This handbook is designed to serve as a guide to the rules, policies, and services of the University: therefore, it is not intended to establish a contract and the University reserves the right to amend, modify, or change regulations, policies, and financial charges stated in this handbook throughout the year. In such case, the University will make reasonable efforts to notify the University community, in a timely manner, of any changes in policies and regulations. Notification shall be made via MyLMU, the University website, or to University issued e-mail accounts as deemed appropriate.
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SECTION I: LINCOLN MEMORIAL UNIVERSITY
LINCOLN MEMORIAL UNIVERSITY
MISSION AND PURPOSE

Lincoln Memorial University is a comprehensive values-based learning community dedicated to providing quality educational experiences at the undergraduate, graduate, and professional levels. 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.

While primarily committed to teaching, the University supports 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, service, and research opportunities available to students, Lincoln Memorial University seeks to improve life for the students it serves. While serving students from throughout the state, nation, and many other countries, the University retains a commitment to enrich the lives of people and communities in the Appalachian region.

Revised July 6, 2017; approved by Board of Trustees, November 10, 2017

For further information on University tradition and heritage, accreditation, memberships, institutional goals, and academic information please see the LMU Graduate Catalog.
Academic Calendar 2018-2019

Official University Holidays (Offices closed/no classes):

2018: September 3; November 21 - 23; December 24-31
2019: January 1; April 19; May 27 and July 4

Faculty/Staff Conference Week: August 6 – 10

Fall Semester 2018

Final Registration before classes begin ................................. August 10
New Student Survival Weekend ............................................. August 11
Matriculation Ceremony (11a.m.) ........................................ August 11
Residence halls open (8a.m.) .............................................. August 12
Classes begin ...................................................................... August 13
Last day to complete registration/add classes ....................... August 22
Labor Day (no classes, residence halls remain open) .......... September 3
Last day to drop course without “WD” ............................. September 11
Mid-term ........................................................................ October 8 – 12
Homecoming (classes held as scheduled)................................. October 11 - 13
Last day to drop course without “F” ............................... October 19
Early registration begins .................................................... October 29
Thanksgiving holiday (no classes) ................................. November 21 - 23
Residence halls open (1 p.m.) ........................................ November 25
Classes end ...................................................................... November 30
Final exams ...................................................................... December 3 - 7
Commencement (11 a.m.) ................................................ December 8
Residence halls close (2 p.m.) ........................................ December 8

Spring Semester 2019

Final Registration before classes begin ................................ January 4
Residence halls open (8a.m.) ........................................ January 6
Classes begin ...................................................................... January 7
Last day to complete registration/add classes ....................... January 16
Martin Luther King Day (special activities) ............................ January 21
Last day to drop course without “WD” .......................... February 5
Lincoln Day/Founders Day (special activities) ................... February 12
Mid-term ........................................................................ March 4 - 8
Last day to drop course without “F” ........................... March 15
Residence halls close (5 p.m.) ........................................ March 22
Spring break (no classes) ............................................... March 25 – 29
Residence halls open (1p.m.) ........................................ March 31
Early registration begins .................................................... April 1
Good Friday (no classes) .................................................. April 19
Classes end ...................................................................... April 26
Final exams ...................................................................... April 29 – May 3
Commencement (11 a.m.) ................................................ May 4
Residence halls close (2 p.m.) ........................................ May 4

Summer Term 2019 ............................................................... May 6– July 26
Memorial Day (no classes) ................................................. May 27
Independence Day (no classes) ........................................... July 4

During the 12-week summer term, classes may meet 3 weeks, 4 weeks, etc., as long as the required number of contact hours is met.
UNIVERSITY SERVICES AND RESOURCES

Library Services

The Lincoln Memorial University’s Carnegie-Vincent Library (http://library.lmunet.edu/) links to self-paced, web based tutorials to introduce Lincoln Memorial University Nursing students, faculty, and staff to important research concepts and how to use library resources. They can be accessed at http://library.lmunet.edu/friendly.php?search=nursingguides. The Library has developed new resources which can be accessed through the Library’s website as well as directly through the Internet. The Lon and Elizabeth Parr Reed Medical and Allied Health Library is housed within the Carnegie-Vincent Library and maintains a website (http://library.lmunet.edu/medlib/) that provides students with access to the Nursing electronic resources and interactive websites that enhance learning.

To support the Caylor School of Nursing’s ASN, BSN, and MSN programs, the Carnegie-Vincent Library has designated a full-time Librarian to assist students. The LMU/Harrogate Library can be contacted via phone (1-800-325-0900).

There are twenty-four primary databases specific to the Nursing curriculum. The library also offers 160 secondary databases and over 45,000 full-text journals. Electronic databases are grouped on the library’s database webpage according to subject discipline with the Nursing databases aggregated under the “Nursing” heading for ease of access.

Databases often used throughout the Nursing programs include:

- **Academic Search Premier**—provides full text for more than 3,600 peer-reviewed titles including 114 different Nursing Journals.
- **Bates Visual Guide to Physical Examination**—Includes physical examination videos of bodily systems, body regions, and patients by age.
- **CINAHL with Full Text** Cumulative Index of Nursing and Allied Health Literature—Full text articles dating back to 1981. The world’s most comprehensive source of full-text access to nursing and allied health journals. Indexes 2,900+ nursing and allied health journals, provides full-text access to more than 600 nursing and allied health journals, and includes 1,338 nursing periodicals.
- **DynaMed**—Provides information on drugs and conditions. Updated daily and monitors the content of over 500 medical journals and systematic evidence review databases.
- **Health Reference Center**—Provides full-text access to respected journals and other sources.
- **Health Source: Consumer Edition**—Useful for patient education, it offers full-text access to over 80 consumer health periodicals. Included is full-text for nearly 1,000 health related pamphlets and 130 books.
- **Health Source: Nursing/Academic Edition**—Provides full-text access to nearly 550 scholarly journals; indexes over 850 journals, and includes 170 nursing periodicals.
- **MEDLINE**—Includes 21 million citations, including limited full-text articles.
- **ProQuest Health & Medical Complete**—Indexes and abstracts over 1,950 publications, provides full-text access to 1,600 publications. Includes 124 nursing journals and 92 nursing periodicals.
- **PsycINFO**—An abstract database from the American Psychological Association (APA) 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 that includes over 21 million citations to biomedical articles back to 1948.
- **STAT! Ref Medical and Nursing**—Includes nursing e-book titles, a medical dictionary, calculators, and point-of-care tools.
- **UpToDate**—An evidence-based website with 97,000 pages of original, peer-reviewed text.
- **VisualDX**—The interactive tool determines differential diagnoses based on visual findings. Includes information on conditions and collections of images for specific topics.
In addition to the extensive electronic databases located on the LMU Carnegie-Vincent Library website, there are electronic (or e-books) available through the library catalog that include over 300,000 titles. 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 available through the library with books and articles delivered by the most expeditious means possible.

The Librarians regularly collaborate with the faculty and students to integrate library resources into the curriculum of the Nursing programs by regularly soliciting feedback and advice from faculty and students regarding material and resources to provide a higher level of support for the program. They also update the nursing collection throughout the year by purchasing newer editions of existing books, as well as soliciting feedback from students and faculty alike to purchase original material to support the new and existing Nursing Programs. The Librarians report to the Library Director, who 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 LMU Graduate 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 LMU Graduate 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).

UNIVERSITY POLICIES

University information including academic information, university services and resources, and university policies (e.g., equal opportunity, affirmative action and non-discriminatory policy, inclement weather, students with disabilities, sexual and other discriminatory harassment, student email policy, smoke free campus policy, alcohol and drug policy, Family Educational Rights and Privacy Act (FERPA), and criminal background checks are found in the LMU Graduate Catalog.
SECTION II: CAYLOR SCHOOL OF NURSING
CAYLOR SCHOOL OF NURSING (CSON) HISTORY

Caylor School of Nursing (CSON) 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.

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. In fall 2010, the BSN generic option commenced in response to state and community needs. The CSON’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 and the Doctoral Nursing Practice (DNP) degree was established in 2015. Both the MSN and the DNP degrees offer professional nurses extended educational options, and provide surrounding and distant communities with advanced practice nurses to meet the dynamic health care needs within the specific area. Presently, the CSON offers MSN concentrations as a Family Nurse Practitioner, Nurse Anesthetist, Family Psychiatric & Mental Health Nurse Practitioner, and Nursing Admini.

For further information on the school’s MSN or DNP programs, please contact the Director of CSON Enrollment, Sherry Pearman (sherry.pearman@lmunet.edu).

CSON ACCREDITATION/APPROVALS

TENNESSEE/KENTUCKY Programs:
The Associate of Science in Nursing (ASN), Bachelor of Science in Nursing (BSN), Master of Science in Nursing (MSN), and Doctor of Nursing Practice (DNP) degree programs are approved by the Tennessee Board of Nursing. The ASN program offered in Kentucky is approved by the Kentucky Board of Nursing. Furthermore, the ASN, BSN, MSN, and DNP programs in Tennessee are accredited with the Accreditation Commission for Education in Nursing, Inc. (ACEN) which includes the off campus instructional site in Corbin, Kentucky.

FLORIDA Programs:
The ASN and BSN programs offered in Florida are approved by the Florida Board of Nursing. At present, the ASN, BSN, and MSN degree programs in Tampa, Florida have been deemed eligible for the Candidacy process with the ACEN. ACEN is officially recognized as a national accrediting agency for nursing education by the Council on Higher Education Accreditation (CHEA) and by the U.S. Department of Education. ACEN, may be contacted at 3343 Peachtree Rd NE, Suite 850, Atlanta, GA 30326 or call 404-975-5000 or visit www.acenursing.org.

THE CAYLOR SCHOOL OF NURSING MISSION, PURPOSE, VISION, AND PHILOSOPHY

MISSION STATEMENT
In agreement with the University’s mission and goals, the Faculty of the Caylor School of Nursing strive 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, MSN, and DNP 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 and a global society by preparing nurses at multiple degree levels and by providing continuing education/professional development opportunities rooted in knowledge, research, and other scholarly activities.

Purpose
Responding to the needs of nursing education and health care of the people of the region, Lincoln Memorial University established the Associate of Science in Nursing (ASN) degree program in 1974. As a reflection of the changing local health care needs and national trends in nursing, Lincoln Memorial University instituted the Registered Nurse to Bachelor of Science in Nursing (RN-BSN) program in 1987. Both undergraduate programs are founded on the belief that nursing is a service which aims to assist individuals to attain, maintain, or regain optimum level of wellness through application of the nursing process. To further assist with regional healthcare needs and to enhance nursing service across the lifespan, the Master of Science in
Nursing (MSN) program was initiated in 2006 to educate advanced practice nurses, the generic Bachelor of Science in Nursing (BSN) program commenced in 2010, and the Doctor of Nursing Practice (DNP) in 2015.

**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. The Faculty desire 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 and beyond. We desire to be recognized as providing excellent nursing programs that support a career pathway for lifelong learning and that also value high academic, moral, and ethical standards.

**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 degree 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 believe 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 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 roles including: advanced practice nurse, 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, standards, and criteria.

**The Roy Adaption 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 MSN program. Both the MSN and DNP graduate programs rely 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 for their personal professional practice and activities.

Fundamental to the Roy Adaptation Model “is the goal of enhancing life processes to promote adaptation” with adaptation 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:
Revised 11/10/16
Caylor School of Nursing
Organizational Chart
2018-2019

ORGANIZATIONAL CHART

CAYLOR SCHOOL OF NURSING
CHANNELS OF COMMUNICATION

Vice President for Academic Affairs (VPAA)
Dean, Caylor School of Nursing
Student Appeals Review Committee
Chair, Graduate Programs
Concentration Director
Course Coordinator
Faculty
Student
GENERAL MSN INFORMATION

Admission
See the LMU Graduate 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 LMU Graduate 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 FPMHNP Concentrations on a space available basis. Part-time options will vary in length. FNP and FPMHNP applicants who are interested in a part-time option should contact the Concentration Director 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. Family Nurse Practitioner and Family Psychiatric & Mental Health Nurse Practitioner students must take their advanced pharmacology and health assessment courses within one year prior to beginning their 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 Concentration Director to enroll (on a space available basis) in NURS 500 Theoretical Foundations and Research Methods, NURS 510 Advanced Pathophysiology, NURS 530 Advance Pharmacology, or NURS 580 Contemporary Roles and Issues for Advanced Practice Nurses. All other graduate nursing (NURS) 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 Caylor School of Nursing MSN program. Non-degree MSN students wishing to enter the program must apply as degree-seeking students and follow the process outlined for regular graduate student status. Course credit transferred from non-degree status to degree seeking status must have a grade of a “B” or higher and be equivalent to coursework in the approved MSN concentration program of study (refer to the MSN Curriculum Plans 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 Credit
No credit may be transferred in to the Nurse Anesthesia concentration. Six (6) hours may be transferred in to the Family Nurse Practitioner (FNP) and Family Psychiatric & Mental Health Nurse Practitioner (FPMHNP) concentrations from accredited institutions offering the graduate degree. Transfer of additional course work will be at the discretion of the Concentration Director.

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 higher. Advanced pharmacology and advanced health assessment must be taken within one year prior to beginning the initial clinical practicum in the concentration. No credit will be given for advanced pharmacology and advanced health assessment taken at another institution. No credit will be given for an advanced pathophysiology course that is greater than two (2) years old at the time of admission. No credit for other graduate nursing courses earned more than five (5) years ago can be transferred.

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 grade of “B” or higher in the course. Course equivalency will be evaluated by the faculty currently teaching the LMU version of the course. The designated faculty will make a recommendation to the appropriate Concentration Director regarding substitution. All transfer credit into the MSN program must be approved by both the appropriate Concentration Director and/or the Dean of the Caylor School of Nursing.
Request for Concentration Transfer

Students requesting to transfer to another concentration from their current program of study in the MSN program must submit an admission application to the Graduate Nursing Office. Transfer to another concentration is not guaranteed and will be reviewed by the admissions committee. The student must be in good standing in their current program of study and a formal letter should also be included with the admission application on why the student is requesting to transfer to another concentration.

Student Health Insurance

All graduate nursing students must have medical insurance while enrolled in any of the Caylor School of Nursing programs. Students must submit adequate documentation demonstrating coverage of health insurance. Students are required to notify immediately the Graduate Nursing office of any change in health insurance provider or coverage.

Immunization Information/Requirements

Immunizations must be completed prior to matriculation into the MSN program. The exception is a documented contraindication or precaution to the vaccine. The student will need a written statement from the health care provider that identifies the immunization and the reason for exclusion. The student will not be allowed to attend class or practice experience if immunizations are not current or proof of immunizations are not provided. The appropriate information must be provided and maintained during the nursing program by the students’ primary care provider (physician, nurse practitioner, or physician’s assistant). The following information/guidelines may be changed to reflect the Centers for Disease Control and Prevention (CDC) most current guidelines. These guidelines are found on www.cdc.gov.

Documentation of the following is to be attached to the completed Medical Profile form. All are required unless documentation is provided that the student is unable to comply.

Rubella, Rubeola, and Mumps Immunity

Adults born before 1957 generally are considered immune to measles and mumps.

For unvaccinated health-care personnel born before 1957 who lack laboratory evidence of measles, mumps, and/or rubella immunity or laboratory confirmation of disease, health-care facilities should consider routinely vaccinating personnel with 2 doses of MMR vaccine at the appropriate interval for measles and mumps or 1 dose of MMR vaccine for rubella.

- If born in or after 1957, provide proof of immunity by one of the following:
  1) Documentation of two measles, mumps, and rubella (MMR) vaccines or
  2) Documentation of positive rubella, rubeola, and mumps titers (All 3 titers required).

- If born before 1957, provide proof of one of the following:
  1) Documentation of two measles, mumps, and rubella (MMR) vaccine if there is no laboratory evidence of immunity (all 3 titers are required) or
  2) Documentation of positive rubella, rubeola, and mumps titers (All 3 titers required).

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

1) Immunization with varicella vaccine series or
2) Positive antibody titer

Tuberculosis—Tuberculin Skin Test (TST, formally PPD) within last 12 months documented prior to beginning any nursing coursework. The two-step process TB skin test (takes 1-3 weeks to complete) is required 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 had a positive reaction to the TST, results from a previous chest x-ray, with written statement indicating you are negative for clinical disease, is required and 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 required for student protection. The student will be at increased risk because of direct contact with patients. The vaccine is administered in a series of three injections at intervals. Students must
provide documentation of having started the series of injections before entry into the first NURS course. Once the series is completed, the student must submit documentation of completion of the series.

A titer is recommended to be performed 1-2 months after administration of the last dose of the vaccine series. If the titer is negative, the student should be revaccinated with a 3-dose series, followed by anti-HBs testing 1-2 months after the 3rd dose. Persons who do not respond to revaccination should be tested for HBsAg. If HBsAg positive, the person should receive appropriate management according to CDC guidelines. If HBsAg is negative, the person should be considered susceptible to HBV infection; counseled regarding susceptibility, the use of personal protective equipment, precautions to prevent HBV infection, and need for HBIG PEP for any known exposure.

**Tetanus**—Proof of Tdap booster received within the past 10 years. If you have never received a Tdap booster you MUST receive one prior to entering the program. A Td booster is required every 10 years.

**Influenza (flu)** – Transmission of influenza among healthcare workers can lead to infection of patients. Flu shots are required on an annual basis unless a documented contraindication is provided.

### Universal Precautions

The Center for Disease Control and Prevention (CDC) and the Hospital Infection Control Practices Advisory Committee has 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 practice 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 practice faculty member and complete the Post Occurrence/Exposure Report Form found in Section III of this handbook.

### Fitness for Duty

The student will be required to disclose and provide a release from a licensed health care provider to attend class and/or clinical if a significant medical or psychiatric event occurs before or during the semester the student is enrolled. The release must be a full medical release without restrictions in order to attend the clinical. The student will receive a 2% reduction in the final grade for each class missed without the provision of the medical release to attend class and/or clinical. Delay in completion of the mandatory clinical hours within the time frame of the current semester may result in the inability to progress in the Concentration. The release will be reviewed by the Fitness for Duty Committee, which will recommend whether or not to accept the release from the health care provider. It is at the discretion of the Concentration Director to accept/reject the recommendation of the Fitness for Duty Committee.

The student is required to disclose and provide a release from a licensed health care provider to attend class and/or clinical if taking any medications for a significant medical or psychiatric condition(s) before or during enrollment in a class. Disclosure includes, but is not limited to, controlled substances which may be found on the Drug Enforcement Agency website accessed at the following link: http://www.deadiversion.usdoj.gov/schedules/index.html#list. The release must state that any medication the student is prescribed will not impair the student’s performance at any time in the class and/or clinical setting for the length of the program. The release will be reviewed by the Fitness for Duty Committee, who in turn can approve/disapprove the release from the health care provider. It is at the discretion of the Concentration Director to approve/disapprove based on the recommendations of the Fitness for Duty Committee.

At any time during the program, faculty can require a student to have a chain of custody drug screen, at a cost to the student, at a pre-determined lab. A positive result for any substance requires a release from a licensed healthcare provider indicating the substance will not impair the student in any way. Positive results are reviewed by the Fitness for Duty Committee, which in turn can approve/disapprove the release from the licensed health care provider. Director of the concentration will approve/disapprove the release based on the recommendations of the Fitness for Duty Committee.

Any medical or psychiatric event or positive drug screen may be shared with the clinical agency to which a student has been assigned and may include current or prospective clinical agencies. The clinical agency has the right to decline student placement due to the information provided without reprisal. A student who is declined clinical placement and is unable to complete the required hours in the concentration will not be allowed to progress in the program.

Should there be a disagreement with the recommendation of the Program Director, the student will follow the process of the CSON and University chain of command for appeal. The decision does not impact the clinical agency’s right to accept/decline student placement at the respective facility.
Medical Withdrawal

The Didactic portions of clinical courses provide the theoretical basis for evidence based nursing practices applied in a clinical setting. The practical application of academic theory in a clinical setting reinforces the theoretical knowledge base needed to make evidence based clinical decisions. In order to master the academic theory and the clinical competencies that are the learning outcomes in this class, students must take the clinical and the didactic courses simultaneously.

If at any time during the term a student is unable to perform all of the Student Essential Function listed in the CSON MSN Student Handbook for a period exceeding two weeks, the appropriate course of action is to medically withdraw from the class.

As an alternative to withdrawal, within two weeks of becoming unable to perform the essential student functions, a student must provide documentation from a medical provider that the student is able to perform all of the Student Essential Functions listed in the CSON MSN Student Handbook.

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 CSON 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.

Students with disabilities, who have questions regarding the student essential functions, please refer to the information on “Students with Disabilities Policy” in the LMU Graduate Catalog. The Student Essential Functions Form is found in this handbook under Section III: Forms.

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## MSN Program Outcomes

The graduates of the Master of Science in Nursing (MSN) program will be able to:

1. Apply knowledge from science and related disciplines, including principles of evidence-based practice to improve care delivery and health outcomes.
2. Apply knowledge of organizational and leadership theories with an emphasis on ethical and critical decision making, to improve quality, manage risks, and provide cost-effective care using a systems perspective.
3. Improve quality, manage risks, and provide cost-effective care through the application of quality improvement methods and tools, performance measures, and best practice standards.
4. Demonstrate analytic techniques used to appraise the quality of existing evidence for best clinical practices, determine and evaluate outcomes, identify gaps in nursing science, and contribute to the dissemination of nursing knowledge.
5. Demonstrate technological and informational literacy in evaluating data management systems, healthcare information systems, consumer health information sources, and patient care technology to improve the effective and ethical use of information to improve health outcomes.
6. Advocate for ethical health care policies at the systems level that ensure equity, stewardship of resources, and improvement of health outcomes.
7. Demonstrate effective communication and interprofessional collaboration, employing consultative and leadership skills to manage and coordinate care and improve health outcomes.
8. Analyze and apply scientific data to develop and implement culturally appropriate interventions to promote health, address disparities, reduce risk, and manage disease trajectories to improve health outcomes of individuals, communities, populations, and systems.
9. Apply advanced nursing knowledge and competencies to assess health and illness parameters, design, implement, and evaluate interventions to improve care delivery and health outcomes, while seeking life-long learning, and the promotion of practice excellence.

## MSN Learning Outcomes

### Student Learning Goal 1: (Background for Practice from Sciences and Humanities)

Apply knowledge from science and related disciplines, including principles of evidence-based practice to improve care delivery and health outcomes.

### Student Learning Goal 2: (Organizational and Systems Leadership)

Apply knowledge of organizational and leadership theories with an emphasis on ethical and critical decision making, to improve quality, manage risks, and provide cost-effective care.

### Student Learning Goal 3: (Quality Improvement and Safety)

Improve quality, manage risks, and provide cost-effective care through the application of quality improvement methods and tools, performance measures, and best practice standards.

### Student Learning Goal 4: (Translating and Integrating Scholarship into Practice)

Demonstrate analytic techniques used to appraise the quality of existing evidence for best clinical practices, determine and evaluate outcomes, identify gaps in nursing science, and contribute to the dissemination of nursing knowledge.

### Student Learning Goal 5: (Informatics and Healthcare Technologies)

Demonstrate technological literacy in evaluating data management systems, healthcare information systems, consumer health information sources and patient care technology to improve the effective and ethical use of information to improve health outcomes.

### Student Learning Goal 6: (Health Policy and Advocacy)

Advocate for ethical health care policies at the systems level that ensure equity, stewardship of resources, and improvement of health outcomes.

### Student Learning Goal 7: (Interprofessional Collaboration for Improving Patient and Population Health Outcomes)

Demonstrate effective communication and interprofessional collaboration, employing consultative and leadership skills to manage and coordinate care and improve health outcomes.

### Student Learning Goal 8: (Clinical Prevention and Population Health for Improving Health)

Analyze and apply scientific data to develop and implement culturally appropriate interventions to promote health, address disparities, reduce risk, and manage disease trajectories to improve health outcomes of individuals, communities, populations, and systems.
**Student Learning Goal 9: (Master’s Level Nursing Practice)**

Apply advanced nursing knowledge and competencies to assess health and illness parameters, design, implement, and evaluate interventions to improve care delivery and health outcomes, while seeking life-long learning, and the promotion of practice excellence.

**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. Full-time students will follow the curriculum plan for his/her concentration of study. 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 information and direction. Advisors are accessible throughout the program for academic advisement. Students are responsible for checking the LMU Graduate Catalog, CSON MSN Student Handbook, LMU website, and LMU email for information and communication regarding program requirements.

**ACADEMIC INTEGRITY**

**Code of Ethics**

As reflected in our philosophy, the faculty and students of LMU CSON regard nursing as an “art and 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”. (LMU, CSON Mission and Philosophy). Therefore, high standards of conduct are expected and must be adhered to by those associated with the CSON. 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 LMU.

With this in mind, the LMU CSON has developed its own Code of Ethics integrating basic concepts of both the philosophy of the LMU nursing program and the ANA Code of Ethics. Students who fail to adhere to these established criteria (codes, 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.

A. Nursing care is provided on the basis of need rather than status or background. Each individual is regarded as a unique and valuable being with physical, psychological, and sociological needs. The provision of health care must be granted on an individual basis without discrimination or prejudice. The focus of care must be to maintain the patient at his/her optimum level of functioning.

B. The privacy right of all individuals must be honored. Confidential information shall remain confidential and be communicated only within the professional situation. Useless and mischievous gossip related to the health care setting must be avoided. Informed consent must be granted by the persons involved for any research or non-clinical purposes.

C. Each individual must accept full responsibility and accountability for his/her own judgments and actions. Knowledge and/or performance of any incompetent, illegal, or unethical practice requires (mandates) immediate action. Such practices include reporting activities with potential harm for the patient (e.g., alcohol or drug use), questioning of potentially dangerous orders, and confronting and/or reporting cheating. Cheating shall include the use of any material belonging to another and represented as his/her own. Thus cheating on tests, care plans/maps, projects, etc. are considered equal infractions. Further, any action or behavior which reflects disgrace on the students, faculty, university, or nursing profession must be avoided. Such conduct includes, but is not limited to, legal infraction (example, misdemeanor or felony), falsification of any records, or violation of any social norm, including written or unwritten laws. Further, any action or behavior which violates Sections 63-7-107, 63-7-115, or 63-7-120 of the Tennessee Code Annotated Title 63, Chapter 7 (http://www.michie.com/tennessee/) will be grounds for consideration for dismissal from the nursing program.

