthesia concentration or Assistant Director, Nurse Anesthesia concentration.
- b. In the clinical areas, student complaints should immediately be brought to the attention of the clinical supervisor assigned that day.
- c. Issues not immediately resolved should be reported to the Director, Nurse Anesthesia concentration or Assistant Director, Nurse Anesthesia concentration.

4.2 Nurse Anesthesia Concentration Student Didactic and/or Clinical Concerns Policy

Student concerns pertaining to didactic and/or clinical areas should be immediately brought to the attention of the Director, Nurse Anesthesia concentration and/or the Assistant Director, Nurse Anesthesia concentration.

5. Work outside the Nurse Anesthesia Concentration Policies

5.1 Employment while enrolled in the Nurse Anesthesia Concentration

All admitted students are advised that outside employment is strongly discouraged due to the intensity of the Nurse Anesthesia concentration.

5.2 Employment as Nurse Anesthetist while a Student Policy

The Caylor School of Nursing, Nurse Anesthesia concentration, forbids the employment of Nurse Anesthesia concentration students as nurse anesthetists by title or function.

6. Nurse Anesthesia Concentration Student Equipment Policy

Nurse Anesthesia concentration students are required to purchase and have in their possession during clinical practicum and lab simulation anesthesia specific personal equipment, such as, but not limited to: stethoscope, anesthesia earpiece and precordial stethoscope, pager (turned on), and mobile phone.

7. Licensure and Certifications Policy

Nurse Anesthesia concentration students must maintain an unrestricted license as a Registered Nurse in the appropriate state for which they are participating in Nurse Anesthesia clinical practicum. Nurse Anesthesia concentration students must maintain certification in ACLS and PALS for the duration of the program.

8. AANA and State Association memberships/meeting Policy

Nurse Anesthesia concentration students are required to maintain associate membership with the American Association of Nurse Anesthetists and the Tennessee Association of Nurse Anesthetists. Second year Nurse Anesthesia concentration students will be provided the time to attend the fall Tennessee Association of Nurse Anesthetists annual meeting.

9. Expenses Policy

Nurse Anesthesia concentration students are responsible for clinical and didactic related expenses such as travel and parking.

10. Laptop Computer Policy

A technology fee as stated in the *Master of Science in Nursing Catalog* will be collected from each Nurse Anesthesia concentration student to cover the cost of a standardized laptop computer. This laptop will be given to each student to be used for academic purposes only and will remain the property of Lincoln Memorial University until such time as the student graduates from the Nurse Anesthesia concentration. At the time of graduation the laptop will become the property of the student.

11. SEE Examination Policy

Second year Nurse Anesthesia concentration students will be required to take the SEE exam during their last year of the program.

12. Journal Club, Anesthesia Morbidity and Mortality Conference and Anesthesia Case Conference Policy

Nurse Anesthesia concentration students are required to attend periodic Journal Club meetings and may be required to present a current anesthesia peer reviewed journal article. Nurse Anesthesia concentration students are required to attend weekly Anesthesia Morbidity and Mortality conferences and weekly Anesthesia Case conferences.

B. Nurse Anesthesia Concentration Forms

1. Clinical Evaluations Forms
2. Self Evaluations Forms
3. Course Evaluations Forms

4. Care Plan and Daily Clinical Evaluations Forms
5. Case Records Forms
6. Case Totals Forms
8. Pre-Anesthesia Assessment Forms
9. Nurse Anesthesia Concentration Advising Worksheets

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
MASTER OF SCIENCE IN NURSING**

NURSE ANESTHESIA CLINICAL POLICIES

1. Students are expected to be familiar with and comply with all the requirements and policies in the student handbook regarding the clinical component of coursework.
2. Before beginning clinical, students must have on file with LMU evidence of a current negative PPD or chest x-ray, record of hepatitis B vaccine or declination form, a Rubella titer or second MMR, and current CPR certification.
3. If students become ill and cannot report for clinical, they must inform the Director Nurse Anesthesia Program and their CRNA clinical preceptors as soon as possible. FAILURE TO NOTIFY THE DIRECTOR/ASSISTANT DIRECTOR OF CLINICAL ABSENCE IS CONSIDERED TO BE A VIOLATION OF THE CAYLOR SCHOOL OF NURSING CODE OF ETHICS.
4. Students are not to request clinical schedule changes with facilities at anytime.
5. Students are expected to complete the required hours of clinical before the end of each semester.
6. Logs and journals should be submitted weekly.
7. Clinical evaluations will be performed daily. The student is responsible for having the clinical preceptor that the student worked with fill out the form. If the student is unable to have a form filled out, one must be submitted for that date with the explanation for why it was not filled out by the clinical preceptor. Students must notify the Director immediately of any unsatisfactory evaluations. FAILURE TO NOTIFY THE DIRECTOR/ASSITANT DIRECTOR IMMEDIATELY OF AN UNSATISFACTORY EVALUATION IS CONSIDERED TO BE A VIOLATION OF THE CAYLOR SCHOOL OF NURSING CODE OF ETHICS.
8. If a student becomes aware of any barriers to the timely completion of clinical hours, the student should immediately consult with faculty to explore remedies and options.
9. Under extenuating circumstances, an incomplete may be given to allow completion of required clinical hours with the provision that any deficiency in clinical hours will be removed as soon as possible. Be aware: Students may not enroll in subsequent clinical classes until the incomplete is removed.
10. All students are expected to be able to rotate to all facilities including those that are considered to be off-site (more than 90 minutes from campus). Cases of hardship will be considered by the Director/Assistant Director of the nurse anesthesia concentration. Students are expected to make provisions for child care, which is not normally considered to be a hardship. Pet care is also not considered a hardship.
11. Housing and travel for clinical rotations is strictly the responsibility of the student.

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
NURSE ANESTHESIA CONCENTRATION**