63-7-107. Use of “registered nurse” title.

Any person who holds a license to practice professional nursing under this chapter shall, during the effective period of such license, be entitled to use the title “nurse”, “Registered Nurse” or the abbreviation “R.N.” No other person shall assume such titles or use such abbreviation or any other words, letters, or signs to indicate that the person using the same is a professional or registered nurse.
63-7-115. Grounds for denial, revocation or suspension of certificate or license.
(a) (1) The board has the power to deny, revoke or suspend any certificate or license to practice nursing or to otherwise discipline a licensee upon proof that the person:
(A) Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing;
(B) Is guilty of a crime;
(C) Is unfit or incompetent by reason of negligence, habits or other cause;
(D) Is addicted to alcohol or drugs to the degree of interfering with nursing duties;
(E) Is mentally incompetent;
(F) Is guilty of unprofessional conduct; or
(G) Has violated or attempted to violate, directly or indirectly, or assisted in or abetted the violation of, or conspired to violate, any provision of this chapter or any lawful order of the board issued pursuant thereto.

63-7-120. Violations and penalties.
(a) It is a Class B misdemeanor for any person, corporation or association to:
(1) Sell or fraudulently obtain or furnish any nursing diploma, license or record, or aid or abet therein;
(2) Practice nursing as defined by this chapter under cover of any diploma, license or record illegally or fraudulently obtained or assigned or issued unlawfully or under fraudulent representation;
(3) Practice nursing as defined by this chapter unless duly licensed to do so under the provisions of this chapter;
(4) Use in connection with the person's name any designation tending to imply that the person is a registered nurse or a licensed practical nurse unless duly licensed so to practice under the provisions of this chapter;
(5) Practice nursing during the time the person's license issued under the provisions of this chapter is suspended or revoked;
(6) Conduct a school of nursing or a program for the training of practical nurses unless the school or program has been approved by the board; or
(7) Otherwise violate any provisions of this chapter
(b) Legal procedure in prosecution of violations of this section shall be in accordance with general statutes.

D. An LMU-CSON student is a representative of the University and his or her profession whether engaged in academic research, or purely social pursuits, on or off of LMU’s campus. As stated above, “any action or behavior which reflects disgrace on the students, faculty, university, or nursing profession must be avoided.”

Should any student admitted to LMU-CSON be arrested or formally charged with any infraction of the law other than minor traffic violations, the student shall report such arrest or charges to the appropriate LMU-CSON Concentration Director as soon as possible, in no case later than one week after the arrest or charge.

Further, as noted in the LMU Graduate Catalog and CSON MSN Student Handbook, state law provides for denial or revocation of a nursing license upon proof that a person is guilty of a crime. The protection of vulnerable patient populations is of utmost importance to LMU-CSON and the sites where students complete the clinical requirements for the student’s academic program. LMU-CSON must be informed of any violations of the law or school policy in order to take appropriate punitive or corrective action when students are involved in conduct or activities that could tarnish LMU-CSON’s reputation.

Code of Ethics Violations
Violations of the Code of Ethics include plagiarism, cheating and falsification of data or logs. Ethical students will not commit any of these offenses and will not knowingly assist anyone else to do so. In addition, any student who has knowledge of such violations is obligated to report this information to an appropriate faculty member. Ethics issues are described in detail below.

Plagiarism Policy
Plagiarism occurs when an author uses someone else’s original work without acknowledgement. Whether intentional or unintentional, plagiarism is a violation of Lincoln Memorial University’s Academic Integrity policy. As scholars, students have an absolute obligation to provide accurate information about the origin of ideas, information, graphics or images presented in all formats. The obligation acknowledgement applies to all scholarly products including, but not limited to, papers, presentations, slides, and posters.

Use of the work of another without acknowledgement is the most serious form of plagiarism. Errors in proper acknowledgement can range from isolated typographical, formatting or style errors, to more serious issues with inadequate
paraphrasing or patterns of problems within an assignment. The plagiarism policy of the Caylor School of Nursing allows faculty members at the classroom level to distinguish among levels of seriousness when deciding on an appropriate penalty. Penalties can range from loss of points related to formatting, to a penalty grade reduction for the assignment, to assigning a failing grade for either the assignment or the course.

The citations within a scholarly work are the means by which credit is given to the original source. Citations also allow an interested reader to seek out the original source of material. In the process of writing a paper, students (both undergraduate and graduate) are expected to synthesize information and ideas from multiple sources to create something new. The process most often requires paraphrasing rather than quoting from an original source. Direct quotations should be reserved for those cases where language of the original sources is unique or particularly well written. While not plagiarism, a paper that consists of a series of quotations does not meet the standard for college-level work.

When paraphrasing, it is important to remember that it is inappropriate to change a few words while retaining the same sentence structure or paragraph formation as an original source. Authors express ideas by choosing words, building sentences and constructing paragraphs to explain and support ideas. Even if the source is cited, it would be a form of plagiarism to use the structure of an author’s work as if it were one’s own writing. One of the best ways to avoid struggling with Plagiarism is to use (and cite) multiple sources and put one’s thoughts into one’s own words. The student should avoid reliance on a lone source, as it is much easier to decide where to place citations within the body of paper with the use of multiple sources.

**Recommended Resources on Plagiarism**

There are multiple resources available to illustrate the appropriate use of American Psychological Association (APA) citation and reference list requirements.

IF the student has questions or concerns about how to incorporate a particular source into one’s own work, the student should initiate a dialogue with an instructor regarding the questions or concerns. The student should use faculty as a resource to answer a question or complete a significant amount of the assignment well in advance of the due date. When a student receives feedback on a graded assignment, and is unclear about how to avoid a future problem, he/she should make an appointment to discuss the issue with the faculty member or consult with the writing center.

**Plagiarism will be address in the following manner:**

1. Faculty members at the classroom level will distinguish among levels of seriousness when deciding upon appropriate penalties for plagiarism. Guidance and expectation regarding penalties for plagiarism will be addressed in class and in the course syllabus.
2. Students should expect to receive a failing grade on any assignment which contains significant amounts of plagiarized content.
3. In cases where an entire paper is plagiarized or where the student represents another student’s paper as his or her own, can result in the instructor assigning an “F” for the course.
4. Students are not permitted to withdraw from a course in which they have been charged with plagiarism and/or cheating for any reason.

**Certificate of Authorship**

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

**Cheating Policy**

Cheating is defined as the use of inappropriate assistance on examinations or evaluations. Each syllabus at the Caylor School of Nursing contains extensive, standardized content on the rules to be followed during examinations. For quizzes and/or examinations given via online formats, students are referred to individual course syllabi for instructor expectations regarding independent completion of the assignments.

A “pirated” copy of an exam or a “pirated” test pool is defined as a copy of an exam or a copy of a test pool obtained without the appropriate authorization.

**Cheating will be address in the following manner:**

1. Students caught using inappropriate assistance on an examination will receive an “F” for the course.
2. Students who have used “pirated” copies of examinations will fail the course.
3. It must be understood any student who knowingly aids in cheating, e.g., allowing another student to copy an examination or providing “pirated” material is as guilty as the cheating student and will be held to the same standard.

**Falsifying Logs and Data**

All materials documenting clinical, labs, or research data are expected to reflect an accurate accounting of the time spent, activities performed and/or results obtained. Any student who submits materials that attest to the completion of activities or clinical hours and has not performed those activities is guilty of falsifying logs. Any student who submits lab data that is fabricated or deceptive is guilty of falsifying data. Both violations represent academic dishonesty.

Nursing is a profession which requires high levels of personal integrity. Falsifications of logs or data are serious offenses and students who falsify logs or data will fail the course and be dismissed from the program.

**Professionalism Expectations**

An advance practice nursing student is expected to maintain a high level of professionalism at all times during the program. Professionalism includes the classroom, clinical setting, university community, social media environment, and public settings. The student is expected to project professionalism in everything said or done in various settings in order to promote a positive image of the Lincoln Memorial University and Master of Science Nursing Program. Failure to do so can result in disciplinary action up to and including dismissal from the MSN program.

**Health Information Privacy and Social Media**

1. The student may not share information regarding any patient or agency encountered in the student role or the clinical experience. Information cannot be shared during the program or after completion of the master of science in nursing program. Information includes verbal, written, or electronic material.

2. The student may be required to sign a confidentiality statement by the concentration director, preceptor, or agency where the clinical rotation is completed. If a student is found to have shared patient information, this will result in disciplinary action and the student may be dismissed from the program.

Please use the following links as guides regarding social media:

- [https://www.ncsbn.org/Social_Media.pdf](https://www.ncsbn.org/Social_Media.pdf)
- [http://www.hhs.gov/ocr/privacy/](http://www.hhs.gov/ocr/privacy/)

3. Students shall provide and not impede access to witnesses, written communications, or electronic or social media to aid in the investigation of possible offenses.

4. The student shall not photograph a patient, patient family member, staff, clinical case, standardize patient in Sims lab, cadaver, or any physical structure during the student’s clinical rotation or program without prior authorization from the Dean of the Caylor School of Nursing.

5. The student may not copy any materials at a clinical site. The student may take notes, with all patient identifiers removed, at the express direction of an instructor for a directed project required by the course, which shall only be viewed by the instructor.

6. The student may not remove any materials from a campus facility or clinical site.

7. The student may not present him or herself as a representative of Lincoln Memorial University unless express written consent is provided by the Dean of the Caylor School of Nursing.

8. The student shall be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPPA) Privacy and Security Rules. Information can be accessed at:

   [http://www.hhs.gov/ocr/privacy/hipaa/understanding/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/index.html). The student will comply with the University and each clinical agency’s guidelines for HIPPA.

**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, other assignments, and in the clinical or laboratory setting. 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 remediate.

**Grading System**
The LMU grading system is based on a four-point scale. The grading scale for the Graduate Programs is as follows:

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<th>Points*</th>
<th>Grade</th>
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<tbody>
<tr>
<td>A</td>
<td>93-100</td>
<td>4.00 quality points</td>
</tr>
<tr>
<td>B+</td>
<td>89-92</td>
<td>3.33 quality points</td>
</tr>
<tr>
<td>B</td>
<td>83-88</td>
<td>3.00 quality points</td>
</tr>
<tr>
<td>C+</td>
<td>79-82</td>
<td>2.33 quality points</td>
</tr>
<tr>
<td>C</td>
<td>73-78</td>
<td>2.00 quality points</td>
</tr>
<tr>
<td>D+</td>
<td>69-72</td>
<td>1.33 quality points</td>
</tr>
<tr>
<td>D</td>
<td>63-68</td>
<td>1.00 quality points</td>
</tr>
<tr>
<td>F</td>
<td>Below 63</td>
<td>0.00 quality points*</td>
</tr>
</tbody>
</table>

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+.

**Incomplete:** 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 assignments, exams, labs, or clinical hours.

If a grade change request has not been submitted by the instructor by the required 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 six weeks 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 timeline. An alternative would be to request a medical withdrawal.

**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. 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 graded and a student who fails a clinical class will be dismissed from the program.

**Clinical Failure:** 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.

**Course and Program Evaluation**
Mechanisms for ongoing evaluations have been built-in to both course and program designs. 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 evaluations 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 CSON 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 core competencies consistent with the advanced practice nurse 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 Examination as part of program degree/certificate requirements. This exam is given in the last clinical course of the program concentration. The student must obtain a score of 83% to pass the examination. Should the student fail the Comprehensive Exam, they will be required to retake the exam at the discretion of the Program Director.

**STUDENT COMPLAINT AND APPEAL PROCESS**

If a problem should arise involving a course, clinical, or campus lab, the student should first consult the faculty member involved regarding the complaint. If the complaint is not resolved, then the student must follow the appropriate appeal process.

The appeal process is student driven. The student must initiate the appeal and each subsequent step of the process. The student has the right to stop the process at any time. The student has 5 business days in which to initiate the process and then 5 business days in which to proceed with each step.

Faculty response at each step of the appeal will be within approximately 2 weeks, except during those times when the university offices are closed. Failure of the student to comply with the time frame will result in termination of the appeal process and failure of the appeal.

**Channel of Communication:**

The following outlines the steps (in order) of the appeal process to be followed by the student. This channel of communication must be followed for the appeal to proceed.

Complete and file a Student Appeals Request form (located in the degree appropriate CSON Student Handbook) and submit the form to the CSON, Harrogate campus, as directed on the form.

1. Contact and/or meet with the Course Coordinator and/or Site Coordinator.
2. Contact and/or meet with the appropriate Program Chair or Director (ASN, BSN, Graduate).
3. Contact and/or meet with the Student Appeals Review Committee.
   - The Student Appeals Review Committee will review all written information pertaining to the case. The responsibility of the committee is to determine if CSON policies and procedures relating to the case were followed and make a decision regarding the appeal.
   - If desired, the student has the option to meet with the Student Appeals Review Committee.
   - If the student chooses the option of meeting with the Student Appeals Review Committee, only the student will be present during the meeting with the committee.
   - If a faculty member is involved, the faculty member has the right to meet with the committee.
   - The Students Appeals Review Committee Chair will send a certified letter notifying the student of the Committee decision. Failure to pick up the certified letter within 5 business days of the first attempted delivery date will result in the termination of the appeal process and failure of the appeal.
4. Meet with the Dean of the CSON.
5. Meet with the University VPAA.

Complaints involving ADA accommodations or any type of discrimination should be filed in accordance with the appropriate complaint procedure as outlined in the *LMU Student Handbook*.

If there are any conflicts of departmental or school policy with university policy then university policy supersedes.

*7/25/18 rev.*
MANDATORY REPORTING FOR TITLE IX SEX DISCRIMINATION AND HARASSMENT

LMU is committed to providing a campus environment free of all forms of prohibited discrimination and sexual harassment (sexual assault, domestic and dating violence, gender or sex-based bullying and stalking, etc.). As an instructor, one of my responsibilities is to help create a safe learning environment for my students and for the campus as a whole. As a member of the University community, I have the responsibility to report any instances of sexual harassment, sexual violence and/or other forms of prohibited discrimination of which I become aware. This means that if you tell me about a situation of sexual harassment or sexual violence that may have violated university policy or state or federal law, I am required to share the information with my supervisor and/or the University’s Title IX Coordinator. If you would rather share information about sexual harassment, sexual violence, or sex discrimination with an employee confidentially who does not have this reporting responsibility, you may share the information with campus counselors at the Office of Counseling Services.

If you have experienced any form of gender or sex-based discrimination or harassment and would like to file a complaint, please contact the Title IX Coordinator, Jeana Horton, jeana.horton@lmunet.edu, or titleixcomplaints@lmunet.edu or 423-869-6586. Know that help and support are available. LMU has staff members trained to support survivors in navigating campus life, accessing health and counseling services, providing academic and housing accommodations, helping with legal protective orders, and more.

CSON ALCOHOL & DRUG POLICY

In compliance with Section 1213 of the Higher Education Act of 1965, as added by Section 22 of the Drug Free Schools and Communities Amendments of 1989 (Public Law 101-226), LMU offers a drug prevention program through the Office of Counseling and Lifestyle Management within the Office of Student Services. The program emphasizes the University’s policy on illicit drugs and alcohol, legal and University sanctions for illicit use, and a description of health risks associated with the use of illicit drugs and alcohol, counseling and treatment available to the campus community. For additional information refer to current LMU Student Handbook. LMU policy further addresses rules of conduct, disciplinary action, educational programming, and counseling, treatment, and rehabilitation.

The Caylor School of Nursing enforces the Lincoln Memorial University Alcohol and Drug Policy. In addition, 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:

1. A student must be alcohol and drug free.
2. The student must adhere to the following policies and procedures:
3. 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.
4. 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.
5. A student’s consent to submit to a drug screen, if requested by the Dean, Director, 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:
   • Screen results indicating use of illegal drugs/non-prescribed drugs
   • Screen results indicating presence of .02 or greater blood alcohol level.
6. 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.
7. Positive results of screen testing on students can be reported by the affiliate to the Caylor School of Nursing.
8. 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. 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:
1. 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.
2. The creation and exchange of messages which are harassing, obscene or threatening.
3. The unauthorized exchange of proprietary information or any other privileged, confidential sensitive information.
4. The creation and exchange of information in violation of any laws, including copyright laws, or University policies.
5. The knowing transmission of a message containing a computer virus.
6. The misrepresentation of the identity of the sender of an email.
7. 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
Exam policies and expectations can be found in each course syllabi.

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 is 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 the day. Students may use computers to take course notes but are not to use computers or other electronic devices, including smart watches, to engage activities in including checking email, doing computer games, texting, and surfing the internet.

CLINICAL POLICIES

Clinical Policies
1. Students are expected to be familiar with and comply with all requirements and policies in course syllabi and the CSON MSN Student Handbook regarding the clinical component of coursework.
2. 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 before the next clinical course begins. Students may not enroll in subsequent clinical classes until the “I” is removed. Please review the incomplete policy in this handbook.

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 a Certified Advanced Practice Registered Nurse, Medical Doctor, or a Doctor of Osteopathic Medicine.
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 seen in the practice in order that students may assess and plan care for a variety of patients.
9. Preceptor evaluations are completed by students.
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 payers.
2. They will be supportive of LMU’s CSON MSN program.

Withdrawal from NURS Course - If a student withdraws with a WD on the transcript and is in good academic standing (passing with an 83 average) in the NURS course(s), it will not be recorded as an attempt in the nursing course(s). Should a student have less than an 83 average in the NURS course(s) at the time of withdrawal, it will be recorded as an attempt in the nursing course(s), and may impact the potential for readmission. If readmission is granted, the student must successfully complete the course(s) not completed at the time of withdrawal prior to progressing in the program.

REPEATING COURSES
Nurse Anesthesia students - No MSN NURS course may be repeated.

MSN Program FNP and FPMHNPs students may repeat only one the following nursing courses: NURS 500, NURS 510, NURS 520, NURS 530, NURS 580, NURS 590. If a “C” or “C+” was earned for the course. MSN Program ADMIN students may repeat only one the following nursing courses: NURS 500, NURS 580, NURS 590. If a “C” or “C+” was earned for the course. Course repetition, by any MSN student, would require an advisement session and a revised plan of study for the student by the academic advisor and approval of the change from the Concentration Director. The student must present a plan for success as part of the advisement session. The student will not continue with other nursing coursework until the course is repeated successfully. The student must repeat the course for which a “C” or “C+” was earned, and earn at least a “B” for the second attempt. The student must complete courses at the campus for which they were accepted and enrolled. Only the most recent grade will be used in computing the cumulative GPA. All attempts will remain part of the student’s permanent academic record. The following courses require a “B” or higher grade, and cannot be repeated: NURS 561, NURS 561A, NURS 562, NURS 562A, NURS 564, NURS 564A, NURS 563, NURS 563A, NURS 565, NURS 535, NURS 541, NURS 541A, NURS 543, and NURS 543A.

Readmission Policy
Readmission to the MSN FNP, FPMHNPs, or ADMIN program is NOT guaranteed.
a. If a student earns a “C” in a select core NURS course (NURS 500, NURS 510, NURS 520, NURS 530, NURS 580, NURS 590), a readmission application for that course must be submitted to the nursing office. The student will not be allowed to progress in the MSN FNP, FPMNP, ADMIN concentrations until the student is readmitted and successfully completes the same repeated nursing course. Students re-entering the nursing program may not have a lapse of more than 18 months from when the student was last enrolled in his or her program of study. If a student is readmitted, it is with the understanding that the student will not be allowed to continue in the nursing program if another grade below a B is earned in a NURS course. If two grades below a “B” are earned in NURS courses, whether in the same semester or different semesters, the student will not be eligible for readmission, and/or progression in the MSN program.
b. If a student chooses to interrupt their NURS course sequence for any reason, a readmission application must be submitted to nursing. Students re-entering the nursing program may not have a lapse of more than 18 months from when the student was last enrolled in nursing courses in his or her program of study.
c. The student will be considered for readmission by the MSN Admission, Progression & Retention Committee on an individual basis as determined by the following criteria:
1. Completion of admission criteria.
2. Evidence of extenuating circumstances at the time of termination. If this applies, a statement from the student should be provided with the readmission application.
3. The student’s submitted plan for academic success that is attached to the readmission form.
4. Evidence of academic success, e.g. grades in other courses or programs, number of times enrolled/admitted in this or other nursing programs, and span of time since enrolled in nursing course.
5. Number of times enrolled/admitted in this or other nursing programs and span of time since enrolled in nursing program.
6. Overall GPA in the current and in previous programs, including the nursing course in which the student was unsuccessful.
7. Readmission students are considered on a space available basis.
   d. Students who are readmitted are required to participate in the MSN program new student orientation.
   e. The student is required to repeat all class content for the course. All of the requirements of the courses in which
      students are repeating must be completed before the student will be allowed to progress (take other courses)
      within the nursing program.
   f. The student is required to repeat the course at the original campus to which he or she was admitted.
   g. Readmission forms should be returned to the Nursing office on the Harrogate campus.

**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 consult the assigned faculty advisor for details
on availability, requirements, applications, and deadlines. Refer to the current *LMU Graduate Catalog* for additional
information.
APA WRITING TIPS
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)

*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 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. APA recommends one space after the period at the end of a sentence —instructors may prefer using two spaces; check with your instructor. Use one space after initials in personal names, punctuation, and periods in a reference citation on the reference page.
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 CHRONOLOGICAL 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.

APA now recommends to space once after a period at the end of a sentence—instructors may prefer having you use two spaces; check with your instructor. Use one space after initials in personal names, punctuation, and periods in 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)

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

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).

<table>
<thead>
<tr>
<th>APA REFERENCE STYLES</th>
</tr>
</thead>
</table>
| BOOKS & BOOK CHAPTERS (pp. 202-205) | General Reference Form for a Book:  
Author, A. A. (year). Title of work. Location: Publisher. |
| PERIODICALS (pp. 198-202) | Example of a Book on a Reference List:  
| | General Reference Form for a Journal Article (Use doi if available):  
| | Example of a Journal Article on a Reference List Without doi:  

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 labels 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*
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Mary Anne Modrcin</td>
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</tr>
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<td>Ms. Carrie Lingerfelt</td>
<td>Instructor of Nursing</td>
<td><a href="mailto:carrie.lingerfelt@lmunet.edu">carrie.lingerfelt@lmunet.edu</a></td>
</tr>
<tr>
<td>Dr. Logan McCarthy</td>
<td>Assistant Professor</td>
<td><a href="mailto:logan.mccarthy@lmunet.edu">logan.mccarthy@lmunet.edu</a></td>
</tr>
<tr>
<td>Dr. Crystal Odle</td>
<td>Director, NA Concentration Associate Professor of Nursing</td>
<td><a href="mailto:crystal.odle@lmunet.edu">crystal.odle@lmunet.edu</a></td>
</tr>
<tr>
<td>Dr. Lisa Pullen</td>
<td>Director, FPMHNP Concentration Professor of Nursing</td>
<td><a href="mailto:lisa.pullen@lmunet.edu">lisa.pullen@lmunet.edu</a></td>
</tr>
<tr>
<td>Dr. Jennifer Savage</td>
<td>Director, FNP Concentration Assistant Professor of Nursing</td>
<td><a href="mailto:jennifer.savage@lmunet.edu">jennifer.savage@lmunet.edu</a></td>
</tr>
<tr>
<td>Dr. Jennifer Stewart-Glenn</td>
<td>Associate Professor</td>
<td><a href="mailto:j.stewart-glenn@lmunet.edu">j.stewart-glenn@lmunet.edu</a></td>
</tr>
<tr>
<td><strong>Office Staff:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Theresa Ann Weaver</td>
<td>Executive Administrative Assistant for Nursing</td>
<td><a href="mailto:theresa.weaver@lmunet.edu">theresa.weaver@lmunet.edu</a></td>
</tr>
<tr>
<td>Sherry Pearman</td>
<td>Director, Recruitment &amp; Advising</td>
<td><a href="mailto:sherry.pearman@lmunet.edu">sherry.pearman@lmunet.edu</a></td>
</tr>
<tr>
<td>Marisa Anders</td>
<td>Coordinator, Recruitment &amp; Advising</td>
<td><a href="mailto:marisa.anders@lmunet.edu">marisa.anders@lmunet.edu</a></td>
</tr>
<tr>
<td>Renee Poteet</td>
<td>Coordinator, Recruitment &amp; Advising</td>
<td><a href="mailto:juanita.poteet@lmunet.edu">juanita.poteet@lmunet.edu</a></td>
</tr>
<tr>
<td>Patsy Seal</td>
<td>Administrative Assistant for Graduate Nursing</td>
<td><a href="mailto:patsy.seal@lmunet.edu">patsy.seal@lmunet.edu</a></td>
</tr>
<tr>
<td>Tonya Lee</td>
<td>Administrative Assistant</td>
<td><a href="mailto:tonya.lee@lmunet.edu">tonya.lee@lmunet.edu</a></td>
</tr>
<tr>
<td>Derek Massengill</td>
<td>Administrative Assistant</td>
<td><a href="mailto:derek.massengill@lmunet.edu">derek.massengill@lmunet.edu</a></td>
</tr>
<tr>
<td>Robin Bunn</td>
<td>Administrative Assistant for Nursing, Cedar Bluff</td>
<td><a href="mailto:robin.bunn@lmunet.edu">robin.bunn@lmunet.edu</a></td>
</tr>
<tr>
<td>Tracy LeFevers</td>
<td>Administrative Assistant, Kingsport Site</td>
<td><a href="mailto:tracy.lefevers@lmunet.edu">tracy.lefevers@lmunet.edu</a></td>
</tr>
</tbody>
</table>
SECTION III: FORMS
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

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

MSN Concentration □ FNP □ NA □ FPMHNP □ ADMIN

MSN Campus □ Harrogate □ Cedar Bluff □ Kingsport

FOR CAYLOR SCHOOL OF NURSING USE ONLY:

Committee decision:
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

Notification sent to student: _____________________________ Date: _____________________________

Committee Chair’s Signature/Date:
_____________________________________________________________________________________________________

Concentration Director’s Signature/Date:
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._

<table>
<thead>
<tr>
<th>Student’s Name (Print)</th>
<th>Student’s Signature</th>
<th>Student ID Number</th>
<th>Date</th>
</tr>
</thead>
</table>

MSN Concentration  □ FNP  □ NA  □ FPMHN  □ ADMIN
MSN Campus  □ Harrogate  □ Cedar Bluff  □ Kingsport
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)

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)

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)

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 non-medically 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 LMU Graduate Catalog and CSON MSN Student Handbook. _____________ (Initial)

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)

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)

VII. Caylor School of Nursing MSN Student Handbook
I have viewed the LMU CSON MSN 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)

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 Concentration Director immediately. _____________ (Initial)

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)

X. Permission to Release Name, Address, and Phone Number
I hereby give permission for the Caylor School of Nursing of LMU to release my name, address, and phone number for professional purposes, i.e., employment. _____________ (Initial)
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)

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)

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)

XIV. Fitness of Duty Policy/ Medical Withdrawal
I have read the copy of the Fitness of Duty Policy/ Medical Withdrawal for the LMU Nursing Program. I agree to follow the guidelines set forth in the policy. ________________ (Initial)

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

MSN Concentration  □ FNP  □ NA  □ FPMHN P □ ADMIN
MSN Campus  □ Harrogate  □ Cedar Bluff  □ Kingsport

Page 2 of 2  Please print two-sided.
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. |

<table>
<thead>
<tr>
<th>List Required Courses for the Student’s Concentration</th>
<th>List Courses from the Transcript That Satisfy Required Courses Listed in Column 1</th>
<th>Type and Number of Clinical Experiences Needed by Student</th>
<th>Coursework to be Completed by the Student for the Certificate</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
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 Blood borne 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 MODRGIN
CAYLOR SCHOOL OF NURSING
LINCOLN MEMORIAL UNIVERSITY
6965 Cumberland Gap Parkway
Harrogate, TN 37752
NURS 595 SPECIAL TOPICS FORM

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

Student Name: __________________________________ Student I.D.____________________
MSN Concentration: ________________________________________
MSN Campus: ________________________________________
Proposed Credit: _____________________________ Credit 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.

Student Signature

________________________________________

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

________________________________________

________________________________________

Date submitted to Proposed Instructor: __________________________
Date submitted to Concentration Director: __________________________
Date filed to Student’s File: __________________________
NURS 595 SPECIAL TOPICS 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__________________

MSN Concentration □ FNP □ NA □ FPMHNP □ ADMIN
MSN Campus □ Harrogate □ Cedar Bluff □ Kingsport
PLAN FOR REMOVAL OF AN INCOMPLETE

PLEASE TYPE OR PRINT LEGIBLY THE INFORMATION REQUESTED BELOW.

<table>
<thead>
<tr>
<th>Student's Name</th>
<th>LMU ID #</th>
</tr>
</thead>
</table>

**MSN Concentration**
- □ FNP
- □ NA
- □ FPMHNP
- □ ADMIN

**MSN Campus**
- □ Harrogate
- □ Cedar Bluff
- □ Kingsport

**Course to which incomplete was assigned**

**Course Faculty’s Name**

**Filing Instruction:** The original copy goes to the Concentration Director; faculty keeps one photo copy; and student keeps one copy.

**Assignments to be completed:**

<table>
<thead>
<tr>
<th>Item</th>
<th>Negotiated Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exams:</strong></td>
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<td><strong>Quizzes:</strong></td>
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<tr>
<td><strong>Papers:</strong></td>
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</tbody>
</table>

**Clinical Hours**

**Sites:**

|               |                      |
|               |                      |

<table>
<thead>
<tr>
<th>Other</th>
<th></th>
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</thead>
<tbody>
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</tbody>
</table>

I understand that if the above assignments are not completed by the agreed upon dates* then my grade of Incomplete will convert to an “F”.

**Student Signature**

**Date**

**Faculty Signature**

**Date**

* At the discretion of the instructor, the Concentration Director, and the Dean. Revision of these dates might make the student ineligible to enroll in any sequential nursing class for which this course is a pre-requisite.
APPLICATION FOR READMISSION MSN-FNP, FPMHNP, and ADMIN

Name_____________________________________________________________________________________
  Last         First         Middle
Date of Birth_________________________________ Student ID Number:
Home Address_____________________________________________________
Number and Street City State Zip Code
Telephone Number____________________________ Cell Phone Number____________________________
Email____________________________________________________________________________________

Readmissions requested for: (choose one) Fall 20_____ Spring 20_____ Summer 20_____ 
Course to which readmission is sought:
  □NURS 500 □NURS 520 □NURS 580 □NURS 510 □NURS 530 □NURS 590
Location applying for: (check one) □Cedar Bluff □Harrogate □Kingsport
Reason(s) for this request:

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Extemuating circumstances affecting performance in last nursing courses attempted:

________________________________________________________

________________________________________________________

________________________________________________________

Student Signature__________________________ Date_____________________

Mail completed application to: 
LMU Caylor School of Nursing
6965 Cumberland Gap Parkway
Harrogate, Tennessee 37752

FOR CAYLOR SCHOOL OF NURSING USE ONLY:
Committee decision: APPROVED    DENIED    Date: ______________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Notification sent to student: __________________________ Date:___________________
Committee Member’s Signature/Date: _________________________________
Program Director’s Signature/Date: _________________________________
**POST OCCURRENCE/EXPOSURE REPORT FORM**  
(Complete and forward to the Concentration Director within 24 hours)

<table>
<thead>
<tr>
<th>Date of Report</th>
<th>Time of Report</th>
<th>Student’s Name</th>
<th>LMU ID #</th>
<th>MSN Concentration</th>
<th>MSN Campus</th>
<th>SS#</th>
<th>Phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Occurrence</th>
<th>Time of Occurrence</th>
<th>Facility</th>
<th>Location of Occurrence</th>
<th>Date of last tetanus</th>
<th>Hepatitis B Vaccination Record</th>
</tr>
</thead>
</table>

**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: _______________________________________________________________

Concentration Director Signature: __________________________________________________
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 LMU Graduate Catalog.

Physical and Psychomotor- The student must be able to:

1. Accurately and reliably, visually inspect and observe the skin, facial expression, anatomical structures, postures 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.

Provider’s Name (Print) Provider’s Signature Date
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;
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 continue in, or be 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 LMU Graduate Catalog and CSON MSN Student Handbook.

Student’s Name (Print)          Student’s Signature          Date

Page 2 of 2          Please print two-sided.
SECTION IV: FAMILY NURSE PRACTITIONER CONCENTRATION
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 660 clinical hours. Clinical courses have a 1:4 credit hour to clinical hour ratio. A Comprehensive Exam is required during the final semester.

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 and Kingsport first semester is in the fall. Cedar Bluff first semester is in the spring.

<table>
<thead>
<tr>
<th>Course</th>
<th>First Semester</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 510</td>
<td>Advanced Pathophysiology</td>
<td>3</td>
</tr>
<tr>
<td>NURS 520</td>
<td>Advanced Health Assessment</td>
<td>3</td>
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*Clinical courses have a 1:4 credit hour to clinical hour ratio. (For example, NURS 561A Young and Middle Adults Practicum has a 3 hour clinical component = 12 hours per week = 180 hours over the semester)
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 the option with the 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 Concentration Director and a new curriculum plan must be designed with the faculty advisor. Part time students may be required to travel to an extended learning site due to course availability.

| Sample Curriculum for Part-Time FNP Students* |
| Harrogate/ Kingsport/ Cedar Bluff Site (28 month, 7 semesters) |
| Course                               | First Semester | Credit Hours |
| NURS 510  | Advanced Pathophysiology | 3 |
| **Second Semester**                   |                |              |
| NURS 500  | Theoretical Foundations and Research Methods | 4 |
| **Third Semester**                    |                |              |
| NURS 580  | Contemporary Roles and Issues for Advance Practice Nurses | 4 |
| **Fourth Semester**                   |                |              |
| NURS 520  | Advanced Health Assessment | 3 |
| NURS 530  | Advanced Pharmacology and Therapeutics | 4 |
|          | **Total: 7**       |              |
| **Fifth Semester**                    |                |              |
| NURS 561  | Young and Middle Adults | 4 |
| NURS561A | Young and Middle Adult Practicum | 3 |
|          | **Total: 7**       |              |
| **Sixth Semester**                    |                |              |
| NURS562  | Pediatrics            | 2 |
| NURS562A | Pediatrics Practicum  | 2 |
| NURS564  | Women’s Health        | 2 |
| NURS564A | Women’s Health Practicum | 2 |
|          | **Total: 8**        |              |
| **Seventh Semester**                  |                |              |
| NURS 563 | Lifespan of Older Adults | 2 |
| NURS 563A | Lifespan of Older Adults Practicum | 2 |
| NURS 565 | Family Nurse Practitioner Internship | 3 |
| NURS 590 | Directed Scholarly Inquiry | 4 |
|          | **Total: 11**      |              |
| **Total Program = 43 credits**        |                |              |

*Clinical courses have a 1:4 credit hour to clinical hour ratio. (For example, NURS 561A Young and Middle Adults Practicum has a 3 hour clinical component = 12 hours per week = 180 hours over the semester)
Students will not be allowed to transfer between campuses once admitted to a site for the family nurse practitioner concentration. If a student chooses to interrupt their NURS course sequence for any reason, a readmission application must be submitted to the Graduate Nursing Office. Readmission to the MSN program is not guaranteed.

REQUEST FOR CONCENTRATION TRANSFER

Students requesting to transfer to another concentration from their current program of study in the MSN program must submit an admission application to the Graduate Nursing Office. Transfer to another concentration is not guaranteed and will be reviewed by the admissions committee. The student must be in good standing in their current program of study and a formal letter on why the student is requesting to transfer to another concentration should be included with the admission application.

FNP COURSE LOAD

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

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.

FNP graduate nursing students may repeat a maximum of one nursing course (NURS 500, NURS 510, NURS 520, NURS 530, NURS 580, NURS 590) if a “C” was earned for the course. This would require an advisement session and a revised plan of study for the student by the academic advisor and approval of the change from the FNP Director. The student must present a plan for success as part of the advisement session. The student will not continue with other nursing coursework until the course is repeated successfully. The student must repeat the course for which a “C” was earned, and earn a “B” for the second attempt. The student must complete courses at the campus for which they were accepted and enrolled. Only the most recent grade will be used in computing the cumulative GPA. All attempts will remain part of the student’s permanent academic record. The following courses require a “B” or higher grade, and cannot be repeated: NURS 561, NURS 561A, NURS 562, NURS 562A, NURS 564, NURS 564A, NURS 563, NURS 563A, or NURS 565.

Repeating Non-Nursing 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

The following requirements must be met for earning the degree:

1. Completion of the 43 credit hours specified in the approved Program of Study
2. 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.
3. Completion of a minimum of 660 clinical hours.
4. A minimum cumulative Grade Point Average (GPA) of 3.0 (B)
5. A passing score on the Comprehensive Examination.
6. Payment of all fees.

Graduate Coursework Requirements for Those with MSN and No Advanced Practice Nurse 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 and NURS 561A Young and Middle Adults, NURS 562 and NURS 562A Pediatrics, NURS 564 and NURS 564A Women’s Health, NURS 563 and NURS 563A Lifespan of the Older Adult, and NURS 565 Internship. FNP PMC students who are not already NPs are required to complete a minimum of 660 supervised clinical hours and pass the Comprehensive Examination. Other coursework that may be required at the master’s level includes Theoretical Foundations and Research
Methods, Contemporary Roles and Issues for Advance Practice Nurses as determined by the Gap Analysis and FNP Concentration Director. 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 this handbook under Section III: Forms.

**Sample Curriculum Plan for FNP PMC Students**

<table>
<thead>
<tr>
<th>Course</th>
<th>Credit Hours</th>
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<tbody>
<tr>
<td>*NURS 510 Advanced Pathophysiology</td>
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<tr>
<td>**NURS 520 Advanced Health Assessment</td>
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<tr>
<td>**NURS 530 Advanced Pharmacology and Therapeutics</td>
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<tr>
<td>*NURS 500 Theoretical Foundations and Research Methods</td>
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<tr>
<td>**NURS 561 Young and Middle Adults</td>
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<tr>
<td>**NURA 561A Young and Middle Adults Practicum</td>
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<tr>
<td>**NURS 562 Pediatrics</td>
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<tr>
<td>**NURS 562A Pediatrics Practicum</td>
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<tr>
<td>**NURS 564 Women’s Health</td>
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<tr>
<td>**NURS 564A Women’s Health Practicum</td>
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<tr>
<td>*NURS 580 Contemporary Roles and Issues for Advanced Practice Nurses</td>
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<tr>
<td>**NURS 590 Directed Scholarly Inquiry</td>
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<tr>
<td>**NURS 563 Lifespan of Older Adults</td>
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<tr>
<td>**NURS 563A Lifespan of Older Adults Practicum</td>
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<tr>
<td>**NURS 565 Family Nurse Practitioner Internship</td>
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</table>

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.
### Advising Worksheet for Full-Time MSN FNP Students

<table>
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<th>Course Title</th>
<th>Credits</th>
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Total Program= 43 Credits
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Total Program= 43 Credits
PREPARATION FOR THE PRACTICUM

Goal: To optimize the clinical learning experience

Plan:
1. The student will complete a Student Preceptor Agreement. Two copies need to be made, the student retains one copy, and the original goes to the preceptor. The program will maintain a copy.
2. The student will complete a Student Clinical Portfolio. Three copies need to be made, the student retains one, 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, the student retains one, 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, 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. Three copies of both the self-evaluation inventory and the preceptor evaluations need to be made, the student retains one of each, one of each is given to the preceptor, and one of each is given to the Instructor.
9. 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.
10. 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, the student retains one, one is given to the preceptor, and one is given to the Instructor.

CLINICAL GUIDELINES

General Overview
1. Students may use a physician or family nurse practitioner (FNP) for this rotation, but cannot do clinical with a physician assistant anytime during the program.
2. A clinical contract must exist before the student can start clinical at any site. If the Family Nurse Practitioner Program does not have an existing contract with a prospective site, a contract may be developed prior to the clinical rotation. Please allow up to 2 months for this contract to be completed.
3. A family nurse practitioner must have minimum one year of experience to serve as a preceptor.
4. The student will complete a minimum of 180 hours for NURS 561A, 120 hours for NURS 562A, 120 hours for NURS 563A, 120 hours for NURS 564A, and 120 for NURS 565. These hours must be completed before the last day of class for each semester.
5. The student will not be able to perform clinical rotations at a site where they are related to an employee by blood or marriage. If a student is found performing clinical at a site where they are related to an employee by blood or marriage at any time during the clinical rotation or program, accumulated hours in that time frame will be voided and no credit will be given for those hours. This may result in the student failing the course and/or not progressing in the program.
6. The faculty reserves the right to refuse clinical hours, clinical sites or clinical preceptors at any time during the semester or program.
7. Faculty reserve the right to assign or re-assign a student to a different site at any time during the semester. The site may be located outside the community or geographical area in which the student resides.
8. Students will be required to obtain access to the Typhon system throughout the family nurse practitioner program. Any associated fees with the Typhon system are the responsibility of the student.
9. If a student’s performance, behavior, punctuality, or professionalism is found to be unsatisfactory at any time during the program, the student shall be removed immediately from the clinical rotation and corresponding class. This can create a delay in the completion of the associated clinical hours for the clinical course. Additionally, the student may receive a failing grade for the course and can be dismissed from the FNP program.

10. The faculty may reject a request for a clinical rotation at any time during the student’s program.

11. The student shall not remove or take any equipment, documents, clinic supplies, or any materials from their assigned clinical setting or in an environment which they represent themselves as a FNP student.

12. The student may not interact with a patient in the event that the preceptor is not present at the clinical site at any time (i.e., is late, leaves early).

13. If the preceptor leaves the clinical site before the regularly scheduled time, the student will be required to leave the clinical site and must deduct these clinical hours from their schedule and in Typhon. The student must also notify the faculty of the change in the clinical schedule.

Clinical Health Requirements

1. All health requirements must be completed and uploaded into the Typhon program before the start of the clinical rotation. A hard copy of these forms shall also be submitted to the faculty before starting the clinical rotation.

2. Requirements include a current Medical profile, drug screen, unrestricted multistate RN license, BLS CPR, proof of immunizations per the latest guidelines from the Centers for Disease Control and Prevention (CDC) for health professionals (www.cdc.gov), and personal health insurance. There are no exceptions. Students will not be allowed to begin clinical rotations until faculty have noted requirement have been completed. Throughout the semester, the requirements must remain current. If any of the requirements expire, the student will not be allowed to perform any clinical rotations. Any clinical hours the student performed while a health requirement was expired will be voided and not counted toward the required hours. It is required that the student maintain a current, unrestricted multistate RN license during the FNP program.

3. Students will be required to have a background check performed during the program at their cost. If any aspect of the background check is found to be unacceptable, the faculty reserves the right to restrict the student from attending clinical. This may result in dismissal from or delay progression in the FNP program.

4. The faculty may request, at any time, that the student will be required to have a chain of custody drug screen performed at the faculty’s discretion, at the facility of choice by the faculty, at any time during the student’s FNP program. The student will be responsible for the cost of the drug screen.

5. The student may be required to have additional clinical health requirements as determined by the clinical agency.

Health Information Privacy and Social Media

The student may not share information regarding any patient encountered in their student role or their clinical experience.

Information cannot be shared during the program or upon completion of the family nurse practitioner program. Information includes verbal, written, or electronic material. The student may be required to sign a confidentiality statement by the family nurse practitioner program, preceptor, or agency in which they complete the clinical rotation. If a student is found to have shared patient information, this will result in disciplinary action and the student may be dismissed from the program. Please use the following links as a guide in regard to social media:

Dress Code
Approved dress is business casual with a white lab coat. Students must have their LMU student ID prominently displayed at all times. Students must wear clean, closed toe shoes which coordinate with their attire. No boots, flip-flops, or sandals may be worn during the clinical rotation. Faculty may require a student to leave clinical at any time due to inappropriate attire and the student may not count clinical hours for that day.

Faculty Clinical Site Visit and Clinical Performance
1. It is mandatory that a student will receive a clinical site visit from a site visitor from the Caylor School of Nursing during each clinical rotation. Additional site visits may be scheduled at the faculty’s discretion. A site visit may be an announced or unannounced. Students must perform satisfactorily during the site visits. If a student’s performance, behavior, punctuality, or professionalism is found to be unsatisfactory during a site visit, the student can receive a failing grade and/or overall failure in the clinical course.
2. If any portion of the student’s clinical performance is unsatisfactory at any time during the semester, the faculty reserves the right to assign a “zero” or “fail” as a grade for the class. This will result in an “F” for the FNP clinical course and the student will not be allowed to progress in the family nurse practitioner program.
3. The faculty may visit a site or perform a phone call at any time during the semester to assess the student’s punctuality or performance.
4. The faculty may remove the student from the clinical site at any time during the program and may restrict the students from attending clinical for the following:
   a. The student displays unsatisfactory performance, punctuality, professionalism, or behavior.
   b. Unsafe behavior.
   c. Fails to maintain patient confidentiality.
   d. Does not maintain a multistate registered nurse license or current health requirements.
   e. Has a significant medical or psychiatric event which potentially interfere with performance.
   f. Is noted to have engaged in recent or past criminal activities.
   g. If performance is found to be unacceptable by a clinical preceptor.

Clinical Schedule and Punctuality
1. In the event there is an unexpected emergency and the student is late or absent for the scheduled clinical experience, the student must communicate this change in the schedule to the preceptor, the assigned site visitor, and the faculty as soon as possible. Failure to appropriately inform the preceptor, the assigned site visitor or the faculty may result in a disciplinary action and/or a grade of “fail” for the course.
2. Clinical schedules will be developed with the preceptor at the beginning of the semester and must be approved by the instructor. The approved schedule must be uploaded into Blackboard. If changes in the schedule occur, the instructor and site visitor must be notified immediately. The student must also submit the revised preceptor approved schedule (which will reflect this make-up time) no later than one week after the first missed day. The student must then upload these revised changes into Blackboard. No changes shall be made once the instructor approves the clinical schedule; changes shall only be made in the event of the preceptor’s schedule changes.
3. In the event the student experiences illness, injury, or emergency which constitutes changes in the clinical schedule, the student must notify the instructor, site visitor, and preceptor as soon as possible. The student shall provide the instructor any documents related to the illness, injury, or emergency which resulted in changes in the clinical schedule. The instructor reserves the right to approve or deny any changes in the student clinical schedule.

Clinical Documentation
1. The student shall maintain accurate clinical documents throughout the semester as required by each class. Additionally, the student shall maintain accurate clinical information in Typhon during the semester.
2. The student shall submit accurate and timely clinical documents as scheduled or the student may receive a zero for their overall clinical document grade. **If the student fails to appropriately submit assignments and/or clinical logs, without prior approval of the instructor, they may receive one warning from the instructor and may receive a zero for the course grade at the discretion of the instructor.**

3. If a student falsifies report hours and was not present at the clinical site at the assigned times or participated in falsification of clinical documents related to this class, the student will receive a zero for the FNP clinical course for the semester. If a student is not at the clinical site at the scheduled time and date, he/she will receive one verbal/written/email warning from the instructor. The second time he/she is not at the clinical site at the scheduled time and date a zero will be assigned.

**Significant Medical or Psychiatric Event**

The student will be required to provide a release from a health care provider to attend class and/or clinical if a significant medical or psychiatric event occurs during the term of the semester. The statement must be a full medical release without restrictions to attend clinical. The student will receive a 2% reduction in the final grade for each class missed without provision of the release to attend class and/or clinical. Delay in completion of the mandatory clinical hours within the time frame of the current semester may result in the inability to progress in the FNP program.

**Employment**

Given the rigorous nature of the FNP program, students are advised to refrain from seeking or maintaining employment during the MSN FNP program. If the student decides to work during the program, it is expected that employment will not interfere or impede with any portion of student academic responsibilities. Academic responsibilities include, but are not limited to, absence from lectures, examinations, clinical labs, assignments, and/or clinical rotations. Students will be required to be available for class and clinical rotations Monday through Friday.
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 provide a copy of my criminal background check to the clinical agency and/or preceptor. _____ (initial)

I have personal health insurance and I understand that any emergency care that I may require will be at my sole expense and responsibility. _____ (initial)

The Caylor School of Nursing maintains a malpractice insurance policy.

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 Name (Printed)               Date

________________________________________________________ ___________________
Preceptor Signature                Date

________________________________________________________ ___________________
Student Signature                            Date

________________________________________________________ ___________________
Faculty Signature                 Date

Copy to Preceptor and Instructor
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?
_____________________________________________________________________________________
# STUDENT CLINICAL OBJECTIVES

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

<table>
<thead>
<tr>
<th>Objective</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Student Name __________________________________________      Date ___________________

Student Signature ________________________________________      Date ___________________

Preceptor Name __________________________________________      Date ___________________

Preceptor Signature ________________________________________      Date ___________________
CLINICAL LOG

Students must keep accurate clinical logs 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. 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.
# Student Self-Evaluation Inventory of Clinical Skills

<table>
<thead>
<tr>
<th>Rating</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>0=Not applicable</td>
<td>No opportunity to observe.</td>
</tr>
<tr>
<td>1=Novice</td>
<td>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.</td>
</tr>
<tr>
<td>2=Advanced Beginner</td>
<td>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.</td>
</tr>
<tr>
<td>3=Competent</td>
<td>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.</td>
</tr>
<tr>
<td>4=Proficient</td>
<td>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.</td>
</tr>
<tr>
<td>5=Expert</td>
<td>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.</td>
</tr>
</tbody>
</table>

It is expected that AFTER completion of NURS 561A, 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.