1ST YEAR SEMESTER CLINICAL EVALUATION - PART I & PART II

1st Year Semester Clinical Evaluation – Part I							
Student _____		Clinical Coordinator _____		Clinical Site _____			
Date _____							
Part I of the Semester Evaluation should be completed by the Clinical Supervisor's (both CRNAs and Anesthesiologists). These evaluations provide a very important tool for evaluation of each student as they progress through the Clinical Component of LMU's CRNA Program.							
Please return these evaluations to Site Clinical Coordinator.							
Above Expectation (3)	Meets Expectation (2)	Below Expectation (1)					
-Using acquired knowledge, student analyzes information & makes correct clinical decisions -Psychomotor skills are consistently performed Above level of expectation -Requires minimal supporting cues from Preceptor (0-25% of the time) -Requires minimal supervision to manage the patient	-Applies didactic knowledge to clinical practice -Consistently performs required psychomotor skills -Requires only occasional verbal/physical cues (25-50% of the time) -Supervision requirements are appropriate for level Of training.	Unable to apply didactic knowledge to clinical knowledge to clinical application. Requires frequent verbal/physical cues (50-75% of time). Requires supervision inconsistent with level of training. Psychomotor skills are inconsistent with level of training.					
1st Year Semester Clinical Evaluation –				(3)	(2)	(1)	N / A
1) Demonstrate self-confidence in providing anesthesia care.							
2) Accept constructive criticism from instructors, peers, and other members of the health care team.							
3) Administer physiologically sound anesthesia, utilizing techniques that are compatible with the condition of the patient as evidenced by:							
a. Integrates learning from other areas of nursing and medicine into a plan for anesthesia care.							
b. Demonstrates sound clinical judgment, based on scientific principles when confronted with problems during the anesthetic process.							
c. Justifies and provides rationale for selection of anesthetic techniques, methods and procedures.							
d. Understands principles of and indications for complex monitoring systems.							
e. Formulates and initiates a plan, terminates anesthesia and safely emerges the patient with minimal assistance.							
f. Performs complicated oral and nasal intubations with minimal assistance.							
4) Demonstrates increasing skill in the administration of a variety of regional techniques to include epidural analgesia and anesthesia.							
5) Perform skillfully and diversely during emergency and stressful situations.							
6) Demonstrate an understanding of the physiology of pregnancy and the anesthetic management of the obstetrical patient.							
7) Provide physiologically sound anesthesia for an increasingly diverse population of patients recognizing the special needs of each group to include:							
a. Adults							
b. Geriatrics							
c. Pediatrics							
d. all ASA categories							
e. Emergencies							
8) Plan, manage, and assess the management of acute pain during the postoperative period.							
9) Understand the need for cooperation with medical and nursing staff.							
10) Conduct a post anesthesia visit within 24 hours, documenting pertinent and appropriate information.							
11) Adhere to all Infection Control Procedures and Standard Precautions as defined by the appropriate clinical agencies and hospital policies.							
12) Accept responsibility of his/her own behavior.							
Student Strengths:		Suggested Areas for Improvement:					
_____		_____					
_____		_____					

1st Year Semester Clinical Evaluation – Part II

Part II of the semester Evaluation provides an opportunity for Clinical Supervisor's (both CRNA's and Anesthesiologist's) to comment on areas that are not always addressed in the daily clinical evaluation. Please return these evaluations (with Part I) to Site Clinical Coordinator.

Student _____ Clinical Preceptor _____ Clinical Site _____ Date _____

1. How long have you worked with this student? _____.

2. Please Comment on the Following:

a. Clinical Competence

b. Basic Clinical Knowledge (didactic preparedness)

c. Professional Judgement

d. Sense of Responsibility & Ethical Conduct

e. Ability to work / Relate to: Patients, Peers, Preceptors, Medical Staff, Nursing Staff

f. What do you believe are this student's Strengths.

g. What do you believe are this student's Weaknesses.

Please return these evaluations to Site Clinical Coordinator

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
NURSE ANESTHESIA CONCENTRATION**

2ND YEAR SEMESTER CLINICAL EVALUATION - PART I & PART II

2nd Year Semester Clinical Evaluation – Part I							
Student _____	Clinical Coordinator _____	Clinical Site _____	Date _____				
Part I of the Semester Evaluation should be completed by the Clinical Supervisor's (both CRNAs and Anesthesiologists). These evaluations provide a very important tool for evaluation of each student as they progress through the Clinical Component of LMU's CRNA Program. Please return these evaluations to Site Clinical Coordinator.							
Above Expectation (3)	Meets Expectation (2)	Below Expectation (1)					
-Using acquired knowledge, student analyzes information & makes correct clinical decisions -Psychomotor skills are consistently performed Above level of expectation -Requires minimal supporting cues from Preceptor (0-25% of the time) -Requires minimal supervision to manage the patient	-Applies didactic knowledge to clinical practice -Consistently performs required psychomotor skills (25-50% of the time) -Requires only occasional verbal/physical cues -Supervision requirements are appropriate for level of training.	Unable to apply didactic knowledge to clinical knowledge to clinical application. Requires frequent verbal/physical cues (50-75% of time). Requires supervision inconsistent with level of training. Psychomotor skills are inconsistent with level of training.					
2nd Year Semester Clinical Evaluation –				(3)	(2)	(1)	N / A
1) Demonstrate self-confidence in providing anesthesia care.							
2) Accept constructive criticism from instructors, peers, and other members of the health care team.							
3) Administer physiologically sound anesthesia, utilizing techniques that are compatible with the condition of the patient as evidenced by:							
a. Integrates learning from other areas of nursing and medicine into a plan for anesthesia care.							
b. Demonstrates sound clinical judgment, based on scientific principles when confronted with problems during the anesthetic process.							
c. Justifies and provides rationale for selection of anesthetic techniques, methods and procedures.							
d. Understands principles of and indications for complex monitoring systems.							
e. Formulates and initiates a plan, terminates anesthesia and safely emerges the patient with minimal assistance.							
f. Performs complicated oral and nasal intubations with minimal assistance.							
4) Demonstrates increasing skill in the administration of a variety of regional techniques to include epidural analgesia and anesthesia.							
5) Perform skillfully and diversely during emergency and stressful situations.							
6) Demonstrate an understanding of the physiology of pregnancy and the anesthetic management of the obstetrical patient.							
7) Provide physiologically sound anesthesia for an increasingly diverse population of patients recognizing the special needs of each group to include:							
a. Adults							
b. Geriatrics							
c. Pediatrics							
d. all ASA categories							
e. Emergencies							
8) Plan, manage, and assess the management of acute pain during the postoperative period.							
9) Understand the need for cooperation with medical and nursing staff.							
10) Conduct a post anesthesia visit within 24 hours, documenting pertinent and appropriate information.							
11) Adhere to all Infection Control Procedures and Standard Precautions as defined by the appropriate clinical agencies and hospital policies.							
12) Accept responsibility of his/her own behavior.							
Student Strengths: _____ _____				Suggested Areas for Improvement: _____ _____			

2nd Year Semester Clinical Evaluation – Part II

Part II of the semester Evaluation provides an opportunity for Clinical Supervisor's (both CRNA's and Anesthesiologist's) to comment on areas that are not always addressed in the daily clinical evaluation. Please return these evaluations (with Part I) to Site Clinical Coordinator.

Student _____ Clinical Preceptor _____ Clinical Site _____ Date _____

1. How long have you worked with this student? _____.
2. Please Comment on the Following:
 - a. Clinical Competence

b. Basic Clinical Knowledge (didactic preparedness)

c. Professional Judgment

d. Sense of Responsibility & Ethical Conduct

e. Ability to work / Relate to: Patients, Peers, Preceptors, Medical Staff, Nursing Staff

f. What do you believe are this student's Strengths.

g. What do you believe are this student's Weaknesses.