Self-Evaluation: Inventory of Clinical Skills

<table>
<thead>
<tr>
<th></th>
<th>Ratings (see instructions)</th>
</tr>
</thead>
</table>

**1. Interview**

<table>
<thead>
<tr>
<th></th>
<th>a. Basic interview 0 1 2 3 4 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b. Cross-cultural communication 0 1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>c. Developmental assessment 0 1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>d. Family assessment 0 1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>e. Occupational history 0 1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>f. Risk assessment 0 1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>g. Sexual history 0 1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>h. Modifies interview technique to meet different client circumstance/cultural variation 0 1 2 3 4 5</td>
</tr>
</tbody>
</table>

**2. Physical Exam**

<table>
<thead>
<tr>
<th></th>
<th>a. Performs complete physical examination as historical information/situation dictates 0 1 2 3 4 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b. Differentiates normal from abnormal findings/recognizes range of normal 0 1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>c. Judiciously orders/perform lab and other diagnostic tests 0 1 2 3 4 5</td>
</tr>
</tbody>
</table>

**3. Assessment**

<table>
<thead>
<tr>
<th></th>
<th>a. Differentiates relevant from irrelevant diagnostic cues 0 1 2 3 4 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b. Formulates a diagnosis fully supported by the patient data 0 1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>c. Produces accurate, prioritized list of client risk factors and risk taking behaviors 0 1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>d. Develops an accurate, complete and prioritized problem list 0 1 2 3 4 5</td>
</tr>
</tbody>
</table>

**4. Plan (for each identified problem)**

<table>
<thead>
<tr>
<th></th>
<th>a. Plan includes judicious use of further diagnostic studies 0 1 2 3 4 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b. Plan includes appropriate non-pharmacologic strategies 0 1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>c. Plan includes appropriate pharmacologic strategies 0 1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>d. Provides accurate and appropriate educational counseling/anticipatory guidance 0 1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>e. Plan logically relates to the diagnoses 0 1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>f. Plans for appropriate follow-up/referral/consultation 0 1 2 3 4 5</td>
</tr>
</tbody>
</table>

**5. Documentation/Presentation of Cases**

<table>
<thead>
<tr>
<th></th>
<th>a. Can articulate a succinct and accurate bullet presentation 0 1 2 3 4 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b. Records client data accurately, using appropriate terminology and format 0 1 2 3 4 5</td>
</tr>
</tbody>
</table>
### 6. General

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Uses current evidence-based findings as a base for health care planning</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. Demonstrates critical thinking and diagnostic reasoning</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. Able to establish good rapport/therapeutic relationship with individuals and families</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. Collaborates and consults appropriately with members of the health care team</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e. Is considerate of individuals and families time by managing health care problems quickly</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f. Assumes responsibility appropriate to current knowledge/skill level and appropriate to the requirements of this practice</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>g. Recognizes and seeks to remediate weak areas and seeks assistance appropriately</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>h. Communicates clinical goals/objectives clearly to preceptor/faculty</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>i. Retains composure under stress.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>j. Responsible and professional in manner, use of equipment and supplies, deportment, appearance, and practice</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

### 7. Examination (Specific Lifecycle Stages)

<p>| | | | | | |</p>
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<thead>
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</thead>
<tbody>
<tr>
<td>a. Prenatal</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. Newborn</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. Postpartum</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. Infant</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e. Child</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f. Adolescent</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>g. Adult</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>h. Geriatric</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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</table>

### 8. Examination (Specific Components)

<p>| | | | | | |</p>
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</thead>
<tbody>
<tr>
<td>a. Integument</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. HEENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of otoscope</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Use of ophthalmoscope</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Mouth and throat</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. Heart</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. Lung</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>e. Chest</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f. Breasts</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>g. Abdomen</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>h. Back</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>i. Genitourinary</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>j. Pelvic exam</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>k. Extremities</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>l. Neurologic</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>m. Developmental (pediatrics)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>n. Functional (adult)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>o. Mental status</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
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</tbody>
</table>
### 9. Office Procedures and Lab

<table>
<thead>
<tr>
<th>Procedure</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>Abscess incision &amp; drainage</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>CPR</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
</tr>
<tr>
<td>Foreign body removal</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Gram stain, interpretation</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Growth chart</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Hematocrit</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>KOH, skin/vaginal</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Laryngoscopy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Pap smear</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Rapid strep</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Stool test, blood</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Suturing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Suture or staples removal</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>Telephone referral</td>
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<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
</tr>
<tr>
<td>Throat culture</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Urinalysis</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>X-ray interpretation, chest</td>
<td>0</td>
<td>1</td>
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<tr>
<td>X-ray interpretation, extremities</td>
<td>0</td>
<td>1</td>
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<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Wet mount, vaginal</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
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<td>Write referral</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
</tr>
<tr>
<td>Write prescription</td>
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<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**Comments:**

Student’s Name ________________________________________________

Preceptor’s Name______________________________________________

__________________________ Date _______________________________

**Student Signature**

__________________________ Date _______________________________

**Preceptor Signature**

__________________________ Date _______________________________
PRECEPTOR FEEDBACK OF CLINICAL PERFORMANCE

<table>
<thead>
<tr>
<th>Rating</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>0=not applicable</td>
<td>No opportunity to observe</td>
</tr>
<tr>
<td>1=Novice</td>
<td>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.</td>
</tr>
<tr>
<td>2=Advanced Beginner</td>
<td>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.</td>
</tr>
<tr>
<td>3=Competent</td>
<td>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.</td>
</tr>
<tr>
<td>4=Proficient</td>
<td>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.</td>
</tr>
<tr>
<td>5=Expert</td>
<td>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.</td>
</tr>
</tbody>
</table>

It is expected that AFTER completion of NURS 561A, many skills will be at the high-lighted levels for items with which the student acquires experience.

## Inventory of Clinical Skills

<table>
<thead>
<tr>
<th>1. Interview</th>
<th>Ratings (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Basic interview</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>b. Cross-cultural communication</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>c. Developmental assessment</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>d. Family assessment</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>e. Occupational history</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>f. Risk assessment</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>g. Sexual history</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>h. Modifies interview technique to meet different circumstances &amp; cultural variation</td>
<td>0 1 2 3 4 5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Physical Exam</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Performs complete physical examination as historical information/situation dictates</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>b. Differentiates normal from abnormal findings/ recognizes range of normal</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>c. Judiciously orders/perform lab and other diagnostic tests</td>
<td>0 1 2 3 4 5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Assessment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Differentiates relevant from irrelevant diagnostic cues</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>b. Formulates a diagnosis fully supported by the patient data</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>c. Produces accurate, prioritized list of client risk factors and risk taking behaviors</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>d. Develops an accurate, complete and prioritized problem list</td>
<td>0 1 2 3 4 5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Plan (for each identified problem)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Plan includes judicious use of further diagnostic studies</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>b. Plan includes appropriate non-pharmacologic strategies</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>c. Plan includes appropriate pharmacologic strategies</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>d. Provides accurate and appropriate educational counseling/anticipatory guidance</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>e. Plan logically relates to the diagnoses</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>f. Plans for appropriate follow-up/referral/consultation</td>
<td>0 1 2 3 4 5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Documentation/Presentation of Cases</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Can articulate a succinct and accurate bullet presentation</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>b. Records client data accurately, using appropriate terminology and format</td>
<td>0 1 2 3 4 5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. General</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Uses current evidence-based findings as a base for health care planning</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>b. Demonstrates critical thinking and diagnostic reasoning</td>
<td>0 1 2 3 4 5</td>
</tr>
</tbody>
</table>
c. Able to establish good rapport/therapeutic relationship with individuals 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 health care 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)

| Stage                | 0 | 1 | 2 | 3 | 4 | 5 |
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)

| Component | 0 | 1 | 2 | 3 | 4 | 5 |
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

<table>
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<tr>
<th>Procedure</th>
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<tbody>
<tr>
<td>Abscess incision &amp; drainage</td>
<td></td>
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<tr>
<td>CPR</td>
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<td>Foreign body removal</td>
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<td>Growth chart</td>
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<td>Hematocrit</td>
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<tr>
<td>KOH, skin/vaginal</td>
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<tr>
<td>Pap smear</td>
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<td>5</td>
</tr>
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<td>Suture or staples removal</td>
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<td>4</td>
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<tr>
<td>X-ray interpretation, chest</td>
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<td></td>
<td></td>
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<tr>
<td>X-ray interpretation, extremities</td>
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<td>5</td>
</tr>
<tr>
<td>Wet mount, vaginal</td>
<td></td>
<td></td>
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<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Write referral</td>
<td></td>
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<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Write prescription</td>
<td></td>
<td></td>
<td></td>
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<td>4</td>
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</tr>
</tbody>
</table>

Comments:

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Student’s Name ________________________________

Preceptor’s Name ______________________________

______________________________ Date

Student Signature

______________________________ Date

Preceptor Signature

______________________________ Date
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
   Comments:
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

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

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
   Comments:
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

5. What would you change about the way your preceptor collaborates with students?
   Comments:
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
6. Did your preceptor listen to your concerns or questions in the clinical setting?
   _______ Always _______ Usually _______ Sometimes _______ Seldom _______ Never
   Comments:
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________

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

8. Did your preceptor challenge you to think by asking you to explain your diagnostic decisions or treatment choices?
   _______ Always _______ Usually _______ Sometimes _______ Seldom _______ Never
   Comments:
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________

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

10. Additional comments about the site or the preceptor:
    Comments:
    ____________________________________________________________________________________
    ____________________________________________________________________________________
    ____________________________________________________________________________________
    ____________________________________________________________________________________
SECTION V: 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 semesters, program requires 81 semester hours of graduate work including five (5) semesters of clinical practicum. Clinical courses have a 1:6 credit hour to clinical hour ratio. A written Comprehensive Exam is required during the final semester. The Nurse Anesthesia concentration does not offer a part-time option. The full-time curriculum plan is listed below.

<table>
<thead>
<tr>
<th>Curriculum Plan: NA Required Coursework (MSN)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Harrington Site</strong> (28 month program plan, 7 semesters)</td>
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<tr>
<td><strong>Credit Hours</strong></td>
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<td><strong>Year 1</strong></td>
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<tr>
<td><strong>Fall I</strong></td>
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<tr>
<td>NURS 501 Advanced Anatomy &amp; Physiology</td>
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<tr>
<td>NURS 520 Advanced Health Assessment</td>
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<tr>
<td>NURS 530 Advanced Pharmacology and Therapeutics</td>
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<tr>
<td>NURS 581 Principles of Anesthesia I</td>
<td>3</td>
</tr>
<tr>
<td>NURS 581A Principles of Anesthesia I-Lab</td>
<td>1</td>
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<tr>
<td><strong>Spring I</strong></td>
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<tr>
<td>NURS 511 Advanced Pathophysiology I</td>
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<td>NURS 531 Anesthesia Pharmacology I</td>
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<tr>
<td>NURS 583 Biochemistry/Physics</td>
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<td><strong>Summer I</strong></td>
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<td>NURS 512 Advanced Pathophysiology II</td>
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<td>NURS 571 Clinical Practicum I</td>
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<td>NURS 500 Theoretical Foundations and Research Methods</td>
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<td><strong>Year 2</strong></td>
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<td><strong>Fall II</strong></td>
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<td>NURS 532 Anesthesia Pharmacology II</td>
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<td>NURS 572 Clinical Practicum II</td>
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<td><strong>Spring II</strong></td>
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<td>NURS 580 Contemporary Roles and Issues for Advanced Practice Nurses</td>
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<td><strong>Summer II</strong></td>
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<td>NURS 589 Synthesis Seminar*</td>
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<tr>
<td><strong>Total Program = 81 credits</strong></td>
<td>9</td>
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* Comprehensive Exam course
NURSE ANESTHESIA COURSE LOAD

The minimum load for LMU full-time status as a graduate student is nine (9) hours during fall, spring, and summer semesters. Students must petition the Dean to receive approval for any proposed overloads.

REPEATING COURSES

Repeating Graduate Nursing Courses
No MSN NURS course may be repeated by NA students. In order to pass a MSN NURS course, a student must earn a grade of “B” (3.0) or higher. Each course syllabus outlines the criteria for successful course completion.

Repeating Non-Nursing 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

The following requirements must be met for earning the degree:
1. Completion of the 81 credit hours specified in the approved Program of Study
2. Completion of case requirements set by the Council on Accreditation of Nurse Anesthesia Educational Programs
3. A minimum cumulative Grade Point Average (GPA) of 3.0 (B)
4. A passing score on the Comprehensive Examination
5. Payment of all fees
6. Successful performance on the Self Evaluation Examination (SEE)
<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Credits</th>
<th>Semester/ Year</th>
<th>Student’s Initials</th>
<th>Student’s Signature</th>
<th>Advisor Signature</th>
<th>Date</th>
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<tbody>
<tr>
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**FALL 1ST YEAR**

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Total Program = 81 credits
NURSE ANESTHESIA CONCENTRATION POLICIES

Didactic Course Policies

Didactic Attendance Policy
Attendance to all scheduled didactic classes is mandatory as defined by course syllabus for Nurse Anesthesia students. Repeated tardiness and/or absence will result in disciplinary action.

Didactic Satisfactory Progress Policy
Nurse Anesthesia students must pass all nurse anesthesia specific didactic courses with a grade of “B” or better. A grade of “C” will result in dismissal from the Nurse Anesthesia concentration.

Clinical Site Policies

Nurse Anesthesia Concentration Clinical Practicum Attendance Policy
Nurse Anesthesia students in NURS 571-578 Clinical Practicum I-V will report to the clinical site at 6:30 AM the morning of clinical or at a time sufficient to prepare for the anesthesia assignment for that day.

Nurse Anesthesia Concentration Daily Clinical Evaluation Policy
It is the responsibility of the student to provide the clinical preceptor the opportunity to sign care plans and complete the daily clinical evaluation. Students are prohibited from completing blank signed evaluations. Daily clinical evaluations should be scanned and uploaded to electronic case tracking system weekly. If an evaluation is not complete, a blank form with the reason the evaluation was not properly completed and the name of the clinical preceptor must be submitted. Course syllabi will specify consequences of missing daily clinical evaluations.

Nurse Anesthesia Concentration Daily Clinical Assignment Policy
If possible, Nurse Anesthesia students are responsible for obtaining clinical assignments for the following day. The on-call Nurse Anesthesia student (time permitting) will call each student assigned to the clinical site and leave a message describing the first case in the assigned room and cases to follow.

Nurse Anesthesia Concentration Pre-operative Health Assessment Policy
In compliance with department policies of assigned clinical sites, Nurse Anesthesia students will complete and document pre-operative assessments of assigned in-house patients.

Nurse Anesthesia Concentration First Year Clinical Supervision Policy
In the first year of study in the Nurse Anesthesia concentration students will be supervised in the clinical area 1:1 (clinical preceptor to student) by a CRNA and/or Anesthesiologist. The Nurse Anesthesia student’s clinical assignment and clinical supervision ratio, whether supervised by a CRNA, Anesthesiologist, or combination of CRNA and Anesthesiologist, will be coordinated taking into consideration student knowledge and ability; the physical status of the patient (ASA); the complexity of the anesthetic and/or the procedure; and the experience of the preceptor. The clinical preceptor will be immediately available to assist the Nurse Anesthesia student with anesthesia care of the patient. Clinical preceptor 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 clinical interventions without appropriate credentialed experts who are authorized to assume responsibility for the Nurse Anesthesia concentration student.

Nurse Anesthesia Concentration Second and Third Year Clinical Supervision Policy
In the second and third years of study in the Nurse Anesthesia concentration students will be supervised in the clinical area 1:1 or 1:2 (clinical preceptor 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 preceptor 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 preceptor. The clinical preceptor will be immediately available to assist the Nurse Anesthesia student with anesthesia care of the patient. The clinical preceptor will be available in the room with the student during all critical aspects of the anesthesia case including but not limited to induction of general anesthesia,
critical incidents, and placement of neuraxial blockade. The clinical preceptor will review the written or verbal anesthetic plan with the student prior to beginning any anesthesia patient care as appropriate. 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 Nurse Anesthesia concentration students. All Nurse Anesthesia concentration students are forbidden to participate in any clinical interventions without appropriate credentialed experts who are authorized to assume responsibility for Nurse Anesthesia concentration students.

**CLINICAL PRACTICE SUPERVISION/INSTRUCTION POLICY**

Lincoln Memorial University Caylor School of Nursing Nurse Anesthesia concentration complies with the Council on Accreditation’s criterion on clinical supervision, restricting the clinical supervision and instruction of students in anesthetizing locations to only CRNAs and/or anesthesiologists with staff privileges who are immediately available in all clinical areas. The concentration will also restrict clinical supervision in non-anesthetizing areas to credentialed experts who are authorized to assume responsibility for the nurse anesthesia student. The concentration faculty believes it is inappropriate for physician residents or graduate nurse anesthetists to act as the sole agent responsible for the student. Students who are in the clinical area during their first 12 months of the MSN Nurse Anesthesia concentration will be under the direct supervision of an anesthesiologist or certified registered nurse anesthetist (CRNA) with institutional staff privileges on a one-to-one teacher/student ratio.

This policy limits the maximal student/faculty ratio in the clinical area to 2:1. Students beyond 12 months may be assigned to a room supervised by an anesthesiologist or CRNA who may also be supervising another student (or CRNA in the case of the supervising anesthesiologist). When this occurs, the supervising anesthesiologist or CRNA must be immediately available to the nurse anesthesia student(s) at all times.

As the student becomes more skilled in delivering anesthesia care, clinical supervision will be based on the student’s knowledge and ability, the physical status of the patient, the complexity of the anesthetic and/or surgical procedure and the comfort level and experience of the instructor.

The program places great value on the quality of instruction afforded students in the clinical area and recognizes that mentoring students often exceeds the student’s need to be supervised. Therefore, it encourages CRNAs to remain in the room with students to observe problem-solving skills, challenge them intellectually, answer questions and most importantly assure the safety of the patient. Clinical supervision of students in non-anesthetizing areas may be under the direction of an anesthesiologist, CRNA, or credentialed experts who are authorized to assume responsibility for the student. Such experts may be neonatologists, pulmonologists or ICU intensivists. The Clinical Site Coordinators, in concert with the chief CRNA and/or administrative managers of the departments of anesthesia, is responsible for assuring that CRNA faculty is currently licensed as registered professional nurses in the state in which they are practicing and are currently certified/recertified by the Council on Certification of Nurse Anesthetists.

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

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

One comprehensive written care plan is required each clinical day during NURS 571-572 Clinical Practicum I & II. The care plans should be prepared the evening before the scheduled clinical day on the first scheduled case of the day or in the event of repeated case types, the most complex case of the day and given to the clinical preceptor for evaluation. During NURS 573-578, the student should complete a comprehensive written care plan, which will be completed only on complex cases or unfamiliar types of cases.

**Nurse Anesthesia Concentration Second and Third Year Clinical Student Anesthesia Care Plan Policy**

Students in NURS 573-578 Clinical Practicum III-V will prepare a verbal care plan that will be discussed with the clinical preceptor prior to each case. Comprehensive written care plans may be requested by the program administration or program faculty at any time.

**Nurse Anesthesia Concentration Clinical Expectations Policy**

1) It is the responsibility of the Nurse Anesthesia students to upload the clinical case information to the current electronic tracking system no less than weekly.
2) Before beginning clinical, students must have on file with LMU and upload into current tracking system evidence of a current negative PPD or chest x-ray, Tdap, influenza, record of hepatitis B vaccine, a Rubella titer or second MMR, and proof of varicella vaccination or titer.

3) Students must maintain on file and upload into electronic tracking system current ACLS, PALS, BLS, and appropriate RN licensure.

4) If students become ill and cannot report for clinical, he/she must inform the CRNA clinical preceptor or Clinical Site Coordinator as soon as possible and upload documentation of absence into the electronic tracking system as soon as possible.

5) 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.

6) 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.

7) All students are expected to be able to rotate to all assigned facilities including those that are considered off-site (more than 90 minutes from campus). Cases of hardship will be considered by the Director/Assistant Director. Students are expected to make provisions for child care, which is not normally considered a hardship. Pet care is not considered a hardship.

8) Students will rotate to multiple clinical sites and will be required to arrange travel and housing. Housing and travel for all clinical rotations, including off-site, is strictly the responsibility of the student.

9) The use of cellular phones, text messaging, and internet devices are prohibited in the operating room. If a portable device is used for the information on it, the phone should be in the airplane mode. If there needs to be an exception to this rule, such as obtaining drug information on the internet, the student should obtain verbal approval from the clinical preceptor prior to accessing the internet.

10) If a photo ID is provided by the clinical site, the ID must be worn. If a photo ID is not provided by the clinical site, the student’s LMU photo ID must be worn.

Clinical End of Term, Self-Evaluations, and Clinical Site Evaluation Policies Daily Clinical Evaluation and Grading

Clinical evaluations will be performed daily. The student is responsible for ensuring the clinical preceptor completes the form. If the student is unable to have a form filled out, one must be submitted for that date with an explanation for the failure to obtain the completed evaluation and the name of the instructor must be submitted. Daily clinical evaluations must be uploaded into the current electronic tracking system weekly. Students must notify the concentration Clinical Coordinator immediately of any unsatisfactory evaluations.

FAILURE TO NOTIFY THE CONCENTRATION CLINICAL COORDINATOR AND TURN IN AN UNSATISFACTORY OR CRITICAL EVALUATION IS CONSIDERED TO BE ACADEMIC MISCONDUCT.

Evaluation for Clinical Courses:

1) Daily clinical evaluations will be reviewed by the faculty of the Nurse Anesthesia concentration. A grade will be assigned based on student’s clinical performance. An Anesthesiologist or CRNA must complete a student evaluation each clinical day. If an evaluation is not complete, a blank form with the reason that the evaluation was not properly completed and the name of the clinical preceptor must be submitted. Clinical grades will be determined by the program administration and faculty based on feedback from daily clinical evaluations and summative evaluations provided by clinical site coordinators.

2) In the Nurse Anesthesia concentration, a grade of less than a “B” in any clinical course will result in dismissal from the program.

3) Students will normally be notified during the term if they are not meeting expectations for a passing clinical grade. It should be understood that egregious deviations from the standards of care or other actions jeopardizing patient safety or unprofessional conduct can result in a failing grade from a single incident with no prior notification.

4) All nurse anesthesia students must meet the standards of care promulgated by the Tennessee Nurse Practice Act and the rules and regulations of Tennessee State Board of Nursing and/or BONs of the state in which the student practices. The Director will investigate and take appropriate action regarding information that suggests the student failed to meet regulatory requirements. In accordance with regulatory law, the Director will report to the Board (and/or other appropriate authorities) conduct that violates the laws of the State of Tennessee or other states in the United States.
5) In the event that the Director determines a student’s conduct has presented concerns regarding patient safety, substandard care, unprofessional conduct, falsification of records, or insubordination in the clinical area, the student’s clinical privileges will be immediately suspended. The nurse anesthesia faculty will make the determination as to whether the student will be counseled or will receive a failing grade. Following the suspension of clinical privileges by the Director, the student is prohibited from patient care activities as part of the MSN Nurse Anesthesia concentration until a decision to return the student to the clinical area is made by faculty. Clinical time missed by the student will be completed prior to graduation as determined by the Director.

Nurse Anesthesia Student Self Evaluation Policy

Nurse Anesthesia Student Self Evaluation forms will be distributed to students prior to advising. Students will complete and discuss the forms with the advisor during the advising session.

Clinical Site and Faculty Evaluation Policy

Students will evaluate clinical sites and clinical preceptors on the current electronic tracking system at the completion of each rotation. Results will be distributed to clinical sites and preceptors annually.

Concentration Evaluation Plan

1) Student formative evaluations will be performed daily by the clinical preceptor.
2) Student self-evaluations will be performed at the end of the semester and reviewed by the faculty advisor.
3) Student summative evaluations will be performed at the end of the semester by the clinical preceptor and reviewed by the faculty advisor.
4) Clinical grades will be assigned by the Nurse Anesthesia faculty at the end of each semester based on the clinical evaluations and simulation lab performances.
5) Classroom instruction will be evaluated by the university’s plan.
6) Student evaluations of clinical sites will be available for student completion after each rotation via the current electronic tracking system.
7) Student evaluations of the clinical preceptors will be available for student completion after each rotation via the current electronic tracking system.
8) Composite evaluations of the clinical sites and clinical preceptor will be reviewed by the concentration faculty annually.
9) Composite evaluations of the clinical sites and clinical preceptors will be returned to the clinical site coordinators for review and action annually.
10) Graduates will be given an exit interview at the final summative evaluation.
11) Alumni and employers of alumni will receive evaluations forms one year after graduation.
12) Graduate, alumni, and employer evaluations will be reviewed by the program and by the CSON.
13) Attrition rates will be monitored and evaluated.
14) Immediate and six month employment rates will be monitored and evaluated.
15) Scores on the Self Evaluation Examination (SEE) will be monitored and evaluated.
16) Passing rates on the certifying examination will be monitored and evaluated.
17) The program will be evaluated by SACS, ACEN, and COA.

Nurse Anesthesia Concentration Forms (See attachments)

1) Nurse Anesthesia Concentration Student Advising Worksheet
2) Student Self-Evaluation Form (First Year Fall Semester)
3) Student Evaluation Form (First Year Fall Semester)
4) Student Self-Evaluation Form (First Year Spring Semester)
5) Student Evaluation Form (First Year Spring Semester)
6) Student Self-Evaluation Form (Advising) (Semesters 3-7)
7) Student Evaluation Form (Advising) (Semesters 3-7)
8) Daily Clinical Evaluation Form (1st Year)
9) Summative Evaluation Form (2nd & 3rd Year)
Nurse Anesthesia Progressive Discipline Policies

Clinical Standing/Performance Evaluation
The student is evaluated daily during the clinical rotation and a summative evaluation is completed at the end of each clinical rotation.
1) If a Clinical Preceptor and/or the Clinical Site Coordinator determines clinical expectations are not being met, the student will be counseled by the Clinical Preceptor, the Clinical Site Coordinator, and/or the Director.
2) If performance does not improve or if the performance demands immediate action, the Director in consultation with Nurse Anesthesia faculty will make the judgment to place the student on clinical probation or program dismissal.
3) A student may be immediately dismissed from the program for any of the following practices:
   a) Unsafe practice or violation of nurse practice act
   b) Clinical error or poor clinical judgment affecting patient safety
   c) Insubordination or inability based on the identified needs to cooperate with faculty, clinical site coordinator, clinical preceptors, peers, or hospital staff
   d) Habitual tardiness or absenteeism (three or more)
   e) Administering anesthesia outside the confines of the anesthesia concentration or without permission or knowledge of concentration administration
   f) Failure to complete assignments directed by clinical or didactic staff
   g) Consistent lack of preparation for clinical practicum
   h) Evidence of drug or alcohol abuse
   i) Falsification of records
   j) Failure to properly handle controlled substances in accordance to institutional policy and regulatory requirements
   k) Unprofessional behavior and tone
   l) Violation of any clinical facility policy or regulation

Clinical Probation
Clinical Probation is a period designed to remediate and evaluate the clinical performance of a student who has not satisfactorily met the clinical outcome objectives.
1) When the student is placed on clinical probation:
   a) A formal counseling record will be completed, outlining the reasons for probation including the policy violated and the necessary actions to correct the stated problem(s).
   b) A probationary clinical site will be assigned by the Director based on need.
   c) Specific clinical preceptors may be identified to work with and evaluate the student’s performance.
   d) Specific criteria may be prescribed to measure the improvement in student clinical performance over a specified period of time.
   e) The student’s clinical progress will continually be monitored by the Director. The student and Nurse Anesthesia faculty will hold weekly meetings to assess student progress, evaluate the plan of action, and make necessary changes in the plan.
2) At the end of the probation period, and after careful evaluation of all of performance documentation, student conference(s) and input from the clinical site, the Director in consultation with Nurse Anesthesia faculty will make a decision as to the student’s clinical progression. A formal counseling record will be completed by the Nurse Anesthesia faculty. The student will be either:
   a) Released from probation and allowed to progress in the program.
   b) Allowed a second probationary period.
   c) Dismissed from the program.

Nurse Anesthesia Concentration Student Grievance Policies

Nurse Anesthesia Concentration Student Complaints Policies
The LMU Graduate Catalog policy on grievances should be adhered to with the exceptions listed below:
1) In the clinical areas, student complaints should immediately be brought to the attention of the clinical preceptor assigned that day.
2) Issues not immediately resolved should be reported to the Nurse Anesthesia faculty.
Work Outside the Nurse Anesthesia Concentration Policies

Employment While Enrolled in the Nurse Anesthesia Concentration

The curriculum of the Nurse Anesthesia concentration is vigorous and time consuming. Therefore, it is most desirable that students do not work while enrolled in the program. Nonetheless, it is recognized by faculty that students may have to work part-time when they do not have program commitments; therefore, students are not denied the right to work and earn a wage outside of the program.

1) Students must notify the Director in writing of intent to work prior to beginning work. The Director reserves the right to ask students to refrain from outside employment if grades or patient care is placed in jeopardy due to fatigue as a result of work.
2) Work schedules are not excuses for early release, tardy, or poor performance in the clinical arena or the classroom.
3) Students shall not work after 2100 hours as a professional nurse for compensation, if they are scheduled for clinical anesthesia practice experience or class the next day. Violation of this rule is grounds for disciplinary action including failure of the clinical course and dismissal from the concentration.

Employment as Nurse Anesthetist While a Student Policy

The Caylor School of Nursing, Nurse Anesthesia concentration, forbids the employment of a Nurse Anesthesia concentration student as a nurse anesthetist by title or function.

Nurse Anesthesia Concentration Student Equipment Policy

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

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 home state Association of Nurse Anesthetists. First Year Students are expected to attend the Tennessee Association of Nurse Anesthetists Annual Fall Meeting. Students are encouraged to attend at least one AANA meeting while in the program. Attendance of other meetings may be required for completion of didactic course requirements as needed.

Students attending any professional organization meeting, subject to the approval of the Director (or designee), may be granted administrative leave to attend and present at the meeting. Administrative travel days may be given as appropriate.

Comprehensive Anesthesia Review Course Policy

Senior students are required to complete one comprehensive anesthesia review course prior to graduation. Students may be granted administrative days for attendance. Administrative travel days may be given as appropriate.

Expenses Policy

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

Self-Evaluation Examination Policy

All nurse anesthesia students are required to take the National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA) SEE in July of each year. The Examination is not used as a programmatic comprehensive examination, but is intended to provide the student an opportunity to participate in an anesthesia-focused computer adaptive test. The test evaluates students’ didactic and clinical knowledge related to the practice of nurse anesthesia in order to prepare for the Council on Certification of Nurse Anesthetists’ National Certification Examination. During senior year, students who are unsuccessful on the SEE may be required to complete additional remediation as determined by the Director.

Anesthesia Clinical Correlation (Grand Rounds) Policy

Nurse Anesthesia concentration students are required to attend Grand Rounds meetings and may be required to present a current anesthesia peer reviewed journal article critique, case study, or review of assigned anesthesia related topic. Nurse Anesthesia concentration students are required to attend anesthesia morbidity and mortality conferences and anesthesia case conferences if provided by the student’s current clinical site. Grand Rounds is a component of the clinical practicum courses and principles of anesthesia laboratory courses. Tardiness or absenteeism can result in a reduction in the appropriate course grade. During the clinical portion of the program, absence will require the use of a PTO day.
Student Time Commitment to the Nurse Anesthesia Concentration Policy

The COA prescribes Nurse Anesthesia programs monitor student time commitments to the program of study. To insure compliance, the accrediting agency expects Nurse Anesthesia faculty to monitor the total number of hours per week students have obligated to the program.

While the COA no longer designates specific numbers of hours per day, students are expected to complete case requirements. The COA policy states a reasonable number of hours to ensure patient safety and promote effective student learning should not exceed 64 hours per week. This time commitment includes the sum of the hours spent in class and all clinical hours averaged over 4 weeks. Students must have a 10 hour rest period between scheduled clinical duty periods (i.e., assigned continuous clinical hours). At no time may a student provide direct patient care for a period longer than 16 continuous hours. Lincoln Memorial University’s Nurse Anesthesia concentration will continually monitor students’ time commitment to insure compliance with accreditation criteria. However, students may be over-committed while on specific specialty rotations, such as cardiovascular or neurosurgical rotations. Over-commitment may be unavoidable because the concentration expects students to be actively involved in the perioperative care of patients undergoing complex and often long procedures; it may not be possible to accomplish this in an eight hour day. Concentration faculty will monitor students committed time during the year to insure there are no excesses or abuses.

Students will not be scheduled for clinical shift within 10 hours of leaving the prior shift. The student is responsible for notifying the clinical site coordinator and the concentration clinical coordinator if he/she cannot attend the scheduled clinical shift under this circumstance.

Nurse Anesthesia On-Call Rotation Policy

Students will not be assigned to the clinical areas following a weekday 16 or 24 hour call period. Students assigned weekend call will be expected to attend scheduled classes following the call period. If the student feels that fatigue from excessive work hours will jeopardize personal or patient wellbeing he/she is responsible to notify the clinical site coordinator and concentration clinical coordinator. If students are scheduled for class following a call period, class attendance is expected.

1) Students on call will always be under the direct supervision of either an anesthesiologist or CRNA with institutional staff privileges.
2) Students will not be permitted to undertake any level of anesthesia care without the expressed knowledge, consent and presence of either an anesthesiologist or CRNA with clinical privileges in the facility.
3) Students will be expected to perform on-call at a level consistent with the current level of nursing and anesthesia ability, as well as the health of the patient and complexity of the surgical/anesthesia procedure.
4) Students will not be permitted to leave the clinical area unless they have asked and received permission to do so from the anesthesia clinical director of the operating room and/or the senior member of the on-call team.
5) If required, student’s on-call shall maintain constant telecommunication and/or beeper contact with the senior members of the on-call team.
6) Students will not be assigned to call more than 24 hours consecutively during the week. Students may be on-call for entire weekends.
7) Students may be required to take in-house call during call rotations. A call room will be provided.
8) The student who is on-call arrives at the hospital before the CRNA or anesthesiologist; no patient care may be rendered until a credentialed provider is physically in the hospital. IN NO EVENT CAN A STUDENT BE ASKED TO SEE A PATIENT, DO A PREOPERATIVE VISIT, START AN IV OR EPIDURAL OR HAVE ANY PATIENT CARE RESPONSIBILITIES WHATSOEVER UNLESS A CRNA OR ANESTHESIOLOGIST IS IN THE HOSPITAL. That means a student cannot be asked to get the patient ready and into the OR so the case can begin when a credentialed provider arrives. If a student is asked to do so, he/she should politely decline and contact the Director and the other faculty members immediately.

Nurse Anesthesia Personal Time-Off (PTO) Policy

During the first two terms, the student adheres to the University calendar. During the clinical phase of the program of study, the student will receive 10 days of personal time-off. The days may be used for absences due to illness, weather, and personal leave days. Administrative days off will be granted with prior approval by the Director or designee for military service, one review course, professional meetings, and funeral leave.

Approval of more than two consecutive days off will only be approved for emergency situation on a case by case basis by the Director or designee. The accompanying weekend days may be given if the student is obligated to work weekends, at the discretion of the Director.
1) Personal leave will generally be limited to one week during any one month. Both the Director and the Clinical Site Coordinator must approve any exception.

2) PTO will generally be limited to one event during any one clinical practicum rotation. The Director and the Clinical Site Coordinator must approve any exceptions.

3) PTO may be granted while the student is on rotation at most clinical sites. The amount of PTO granted at any one clinical site shall be limited to the discretion of the Director or designee. Time allowed at clinical sites providing specialty cases may be reduced or not allowed. At the following clinical sites, PTO is restricted. This list is subject to change.
   a) Park West Medical Center
   b) Park West Plastic Surgery Center
   c) King’s Daughters’ Hospital
   d) University of Tennessee Medical Center
   e) Saint Joseph London

4) After personal leave has been fully approved, it may be cancelled at the discretion of the Director.

5) PTO requests must be submitted to the Clinical Coordinator or the Director prior to 6 weeks before the start of a clinical rotation. For example, if a request for a day off during the March/April clinical rotation at Pikeville Medical Center, the request should be submitted before January 15. This is to allow for changes in scheduling before credentialing process begins. Requests submitted after the due date may not guarantee approval, and must have permission of the Clinical Site Coordinator.

6) PTO requests should not be presented for more than 6 months in advance. That is, a request for July cannot be requested before January 1.

7) PTO may not be taken during call rotations, which includes the evening shift at University of Tennessee Medical Center.

8) Absence from a clinical assignment due to illness will be accounted for as follows:
   a) Absence from a day shift: 1 personal leave day.
   b) Absence from a 12-hour call shift: 1.5 personal leave days.
   c) Absence from a 16-hour call shift: 2 personal leave days.
   d) Absence from a 24-hour call shift: 3 personal leave days.

Procedure for Requesting PTO

1) The student must request the personal or administrative PTO in the electronic tracking system.

2) Request must be submitted to the Director or designee not later than 6 weeks before the start of the impacted clinical rotation to ensure scheduling prior to credentialing at the clinical site.

3) The student will receive an email from the electronic tracking system when the request is approved or disapproved.

4) The student is responsible for retaining the email of the time off approval to resolve any differences.

5) Students are strongly discouraged from making nonrefundable reservations until receiving official notification that personal time-off has been granted by both the Director and the clinical site, when applicable.

6) Approval may be rescinded if in excess of allotted PTO days.

7) Time-off granted by the Director or designee in excess of allowed time will be made up at the end of the program. If the days are to be made up at the end of the program, a grade of “I” will be assigned for the clinical practicum course. The “I” will be removed upon completion of required time. Graduation from the program may be delayed until the required time is accounted.

Tardiness and Early Release

Students who are tardy or who ask to be released early from the clinical area must notify the clinical coordinator within 24 hours. A request must be made in electronic tracking system. PTO can be approved in ½ day increments. Students who are released early or given the day off of clinical because of a lack of cases at the clinical site must submit a note and a scheduling request for Early out/No cases. PTO will not be charged.

Holidays

Students will adhere to the holidays observed at individual clinical sites. Please note that each clinical site may observe different holidays. The student is required to follow the holiday schedule of the individual clinical site without regard for LMU holidays. Students who are on call may be required to work holidays.

Inclement Weather

For classroom assignments on the Harrogate campus, students will follow the inclement weather policy of the university. For clinical assignments, students will follow the policies of the assigned clinical sites and follow the direction of the Clinical Site
Coordinator. The decision of the Clinical Site Coordinator to call the student off will be an administrative day. Students’ decisions to miss a clinical day will be charged PTO. The Director or designee is to be notified by the Clinical Site Coordinator by email, text, or telephone in the event the clinical day is cancelled. The students will have the responsibility of ensuring the Clinical Site Coordinator notifies the Nurse Anesthesia faculty.

Military Leave

Personal time-off will be granted to students who serve in the U.S. Military or Reserves. Personal time-off for military leave must be requested as far in advance as possible. If military leave results in the student exceeding the allotted PTO, the days in excess must be made up.

Funeral Leave

Students may be granted funeral leave, at the discretion of the Director or designee, for deaths of immediate family members or significant others.

Terminal Leave

Terminal leave (i.e. absence on the last day that the student is scheduled on a clinical rotation) is not permitted and will result in delayed graduation.

Failure to Report Time Off from the Clinical Area

FAILURE TO REPORT TIME OFF FROM THE CLINICAL AREA WILL BE TREATED AS ACADEMIC MISCONDUCT. Part of academic achievement is to act in a professional manner concerning time off. Failure to notify the clinical site and post the time on Typhon in accordance with policy may result in lowering of the grade for the clinical course. Two failures to notify during the program will result in a failure in the clinical course during which the second failure to notify occurs.

Request for Concentration Transfer

Students requesting to transfer to another concentration from their current program of study in the MSN program must submit an admission application to the Graduate Nursing Office. Transfer to another concentration is not guaranteed and will be reviewed by the admissions committee. The student must be in good standing in their current program of study and a formal letter should also be included with the admission application on why the student is requesting to transfer to another concentration.

NURSE ANESTHESIA CONCENTRATION RIGHTS AND RESPONSIBILITIES POLICY

The concentration has identified the following rights and responsibilities of patients, applicants, students, faculty, conducting institution, affiliating institution, and the accrediting agencies as related to the education of nurse anesthesia students.

Patients have the right to:
1) Appropriate anesthesia care regardless of race, creed, color, national origin, ancestry, religion, gender, sexual orientation, marital status, age, handicap, or source of payment.
2) Appropriate assessment and management of pain.
3) Be treated kindly and respectfully.
4) Every consideration of privacy.
5) An explanation of the anesthesia choices (general, regional, MAC) along with alternatives, goals, and risks involved.
6) Know the name, identity, and professional status of the person providing the anesthesia services and to know who is primarily responsible for the care delivered.
7) Participate in developing the plan of care.
8) Make informed decisions about the care to be given.
9) Expect that all communications and clinical records pertaining to their care will be treated confidentially.
10) Receive care in a safe setting.

Patients are responsible:
1) To provide accurate and complete information about present complaints, past illnesses, hospitalization, medications, and other matters relating to their health.
2) To be considerate of the rights of hospital personnel and students.
3) To ask for clarification if something is not clear to them.
Applicants have a right to:
1) Expect to be treated in a respectful manner.
2) Expect to have their application request available to them in a timely manner.
3) Expect to have their application reviewed with the same degree of consideration as any other applicant.
4) Expect to be notified of any information missing from their files, which would be necessary for a file to be complete.

Applicants have a responsibility to:
1) Inform the concentration administration of any address changes.
2) Complete their applications and submit them by the application deadlines.
3) Be truthful in answering questions on the application.
4) Provide the concentration administration the necessary information to make decisions about their qualifications for admission into the concentration.

Students have a right:
1) To be treated with respect and consideration throughout the program of study.
2) To receive graduate level education from individuals with expertise in their lecture areas.
3) To be exposed to a variety of anesthesia techniques and experiences while in the clinical area.
4) To receive appropriate clinical supervision and direction throughout the program of study by certified registered nurse anesthetists or anesthesiologists.
5) To expect a reasonable and timely response from staff or faculty of the university.
6) To expect a reasonable time commitment throughout the program of study conducive to learning.
7) To expect the Program Director, Associate Program Director, and Clinical Coordinator to serve as strong student advocates.

Students have a responsibility:
1) To treat others with respect and consideration.
2) To be prepared for didactic and clinical assignments.
3) To seek opportunities to develop educational (didactic and clinical) skills.
4) To be active in the professional nurse anesthesia organization.
5) To maintain integrity and academic honesty.
6) To follow the rules and policies of the clinical area to which they are assigned.
7) To follow the policies and procedures set by the Nurse Anesthesia concentration and the university.
8) To pay tuition and fees within scheduled time frames.
9) To serve as advocates for the program and their classmates.

All faculty have a right to expect:
1) Students will be prepared as much as possible for any given lecture.
2) Students will not engage in unethical behavior or behavior that would violate academic integrity.
3) Students will give them due consideration for their expertise in their area of study.
4) Students will be committed to completing assignments by due dates.
5) Students will have self-motivation and desire to be successful.

Didactic Faculty has an obligation to:
1) Be prepared for lectures.
2) Be available to answer student questions or be available for individual student conferences.
3) Prepare examinations that measure student learning and not just acquisition of facts.
4) Prepare activities that enhance student learning.
5) Instill in students a quest and commitment to lifelong learning.
6) Maintain expertise in their area of study.
7) Accept and utilize positively the praise and criticism given by administration and students.
8) Provide or assist with disciplinary actions concerning students.
9) Be active in the professional organizations.
Clinical faculty has a responsibility:
1) To note and provide educational opportunities and suggestions for improvement of a student’s professional learning.
2) To keep abreast of current trends and new agents and procedures within one’s profession.
3) To provide appropriate supervision and direction based on a student’s clinical expertise and confidence in the clinical area.
4) To serve as a student advocate making students a priority.
5) To provide timely feedback to concentration administration about a student’s performance.
6) To assist with remediation of students or disciplinary actions of students as needed.
7) To be active in one’s professional organization.
8) To seek opportunities to develop one’s educational skills.
9) To guide and participate in research and other study projects as requested.

The conducting institution has a right:
1) To expect that personnel for the Nurse Anesthesia concentration operate the program of study in accordance with accreditation requirements, university requirements, and policies.
2) To be kept informed of concentration changes, accrediting agency evaluations and standards, and trends affecting nurse anesthesia education.
3) To expect that students will be selected after review of their health and academic records, interview and personal references.
4) To expect students to follow the department and institutional policies relative to patient care, personal health care habits, and department and personnel policies.
5) To expect students to communicate with staff relative to their ability to perform procedures, throughout the perioperative period, and apply knowledge in the clinical practicum.
6) To expect students to prepare for and attend classes, seminars, and conferences.
7) To expect students to maintain professional liability insurance coverage.

The university has a responsibility:
1) To provide the nurse anesthesia program with sufficient resources to maintain its effective operation.
2) To review its contract with the university as needed to determine if the contract is adequate to meet students’ needs and the program’s outcome objectives.
3) To avoid becoming so dependent on students that departmental needs supersede students’ needs.
4) To operate the program in accordance with accreditation requirements.
5) To award master’s degrees to students who successfully meet all graduation requirements.
6) To provide student services and other resources as detailed in a contractual agreement with the conducting organization.
7) To cooperate with the conducting institution in maintaining the program’s accreditation.
8) To provide education without discrimination as required by applicable state and federal laws.

Accrediting agencies have a right to expect that:
1) The concentration will not willfully disregard standards and criteria set by accrediting agencies.
2) The concentration will not willfully disregard policies and procedures as determined by the accrediting agency or the Nurse Anesthesia concentration.
3) Concentration files are available to on-site accreditation reviewers.
4) The concentration will submit annual reports and other reports as requested by the accrediting agency.
5) The concentration represents itself with integrity.

The accrediting agency (COA) has an obligation:
1) To inform the program of appropriate changes in policy and procedure.
2) To assist the program in attempts to comply with accrediting agency requests.
NURSE ANESTHESIA OUTCOMES

The curriculum of the Lincoln Memorial University Caylor School of Nursing Nurse Anesthesia concentration is designed so that each graduate is capable of demonstrating the following cognitive, psychomotor, legal, and research outcomes.

Concentration Didactic Outcomes:
1) Demonstrates a solid background in the basic sciences, especially those related to the specialty of nurse anesthesia.
2) Maintain at least a B in all courses in the nurse anesthesia curriculum.
3) Successful completion of all didactic, clinical, and scholarly objectives of the program.
4) Pass the national certification examination.

Concentration Clinical Outcomes:
1) Perform a comprehensive pre-anesthetic assessment and chart review on all patients to whom they are assigned.
2) Select appropriate pre-operative medications.
3) Formulate an anesthetic care plan for patients scheduled to undergo a wide variety of surgical/diagnostic procedures.
4) Protect patients from iatrogenic complications associated with anesthetic-related drugs or procedures.
5) Position or supervise the positioning of patients to protect from iatrogenic injury.
6) Employ current and appropriate anesthetic techniques, agents, adjuvant drugs, and equipment while administering anesthesia.
7) Conduct a comprehensive and appropriate pre-anesthetic machine and equipment check.
8) Identify and take appropriate first-line remedial action when confronted with anesthetic equipment-related malfunctions.
9) Maintain an accurate, factual, contemporaneous, and neat anesthetic record.
10) Administer general anesthesia to patients of all ages and physical conditions for a wide variety of surgical/diagnostic procedures.
11) Provide anesthesia care for neonatal, pediatric, adult, trauma and geriatric patients with or without major pathologic conditions.
12) Administer/manage the anesthesia care of obstetrical patients.
13) Provide anesthesia/monitoring services for patients undergoing surgical/diagnostic procedures in a variety of settings within the hospital or institution’s freestanding surgical center.
14) Administer and/or managing a variety of regional techniques, including subarachnoid, epidural, Bier blocks and a variety of peripheral nerve blocks.
15) Interpret and apply data obtained from both non-invasive and invasive monitoring modalities to insure the proper management of patients receiving anesthesia.
16) Insert invasive monitoring probes such as arterial lines, central venous catheters, and triple-lumen catheters.
17) Calculate, initiate and manage fluid and blood replacement therapy.
18) Prevent/recognize and/or intervene appropriately to correct anesthetic-related complications that may occur throughout the perioperative period.
19) Collaborate with anesthesiologists, other physicians, and other healthcare providers to insure optimum perioperative patient care.
20) Apply universal precautions and other appropriate infection-control measures.
21) Function as a resource person in airway and ventilator management of patients undergoing cardiopulmonary resuscitation.
22) Participate in continuous quality improvement (CQI) protocols.

Concentration Legal/Social Outcomes:
1) Function within the scope of practice of a nurse anesthesia student accepting responsibility and accountability for personal and professional behaviors.
2) Demonstrate personal and professional integrity and the ability to interact at a professional level with a wide variety of healthcare providers.
3) Demonstrate academic, fiscal, and social accountability, especially as they relate to the repayment of guaranteed student loans.
4) Value the cultural diversity and ethnicity of the populations served.

Concentration Research and Capstone Outcomes:
1) Provide evidenced-based practice.
2) Critique anesthesia-related scientific journals for their content validity and research merit.
3) Develop a 590 project.
Concentration SEE and Certification Examination Outcomes:
1) Successful performance on the SEE and pass the NCE.

Nurse Anesthesia Concentration Clinical Site Coordinator Responsibilities
Responsibilities of the Clinical Site Coordinator:
1) Coordinates the orientation of the nurse anesthetist student to the clinical setting.
2) Assures safe and orderly assignment of cases among anesthesia providers based on:
   a) Student’s experience, knowledge and ability
   b) Physical status of the patient
   c) Complexity of the anesthetic and/or surgical procedure
   d) Experience of the preceptor
3) Oversees the day-to-day clinical evaluation of students assigned to the site.
4) Promotes effective communication between the nurse anesthesia faculty and anesthesia staff.
5) Communicates on a regular basis with the nurse anesthesia faculty.
6) Determines the ratio of students to instructors in the clinical area and ensures that a student instructor ratio of 2:1 is not exceeded.
7) Validates student case logs.
8) Assists other clinical anesthetists in the clinical evaluation process and completes a summative evaluation of student progress at the completion of each student rotation.
9) Makes certain that the clinical supervision of students in anesthetic and non-anesthetic situations is restricted only to CRNA and/or anesthesiologists with staff privileges who are immediately available and assume responsibility for the student. (Instruction by graduate registered nurse anesthetists is prohibited if they act as the sole agent responsible for students).
10) Confer with Director or designee as necessary regarding student progress.
11) Ensures all clinical preceptor are appropriately credentialed.
12) Completes a summative evaluation of the students’ progress at the completion of the rotation.

Nurse Anesthesia Concentration Clinical Preceptor Responsibilities
RESPONSIBILITIES OF THE CLINICAL PRECEPTOR:
1) Supervise students in the clinical areas.
2) Immediately available to assist the first year student with anesthesia care of the patient.
3) Review the written or verbal anesthetic plan with the student prior to beginning any anesthesia patient care.
4) Design an instructional plan and address areas needing improvement.
5) Available in the room with the second and third year student during all critical aspects of the anesthesia case including but not limited to induction of general anesthesia, critical incidents, and placement of neuraxial blockade.
6) Evaluates students using clinical evaluation tools.
7) Completes and signs a daily evaluation of student performance.
8) Holds conferences with students as needed to assess progress and determine needs; counsels student as appropriate.
9) Confers with the Director or Clinical Site Coordinator as necessary, regarding student progress.
### Nurse Anesthesia Student Evaluation Form (Spring Semester First Year)

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Term</th>
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</table>

**Directions:** Select the ratings that you feel best describe the student’s performance today.

Please rate the student’s performance in the following areas:

<table>
<thead>
<tr>
<th>Didactic Courses</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
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<tbody>
<tr>
<td>Nurse 582 - Principles of Anesthesia II</td>
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<tr>
<td>NURS 511 - Advanced Pathophysiology I</td>
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<td>NURS 531 - Anesthesia Pharmacology I</td>
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<td>NURS 583 - Biochemistry and Physics</td>
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**Laboratory Experience: NURS 581 A**

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**SEMESTER SUMMARY**

Student’s impression of performance level

**PROFESSIONAL CHARACTERISTICS**

- Attendance and participation in courses
- Recognizes limitations of knowledge & ability and responds to criticism
- Written & verbal communication is effective, professional, and appropriate to level

**STUDENTS OVERALL PERFORMANCE FOR LEVEL**

Additional Written Comment (Use separate sheet if necessary)

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Advisor | Student | Date
Nurse Anesthesia Student Evaluation Form (Fall Semester First Year)

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Directions: Select the ratings that you feel best describe the student's performance today.