Please return these evaluations to Site Clinical Coordinator

Student _____

Semester Evaluation – Part II

Scheduled Clinical Sites: Jan/Feb _____

Mar/Apr _____

May _____

How do you feel you are doing? Please evaluate yourself in the following areas:

a. Clinical Competence (Skills)

b. Basic Clinical Knowledge (didactic preparedness)

c. Professional Judgement

d. Sense of Responsibility & Ethical Conduct

e. Ability to work / Relate to: Patients, Peers, Preceptors, Medical Staff, Nursing Staff

f. What do you believe are your Strengths.

g. What do you believe are your Weaknesses.

h. Please identify 3 Clinical Goals for the upcoming semester and discuss how you plan to achieve those goals.

Please return to Assistant Director of Nurse Anesthesia Concentration

Anesthetic Plan A:

GA / Mask	GA / LMA Size:	GETA ETT:	Mask Case	TIVA
MAC	SAB	Epidural	Peripheral Block	Other

Premed:

Induction:

Maintenance:

Emergence:

Anesthetic Plan B:

GA / Mask	GA / LMA Size:	GETA ETT:	Mask Case	TIVA
MAC	SAB	Epidural	Peripheral Block	Other

Premed:

Induction:

Maintenance:

Emergence:

Skills Performed during CASE: Circle All that Apply

Preop Evaluation Pacu Report Charting IV Start Administer Drugs Intubation Extubation
 SAB Epidural Peripheral Nerve Block LMA Fast Track Fiberoptic Arterial Line
 CVP Swan Post Op Visit

ANESTHETIC CONSIDERATIONS

PEARLS:

**LMU CSON NURSE ANESTHESIA CONCENTRATION
DAILY CLINICAL EVALUATION**

STUDENT NAME _____ **CLINICAL COURSE** _____ **DATE** _____
CLINICAL SITE/ROTATION _____ **EVALUATOR:** _____

Please evaluate performance in each of the following areas by placing an "X" in the box, that in your best judgment represents the student's performance

CLINICAL SKILL	Above Expectations (3)	Meets Expectations (2)	Below Expectations (1)	Not able to evaluate (N/A)
Select and set up appropriate equipment; perform FDA and manufacture recommended equipment safety checks				
Perform complete preoperative interview and assessment, assign physical risk, select appropriate anesthetic technique for the procedure and communicate plan of care				
Provide for safety of patient, self, and others. Position patient to prevent injury. Use universal infection control procedures.				
Calculate, initiate, and manage fluid and blood replacement therapy including the use of various infusion devices.				
Demonstrate organization skills necessary for effective anesthetic care				
Demonstrate knowledge of anesthetic and adjunctive drugs including dose, drug classification, anesthetic implications, and pharmacologic rationale for interventions				
Demonstrate technical proficiency in establishing peripheral venous access and invasive monitoring techniques				
Demonstrate proper mask technique, laryngoscopy, intubating techniques, LMA insertion and airway management during emergence				
Demonstrate knowledge of intraoperative case management by applying interpretation of monitoring equipment and maintaining vigilance				
Constantly assess patient during emergence and transport. Report anesthetic implications and patient's physical status to appropriate post-anesthetic health care providers				
Synthesize and suggest an impression of the problem and possible solutions/alternatives to the responsible staff anesthesiologist and nurse anesthetists for judgment and definitive action				
Record keeping is timely, legible, accurate and complete				
Respond effectively to stressful situations and recognize the need for assistance				
Accept constructive criticism, and assume responsibility for his/her actions				
Demonstrate an eagerness to learn with evidence of personal motivation by seeking new opportunities and assuming responsibility for own learning				
Demonstrate personal and professional integrity and the ability to interact and communicate on a professional level				
Recognize the importance of participating as a team member with appropriate utilization of time				

Please write any comments regarding clinical strengths and/or weaknesses below or on back:

Evaluator Signature _____ **Student Signature** _____

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
NURSE ANESTHESIA CONCENTRATION**

INDIVIDUAL CASE RECORD FORM

Student Name: _____ Date: _____

Procedure:

ASA (Patient Physical Status):

Anesthesia Plan (GA, Regional, IVA etc.):

Airway:

Position:

Duration (hours):

Surgeon:

Anesthesia Supervisor:

**LMU CSON NURSE ANESTHESIA CONCENTRATION
MONTHLY CASE TOTAL REPORT**

Name:		Start Date:	End Date:
Experiences	Number of Cases	Experiences	Number of Cases
TOTAL NUMBER OF CASES (550)		-Laryngeal mask airways (or similar devices) (25)	
Patient Physical Status		-Tracheal intubation	
ASA I		-Oral (200)	
ASA II		-Nasal	
ASA III		-Total intravenous anesthesia (10)	
ASA IV		-Emergence from anesthesia (200)	
ASA V		Regional techniques	
Special Cases		-Management (30)	
Geriatric 65+ Years (50)		-Administration ² (total of a, b, & c) (25)	
Pediatric 2 to 12 years (25)		a. Spinal	
Pediatric (less than 2 years) (10)		b. Epidural	
Neonate (less than 4 weeks)		c. Peripheral	
Trauma/Emergency (E) (30)		Monitored anesthesia care (25)	
Ambulatory/Outpatient (100)			
Obstetrical management (30)		Pharmacological Agents	
-Cesarean delivery (10)		Inhalation agents (200)	
-Analgesia for labor (10)		Intravenous induction agents (200)	
		Intravenous agent – muscle relaxants (200)	
Position Categories		Intravenous agent – opioids (200)	
Prone (20)		Intravenous agent – other (50)	
Lithotomy (25)			
Lateral (5)		Arterial technique	
Sitting (5)		Arterial puncture/catheter insertion (25)	
		Intra-arterial BP monitoring (25)	
Anatomical Categories¹			
Intra-abdominal (75)		Central Venous Pressure Catheter	
Extrathoracic (15)		Placement ³ (total of a & b) (5)	
Extremities (50)		a. Actual	
Perineal (15)		b. Simulated	
Extracranial (15)		Monitoring (15)	
Intracranial (5)			
Oropharyngeal (20)		Pulmonary Artery Catheter	
Intrathoracic (15)		Placement	
-Heart (5)		Monitoring	
-Lung (5)			
Neck (5)		Other	
Neuroskeletal (20)		Intravenous catheter placement (100)	
Vascular (10)		Mechanical ventilation (200)	
		Pain management (acute/chronic)	
Methods of Anesthesia		Alternative airway mgmt techniques (total of 1 & 2) (10)	
General Anesthesia (350)		1. Fiberoptic techniques ³ (total of a, b, & c) (5)	
Induction, maintenance, and emergence		a. Actual placement	
-Intravenous induction (200)		b. Simulated placement	
-Inhalation induction (10)		c. Airway assessment	
-Mask management (25)		2. Other techniques (5)	

¹Count all that apply.

²Students must have experience in each category.

³Simple models and simulated experiences may be used to satisfy this requirement.

**LMU CSON NURSE ANESTHESIA CONCENTRATION
CUMULATIVE CASE TOTAL FORM**

Name: _____

Start Date: _____

End Date: _____

Experiences	Number of Cases	Experiences	Number of Cases
TOTAL NUMBER OF CASES (550)		-Laryngeal mask airways (or similar devices) (25)	
Patient Physical Status		-Tracheal intubation	
ASA I		-Oral (200)	
ASA II		-Nasal	
ASA III		-Total intravenous anesthesia (10)	
ASA IV		-Emergence from anesthesia (200)	
ASA V		Regional techniques	
Special Cases		-Management (30)	
Geriatric 65+ Years (50)		-Administration ² (total of a, b, & c) (25)	
Pediatric 2 to 12 years (25)		a. Spinal	
Pediatric (less than 2 years) (10)		b. Epidural	
Neonate (less than 4 weeks)		c. Peripheral	
Trauma/Emergency (E) (30)		Monitored anesthesia care (25)	
Ambulatory/Outpatient (100)			
Obstetrical management (30)		Pharmacological Agents	
-Cesarean delivery (10)		Inhalation agents (200)	
-Analgesia for labor (10)		Intravenous induction agents (200)	
		Intravenous agent – muscle relaxants (200)	
Position Categories		Intravenous agent – opioids (200)	
Prone (20)		Intravenous agent – other (50)	
Lithotomy (25)			
Lateral (5)		Arterial technique	
Sitting (5)		Arterial puncture/catheter insertion (25)	
		Intra-arterial BP monitoring (25)	
Anatomical Categories¹			
Intra-abdominal (75)		Central Venous Pressure Catheter	
Extrathoracic (15)		Placement ³ (total of a & b) (5)	
Extremities (50)		a. Actual	
Perineal (15)		b. Simulated	
Extracranial (15)		Monitoring (15)	
Intracranial (5)			
Oropharyngeal (20)		Pulmonary Artery Catheter	
Intrathoracic (15)		Placement	
-Heart (5)		Monitoring	
-Lung (5)			
Neck (5)		Other	
Neuroskeletal (20)		Intravenous catheter placement (100)	
Vascular (10)		Mechanical ventilation (200)	
		Pain management (acute/chronic)	
Methods of Anesthesia		Alternative airway mgmt techniques (total of 1 & 2) (10)	
General Anesthesia (350)		1. Fiberoptic techniques ³ (total of a, b, & c) (5)	
Induction, maintenance, and emergence		a. Actual placement	
-Intravenous induction (200)		b. Simulated placement	
-Inhalation induction (10)		c. Airway assessment	
-Mask management (25)		2. Other techniques (5)	

¹Count all that apply.

²Students must have experience in each category.

³Simple models and simulated experiences may be used to satisfy this requirement.

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
NURSE ANESTHESIA CONCENTRATION**

PRE-ANESTHESIA HEALTH ASSESSMENT FORM

Name: _____ Date: _____

Clinical Site: _____

Age:

Gender:

Procedure:

Past Medical History:

Past Surgical History:

Past Anesthesia History:

Family Anesthesia History:

Medications:

Allergies:

Review of Systems (Heart, Lung, Liver, Kidney, Diabetes, Stroke, Seizure, MI ect.):

Labs:

Weight: _____ Height: _____

Airway Class:

HMD: _____

ASA: _____

NPO status:

Anesthetic Plan:

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
NURSE ANESTHESIA CONCENTRATION**

STUDENT EVALUATION OF NURSE ANESTHESIA CLINICAL SITE

Student: _____ Date: _____ Clinical Site: _____

Please check or comment as appropriate:

1. Did this clinical site give you an opportunity to participate in a wide variety of anesthesia experiences?

_____ Always _____ Usually _____ Sometimes _____ Seldom _____ Never

Comments:

2. Did your clinical supervisors support your clinical learning with helpful feedback and critique?

_____ Always _____ Usually _____ Sometimes _____ Seldom _____ Never

3. What would you recommend to your clinical supervisors about providing feedback to students?

4. Did your clinical supervisors allow you to assess, manage, and evaluate anesthesia care to a level of autonomy consistent with your clinical abilities?

_____ Always _____ Usually _____ Sometimes _____ Seldom _____ Never

5. What would you change about the way your clinical supervisors collaborate with students?

6. Did your clinical supervisors listen to your concerns or questions in the clinical setting?

_____ Always _____ Usually _____ Sometimes _____ Seldom _____ Never

7. What would you recommend to your clinical supervisors regarding dealing with student questions or concerns?

8. Did your clinical supervisors challenge you to think by asking you to explain your anesthesia related decisions or treatment choices?

_____ Always _____ Usually _____ Sometimes _____ Seldom _____ Never

9. Would you recommend any changes to your clinical supervisors about challenging students?

10. Additional comments about the site or the clinical supervisors:

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
NURSE ANESTHESIA CONCENTRATION**

FACULTY CLINICAL SITE EVALUATION FORM

Faculty (Director or Assistant Director Nurse Anesthesia Concentration): _____ Date: _____
Clinical Site: _____

Clinical Coordinator present: _____

Please check or comment as appropriate:

1. Does this clinical site give students an opportunity to participate in a wide variety of anesthesia experiences?

_____ Always _____ Usually _____ Sometimes _____ Seldom _____ Never

Comments:

2. Do the clinical supervisors support students' clinical learning with helpful feedback and critique?

_____ Always _____ Usually _____ Sometimes _____ Seldom _____ Never

3. Do clinical supervisors allow students to assess, manage, and evaluate anesthesia care to a level of autonomy consistent with the students' clinical abilities?

_____ Always _____ Usually _____ Sometimes _____ Seldom _____ Never

4. Do clinical supervisors listen to students concerns or questions in the clinical setting?

_____ Always _____ Usually _____ Sometimes _____ Seldom _____ Never

5. Do clinical supervisors challenge students to think by asking them to explain your anesthesia related decisions or treatment choices?

_____ Always _____ Usually _____ Sometimes _____ Seldom _____ Never

6. Does this clinical site provide the necessary anesthesia experiences required?

_____ yes _____ no

If no please explain below:

7. Please fill out the information below:

H. Summary of available clinical experience: [IF MORE THAN ONE (1) FACILITY COPY SECTION H, 1 THROUGH 12, AS NECESSARY]

Name of facility:

This facility was was not visited during the on-site review.