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<th>Outstanding</th>
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<tr>
<td>Nurse 581-Principles of Anesthesia 1</td>
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<tr>
<td>NURS 501-Anatomy and Physiology</td>
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<td>NURS 530-Pharmacology</td>
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<tr>
<td>NURS 520-Advanced Health Assessment</td>
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**Laboratory Experience:** NURS 581 A

- Machine Check
- Airway and ventilatory management
- Intravenous catheter placement
- Positioning

**SEMESTER SUMMARY**

Student's impression of performance level

**PROFESSIONAL CHARACTERISTICS**

- Attendance and participation in courses
- Recognizes limitations of knowledge & ability and responds to criticism
- Written & verbal communication is effective, professional and appropriate to level

**STUDENTS OVERALL PERFORMANCE FOR LEVEL**

Additional Written Comment (Use separate sheet if necessary)

Advisor | Student | Date
Nurse Anesthesia Student Self Evaluation Form (Fall Semester First Year)

<table>
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**Didactic Courses**

- Nurse 581-Principles of Anesthesia 1
- NURS 501-Anatomy and Physiology
- NURS 530-Pharmacology
- NURS 520-Advanced Health Assessment

**Laboratory Experience: NURS 581 A**

- Machine Check
- Airway and ventilatory management
- Intravenous catheter placement
- Positioning

**SEMESTER SUMMARY**

Student's impression of performance level

**PROFESSIONAL CHARACTERISTICS**

- Attendance and participation in courses
- Recognizes limitations of knowledge & ability and responds to criticism
- Written & verbal communication is effective, professional, and appropriate to level

**STUDENTS OVERALL PERFORMANCE FOR LEVEL**

Additional Written Comment

(Use separate sheet if necessary)

Advisor | Student | Date
### Nurse Anesthesia Student Evaluation Form Advising (Semesters 3-7)

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**Clinical Milestones and Performance Objectives for each level are listed on back of this form.**

**Clinical Performance (based on daily and summative evaluations)**

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<tr>
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**Advisor**

**Student**
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<tr>
<td>Written Comments( Use separate sheet if necessary)</td>
<td></td>
</tr>
</tbody>
</table>

Advisor | Student
# Nurse Anesthesia Student Evaluation Form

**Student Name**

**Term**

**Directions:** Select the ratings that you feel best describe the student’s performance today.

## PREOPERATIVE EVALUATION & PREPARATION

Please rate the student’s performance in the following areas:

<table>
<thead>
<tr>
<th>Needs improvement</th>
<th>Meets Expectations</th>
<th>Exceeded Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

*Clinical Milestones and Performance Objectives for each level are listed on back of this form.*

### ANESTHETIC MANAGEMENT

- Performs an adequate preanesthetic patient interview & physical assessment, machine check
- Performs anesthesia machine check, correctly obtains and utilizes any necessary equipment & monitors

### TECHNICAL SKILLS

- Compliance with universal precautions
- Airway and ventilator management
- Psychomotor (technical) tasks
- Documents care accurately, completely, legibly
- Functions with appropriate direction, organized

### SEMESTER SUMMARY (If applicable)

- Student's impression of performance level
- Preceptor’s impression of performance level

**PROFESSIONAL CHARACTERISTICS** Please rate the student in the following areas:

- Collaborates with other members of anesthesia & surgical team
- Recognizes limitations of knowledge & ability and responds to criticism
- Written & verbal communication is effective and appropriate to level

### STUDENTS OVERALL PERFORMANCE FOR LEVEL

**Written Comments (Use separate sheet if necessary)**

**Student’s Strengths**

**Student Weaknesses**

| Advisor | Student |
Clinical Milestones and Performance Objectives

Clinical milestones are specific knowledge and skill sets that a nurse anesthesia student must master prior to advancing to the next clinical course. The milestones serve as a guide for the clinical preceptor in evaluating student clinical performance at various points in their clinical experience.

Clinical Milestones-Level One- Clinical Practicum I, II
1. Demonstrates the ability to conduct a pertinent health history and chart review.
2. Demonstrates the ability to obtain successful intravenous access.
3. Demonstrates ability to formulate and implement appropriate management plans for adult patients (ASA I & II), undergoing elective procedures of low to moderate risk.
4. Demonstrates understanding of the function and use of the anesthesia machine, including the ASA recommended checkout procedure, as well as operation of physiological monitoring systems, anesthesia ventilators, and drug delivery systems.
5. Demonstrates proficiency with technical skills of airway management, to include mask management and laryngoscopy with endotracheal intubation.
6. Demonstrates mastery of all common anesthetic drugs, including doses, toxicology, pharmacodynamics, and pharmacokinetic profiles.
7. Demonstrates professionalism by being punctual, dependable, and receptive to constructive criticism/evaluation.
8. Demonstrates responsibility by maintaining ethical and legal conduct, including verbal communication, record keeping, and confidentiality of patient information.
9. Assumes responsibility for one's own actions in accordance with the level of didactic and clinical education.

Clinical Milestones-Level Two - Clinical Practicum III
1. Maintains proficiency in all Level One milestones.
2. Recognizes major normal and abnormal patient responses to anesthesia and surgery and begins to multitask interventions in a smooth, consistent, and prioritized manner.

Clinical Milestones-Level Three- Clinical Practicum IV
1. Maintains proficiency in all Level Two milestones.
2. Consistently demonstrates timely and appropriate airway evaluations and interventions for normal and abnormal presentations.
3. Demonstrates the ability to formulate more complex anesthesia care plans for ASA class I-V patients; including, pediatric, obstetric, and other specialty areas.
4. Demonstrates proficiency inserting and managing invasive physiological monitoring systems.
5. Demonstrate proficiency in managing and administering spinal, epidural, and axillary blocks.

Clinical Milestones-Level IV- Clinical Practicum V
1. Maintains proficiency in all Level Three milestones.
2. Demonstrates proficient use of critical thinking skills that supports effective clinical decision-making and increasing levels of independence in patient care.
**1ST YEAR SUMMATIVE CLINICAL EVALUATION**

<table>
<thead>
<tr>
<th>Student ________________________________</th>
<th>Clinical Coordinator ___________________________</th>
<th>Date __________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Site ______________________________</td>
<td>Date __________________</td>
<td>The Summative Clinical Evaluation should be completed by the Clinical Site Coordinator (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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Above Expectation (3)</th>
<th>Meets Expectation (2)</th>
<th>Below Expectation (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>-Using acquired knowledge, student analyzes information &amp; makes correct clinical decisions</td>
<td>-Applies didactic knowledge to clinical practice</td>
<td>-Unable to apply didactic knowledge to clinical knowledge to clinical application.</td>
</tr>
<tr>
<td>-Psychomotor skills are consistently performed above level of expectation</td>
<td>-Consistently performs required psychomotor skills.</td>
<td>-Requires frequent verbal/physical cues (50-75% of time).</td>
</tr>
<tr>
<td>-Requires minimal supporting cues from Preceptor (0-25% of the time)</td>
<td>-Requires only occasional verbal/physical cues (25-50% of the time)</td>
<td>-Requires supervision inconsistent with level of training.</td>
</tr>
<tr>
<td>-Requires minimal supervision to manage the case.</td>
<td>-Supervision requirements are appropriate for level of training.</td>
<td>-Psychomotor skills are inconsistent with level of training.</td>
</tr>
</tbody>
</table>

**1ST Year Summative Clinical Evaluation –**

<table>
<thead>
<tr>
<th>1) Demonstrate self-confidence in providing anesthesia care.</th>
<th>(3)</th>
<th>(2)</th>
<th>(1)</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>2) Accept constructive criticism from instructors, peers, and other members of the health care team.</td>
<td></td>
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<tr>
<td>3) Administer physiologically sound anesthesia, utilizing techniques that are compatible with the condition of the patient as evidenced by:</td>
<td></td>
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</tr>
<tr>
<td>a. Integrates learning from other areas of nursing and medicine into a plan for anesthesia care.</td>
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<tr>
<td>b. Demonstrates sound clinical judgment, based on scientific principles when confronted with problems during the anesthetic process.</td>
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<tr>
<td>c. Justifies and provides rationale for selection of anesthetic techniques, methods and procedures.</td>
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<tr>
<td>d. Understands principles of and indications for complex monitoring systems.</td>
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<tr>
<td>e. Formulates and initiates a plan, terminates anesthesia and safely emerges the patient with assistance.</td>
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<tr>
<td>f. Performs complicated oral and nasal intubations with assistance.</td>
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<tr>
<td>4) Maintains vigilance in the delivery of anesthesia care in the peri-anesthesia environment</td>
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<tr>
<td>5) Maintains the safety of the patient in the delivery of anesthesia care in the peri-anesthesia environment including patient positioning.</td>
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<tr>
<td>6) Demonstrate an understanding of the physiology of pregnancy and the anesthetic management of the obstetrical patient.</td>
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<tr>
<td>7) Provide physiologically sound anesthesia with assistance for an increasingly diverse population of patients recognizing the special needs of each group to include:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Adults</td>
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<tr>
<td>b. Geriatrics</td>
<td></td>
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<tr>
<td>c. Pediatrics</td>
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<tr>
<td>d. ASA I and II categories</td>
<td></td>
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<tr>
<td>e. Emergencies</td>
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<tr>
<td>8) Plan, manage, and assess the management of acute pain during the postoperative period.</td>
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<tr>
<td>9) Understand the need for cooperation with medical and nursing staff.</td>
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<td>10) Conduct a post anesthesia visit within 24 hours, documenting pertinent and appropriate information.</td>
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<tr>
<td>11) Adhere to all Infection Control Procedures and Standard Precautions as defined by the appropriate clinical agencies and hospital policies.</td>
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<tr>
<td>12) Accept responsibility of his/her own behavior.</td>
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</tbody>
</table>
LINCOLN MEMORIAL UNIVERSITY CAYLOR SCHOOL OF NURSING  
MASTER OF SCIENCE IN NURSING  
NURSE ANESTHESIA CONCENTRATION

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>How long have you worked with this student?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Please Comment on the Following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Clinical Competence</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>b. Basic Clinical Knowledge (didactic preparedness)</td>
<td></td>
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<td></td>
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<td></td>
<td>c. Professional Judgment</td>
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<td></td>
<td>d. Sense of Responsibility &amp; Ethical Conduct</td>
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<tr>
<td>3.</td>
<td>Ability to work / Relate to: Patients, Peers, Preceptors, Medical Staff, Nursing Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>What do you believe are this student’s Strengths.</td>
<td></td>
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<tr>
<td>5.</td>
<td>What do you believe are this student’s Weaknesses.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please return these evaluations to Site Clinical Coordinator

Signature of Clinical Site Coordinator ___________________________ Date ___________________________
2ND AND 3RD YEAR SUMMATIVE CLINICAL EVALUATION

<table>
<thead>
<tr>
<th>Above Expectation (3)</th>
<th>Meets Expectation (2)</th>
<th>Below Expectation (1)</th>
</tr>
</thead>
</table>
| -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 case. | -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. |

2ND and 3RD Year Summative Clinical Evaluation –

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.
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

Signature of Clinical Site Coordinator ________________________________   Date_______________________
SECTION VI: FAMILY PSYCHIATRIC & MENTAL HEALTH NURSE PRACTITIONER CONCENTRATION
FAMILY PSYCHIATRIC & MENTAL HEALTH NURSE PRACTITIONER (FPMHNP) CONCENTRATION

Lincoln Memorial University’s MSN degree program, Family Psychiatric & Mental Health Nurse Practitioner (FPMHNP) concentration prepares nurses in an advanced practice role with competencies in mental health promotion and culturally competent care of common conditions with persons, groups, and families. The FPMHNP concentration at LMU can be completed in seventeen (17) months of full-time study and requires 44 credit hours of graduate course work including a minimum of 660 clinical hours. Students may request full or part-time status for the FPMHNP concentration. Clinical courses have a 1:4 credit hour to clinical hour clinical ratio. A Comprehensive Exam is required during the final semester. FPMHNP students who successfully complete the graduate nursing program will receive the MSN degree. FPMHNP students will meet the eligibility criteria for the American Nurses Credentialing Center (ANCC) FPMHNP certification examination.

FPMHNP CURRICULUM PLANS

Full-Time Curriculum Plan

The full-time curriculum plan is provided below.

| Curriculum Plan: FPMHNP Required Coursework (MSN)* |
| Cedar Bluff Site (17 months, 4 semesters) |
| First Semester |
| NURS 510 Advanced Pathophysiology 3 |
| NURS 520 Advanced Health Assessment 3 |
| NURS 530 Advanced Pharmacology and Therapeutics 4 |
| Second Semester |
| NURS 500 Theoretical Foundations & Research Methods 4 |
| NURS 535 Psychopharmacology 2 |
| NURS 541 FPMHNP I 4 |
| NURS 541A FPMHNP I Practicum 2 |
| Third Semester |
| NURS 580 Contemporary Roles & Issues for Advanced Practice Nurses 4 |
| NURS 542 FPMHNP II 4 |
| NURS 542A FPMHNP II Practicum 2 |
| Fourth Semester |
| NURS 590 Directed Scholarly Inquiry 3 |
| NURS 543 FPMHNP III 2 |
| NURS 543A FPMHNP III Practicum 5 |

Total Program = 44 Credits

*Clinical courses have a 1:4 credit hour to clinical hour ratio. (For example, NURS 541A FPMHNP Practicum has a 2 hour clinical component = 8 hours per week = 120 hours over the semester)
Part-Time Option

A part-time option is offered to FPMHNP students on a space available basis. Part-time options will vary in length. Students wishing a part-time option in the FPMHNP concentration must first discuss this with the Concentration Director. Part-time FPMHNP 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.

Part-Time Curriculum Plan

The part-time curriculum plan is provided below.

<table>
<thead>
<tr>
<th>Sample Curriculum Plan for Part-Time FPMHNP Students*</th>
<th>Cedar Bluff Site (24 months, 7 semesters)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Semester</strong></td>
<td></td>
</tr>
<tr>
<td>NURS 510    Advanced Pathophysiology</td>
<td>3</td>
</tr>
<tr>
<td><strong>Second Semester</strong></td>
<td></td>
</tr>
<tr>
<td>NURS 500    Theoretical Foundations &amp; Research Methods</td>
<td>4</td>
</tr>
<tr>
<td><strong>Third Semester</strong></td>
<td></td>
</tr>
<tr>
<td>NURS 580    Contemporary Roles &amp; Issues for Advanced Practice Nurses</td>
<td>4</td>
</tr>
<tr>
<td><strong>Fourth Semester</strong></td>
<td></td>
</tr>
<tr>
<td>NURS 520    Advanced Health Assessment</td>
<td>3</td>
</tr>
<tr>
<td>NURS 530    Advanced Pharmacology &amp; Therapeutics</td>
<td>4</td>
</tr>
<tr>
<td><strong>Fifth Semester</strong></td>
<td></td>
</tr>
<tr>
<td>NURS 541    FPMHNP I</td>
<td>4</td>
</tr>
<tr>
<td>NURS 541A   FPMHNP I Practicum</td>
<td>2</td>
</tr>
<tr>
<td>NURS 535    Psychopharmacology</td>
<td>2</td>
</tr>
<tr>
<td><strong>Sixth Semester</strong></td>
<td></td>
</tr>
<tr>
<td>NURS 542    FPMHNP II</td>
<td>4</td>
</tr>
<tr>
<td>NURS 542A   FPMHNP II Practicum</td>
<td>4</td>
</tr>
<tr>
<td><strong>Seventh Semester</strong></td>
<td></td>
</tr>
<tr>
<td>NURS 543    FPMHNP III</td>
<td>2</td>
</tr>
<tr>
<td>NURS 543A   FPMHNP III Practicum</td>
<td>5</td>
</tr>
<tr>
<td>NURS 590    Directed Scholarly Inquiry</td>
<td>3</td>
</tr>
</tbody>
</table>

Total Program=44 Credit

*Clinical courses have a 1:4 credit hour to clinical hour ratio. (For example, NURS 541A FPMHNP Practicum has a 2 hour clinical component = 8 hours per week = 120 hours over the semester)

FPMHNP REQUEST FOR SITE TRANSFER

Students will not be allowed to transfer between campuses once admitted to a site for the FPMHNP concentration. If a student chooses to interrupt their NURS course sequence for any reason, a readmission application must be submitted to the Graduate Nursing Office. Readmission to the MSN program is not guaranteed.
FPMHNP COURSE LOAD

The minimum load for full-time status as a graduate student is nine (9) credit hours during fall, spring, and summer semesters. 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.

Graduate nursing students, with the exception of NA students, may repeat a maximum of one nursing course (NURS 500, NURS 510, NURS 520, NURS 530, NURS 580, NURS 590) if a “C” was earned for the course. This would require an advisement session and a revised plan of study for the student by the academic advisor and approval of the change from the Concentration Director. The student must present a plan for success as part of the advisement session. The student will not continue with other nursing coursework until the course is repeated successfully. The student must repeat the course for which a “C” was earned, and earn a “B” for the second attempt. The student must complete courses at the campus for which they were accepted and enrolled. Only the most recent grade will be used in computing the cumulative GPA. All attempts will remain part of the student’s permanent academic record. The following classes require a “B” or higher grade, and cannot be repeated: NURS 541, NURS 541A, NURS 535, NURS 542, NURS 542A, NURS 543, or NURS 543A.

Repeating Non-Nursing 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

The following requirements must be met for earning the degree:
1. Completion of the 44 credit hours as specified in the approved Program of Study
2. FPMHNP concentration students will be required to take a certification review exam in their last semester prior to graduation. The FPMHNP student is responsible for the associated costs/fees for this review course.
3. Completion of a minimum of 660 clinical hours
4. A minimum cumulative GPA of 3.0 (B)
5. A passing score on the Comprehensive Examination
6. Payment of all fees

POST-MASTER’S CERTIFICATE (FPMHNP PMC)

Gap Analysis Requirement for FPMHNP 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, 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 FPMHNP Concentration will complete a Gap Analysis. The Gap Analysis Form is located in this handbook under Section III: Forms.

Graduate Coursework Requirements for Those with MSN and No Advanced Practice Nurse 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 prerequisite with NURS 541 and NURS 541A FPMHNP I, NURS 542 and NURS 542A FPMHNP II, and NURS 543 and NURS 543A FPMHNP III. FPMHNP PMC students who are not already NPs are required to complete a minimum of 660 supervised clinical hours and pass the Comprehensive Examination. Other coursework that may be required at the master’s level includes Theoretical Foundations and Research Methods, Contemporary Roles and Issues for Advance Practice Nurses as determined by the Gap Analysis, and the FPMHNP Concentration Director.
### Sample Curriculum Plan for FPMHNP PMC Students

**Curriculum Plan For Family Psychiatric & Mental Health Nurse Practitioner PMC Students**  
*(17 month program plan, 4 Semesters)*

<table>
<thead>
<tr>
<th>Course</th>
<th>Credit Hours</th>
<th>FPMHNP Director Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>*NURS 510 Advanced Pathophysiology</td>
<td>3</td>
<td>Initiates course to be taken by FPMHNP PMC student</td>
</tr>
<tr>
<td>**NURS 520 Advanced Health Assessment</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>**NURS 530 Advanced Pharmacology and Therapeutics</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>*NURS 500 Theoretical Foundations and Research Methods</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>**NURS 535 Psychopharmacology</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>**NURS 541 FPMHNP I</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>**NURS 541A FPMHNP I Practicum</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>*NURS 580 Contemporary Roles and Issues for Advanced Practice Nurses</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>**NURS 542 FPMHNP II</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>**NURS 542A FPMHNP II Practicum</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>**NURS 590 Directed Scholarly Inquiry</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>**NURS 543 FPMHNP II</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>**NURS 543A FPMHNP II Practicum</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

**Total Program = 44 credits**

FPMHNP PMC Applicant Signature ___________________________ Date __________

FPMHNP 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 FPMHNP PMC students are required to take these courses.
# Advising Worksheet for Full-Time MSN FPMHNP Students

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Credits</th>
<th>Semester/Year</th>
<th>Student’s Initials</th>
<th>Student’s Signature</th>
<th>Advisor Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 510</td>
<td>Advanced Pathophysiology</td>
<td>3</td>
<td></td>
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<tr>
<td>NURS 520</td>
<td>Advanced Health Assessment</td>
<td>3</td>
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<tr>
<td>NURS 530</td>
<td>Advanced Pharmacology &amp; Therapeutics</td>
<td>4</td>
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<tr>
<td>NURS 500</td>
<td>Theoretical Foundations &amp; Research Methods</td>
<td>4</td>
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<tr>
<td>NURS 535</td>
<td>Psychopharmacology</td>
<td>2</td>
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<tr>
<td>NURS 541</td>
<td>Family Psychiatric &amp; Mental Health Nurse Practitioner I</td>
<td>4</td>
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<tr>
<td>NURS 541A</td>
<td>Family Psychiatric &amp; Mental Health Nurse Practitioner I Practicum</td>
<td>2</td>
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<tr>
<td>NURS 580</td>
<td>Contemporary Roles &amp; Issues for Advanced Practice Nurses</td>
<td>4</td>
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<tr>
<td>NURS 542</td>
<td>Family Psychiatric &amp; Mental Health Nurse Practitioner II</td>
<td>4</td>
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<tr>
<td>NURS 542A</td>
<td>Family Psychiatric &amp; Mental Health Nurse Practitioner II Practicum</td>
<td>4</td>
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<tr>
<td>NURS 590</td>
<td>Directed Scholarly Inquiry</td>
<td>3</td>
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<tr>
<td>NURS 543</td>
<td>Family Psychiatric &amp; Mental Health Nurse Practitioner III</td>
<td>2</td>
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</tr>
<tr>
<td>NURS 543A</td>
<td>Family Psychiatric &amp; Mental Health Nurse Practitioner III Practicum</td>
<td>5</td>
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Guidelines for Clinical Performance

General Overview
1. Although students may use a psychiatrist for clinical practicum hours, it is preferred a Family and/or Adult Psychiatric Mental Health Nurse Practitioner is used for this rotation, a student cannot do clinical with a physician assistant anytime during the program.
2. A clinical contract must exist before clinical is started at any site. If the Family Psychiatric Nurse Practitioner concentration does not have an existing contract with a prospective site, a contract may be developed prior to the clinical rotation. Finalizing a contract may take several months to a year for the contract to be completed.
3. A family psychiatric nurse practitioner must have minimum one year of experience to serve as a preceptor.
4. The student will complete a minimum of 120 hours for NURS 541A, 240 hours for NURS 542A, and 300 hours for NURS 543A. A minimum total of 660 clinical hours is required. Clinical hours must be completed before the designated last day of class for each semester.
5. The student will not be able to do clinical practicum hours where he/she is related to an employee by blood or marriage or if the student is employed at a particular site. If a student is found performing clinical at a site in which they are related to an employee by blood or marriage or employed at any time during the clinical rotation or program, accumulated hours in that time frame will be voided and no credit will be given for those hours. This may result in the student failing the course and/or not progressing in the program.
6. The faculty reserves the right to refuse clinical hours, clinical sites, or clinical preceptors at any time during the semester or program.
7. Faculty reserve the right to assign or re-assign a student to a different site at any time during the semester. The site may be located outside the community or geographical area in which the student resides.
8. Students will be required to obtain access to the Typhon system throughout the family psychiatric nurse practitioner concentration. Any associated fees with the Typhon system are the responsibility of the student.
9. If a student’s performance, behavior, punctuality, or professionalism is found to be unsatisfactory at any time during the program, the student shall be removed immediately from the clinical rotation and corresponding class. This can create a delay in the completion of the associated clinical hours for the clinical course. Additionally, the student may receive a failing grade for the course and can be dismissed from the FPMHNP concentration.
10. The faculty may reject a request for a clinical rotation at any time during the student’s program.
11. The student shall not remove or take any equipment, documents, clinic supplies, or any materials from their assigned clinical setting or in an environment which they represent themselves as a FPMHNP student.
12. The student may not interact with a patient in the event that the preceptor is not present at the clinical site at any time (i.e., is late, leaves early). If the preceptor leaves the clinical site before the regularly scheduled time, the student will be required to leave the clinical site and must deduct these clinical hours from their schedule and in Typhon. The student must also notify the faculty of the change in the clinical schedule.

Clinical Health Requirements
1. All health requirements must be completed and uploaded into the Typhon program before the start of the clinical rotation. A hard copy of these forms shall be submitted to the Executive Administrative Assistant for Graduate Nursing at the Cedar Bluff site before starting the clinical rotation.
2. Basic requirements include a current Medical profile, background check, drug screen, unrestricted multistate RN license, BLS CPR, proof of immunizations per the latest guidelines from the Centers for Disease Control for health professionals (www.cdc.gov), and personal health insurance. There are no exceptions. Students will not be allowed to begin clinical rotations until faculty have noted requirements have been completed. Throughout the semester, the requirements must remain current. If any of the requirements expire, the student will not be allowed to perform any clinical rotations and the hours for which this time was accumulated may not be counted toward required hours. Any clinical hours the student performed while a health requirement was expired will be voided and not counted toward the required hours. It is required that the student maintain a current, unrestricted multistate RN license during the FPMHNP concentration.
3. Students may be required to have an additional background check performed at any time during the program at their cost. If any aspect of the background check is found to be unacceptable, the faculty reserves the right to restrict the student from attending clinical. This may result in dismissal from or delay progression in the FPMHNP concentration.
4. The faculty may request that the student will be required to have a chain of custody drug screen performed at the faculty’s discretion, at the facility of choice by the faculty, at any time during the student’s FPMHNP concentration. The student will be responsible for the cost of the drug screen.

5. The student may be required to have additional clinical health requirements as determined by the clinical agency.

Professionalism Expectations

As an advance practice nursing student, the expectation is to maintain a high level of professionalism at all times during the program. This includes the classroom, clinical setting, University community, social media environment, and public settings. The student is expected to project this professionalism in everything said or done in various settings to promote a positive image of the Lincoln Memorial University Master of Science Nursing Program. Failure to do so can result in disciplinary action.

Health Information Privacy and Social Media

1. The student may not share information regarding any patient or agency encountered in their student role or their clinical experience. Information cannot be shared during the program or after completion of the master of science of nursing program. Information includes verbal, written, or electronic material. The student may be required to sign a confidentiality statement by the concentration director, clinical faculty, preceptor, or agency in which they complete the clinical rotation. If a student is found to have shared patient information, this will result in disciplinary action and the student may be dismissed from the program. Please use the following links as a guide in regard to social media:


2. The student shall provide and not impede access to any witnesses, written communication, electronic or social media to aid in the investigation of a possible offense.

Dress Code Guidelines

Approved dress during clinical is business casual. Students must have their LMU student ID prominently displayed at all times. Students must wear clean, closed toe shoes which coordinate with their attire. No boots, flip-flops, or sandals may be worn during the clinical rotation. Faculty may require a student to leave clinical at any time due to inappropriate attire and the student may not count clinical hours for that day.

Faculty Clinical Site Visit and Clinical Performance

1. It is mandatory that a student receive a clinical site visit from a site visitor from the Caylor School of Nursing during each clinical rotation. Additional site visits may be scheduled at the faculty’s discretion. A site visit may be an announced or unannounced. Students must perform satisfactorily during the site visits. If a student’s performance, behavior, punctuality, or professionalism is found to be unsatisfactory during a site visit, the student can receive a failing grade and/or overall failure in the clinical course.

2. If any portion of the student’s clinical performance is unsatisfactory at any time during the semester, the faculty reserves the right to assign a “zero” or “fail” as a grade for NURS 541, 542, and/or 543 classes. This will result in an “F” for the FPMHNP clinical course and the student will not be allowed to progress in the family psych mental health nurse practitioner program.

3. The faculty may visit a site or perform a phone call at any time during the semester to assess the student’s punctuality or performance.

4. The faculty may remove the student from the clinical site at any time during the program and may restrict the students from attending clinical for the following:
   a. The student displays unsatisfactory performance, punctuality, professionalism, or behavior
   b. Unsafe behavior
   c. Fails to maintain patient confidentiality
   d. Does not maintain a multistate registered nurse license or current health requirements
   e. Has a significant medical or psychiatric event which potentially interfere with performance
   f. Is suspected to be impaired or under the influence of drugs or alcohol
   g. Is noted to have engaged in recent or past criminal activities
   h. If performance is found to be unacceptable by a clinical preceptor
Clinical Schedule and Punctuality
1. In the event there is an unexpected emergency and the student is late or absent for the scheduled clinical experience, the student must communicate this change in the schedule to the preceptor, the assigned site visitor, and the faculty as soon as possible. Failure to appropriately inform the preceptor, the assigned site visitor or the faculty may result in a disciplinary action and/or a grade of “fail” for the course.

2. Clinical schedules will be developed with the preceptor at the beginning of the semester and must be approved by the instructor. The approved schedule must be uploaded into Typhon. If changes in the schedule occur, the instructor and site visitor must be notified immediately. The student must also submit the revised preceptor approved schedule (which will reflect this makeup time) no later than one week after the first missed day. The student must then upload these revised changes into Typhon. No changes shall be made once the instructor approves the clinical schedule; changes shall only be made in the event of the preceptor’s schedule changes.

3. In the event the student experiences illness, injury, or emergency which constitutes changes in the clinical schedule, the student must notify the instructor, site visitor, and preceptor as soon as possible. The student shall provide the instructor any documents related to the illness, injury, or emergency which resulted in changes in the clinical schedule. The instructor reserves the right to approve or deny any changes in the student clinical schedule.

Clinical Documentation
1. The student shall maintain accurate clinical documents throughout the semester as required by each class. Additionally, the student shall maintain accurate clinical information in Typhon during the semester.

2. The student shall submit accurate and timely clinical documents as scheduled or the student may receive a zero for their overall clinical document grade. If the student fails to submit assignments and/or clinical logs appropriately, without prior approval of the instructor, they can receive one warning from the instructor; thereafter, they will receive a zero for the overall course grade at the discretion of the instructor.

3. If a student falsifies report hours and was not present at the clinical site at the assigned times or participated in falsification of clinical documents; the student will receive a zero for the FPMHNP clinical course. If a student is not at the clinical site at the scheduled time and date, he/she will receive one verbal/written/email warning from the instructor. The second time he/she is not at the clinical site at the scheduled time and date a zero will be assigned.

Significant Medical or Psychiatric Event
The student will be required to provide a release from a health care provider to attend class and/or clinical if a significant medical or psychiatric event occurs during the term of the semester. The statement must be a full medical release without restrictions to attend clinical. The student will receive a 2% reduction in the final grade for each class missed without provision of the release to attend class and/or clinical. Delay in completion of the mandatory clinical hours within the time frame of the current semester may result in the inability to progress in the FPMHNP program.

Employment
Given the rigorous nature of the FPMHNP program, students may be advised to refrain from seeking or maintaining employment during the MSN FPMHNP program. If the student decides to work during the program, it is expected that employment will not interfere or impede with any portion of student academic responsibilities. Academic responsibility includes, but are not limited to, absence from lectures, examinations, clinical labs, assignments, and/or clinical rotations. Students will be required to be available for class and clinical rotations Monday through Friday.
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
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?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

### 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.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Strategies</th>
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</tbody>
</table>

Student ____________________________________ Date ___________________
Preceptor ___________________________________ Date ___________________
Faculty_____________________________________ Date ___________________

Student ____________________________________ Date ___________________
Preceptor ___________________________________ Date ___________________
Faculty_____________________________________ Date ___________________

Student ____________________________________ Date ___________________
Preceptor ___________________________________ Date ___________________
Faculty_____________________________________ Date ___________________

Student ____________________________________ Date ___________________
Preceptor ___________________________________ Date ___________________
Faculty_____________________________________ Date ___________________
CLINICAL LOG

Students must keep an accurate clinical log via approved electronic clinical tracking software. The 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. 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.
STUDENT EVALUATION OF CLINICAL PRECEPTOR

Student: ______________________________  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
   Comments:
   ________________________________________________________________________________________
   ________________________________________________________________________________________
   ________________________________________________________________________________________
   ________________________________________________________________________________________

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

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
   Comments:
   ________________________________________________________________________________________
   ________________________________________________________________________________________
   ________________________________________________________________________________________
   ________________________________________________________________________________________

5. What would you change about the way your preceptor collaborates with students?
   Comments:
   ________________________________________________________________________________________
   ________________________________________________________________________________________
   ________________________________________________________________________________________
   ________________________________________________________________________________________
6. Did your preceptor listen to your concerns or questions in the clinical setting?
   ______ Always  ______ Usually  ______ Sometimes  ______ Seldom  ______ Never
   Comments:
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

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

8. Did your preceptor challenge you to think by asking you to explain your diagnostic decisions or treatment choices?
   ______ Always  ______ Usually  ______ Sometimes  ______ Seldom  ______ Never
   Comments:
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

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

10. Additional comments about the site or the preceptor:
    Comments:
    _______________________________________________________________________ 
    _______________________________________________________________________ 
    _______________________________________________________________________ 
    _______________________________________________________________________ 

**CLINICAL EVALUATION FORM**

Student: _________________________   Faculty: _______________________ Preceptor: ___________________

Semester/Course: ____________________

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

- Demonstrates knowledge of role of advanced practice psychiatric-mental health nurse in health care delivery system through collaboration and referral (3 points)
- Utilizes the nursing process in the assessment and treatment of individuals (26 points)
- Theory/knowledge base (6 points)
- Collaboration with Interdisciplinary team (19 points)
- Clinical reasoning (5 points)
- Practices with an advanced practice role (9 points)
- Practice Standards (3 points)

**TOTAL = 71 points**

Need 83% (59 points) for a passing grade. If that grade is not achieved a repeat site visit will be done. A grade of 83% or higher by the end of the semester is required to pass the course. Any competency not evidenced at the site visit will be circled, a score for the competency will be put in the Evaluation Score column, and a total score given.

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Competency</th>
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</thead>
<tbody>
<tr>
<td><strong>Demonstrates knowledge of role of advanced practice psychiatric-mental health nurse in health care delivery system through collaboration and referral</strong></td>
<td></td>
</tr>
<tr>
<td>1. Sets role appropriate boundaries</td>
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<tr>
<td>2. Establishes rapport with client</td>
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<tr>
<td>3. Develops therapeutic verbal and nonverbal communication skills</td>
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<tr>
<td><strong>Utilizes the nursing process in the assessment and treatment of individuals</strong></td>
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<tr>
<td>1. Assesses clients accurately</td>
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<td>2. Demonstrates therapeutic interviewing skills</td>
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<tr>
<td>3. Demonstrates competency in assessment techniques</td>
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<tr>
<td>4. Collects relevant and complete objective and subjective data from client and other relevant sources</td>
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<td>5. Data on all body systems</td>
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<td>6. Data on culture, environment, and socioeconomic status</td>
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<tr>
<td>7. Data on spirituality</td>
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<td>8. Data on psychological competency in individual assessment techniques including use of genograms</td>
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<tr>
<td>9. Analyzes data</td>
<td></td>
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<td>10. Interprets laboratory data accurately</td>
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<td>11. Develops differential diagnoses</td>
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<td>12. Develops priorities</td>
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<td>13. Organizes data using DSM-IV-TR</td>
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<tr>
<td>14. Plans care appropriate for client status, diagnoses, socioeconomic and cultural status, and environment</td>
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<tr>
<td>15. Relates assessment findings to pathophysiological changes</td>
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<tr>
<td>16. Includes health promotion activities</td>
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<td>17. Includes nutrition</td>
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<tr>
<td>18. Bases care on theoretical framework</td>
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<td>19. Intervenes therapeutically using effective communication skills</td>
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<td>20. Adapts interventions to client’s customs, beliefs and resources</td>
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<tr>
<td>21. Determines pharmacologic and non-pharmacologic therapies at beginning level</td>
<td></td>
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<tr>
<td>22. Suggests psychotropic medications at novice level</td>
<td></td>
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<tr>
<td>23. Monitors client responses to psychotropic medications</td>
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<tr>
<td>24. Evaluates client response to interventions</td>
<td></td>
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<tr>
<td>25. Revises plan appropriately</td>
<td></td>
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<tr>
<td>26. Competes discharge summary or clinical evaluation summary when appropriate</td>
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</tbody>
</table>
### Theory/Knowledge Base

1. Uses theoretical framework as basis for organization of nursing practice
2. Utilizes current knowledge of acute and chronic psychiatric disorders in assessment and plan
3. Applies knowledge from a variety of individual therapies
4. Applies knowledge of general systems theory
5. Applies knowledge of anatomy and physiology especially related to human brain
6. Applies knowledge of physical and psychological growth and development

### Collaboration with Interdisciplinary Team

1. Uses interpersonal skills to collaborate with an interdisciplinary team
2. Evaluates achievement of health care goals with health care team
3. Consults with and refers to health team members and other resources
4. Includes client in development of care plan
5. Acts as client advocate
6. Collaborates with other health care providers communication
7. Uses technology and informatics
8. Modifies communication for diverse populations
9. Writes/Dictates notes that are concise, organized and articulate
10. Communicates when appropriate with political entities to inform them of the impact on clients of policies effecting psychiatric-mental health care
11. Uses non-judgmental and accurate terminology
12. Obtains informed consent when appropriate
13. Provides scientific rationale to support clinical reasoning and management plan
14. Evaluates implications of research to client situations at beginning level
15. Plans care-based on socioeconomic resources (considers cost and availability of treatment interventions)
16. Plans care-based on culture
17. Considers impact of health care policies on treatment
18. Considers cost of treatment and makes recommendations for increasing cost effectiveness of care
19. Performs risk assessment

### Clinical Reasoning

1. Identifies therapeutic options for individuals
2. Prioritizes interventions among treatment options
3. Clarifies decisions as independent or collaborative
4. Generates timeline for client’s responses
5. Conducts risk-benefit analysis of treatment plan

### Practices Within an Advanced Practice Role

1. Uses time effectively
2. Models self-directed learning
3. Validates practice with clients and health care providers
4. Professional in appearance
5. Articulates values of an advanced practice psychiatric-mental health clinical specialist/nurse practitioner
6. Bases practice on ethical theories/framework
7. Evaluates clinical decisions based on ethical and legal guidelines
8. Practices within legal scope of practice
9. Evaluates impact of personal beliefs and experiences on care provided to client
<table>
<thead>
<tr>
<th>Practice Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Compares quality indicators with patient outcomes</td>
</tr>
<tr>
<td>2. Evaluates cost of treatment/management plan including resources</td>
</tr>
<tr>
<td>3. Examines feasibility of patient compliance</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>TOTAL EVALUATION SCORE</th>
<th>Date of Observation</th>
<th>Clinical Practice</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Observation</td>
<td>Clinical Practice</td>
<td>Comments:</td>
<td></td>
</tr>
</tbody>
</table>

Signatures:
Preceptor__________________________
Faculty__________________________
Student__________________________

Signatures:
Preceptor__________________________
Faculty__________________________
Student__________________________
END OF SEMESTER EVALUATION FOR CLINICAL SITE - STUDENT

• Name of Site/Agency: _________________________________

• Clinical Practicum Semester: __________________________

• Student 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 VII: NURSING ADMINISTRATION
LINCOLN MEMORIAL UNIVERSITY CAYLOR SCHOOL OF NURSING
MASTER OF SCIENCE IN NURSING
NURSING ADMINISTRATION CONCENTRATION

NURSING ADMINISTRATION CONCENTRATION

Lincoln Memorial University’s MSN degree program, Nursing Administration (Admin) concentration, prepares nurses in an advanced leadership role with competencies in finance, budgeting, marketing, and analytics for health care strategy and culturally competent management of complex healthcare nursing business administration. The seventeen (17) month program requires 36 semester hours of graduate course work including 360 clinical hours.

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.

NURSING ADMINISTRATION CURRICULUM PLAN

Full-Time Curriculum Plan

<table>
<thead>
<tr>
<th>Post-Baccalaureate Focused Curriculum Plan (17 months, 4 semesters) Sample 4 Semester Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fall I Semester</strong></td>
</tr>
<tr>
<td>NURS 521 Human Resource Management and Business Strategy (Full semester course)</td>
</tr>
<tr>
<td>Student earns 45 hours of practicum credit.</td>
</tr>
<tr>
<td>NURS 522 Organizational and Leadership Theory (Half semester course)</td>
</tr>
<tr>
<td>Student earns 45 hours of practicum credit.</td>
</tr>
<tr>
<td>NURS 529 Nursing Administration Seminar (Half semester course)</td>
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<tr>
<td><strong>Summer Semester</strong></td>
</tr>
<tr>
<td>NURS 580 Contemporary Roles and Issues (Half semester course)</td>
</tr>
<tr>
<td>NURS 587A Nursing Administration Practicum I (Full semester course)</td>
</tr>
<tr>
<td>Student earns 135 hours of practicum credit.</td>
</tr>
<tr>
<td>NURS 590 Directed Scholarly Inquiry – Group Project (Full semester course)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Total MSN Nursing Administration Concentration Hours = 36 credit hours</strong></td>
</tr>
<tr>
<td><strong>MSN Core = 11 credit hours; Nursing Administration Cognate = 19 credit hours; Nursing Administration Clinical/Practicum = 6 credit hours</strong></td>
</tr>
<tr>
<td><em>Clinical courses have a 1:6 credit hour to clinical hour ratio, making 360 clock hours for the program.</em></td>
</tr>
</tbody>
</table>

Part-time Option

A part-time option is offered to Nursing Administration students on a space available basis. Part-time options will vary in length. Students wishing a part-time option in the Nursing Administration concentration must first discuss the option with the Concentration Director. Part-time Nursing Administration 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 Concentration Director and a new curriculum plan must be designed with the faculty advisor. The part-time curriculum plan will vary based on the student.
ASN/ADN TO MSN OPTION
The 26-month post-associate Nursing Administration Concentration requires 65 semester hours. Students admitted to the ASN to MSN program will follow the RN-BSN curriculum. Upon completion of the RN-BSN curriculum plan the student will begin the MSN, Nursing Administration Concentration curriculum plan the following semester.

<table>
<thead>
<tr>
<th>Fall Only Courses</th>
<th>Cr Hrs.</th>
<th>Spring Only Courses</th>
<th>Cr Hrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 310</td>
<td>3</td>
<td>NURS 330</td>
<td>3</td>
</tr>
<tr>
<td>Pharmacology to</td>
<td></td>
<td>Health Assessment</td>
<td></td>
</tr>
<tr>
<td>Promote Adaptation</td>
<td></td>
<td>of Humans as</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Adaptive Systems</td>
<td></td>
</tr>
<tr>
<td>NURS 390</td>
<td>2</td>
<td>NURS 340</td>
<td>3</td>
</tr>
<tr>
<td>Promotion of</td>
<td></td>
<td>Foundations of</td>
<td></td>
</tr>
<tr>
<td>Adaptation in the</td>
<td></td>
<td>Nursing Informatics</td>
<td></td>
</tr>
<tr>
<td>Elderly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NURS 430</td>
<td>3</td>
<td>NURS 350</td>
<td>3</td>
</tr>
<tr>
<td>Nursing Research</td>
<td></td>
<td>Pathophysiology of</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ineffective Human</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Responses</td>
<td></td>
</tr>
<tr>
<td>NURS 470</td>
<td>4</td>
<td>NURS 375</td>
<td>5</td>
</tr>
<tr>
<td>Prof Nursing Role</td>
<td></td>
<td>Promotion of</td>
<td></td>
</tr>
<tr>
<td>Development/</td>
<td></td>
<td>Adaptation</td>
<td></td>
</tr>
<tr>
<td>Preceptorship</td>
<td></td>
<td>Groups/ Communities</td>
<td></td>
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<td></td>
<td></td>
<td>/ Transcultural</td>
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<tr>
<td></td>
<td></td>
<td>Societies</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NURS 300</strong></td>
<td>2</td>
<td><strong>NURS 490</strong></td>
<td>1</td>
</tr>
<tr>
<td>Transitions to</td>
<td></td>
<td>Senior Nursing</td>
<td></td>
</tr>
<tr>
<td>Professional</td>
<td></td>
<td>Seminar for RNs</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Total RN-BSN Hours = 29 credit hours</td>
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</tr>
</tbody>
</table>

* NURS 300 is typically the first course taken upon acceptance into the RN-BSN Program
** NURS 490 must be completed in last semester of RN-BSN program
NURS 340 and NURS 390 may be taken in the last semester of the ASN program

Additional general education courses may be required to complete the RN-BSN program, please see list below of required courses. In order to be eligible for the RN-BSN program the applicant must:

1. Be enrolled in an accredited associate degree program
2. Show proof of a valid non-restricted RN license (if student is a new graduate the RN license must be received no later than the fourth week of the beginning semester)
3. Have an overall GPA of 2.75 or higher on all college-level course work
4. Have applied and been accepted to LMU (waived for current LMU ASN students)
5. Apply for admission to the Caylor School of Nursing (waived for current LMU ASN students)

Total program hours to graduate with BSN is 122.

<table>
<thead>
<tr>
<th>Course</th>
<th>Cr Hrs.</th>
<th>Course</th>
<th>Cr Hrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>*BIOL 230 Microbiology</td>
<td>4</td>
<td>ISYS 100 Computer Literacy</td>
<td>2</td>
</tr>
<tr>
<td>*BIOL 261 Human Anatomy &amp;</td>
<td>4</td>
<td>*PSYC 221 Developmental</td>
<td>3</td>
</tr>
<tr>
<td>Physiology I</td>
<td></td>
<td>Psychology</td>
<td></td>
</tr>
<tr>
<td>*BIOL 262 Human Anatomy &amp;</td>
<td>4</td>
<td>COMM 200 Speech Communications</td>
<td>3</td>
</tr>
<tr>
<td>Physiology II</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENGL 101 Composition 1</td>
<td>3</td>
<td>ENGL 102 Composition 2</td>
<td>3</td>
</tr>
<tr>
<td>MATH (College Algebra or higher)</td>
<td>3</td>
<td>*MATH 270 Statistics</td>
<td>3</td>
</tr>
<tr>
<td>Humanities Requirement</td>
<td>3</td>
<td>Humanities Requirement</td>
<td>3</td>
</tr>
<tr>
<td>Humanities Requirement</td>
<td>3</td>
<td>Humanities Requirement</td>
<td>3</td>
</tr>
<tr>
<td>Social/Behavioral Science Elective</td>
<td>3</td>
<td>**LNCN 100 Lincoln’s Life and Legacy</td>
<td>1</td>
</tr>
<tr>
<td>**LNCN 300 American</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Citizenship/Civic Life</td>
<td></td>
<td></td>
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</tbody>
</table>

*Persons already holding a Bachelor’s degree or higher only need to meet these program requirements.
**University specific courses that cannot be transferred, but may be completed at any point during the program, if needed.
Enrollment
Enrollment information is available on the following link: https://www.lmunet.edu/academics/graduate-professional/masters-degree/master-of-science-in-nursing-msn/nursing-administration For additional information please contact Sherry Pearman at 1-800-325-0900, ext. 6283 or the Director of Nursing Administration at 1-865-531-4161.

ADMISSION CRITERIA/REQUIREMENTS
1. Earned Baccalaureate of Science in Nursing (BSN) from a nationally accredited CCNE or ACEN program for the BSN to MSN program.

OR
Earned Associate’s of Science in Nursing (ASN) from a nationally accredited CCNE or ACEN program for the ASN/ADN to MSN program.

2. Unencumbered licensure in the United States as a registered nurse. Practice will dictate specific state licensure.

3. At least one year of full-time work experience (or equivalent) in nursing as a registered nurse.

4. An overall academic record with a cumulative grade point average (GPA) of “B” 3.0 or above on a 4.0 scale.

5. Graduate Record Exam (GRE) is not required, but recommended.

6. All applicants must have a basic understanding of statistics and basic computer skills.

7. Medical profile (including immunizations record), urine drug screen, and a criminal background check must be completed no more than 60 days prior to enrollment to the MSN program.

8. Proof of health insurance at all times when enrolled in the program.

9. A completed application packet includes:
   (A past Lincoln Memorial University graduate may have some of the requirements waved due to information present in their undergraduate file, such as faculty recommendation and prior written assignments in LMU courses.)
   - Completed application form.
   - Official GRE scores (If applicable).
   - A current resume, which includes employment history, military service, academic scholarships, awards and/or honors, professional memberships and awards, professional presentations or publication, and community service activities.
   - A three page typewritten letter to the Admissions Committee discussing the applicant’s professional goals and personal reasons to undertake graduate education. The letter should indicate the applicant’s career plans upon program completion.
   - Three letters of reference from healthcare professionals pertaining to the applicant’s academic ability, professional proficiency, and personal integrity. At least two must be from nursing professionals with an MSN or higher; one may be a professional in a related healthcare field.
   - Official transcripts from each college, university, or nursing program attended.
   - A writing sample which describes a problem the applicant has identified in the practice setting and/or a published article authored by the applicant.

10. An optional telephone or in-person interview as part of the admission process.

11. International students must demonstrate sufficient ability to read, write, and speak English with a minimum score of 550 on the TOEFL.

12. International students must submit official transcripts for evaluation to one of the following services: World Education Services (www.wes.org) or Josef Silny & Associates (www.jsilny.com).

Orientation
Online orientation is completed through a Collaborate live, interactive session. The session will be recorded for future reference.

Academic Advisement
The academic advisor for the program is the Director of the Nursing Administration Concentration.

REQUEST FOR CONCENTRATION TRANSFER
Students requesting to transfer to another concentration from their current program of study in the MSN program must submit an admission application to the Graduate Nursing Office. Transfer to another concentration is not guaranteed and will be reviewed by the admissions committee. The student must be in good standing in their current program of study and a formal letter on why the student is requesting to transfer to another concentration should be included with the admission application.

NURSING ADMINISTRATION COURSE LOAD
The minimum load for full-time status as a graduate student is nine (9) hours during fall, spring, and summer semesters. Students must petition the Dean to receive approval for any proposed overloads.
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.

Nursing Administration graduate nursing students may repeat a maximum of one nursing course (NURS 500, NURS 580, NURS 590) if a “C” was earned for the course. This would require an advisement session and a revised plan of study for the student by the academic advisor and approval of the change from the Nursing Administration Director. The student must present a plan for success as part of the advisement session. The student will not continue with other nursing coursework until the course is repeated successfully. The student must repeat the course for which a “C” was earned, and earn a “B” for the second attempt. The student must complete courses at the campus for which they were accepted and enrolled. Only the most recent grade will be used in computing the cumulative GPA. All attempts will remain part of the student’s permanent academic record. The following courses require a “B” or higher grade, and cannot be repeated: NURS 521, NURS 522, NURSING 529, NURS 533, NURS 534, NURS 587A, NURS 579, and NURS 587B.

Repeating Non-Nursing 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

The following requirements must be met for earning the degree:
1. Completion of the 36 credit hours specified in the approved Program of Study.
2. Completion of a minimum of 360 practicum hours.
3. A minimum cumulative Grade Point Average (GPA) of 3.0 (B).
4. Payment of all fees to Lincoln Memorial University.
5. Completion and submission of the Academic Evaluation form.
# ADVISING WORKSHEET FOR FULL-TIME/PART-TIME MSN NURSING ADMINISTRATION STUDENTS

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Credits</th>
<th>Semester/Year</th>
<th>Student’s Initials</th>
<th>Student’s Signature</th>
<th>Advisor Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 521</td>
<td>Human Resource Management and Business Strategy</td>
<td></td>
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<tr>
<td>NURS 522</td>
<td>Organizational and Leadership Theory</td>
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<tr>
<td>NURS 529</td>
<td>Nursing Administration Seminar</td>
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<tr>
<td>NURS 500</td>
<td>Theoretical Foundations and Research Methods</td>
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<tr>
<td>NURS 533</td>
<td>Finance and Budget for Strategic Decision Making</td>
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<tr>
<td>NURS 534</td>
<td>Healthcare Informatics, Data Analysis, and Technology</td>
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<tr>
<td>NURS 580</td>
<td>Contemporary Roles and Issues</td>
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<tr>
<td>NURS 587A</td>
<td>Nursing Administration Practicum I</td>
<td></td>
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</tr>
<tr>
<td>NURS 579</td>
<td>Leadership Synthesis for the Nursing Business Administrator</td>
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<tr>
<td>NURS 587B</td>
<td>Nursing Administration Practicum II</td>
<td></td>
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<tr>
<td>NURS 590</td>
<td>Directed Scholarly Inquiry</td>
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</tbody>
</table>

Total Program= 36 Credits
NURSING ADMINISTRATION EXPECTATIONS

COURSE POLICIES

Examination Policies
Examination policies and expectations can be found in each of the course syllabi.

Student Use of Intellectual Property
Electronically recorded lectures or online class materials for use outside of the course is not permitted without faculty or university permission. Students who wish to use lectures outside of the course must be granted permission by the faculty.

PROGRESSION POLICIES
In order to progress in the Nursing Administration Concentration program in the CSON, the student must:
1. Have completed and maintained all health requirements (with all required immunizations updated and on file with CSON).
2. Provide current documentation of BLS certification.
3. Adhere to the code of ethical and professional conduct outlined in this handbook and in the LMU Graduate Catalog.
4. Possess a current unencumbered RN license in any state where practice experiences are obtained.
5. Submit to random background checks and random drug screenings.
6. Make a grade of ‘B’ or better in each course in the Nursing Administration Concentration curriculum. Note: A grade of ‘C’, ‘D’, or ‘F’ constitutes a failure in the course.
7. Maintain a cumulative GPA of 3.0 to progress in the curriculum.

Students must be aware that matters of plagiarism, unethical, unprofessional, or unsafe conduct may result in immediate dismissal from CSON.

All requirements for graduate degrees must be completed in no less than one (1) year and within seven (7) years of initial graduate enrollment. Exceptions to graduate requirements require approval of the Dean of the Caylor School of Nursing.

ONLINE AND TECHNOLOGY POLICIES

Online Attendance and Course Expectations
Students who are registered for online courses are expected to complete all required coursework through electronic forums. Students will receive lectures, questions, and assignments from faculty electronically and students are expected to participate in all class discussions. In the event of extenuating circumstances, students should notify course faculty prior to class to make arrangements for make-up work. Failure to do so may affect the course grade. Online class attendance will be assessed by completion of all online course assignments by the published due date and time. Students are responsible for retrieving course messages and announcements from both their LMU email account and through course announcements in Blackboard.