For capability reviews – letter of intent acknowledgement sent on or after

March 1, 2006: If any other nurse anesthesia educational program utilizes this site, the program under review has provided documentation (e.g., certified mail receipt, FedEx receipt, other program[s]' written response) which affirms that the other nurse anesthesia educational program(s) affiliated with the site have been notified of this program's intentions to send students to the site.

yes no not applicable

1. Length and purpose of affiliation:
Add Text Here

2. Clinical coordinator (name and credentials):
Name, Credentials

3. Chairman of anesthesia department (if applicable):
Name, Credentials

4. Chief nurse anesthetist (if applicable):
Name, Credentials

5. Administrator responsible for anesthesia department:
Name

6. Chief Executive Officer:
Name

7. Student/faculty supervision ratio:

8. Number of surgical procedures per year:

9. Specialty procedures per year: Number

- a. Intracranial:
 - b. Intrathoracic:
 - c. Pediatric:
 - d. Obstetric:
 - e. Monitored anesthesia care:
10. Number of general anesthetics per year:
11. Learners assigned to facility:
- a. Nurse anesthesia students:
 - b. Other learners:
 - 1. Anesthesia residents:
 - 2. Medical students:
 - 3. Other residents:
 - 4. Respiratory therapists:
 - 5. Paramedics:
 - 6. Dental:
12. If other learners are present at clinical facility specify (PER DAY):
- a. Average number of anesthetizing areas:
 - b. Number of areas available to program's students:
 - c. Percent of cases available to program's students:

[i.e., If an average of 10 anesthetizing areas per day and a total of 4 students (2 nurse anesthesia and 2 anesthesia residents) the number of areas available to the program's students should equal 8 and the percent of cases available should be 80%.]

SECTION VI:

**PSYCHIATRIC MENTAL HEALTH
NURSE PRACTITIONER CONCENTRATION**

**LINCOLN MEMORIAL UNIVERSITY
CAYLOR SCHOOL OF NURSING
MASTER OF SCIENCE IN NURSING**

PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER (PMHNP) CONCENTRATION

Lincoln Memorial University’s MSN degree program, Psychiatric Mental Health Nurse Practitioner (PMHNP) concentration prepares nurses in an advanced practice role with competencies in mental health promotion and culturally competent care of common conditions with individuals, groups, and families. The PMHNP concentration at LMU can be completed in 12 months of full-time study and requires 41 credit hours of graduate course work including a minimum of 500 clinical hours. A written comprehensive exam is required during the final semester. Students will also complete a directed scholarly project. PMHNP students who successfully complete the graduate nursing program will receive the MSN degree. PMHNP students will meet the eligibility criteria for the American Nurses Credentialing Center (ANCC) PMHNP adult certification examination.

The minimum number of credit hours required for graduation should not be construed as indicating a maximum number of credit hours for any particular student. Students who complete the program in 12 months will have limited opportunity for elective courses, but students who pursue a part-time option may elect to explore additional topics. Thus, each program of study may vary as to total number of credit hours necessary to receive the degree.

PMHNP CURRICULUM PLAN

Full-Time Curriculum Plan

Students may request full or part-time status for the PMHNP concentration. The full-time curriculum plan is provided below.

Curriculum Plan: PMHNP Required Coursework (MSN) Cedar Bluff Site (12 months, 3 semesters)	
Course	Credit Hours
NURS 500 Nursing Science and Theoretical Foundations	3
NURS 510 Advanced Physiology & Pathophysiology	3
NURS 520 Health Assessment for Advanced Practice	3
NURS 530 Advanced Pharmacology	3
NURS 551 Psych Mental Health Nurse Practitioner I	2
NURS 535 Psychopharmacology	2
NURS 540 Quantitative and Qualitative Methods for Nursing Research	3
NURS 580 Advanced Nursing Professional & Practice Roles	2
NURS 552 Psych Mental Health Nurse Practitioner II	7
NURS 550 Health Care Policies & Systems	3
NURS 590 Directed Scholarly Project	2
NURS 553 Psych Mental Health Nurse Practitioner III	8
Total Program = 41 Credits	

Part-Time Option

A part-time option is offered to PMHNP students on a space available basis. Part-time options will vary in length. Students wishing a part-time option in the PMHNP concentration must first discuss this with Dr. Lisa Pullen (lisa.pullen@lmunet.edu), Concentration Director. Part-time PMHNP students must also meet with their advisor to plan an individualized progression plan. This will help to ensure that course prerequisites and future course availability will be incorporated into the plan. A change in status from part-time to full-time or vice versa must be approved by the faculty advisor and a new curriculum plan must be designed.

Sample Curriculum Plan for Part-Time PMHNP Students Cedar Bluff Site (24 months, 6 semesters)	
Course	Credit Hours
NURS 500 Nursing Science and Theoretical Foundations	3
NURS 510 Advanced Physiology & Pathophysiology	3
NURS 535 Psychopharmacology	2
NURS 540 Quantitative and Qualitative Methods for Nursing Research	3
NURS 580 Advanced Nursing Professional & Practice Roles	2
NURS 550 Health Care Policies & Systems	3
NURS 590 Directed Scholarly Project	2
NURS 520 Health Assessment for Advanced Practice	3
NURS 530 Advanced Pharmacology	3
NURS 551 Psych Mental Health Nurse Practitioner I	2
NURS 552 Psych Mental Health Nurse Practitioner II	7
NURS 553 Psych Mental Health Nurse Practitioner III	8
Total Program = 41 Credits	

PMHNP COURSE LOAD

The maximum course load for a PMHNP student is 14 credit hours during spring and summer semesters and 13 credit hours during fall semester. The minimum load for full-time status as a graduate student is nine (9) credit hours during fall and spring semesters, and six (6) credit hours during summer session. Students must petition the Dean to receive approval for any proposed overloads.

REPEATING COURSES

Repeating Graduate Nursing Courses

Graduate nursing students must maintain a “B” (3.0) cumulative grade point average (GPA). Each course syllabus clearly outlines the criteria for successful course completion. If a student earns less than a “B” (3.0) in the following courses that course must be repeated, and the student must attain a grade of “B” (3.0) or better when repeating. These courses are:

- Advanced Pharmacology,
- Advanced Physiology & Pathophysiology
- Health Assessment for Advanced Practice
- Psych Mental Health Nurse Practitioner I
- Psych Mental Health Nurse Practitioner II
- Psych Mental Health Nurse Practitioner III

If a course is repeated, the more recent grade will be used to calculate the student’s cumulative GPA although both grades will remain on the transcript. Only one nursing course may be repeated one time. Students exceeding this limit must withdraw from the program. Students who are required to repeat a course, or whose overall GPA falls below 3.0, will be placed on academic probation. If a student must repeat a course, they may not progress clinically until the course is successfully completed and they will remain on academic probation until that occurs. Students whose GPA falls below 3.0 must raise their GPA to 3.0 or above during the next semester of enrollment to remain in the program. A graduate nursing student may be placed on academic probation a maximum of two (2) times. Students exceeding these limits must withdraw from the program.

Repeating Other Graduate Courses

Graduate nursing students may repeat any non-nursing course if permissible. However, the student must attain a cumulative GPA of at least 3.0 to remain in good standing as described above. Only the most recent grade will be used in computing the cumulative grade point average. All attempts will remain a part of the permanent academic record.