Access to Blackboard
Students will have access to courses in Blackboard at the beginning of the semester when the course coordinator makes the course available by the first day of classes on the academic calendar. During the semester, students may access files, links, or materials available to download and use to meet the course objectives and for future references.

Information Literacy/ Technological Resources
Technology is an essential and integral part of an online course. The student must have a laptop computer no more than 23 years old and a stable connection to a high-speed internet such as a cable modem or digital subscriber line (DSL) on a regular basis. In general, Windows based computers are best as support is currently limited on Apple products. The student laptop should have Windows 7 or above operating system. The student will need access to MS Office 2013 including MS Word, PowerPoint, and an Excel software programs. The student will need the capability of audio access for some lectures and materials. A webcam and microphone are also required. More than one browser should be installed on the student laptop, recommended browsers are: Internet Explorer, Google Chrome, and Firefox (Certain aspects of blackboard and the library databases work best in certain browsers). Browsers should be kept up to date and tested, to ensure the student has the necessary browser capabilities. The browser test is located on the LMU tab of Blackboard. The general recommendation for Blackboard is use of Firefox or Google with a hard-wired connection if at all possible. A hard wire connection is particularly important for online testing and synchronous course materials. Flash player should be installed (http://get.adobe.com/flashplayer/). The primary and preferred method for verification of student identity, for distance and online education purposes, is the use of a secure login and pass code. Other options include proctored examinations and the use of approved technologies. The Respondus Lockdown Browser, which is available for download on blackboard, should be installed. Additional help and information on informational literacy and technology resources and support is available at the helpdesk at 423-869-7411 and at https://lmunet.blackboard.com/webapps/portal/frameset.jsp
Student Email Policy

Every student is issued an LMU email account. 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 daily 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:
1. 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.
2. The creation and exchange of messages which are harassing, obscene or threatening.
3. The unauthorized exchange of proprietary information or any other privileged, confidential sensitive information.
4. The creation and exchange of information in violation of any laws, including copyright laws, or University policies.
5. The knowing transmission of a message containing a computer virus.
6. The misrepresentation of the identity of the sender of an email.
7. 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 such behavior it will be considered a violation of the policy and will result in disciplinary action.

Acceptance of Facsimile and Scanned Signature

In furtherance of the principles underlying online programs of study, University and student agree that all documents to be signed in connection with the program of study may be delivered by facsimile transmission or by scanned image (e.g. .pdf or .tif file extension name) as an attachment to electronic mail (email) sent from the student’s university electronic mail account. Any signed document delivered via facsimile or scanned image shall be treated in all respects as having the same legal effect as an original signed document.

PRACTICUM GUIDELINES

The Nursing Administration Concentration student is expected to maintain a high level of professionalism at all times during the program. Professionalism includes the classroom, practicum settings, university, communities, public and professional settings, social media environments, and presence in online courses. The student is expected to project professionalism in all settings in order to promote a positive image of the Lincoln Memorial University and the ADMIN program. Failure to do so may result in disciplinary action including possible dismissal from the ADMIN program.

General Overview

1. Students may use a Chief Nursing Officer, Director, Manager, Supervisor, or Nurse Executive for these rotations. Based on the clinical rotation, the student may also, after consultation with their Practicum Preceptor meet with other management representatives in the facility, such as Human Resources VP, Director, Chief Financial Officer, Chief Operating Officer, etc. The titles utilized in facilities may vary, so confer with faculty if there are questions.
2. A clinical contract must exist before the student can start clinical at any site. If the Chief Nursing Officer, Director, Manager, Supervisor, or Nurse Executive does not have an existing contract with a prospective site, a contract may be developed prior to the clinical rotation. Please allow up to 2 months for this contract to be completed. Please contact the Caylor School of Nursing, Graduate Office to initiate the contract process.
3. A Chief Nursing Officer, Director, Manager, Supervisor, or Nurse Executive must have a minimum of one-year experience to serve as a preceptor.
4. The student will complete a minimum of 135 hours for NURS 587A, and 135 hours for NURS 587B. These hours must be completed before the last day of class for each semester.
5. The student will not be able to perform clinical rotations at a site where they are related to an employee by blood or marriage. If a student is found performing clinical at a site where they are related to an employee by blood or marriage at any time during the clinical rotation or program, accumulated hours in that time frame will be voided and no credit will be given for those hours. This may result in the student failing the course and/or not progressing in the program.
6. The faculty reserves the right to refuse clinical hours, clinical sites, or clinical preceptors at any time during the semester or program.
7. Faculty reserve the right to assign or re-assign a student to a different site at any time during the semester. The site may be located outside the community or geographical area in which the student resides.

8. Students will be required to obtain access to the Typhon system throughout the Nursing Administration Program. Any associated fees with the Typhon system are the responsibility of the student.

9. If a student’s performance, behavior, punctuality, or professionalism is found to be unsatisfactory at any time during the program, the student shall be removed immediately from the clinical rotation and corresponding class. This can create a delay in the completion of the associated clinical hours for the clinical course. Additionally, the student may receive a failing grade for the course and can be dismissed from the program.

10. The faculty may reject a request for a clinical rotation at any time during the student’s program.

11. The student shall not remove or take any equipment, documents, clinic supplies, or any materials from their assigned clinical setting or in an environment which they are representing themselves as a Nursing Administration student.

12. The student may not interact with a patient in the event that the preceptor is not present at the clinical site at any time (i.e., is late, leaves early).

13. If the preceptor leaves the clinical site before the regularly scheduled time, the student will be required to leave the clinical site and must deduct these clinical hours from their schedule and in Typhon. The student must also notify the faculty of the change in the clinical schedule.

**Preparation for the Practicum**

**Goal:** To optimize the practicum learning experience

**Plan:**

1. The student will complete a *Student Preceptor Agreement*. Two copies need to be made, the student retains one copy, and the original goes to the preceptor. The program will maintain a copy.

2. Each student should read the course objectives & develop a specific set of learning objectives for the practicum experience. The objectives will be discussed and submitted during the second class period. Please, be prepared.

3. Each student will make an appointment with his/her preceptor to discuss practicum logistics, to review the proposed learning objectives, and to add preceptor generated modifications or suggestions.

4. 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.

5. Three copies of both the self-evaluation inventory and the preceptor evaluations need to be made, the student retains one of each, one of each is given to the preceptor, and one of each is given to the Instructor.

6. The student will schedule a meeting with the preceptor during the last week of the practicum to review the practicum experience and to evaluate progress on the learning objectives.

7. During the last week of the semester, each student should complete a final *Self-Evaluation Inventory of the Practicum* and should provide the preceptor with a copy of the Preceptor version. Three copies of each completed form need to be made, the student retains one, one is given to the preceptor, and one is given to the Instructor.

**Practicum Preceptor Qualifications**

1. Formal education and professional expertise as required for the professional role and practice; preferably, an earned graduate degree or its equivalent in specialty area of practice or administration.

2. Unencumbered state licensure and certification for the professional role and practice area, if applicable.

3. Administrative or management expertise derived from practice and theoretical preparation for individuals in administrative or public health positions.

4. Be supportive of the LMU program and possess commitment to assist students to meet defined learning objectives as established by the program of study.

The Nursing Administration Concentration student is encouraged to select a practicum preceptor who is not a direct supervisor. In large organizations, the Nursing Administration Concentration student should conduct his/her practicum hours outside the department or unit where employed, if possible. The line between current employment and practicum application hours and project(s) must be clear to the organization, the practicum preceptor, the faculty, and the Nursing Administration Concentration student.
Practicum Facility Requirements
Qualifications for facility are as follows:
1. The facility will comply with all applicable 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 payers.
2. The facility will be supportive of LMU’s CSON Nursing Administration Concentration program and will be open to facility visits from Nursing Administration Concentration faculty.

Practicum Experience Roles and Responsibilities
The Nursing Administration Concentration educational process is a collaborative endeavor that involves the practicum preceptor, student, and faculty members. Each has a very specific role to advance the Nursing Administration Concentration student’s knowledge and skill in a specialty area.

The expectations of the practicum preceptors are to:
1. Serve as role models.
2. Share knowledge and expertise in content areas.
3. Assist students in meeting learning objectives.
4. Meet with the student as necessary.
5. Provide feedback and informal evaluation of the student to the faculty and the student.

The faculty is responsible for:
1. Formal evaluation of the student.
2. Communication throughout the practicum regarding the experience.
3. Acting as a resource person for the student and practicum preceptor.

The student is responsible for:
1. Sharing learning objectives with the practicum preceptor(s).
2. Reporting progress to course faculty.
3. Scheduling meetings with faculty and practicum preceptor(s).
4. Maintaining appropriate records of practicum experiences.
5. Approval of practicum preceptor, facility, and student’s learning objectives for the practicum experience as appropriate for the student’s learning needs and to meet course and program objectives.

To initiate the approval process of a practicum preceptor, the student and preceptor must complete a preceptor agreement and submit the form to faculty. Once the practicum preceptor is approved, then an affiliation agreement will be sent to the authorized individual of the organization (if not already on file) for signature. A copy of the preceptor’s resume, or information form with any appropriate licensure information should also be sent to course faculty for credentialing purposes. A student may not begin practicum hours until they have received faculty permission.

Evaluation of Practicum Experience
When students are enrolled in Nursing Administration Concentration practicum courses, they are required to maintain logs of practicum hours, activities completed, and documentation related to individual student practice goals. Faculty will review the documents for meeting required practicum hours and content requirements. At the end of the semester, a grade will be assigned based on course assignments and practicum hours completed.

Practicum hours will be planned and approved with the preceptor and the academic advisor. Practicum hours will be evaluated for students by the practicum preceptor and the academic advisor. Practicum hours will be logged into Typhon tracking system by the student.
PRACTICUM POLICIES

Policies
1. Students are expected to be familiar with and comply with all requirements and policies in course syllabi and LMU CSON MSN Student Handbook.
2. Under extenuating circumstances, an Incomplete (“I”) grade may be given to allow for completion of required practicum hours. Deficiency of hours must be completed before enrolling in the subsequent practicum learning experience. **Students may not enroll in subsequent practicum courses until the “I” is removed.**

Clinical Documents
4. The student shall maintain accurate clinical documents throughout the semester as required by each class. Additionally, the student shall maintain accurate clinical information in Typhon during the semester.
5. The student shall submit accurate and timely clinical documents as scheduled or the student may receive a zero for their overall clinical document grade. **If the student fails to appropriately submit assignments and/or clinical logs, without prior approval of the instructor, they may receive one warning from the instructor and may receive a zero for the course grade at the discretion of the instructor.**
6. If a student falsifies report hours and was not present at the clinical site at the assigned times or participated in falsification of clinical documents related to this class, the student will receive a zero for the Nursing Administration clinical course for the semester.

Clinical Schedule and Punctuality
1. The clinical schedule arrangements are decided on by the student with their Practicum Preceptor.
2. Communication with the Practicum Preceptor is required for unexpected emergencies, and inability to keep the scheduled appointment.
3. Failure to appropriately inform the Practicum Preceptor may result in a disciplinary action and/or a grade of “fail” for the course.

Faculty Clinical Site Communication and Clinical Performance
5. Faculty from the Caylor School of Nursing will communicate with the Practicum Preceptor during each clinical rotation via phone or e-mail.
6. If any portion of the student’s clinical performance is unsatisfactory at any time during the semester, the faculty reserves the right to assign a “zero” or “fail” as a grade for the class. This will result in an “F” for the Nursing Administration clinical course and the student will not be allowed to progress in the Nursing Administration program.
7. The faculty may remove the student from the clinical site at any time during the program and may restrict the student from attending clinical for the following:
   a. The student displays unsatisfactory performance, punctuality, professionalism, or behavior.
   b. Unsafe behavior.
   c. Fails to maintain patient confidentiality.
   d. Does not maintain a registered nurse license or current health requirements.
   e. Has a significant medical or psychiatric event which potentially interfere with performance.
   f. Is noted to have engaged in recent or past criminal activities.
   g. If performance is found to be unacceptable by a clinical preceptor.

Health Information Privacy and Social Media
1. The student may not share identifying information regarding patients or agencies encountered in the student research or practicum experience without explicit written permission. Information cannot be shared during or after completion of the ADMIN program. Information includes verbal, written, pictorial, or electronic material.
2. The student may be required to sign a confidentiality statement by the ADMIN Program Director, preceptor, or facility where the practicum activities are completed. If a student is found to have shared patient information, this will result in disciplinary action and the student may be dismissed from the program. Please use the following links as guides regarding social media:
3. Students shall neither provide nor impede access to witnesses, written communications, or electronic or social media to aid in the investigation of possible offenses.
4. The student shall not photograph a patient, patient family member, staff, practice case, cadaver, or any physical structure during the student practice or program without prior authorization from the Dean of the Caylor School of Nursing.
5. The student may not copy materials at a practice facility without explicit written permission. The student may take notes, with all patient identifiers removed, at the expressed direction of an instructor for a directed project required by the course.
6. The student may not remove materials from a campus facility or practice facility without explicit written permission.
7. The student may not present self as a representative of Lincoln Memorial University unless express written consent is provided by the Dean of the Caylor School of Nursing.
9. The student will comply with the University and each practice facility’s guidelines for HIPAA.

Clinical Health Requirements
1. All health requirements must be completed and uploaded into the Typhon program before the start of the clinical rotation. A hard copy of these forms shall also be submitted to the faculty before starting the clinical rotation.
2. Requirements include a current Medical profile, drug screen, unrestricted multistate RN license, BLS CPR, proof of immunizations per the latest guidelines from the Centers for Disease Control and Prevention (CDC) for health professionals (www.cdc.gov), and personal health insurance. There are no exceptions. Students will not be allowed to begin clinical rotations until faculty have noted requirement have been completed. Throughout the semester, the requirements must remain current. If any of the requirements expire, the student will not be allowed to perform any clinical rotations. Any clinical hours the student performed while a health requirement was expired will be voided and not counted toward the required hours. It is required that the student maintain a current, unrestricted multistate RN license during the Nursing Administration program.
3. Students will be required to have a background check performed during the program at their cost. If any aspect of the background check is found to be unacceptable, the faculty reserves the right to restrict the student from attending clinical. This may result in dismissal from or delay progression in the Nursing Administration program.
4. The faculty may request, at any time, that the student will be required to have a chain of custody drug screen performed at the faculty’s discretion, at the facility of choice by the faculty, at any time during the student’s Nursing Administration program. The student will be responsible for the cost of the drug screen.
5. The student may be required to have additional clinical health requirements as determined by the clinical agency.

Significant Medical or Psychiatric Event
The student will be required to provide a release from a health care provider to attend class and/or clinical if a significant medical or psychiatric event occurs during the term of the semester. The statement must be a full medical release without restrictions to attend clinical. The student will receive a 2% reduction in the final grade for each class missed without provision of the release to attend class and/or clinical. Delay in completion of the mandatory clinical hours within the time frame of the current semester may result in the inability to progress in the Nursing Administration program.

Dress Code
Approved dress is business casual, business casual with a white lab coat, or attire appropriate for the department such as scrubs, as indicated by the facility. Students must have their LMU student ID prominently displayed at all times. Students must wear clean, closed toe shoes which coordinate with their attire. No boots, flip-flops, or sandals may be worn during the clinical rotation. Faculty may require a student to leave clinical at any time due to inappropriate attire. Remember this is a Nursing Administration Concentration, so dress the role.

Employment
It is recognized that students may be employed part-time or full-time throughout the Nursing Administration Concentration; however, the course work needs to be completed on time. In the event that the deadline will not be met, it is necessary to notify your faculty.
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 (infant and child are required if the facility provides care to children):
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 provide a copy of my criminal background check to the clinical agency and/or preceptor. _____ (initial)

I have personal health insurance and I understand that any emergency care that I may require will be at my sole expense and responsibility. _____ (initial)

The Caylor School of Nursing maintains a malpractice insurance policy.

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 Name (Printed)                      Date
________________________________________________________ ___________________
Preceptor Signature                        Date
________________________________________________________ ___________________
Student Signature                           Date
________________________________________________________ ___________________
Faculty Signature                           Date

Copy to Preceptor and Instructor
STUDENT CLINICAL OBJECTIVES

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

<table>
<thead>
<tr>
<th>Objective</th>
<th>Strategies</th>
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</tbody>
</table>

Student Name __________________________________________      Date ___________________

Student Signature ________________________________________      Date ___________________

Preceptor Name __________________________________________      Date ___________________

Preceptor Signature _______________________________________      Date ___________________
CLINICAL LOG

Students must keep accurate clinical logs via approved electronic clinical tracking software. The American Nurses Credentialing Center (ANCC) and the American Organization of Nurse Executives (AONE) each require documentation of clinical hours. 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.
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?

<table>
<thead>
<tr>
<th>Always</th>
<th>Usually</th>
<th>Sometimes</th>
<th>Seldom</th>
<th>Never</th>
</tr>
</thead>
</table>

Comments:______________________________________________________________________________________
______________________________________________________________________________________

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

<table>
<thead>
<tr>
<th>Always</th>
<th>Usually</th>
<th>Sometimes</th>
<th>Seldom</th>
<th>Never</th>
</tr>
</thead>
</table>

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?

<table>
<thead>
<tr>
<th>Always</th>
<th>Usually</th>
<th>Sometimes</th>
<th>Seldom</th>
<th>Never</th>
</tr>
</thead>
</table>

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?

<table>
<thead>
<tr>
<th>Always</th>
<th>Usually</th>
<th>Sometimes</th>
<th>Seldom</th>
<th>Never</th>
</tr>
</thead>
</table>

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?

<table>
<thead>
<tr>
<th>Always</th>
<th>Usually</th>
<th>Sometimes</th>
<th>Seldom</th>
<th>Never</th>
</tr>
</thead>
</table>

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

______________________________________________________________________________________
______________________________________________________________________________________

10. Additional comments about the site or the preceptor:

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
END OF SEMESTER EVALUATION FOR CLINICAL SITE - STUDENT

- Name of Site/Agency:___________________________________

- Clinical Practicum Semester:_____________________________

- Student 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).
### Student Self-Evaluation Inventory of the American Organization of Nurse Executive Competencies and the ANA Standards of Nursing Administration Practice

<table>
<thead>
<tr>
<th>Rating</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>0=not applicable</td>
<td>No opportunity to observe.</td>
</tr>
<tr>
<td>1=Novice</td>
<td>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.</td>
</tr>
<tr>
<td>2=Advanced Beginner</td>
<td>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.</td>
</tr>
<tr>
<td>3=Competent</td>
<td>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.</td>
</tr>
<tr>
<td>4=Proficient</td>
<td>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.</td>
</tr>
<tr>
<td>5=Expert</td>
<td>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.</td>
</tr>
</tbody>
</table>

It is expected that AFTER completion of NURS 534, many skills will be at the highlighted levels for items with which the student acquires experience.

This form is to be completed before each clinical course, 587A and 587B. At the midterm and at the completion of each course, 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.

# Student Self-Evaluation: Inventory of the American Organization of Nurse Executive Competencies and the ANA Standards of Nursing Administration Practice

## American Organization of Nurse Executive Competencies

### 1. Communication and Relationship-Building

<table>
<thead>
<tr>
<th>Competency</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Effective Communication</td>
<td>3 4 5</td>
</tr>
<tr>
<td>b. Relationship Management</td>
<td>3 4 5</td>
</tr>
<tr>
<td>c. Influencing Behaviors</td>
<td>3 4 5</td>
</tr>
<tr>
<td>d. Diversity</td>
<td>3 4 5</td>
</tr>
<tr>
<td>e. Shared Decision-Making</td>
<td>3 4 5</td>
</tr>
<tr>
<td>f. Community Involvement</td>
<td>3 4 5</td>
</tr>
<tr>
<td>g. Medical / Staff Relationships</td>
<td>3 4 5</td>
</tr>
<tr>
<td>h. Academic Relationships</td>
<td>3 4 5</td>
</tr>
</tbody>
</table>

### 2. Knowledge of the Health Care Environment

<table>
<thead>
<tr>
<th>Competency</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Clinical Practice Knowledge</td>
<td>3 4 5</td>
</tr>
<tr>
<td>b. Delivery Models / Work Design</td>
<td>3 4 5</td>
</tr>
<tr>
<td>c. Health Care Economics</td>
<td>3 4 5</td>
</tr>
<tr>
<td>d. Health Care Policy</td>
<td>3 4 5</td>
</tr>
<tr>
<td>e. Governance</td>
<td>3 4 5</td>
</tr>
<tr>
<td>f. Evidence-Based Practice / Outcome Measurement</td>
<td>3 4 5</td>
</tr>
<tr>
<td>g. Patient Safety</td>
<td>3 4 5</td>
</tr>
<tr>
<td>h. Utilization / Case Management</td>
<td>3 4 5</td>
</tr>
<tr>
<td>i. Quality Improvement / Metrics</td>
<td>3 4 5</td>
</tr>
<tr>
<td>j. Risk Management</td>
<td>3 4 5</td>
</tr>
</tbody>
</table>

### 3. Leadership

<table>
<thead>
<tr>
<th>Competency</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Foundational Thinking Skills</td>
<td>3 4 5</td>
</tr>
<tr>
<td>b. Personal Journey Disciplines</td>
<td>3 4 5</td>
</tr>
<tr>
<td>c. Systems Thinking</td>
<td>3 4 5</td>
</tr>
<tr>
<td>d. Succession Planning</td>
<td>3 4 5</td>
</tr>
<tr>
<td>e. Change Management</td>
<td>3 4 5</td>
</tr>
</tbody>
</table>

### 4. Professionalism

<table>
<thead>
<tr>
<th>Competency</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Personal and Professional Accountability</td>
<td>3 4 5</td>
</tr>
<tr>
<td>b. Career Planning</td>
<td>3 4 5</td>
</tr>
<tr>
<td>c. Ethics</td>
<td>3 4 5</td>
</tr>
<tr>
<td>d. Evidence-Based Clinical and Management Practice</td>
<td>3 4 5</td>
</tr>
<tr>
<td>e. Advocacy</td>
<td>3 4 5</td>
</tr>
<tr>
<td>f. Active Membership in Professional Organizations</td>
<td>3 4 5</td>
</tr>
</tbody>
</table>

### 5. Business Skills

<table>
<thead>
<tr>
<th>Competency</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Financial Management</td>
<td>3 4 5</td>
</tr>
<tr>
<td>b. Human Resource Management</td>
<td>3 4 5</td>
</tr>
<tr>
<td>c. Strategic Management</td>
<td>3 4 5</td>
</tr>
<tr>
<td>d. Marketing</td>
<td>3 4 5</td>
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<tr>
<td>e. Information Management and Technology</td>
<td>3 4 5</td>
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<tr>
<td>ANA Standards of Nursing Administration Practice</td>
<td></td>
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<tr>
<td>-----------------------------------------------</td>
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</tr>
<tr>
<td>Standard 1. Assessment</td>
<td>0</td>
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<tr>
<td>Standard 2. Identification of Problems, Issues and Trends</td>
<td>0</td>
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<tr>
<td>Standard 3. Outcomes Identification</td>
<td>0</td>
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<tr>
<td>Standard 4. Planning</td>
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<tr>
<td>Standard 5. Implementation</td>
<td>0</td>
</tr>
<tr>
<td>a. Coordination of Care</td>
<td>0</td>
</tr>
<tr>
<td>b. Health Teaching and Health Promotion</td>
<td>0</td>
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<tr>
<td>Standard 6. Evaluation</td>
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<table>
<thead>
<tr>
<th>ANA Standards of Professional Performance for Nursing Administration</th>
<th></th>
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<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>Standard 7. Ethics</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Standard 8. Culturally Congruent Practice</td>
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<td>4</td>
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<tr>
<td>Standard 9. Communication</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Standard 10. Collaboration</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Standard 11. Leadership</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Standard 12. Education</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Standard 13. Evidence-Based Practice and Research</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Standard 14. Quality of Practice</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Standard 15. Professional Practice Evaluation</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Standard 16. Resource Utilization</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<td>4</td>
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<tr>
<td>Standard 17. Environmental Health</td>
<td>0</td>
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<td>2</td>
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COMMENTS:

Student Name __________________________________________
Preceptor Name ________________________________________
Date ___________________
Preceptor Signature ____________________________________
Date ___________________
PRECEPTOR EVALUATION OF PRACTICUM INVENTORY OF THE AMERICAN ORGANIZATION OF NURSE EXECUTIVE COMPETENCIES AND THE ANA STANDARDS OF NURSING ADMINISTRATION PRACTICE

(*Evaluation will be customized with the student based on their individual practicum objectives)

<table>
<thead>
<tr>
<th>Rating</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>0=not applicable</td>
<td>No opportunity to observe.</td>
</tr>
<tr>
<td>1=Novice</td>
<td>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.</td>
</tr>
<tr>
<td>2=Advanced Beginner</td>
<td>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.</td>
</tr>
<tr>
<td>3=Competent</td>
<td>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.</td>
</tr>
<tr>
<td>4=Proficient</td>
<td>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.</td>
</tr>
<tr>
<td>5=Expert</td>
<td>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.</td>
</tr>
</tbody>
</table>

It is expected that AFTER completion of NURS 561A, many skills will be at the highlight levels for items with which the student acquires experience.

This form is to be completed before each clinical course, 587A and 587B. At the midterm and at the completion of each course, 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.

<table>
<thead>
<tr>
<th>American Organization of Nurse Executive Competencies</th>
<th>Ratings (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Communication and Relationship-Building</td>
<td></td>
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<tr>
<td>a. Effective Communication</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>b. Relationship Management</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>c. Influencing Behaviors</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>d. Diversity</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>e. Shared Decision-Making</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>f. Community Involvement</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>g. Medical / Staff Relationships</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>h. Academic Relationships</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>2. Knowledge of the Health Care Environment</td>
<td></td>
</tr>
<tr>
<td>a. Clinical Practice Knowledge</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>b. Delivery Models / Work Design</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>c. Health Care Economics</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>d. Health Care Policy</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>e. Governance</td>
<td>0 1 2