GRADUATION REQUIREMENTS

To be eligible for graduation, a MSN student must have a 3.0 or better final cumulative grade point average. A MSN student who fails the clinical component of any course fails the course. The instructor will seek input on clinical performance from the clinical preceptor; however final responsibility for the student's grade is retained by the LMU faculty.

No student will be allowed to participate in commencement exercises until all degree requirements have been met. The following requirements must be met for earning the degree:

- Completion of the 41 credit hours as specified in the approved Program of Study
- PMHNP concentration students will be required to take a certification review exam in their last semester prior to graduation. The PMHNP student is responsible for the associated costs/fees for this review course
- Completion of a minimum of 500 clinical hours
- A minimum cumulative GPA of 3.0 (B)
- A passing score on the final comprehensive examination
- Payment of all fees

PMHNP POST MASTER'S CERTIFICATE (PMHNP PMC)

Gap Analysis Requirement for PMHNP PMC Students

A master's degree in nursing is required for admission to the PMC option. The completion of required didactic courses and clinical hours for the PMC students can be flexible depending upon waived and/or challenged credit hours and coursework, and as outlined in the student's individualized program of study. The clinical evaluation process is outlined in this handbook.

Each student who is admitted as a candidate for a Post Master's Certificate (PMC) student in the PMHNP Concentration will complete a Gap Analysis. The *Gap Analysis* form is located in Section III: Forms of this handbook.

Sample Curriculum Plan for PMHNP PMC Students

A master's degree in nursing is required for admission to the PMC option. The completion of required didactic courses and clinical hours for the PMC students can be flexible depending upon waived and/or challenged credit hours and coursework, and as outlined in the student's individualized program of study. The clinical evaluation process is outlined in this handbook.

Sample Curriculum Plan for PMHNP PMC (12 month program plan, 3 Semesters)		
Course	Credit Hours	PMHNP PMC Director Initials <i>Initials indicates course to be taken by PMHNP PMC student</i>
Spring I		
* NURS 500 Nursing Science and Theoretical Foundations	3	
* NURS 510 Advanced Physiology & Pathophysiology	3	
* NURS 520 Health Assessment for Advanced Practice	3	
* NURS 530 Advanced Pharmacology	3	
** NURS 551 Psych Mental Health Nurse Practitioner I	2	
	14	
Summer I		
** NURS 535 Psychopharmacology	2	
* NURS 540 Quantitative and Qualitative Methods for Nursing Research	3	
* NURS 580 Advanced Nursing Professional & Practice Roles	2	
** NURS 552 Psych Mental Health Nurse Practitioner II	7	
	14	
Fall I		
* NURS 550 Health Care Policies & Systems	3	
* NURS 590 Directed Scholarly Project	2	
** NURS 553 Psych Mental Health Nurse Practitioner III	8	
Total Program = 41 Credits	13	
PMHNP PMC Student Signature _____		Date _____
PMHNP Concentration Director Signature _____		Date _____

* Students will be required to take these courses if they have not taken them or if they are not currently certified as an advanced practice nurse. Student may be required to take these courses if they have not been certified as an advanced practice nurse prior to taking NURS 552.

** All PMHNP PMC students are required to take these courses.

Graduate Coursework for Those Who Are Currently Certified in Advanced Practice Nursing Other than PMHNP

PMHNP PMC students must complete a minimum of 19 credit hours and a minimum of 500 clinical hours in order to establish competency as a PMHNP. Graduate coursework for those *with* certification in advanced practice other than as a PMHNP must have included: graduate level courses in pathophysiology, pharmacology, and health assessment. A course may be waived only if the student's official transcript indicates that such required MSN core course or the equivalent has already been successfully completed. Other coursework that may be required at the master's level includes nursing science and theoretical foundations, nursing research, professional nursing roles, and/or advanced health policy as determined by the PMHNP Concentration Director and the MSN Program Chair. All PMHNP students will have a Gap Analysis done to determine other necessary coursework.

Graduate Coursework for Those with MSN and No Advanced Practice Nursing Certification

Graduate coursework for PMHNP PMC students with an MSN degree will vary depending on the student's academic record, clinical experience, and educational objectives. If the PMHNP PMC students have not completed MSN level pathophysiology, pharmacology, and health assessment, these courses will need to be completed as part of the standard program of study for preparation in the PMHNP concentration. A course may be waived only if the student's official transcript indicates that such required MSN core course or the equivalent has already been successfully completed.

Post Master's students expanding into the PMHNP concentration may challenge selected courses and experiences. Students can demonstrate competency in the specific specialty by successfully completing tests or scholarly projects within that specialty, and/or by demonstrating competency in the specialty clinical area as determined by the PMHNP nursing faculty. An individual area of faculty directed study will be developed for the student within the required course(s). The area of directed study includes those competencies that must be completed in order to ensure that the competencies of the PMHNP course contents are mastered. Other coursework that may be required at the master's level includes nursing science and the theoretical foundations, nursing research, professional nursing roles, advanced health policy, and/or directed scholarly project as determined by the PMHNP Concentration Director and the MSN Program Chair. All students will have a Gap Analysis done to determine other necessary coursework.

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ADVISING WORKSHEET FOR FULL-TIME MSN PMHNP STUDENTS

 Student's Name (Print) Student's Signature Student ID Number

Course Number	Course Title	Credits	Semester/ Year	Student's Initials	Student's Signature	Advisor Signature	Date
NURS 500	Nursing Science & Theoretical Foundations	3					
NURS 510	Advanced Physiology & Pathophysiology	3					
NURS 520	Health Assessment For Advanced Practice	3					
NURS 530	Advanced Pharmacology	3					
NURS 551	Psych Mental Health Nurse Practitioner I	2					
NURS 535	Psychopharmacology	2					
NURS 540	Quantitative & Qualitative Methods for Nursing Research	3					
NURS 580	Advanced Nursing Professional & Practice Roles	2					
NURS 552	Psych Mental Health Nurse Practitioner II	7					
NURS 550	Health Care Policies & Systems	3					
NURS 590	Directed Scholarly Project	2					
NURS 553	Psych Mental Health Nurse Practitioner III	8					

Total Program= 41 Credits

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ADVISING WORKSHEET FOR PART-TIME MSN PMHNP STUDENTS

Student's Name (Print) Student's Signature Student ID Number

Course Number	Course Title	Credits	Semester/ Year	Student's Initials	Student's Signature	Advisor Signature	Date
NURS 500	Nursing Science & Theoretical Foundations	3					
NURS 510	Advanced Physiology & Pathophysiology	3					
NURS 535	Psychopharmacology	2					
NURS 540	Quantitative & Qualitative Methods for Nursing Research	3					
NURS 580	Advanced Nursing Professional & Practice Roles	2					
NURS 550	Health Care Policies & Systems	3					
NURS 590	Directed Scholarly Project	2					
NURS 520	Health Assessment For Advanced Practice	3					
NURS 530	Advanced Pharmacology	3					
NURS 551	Psych Mental Health Nurse Practitioner I	2					
NURS 552	Psych Mental Health Nurse Practitioner II	7					
NURS 553	Psych Mental Health Nurse Practitioner III	8					

Total Program= 41 Credits

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ADMISSION TO CANDIDACY FORM

I certify that I have completed at least 12 hours of required graduate credit towards completion of my degree requirements. I have met with my advisor and have developed the following plan of study.

Student's Name (Print) **Student's Signature** **Student ID Number** **Date**

Required MSN Courses	Credits	Completed/Planned Enrollment	Grade
NURS 500 Nursing Science & Theoretical Foundations	3		
NURS 510 Advanced Physiology & Pathophysiology	3		
NURS 520 Health Assessment For Advanced Practice	3		
NURS 530 Advanced Pharmacology	3		
NURS 551 Psychiatric Mental Health Nurse Practitioner I	2		
NURS 535 Pysychopharmacology			
NURS 540 Quantitative and Qualitative Methods for Nursing Research	3		
NURS 580 Advanced Nursing Professional & Practice Roles	2		
NURS 552 Psychiatric Mental Health Nurse Practitioner II	7		
NURS 550 Health Care Policies & Systems	3		
NURS 590 Directed Scholarly Project	2		
NURS 553 Psychiatric Mental Health Nurse Practitioner III	8		
Electives: (Please list)			
TOTAL			

The following faculty members have agreed to be on my Master's Comprehensive Exam Committee, as indicated by their signatures below:

Print Name, Concentration Director	Signature	Date
Print Name	Signature	Date
Print Name	Signature	Date

(Submit Change of Committee form if the committee members have changed since the admission to candidacy)

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ARRANGEMENT FOR COMPREHENSIVE EXAMINATION FORM

_____ **Student's Name (Print)** _____ **Student's Signature** _____ **Student ID Number**

I certify that I am in good academic standing. I have completed all coursework (see below) except for the courses scheduled to be taken in _____ (semester) _____ (year). I request that arrangements be made for me to take the Master of Science Degree in Nursing Comprehensive Examination in _____ (semester) _____ (year).

Required MSN Courses	Credits	Completed/Planned Enrollment	Grade
NURS 500 Nursing Science & Theoretical Foundations	3		
NURS 510 Advanced Physiology & Pathophysiology	3		
NURS 520 Health Assessment For Advanced Practice	3		
NURS 530 Advanced Pharmacology	3		
NURS 551 Psychiatric Mental Health Nurse Practitioner I	2		
NURS 535 Pyschopharmacology	2		
NURS 540 Quantitative and Qualitative Methods for Nursing Research	3		
NURS 580 Advanced Nursing Professional & Practice Roles	2		
NURS 552 Psychiatric Mental Health Nurse Practitioner II	7		
NURS 550 Health Care Policies & Systems	3		
NURS 590 Directed Scholarly Project	2		
NURS 553 Psychiatric Mental Health Nurse Practitioner III	8		
Electives: (Please list)			
TOTAL			

The following faculty members have agreed to be on my Master's Comprehensive Exam Committee.

 Print Name, Concentration Director

 Print Name

 Print Name

(Submit Change of Committee form if the committee members have changed since the Admission to Candidacy.)

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CLINICAL LOG

Students must keep an accurate clinical log. American Nurses Credentialing Center (ANCC) requires documentation of clinical hours as part of the eligibility criteria to take the certification examination. Some State Boards of Nursing require documentation of clinical hours. The student is required to submit the clinical logs on designated dates (_____) to the faculty who will do the clinical site visits. If the student does not submit the logs on the required dates, with the required student and preceptor signatures, it will result in a two (2) point deduction in the overall percentage of the clinical grade per day for each date it is late including weekends. In addition, evaluation of the types of clinical experiences which a student has had can help determine what types of clinical experiences would be best for subsequent placements. Keep your log in a safe place; consider keeping multiple copies.

**AUTONOMY CODE
FOR USE WITH THE CLINICAL LOG**

Clinical Log Autonomy Code

0 - Observation

1 – Preceptor reviews entire encounter (Mental Health Assessment/MMSE, Diagnosis (DSM IV-TR), & Treatment)

2 – Preceptor reviews and directs most of the encounter (A portion of Mental Health Assessment/MMSE; the major portion of Diagnosis (DSM IV-TR), & Treatment)

3 – Preceptor reviews some of the encounter (Minimal portion of Mental Health Assessment/MMSE, some input regarding diagnosis (DSM IV-TR), & Treatment)

4 - Student manages the patient encounter with minimal oversight by preceptor.

The form for the clinical log follows:

/							
/							
/							
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/							

Total Clinical Hours for **NURS 552** **NURS 553**

Student Signature

Student Signature

Student Signature

Student Signature

Date

Date

Date

Date

Faculty Signature

Faculty Signature

Faculty Signature

Faculty Signature

Date

Date

Date

Date

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CLINICAL EVALUATION FORM

Student: _____ Faculty: _____ Preceptor: _____ Semester/Course: _____

Midterm Date: _____ Initial: _____ Final Date: _____ Initial: _____

Evaluation:

A student must receive a rating of satisfactory performance in each of the categories by completion of the semester in order to receive a passing grade for the course(s). A rating of less than satisfactory in any of the categories will constitute an unsatisfactory grade.

Areas of Evaluation:	Midterm		Final	
	S	U	S	U
Demonstrates knowledge of role of advanced practice psychiatric-mental health nurse in health care delivery system through collaboration and referral. Demonstrates advanced practice role behaviors, including: <ul style="list-style-type: none"> • Sets role appropriate boundaries • Establishes rapport with client • Develops therapeutic verbal and nonverbal communication skills 				
Utilizes the nursing process in the assessment and treatment of individuals <ul style="list-style-type: none"> • Assesses clients accurately • Demonstrates therapeutic interviewing skills • Demonstrates competency in assessment techniques • Collects relevant and complete objective and subjective data from client and other relevant sources • Data on all body systems • Data on culture, environment, and socioeconomic status • Data on spirituality • Data on psychological competency in individual assessment techniques including use of genograms • Analyzes data • Interprets laboratory data accurately • Develops differential diagnoses • Develops priorities • Organizes data using DSM-IV-TR • Plans care appropriate for client status, diagnoses, socioeconomic and cultural status, and environment • Relates assessment findings to pathophysiological changes • Includes health promotion activities 				

Areas of Evaluation:	S	U	S	U
<ul style="list-style-type: none"> • Includes nutrition • Bases care on theoretical framework • Intervenes therapeutically using effective communication skills • Adapts interventions to client's customs, beliefs and resources • Determines pharmacologic and non-pharmacologic therapies at beginning level • Suggests psychotropic medications at novice level • Monitors client responses to psychotropic medications • Evaluates client response to interventions • Revises plan appropriately • Competes discharge summary or clinical evaluation summary when appropriate 				
<p>Theory/Knowledge Base</p> <ul style="list-style-type: none"> • Uses theoretical framework as basis for organization of nursing practice • Utilizes current knowledge of acute and chronic psychiatric disorders in assessment and plan • Applies knowledge from a variety of individual therapies • Applies knowledge of general systems theory • Applies knowledge of anatomy and physiology especially related to human brain • Applies knowledge of physical and psychological growth and development 				
<p>Collaboration with Interdisciplinary Team</p> <ul style="list-style-type: none"> • Uses interpersonal skills to collaborate with an interdisciplinary team • Evaluates achievement of health care goals with health care team • Consults with and refers to health team members and other resources • Includes client in development of care plan • Acts as client advocate • Collaborates with other health care providers communication • Uses technology and informatics • Modifies communication for diverse populations • Writes/Dictates notes that are concise, organized and articulate • Communicates when appropriate with political entities to inform them of the impact on clients of policies effecting psychiatric-mental health care • Uses non-judgmental and accurate terminology • Obtains informed consent when appropriate • Provides scientific rationale to support clinical reasoning and management plan • Evaluates implications of research to client situations at beginning level • Plans care-based on client's socioeconomic resources (considers cost and availability of treatment interventions) • Plans care-based on client's culture • Considers impact of health care policies on treatment • Considers cost of treatment and makes recommendations for increasing cost effectiveness of care • Performs risk assessment on clients 				

Areas of Evaluation:	S	U	S	U
<p>Clinical Reasoning</p> <ul style="list-style-type: none"> • Identifies therapeutic options for individuals • Prioritizes interventions among treatment options • Clarifies decisions as independent or collaborative • Generates timeline for client's responses • Conducts risk-benefit analysis of treatment plan <p>Practices Within an Advanced practice Role</p> <ul style="list-style-type: none"> • Uses time effectively • Models self-directed learning • Validates practice with clients and health care providers • Professional in appearance • Articulates values of an advanced practice psychiatric-mental health clinical specialist/nurse practitioner • Bases practice on ethical theories/framework • Evaluates clinical decisions based on ethical and legal guidelines • Practices within legal scope of practice • Evaluates impact of personal beliefs and experiences on care provided to client <p>Practice Standards</p> <ul style="list-style-type: none"> • Compares quality indicators with patient outcomes • Evaluates cost of treatment/management plan including resources • Examines feasibility of patient compliance 				

<p>Dates of Observation Clinical Practice:</p> <p>Comments:</p> <p>Signatures:</p> <p>Preceptor: _____</p> <p>Faculty: _____</p> <p>Student: _____</p>	<p>Dates of Observation Clinical Practice:</p> <p>Comments:</p> <p>Signatures:</p> <p>Preceptor: _____</p> <p>Faculty: _____</p> <p>Student: _____</p>
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STUDENT PRECEPTOR AGREEMENT

Faculty Supervisor _____ Cell phone _____
Student Name _____ e-mail _____
Address _____

Contact information

home phone _____ cell phone _____ work phone _____
e-mail address _____

RN License(s) State _____ Number _____ Expires _____
State _____ Number _____ Expires _____
State _____ Number _____ Expires _____

Current infant, children and adult CPR certification:

Provider: _____ Expires _____

I have a current Health Profile on file at LMU indicating that I have current immunizations, annual TB status, proof of Hepatitis B vaccination or signed declination form, rubella and rubeola immunization or documentation of immunity, and a negative drug screen. (Attach copy.) _____ (*initial*)

I understand that I may be required to undergo a criminal background check. _____ (*initial*)

I have personal health insurance ____ Yes ____ No, I do not have personal health insurance. I understand that any emergency care that I may require will be at my sole expense and responsibility.

I have a malpractice insurance policy in minimum amounts of _____ per occurrence and _____ in the annual aggregate. (Attach copy of certificate.) _____ (*initial*)

OBLIGATIONS:

- I will prepare for assignments and perform them carefully, conscientiously, and to the best of my abilities.
- I will maintain a professional demeanor.
- I will respect time, space, equipment and materials.
- I will take responsibility for my own learning.
- I will work cooperatively with the staff to maintain an environment of quality patient care and learning.
- I will work under the supervision and guidance of my preceptor.
- I will identify myself as a student. If a patient or family does not wish to see a student, then I will not have access to, or experience with, that patient.
- I understand that the preceptor retains responsibility for the disposition of all patients.
- I will comply with all laws, rules, policies and regulations related to patient privacy and patient rights to confidentiality.

Agreed to, as acknowledged by the signatures below:

Preceptor signature _____ date

Student signature _____ date

Faculty signature _____ date

Copy to preceptor and instructor

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STUDENT CLINICAL PORTFOLIO

1. Clinical Experiences

Formal clinical experiences:

Other clinical experiences:

2. Clinical Interests

What aspects of mental health, including primary and acute, do you find most interesting?

What aspects of mental health, including primary and acute, do you find least interesting?

What are your career interests?

3. What are your clinical strengths?

4. What clinical skills do you need most support to improve?

5. What preceptor qualities or behaviors would help you learn the most?

6. How do you learn best?

7. What are your responsibilities as a student?

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STUDENT CLINICAL OBJECTIVES

Learning Objectives: Review the course objectives. Then list your most important objectives for this clinical experience and list specific strategies you propose to meet these objectives.

Objective	Strategies

Student _____ Date _____

Preceptor _____ Date _____

Faculty _____ Date _____

Student _____ Date _____

Preceptor _____ Date _____

Faculty _____ Date _____

Student _____ Date _____

Preceptor _____ Date _____

Faculty _____ Date _____

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STUDENT EVALUATION OF CLINICAL PRECEPTOR

Student: _____ Clinical Preceptor: _____ Date: _____
Clinical Preceptor: _____ Date: _____
Clinical Preceptor: _____ Date: _____

Please check or comment as appropriate:

1. Did this placement give you an opportunity to see a wide variety of patients and problems?
_____ Always _____ Usually _____ Sometimes _____ Seldom _____ Never

Comments:

2. Did your clinical preceptor support your clinical learning with helpful feedback and critique?
_____ Always _____ Usually _____ Sometimes _____ Seldom _____ Never

3. What would you recommend to your preceptor about providing feedback to students?

4. Did your preceptor allow you to evaluate, assess, and manage patient encounters to a level of autonomy consistent with your clinical abilities?

_____ Always _____ Usually _____ Sometimes _____ Seldom _____ Never

5. What would you change about the way your preceptor collaborates with students?

6. Did your preceptor listen to your concerns or questions in the clinical setting?

_____ Always _____ Usually _____ Sometimes _____ Seldom _____ Never

7. What would you recommend to your preceptor regarding dealing with student questions or concerns?

8. Did your preceptor challenge you to think by asking you to explain your diagnostic decisions or treatment choices?

_____ Always _____ Usually _____ Sometimes _____ Seldom _____ Never

9. Would you recommend any changes to your preceptor about challenging students?

10. Additional comments about the site or the preceptor:
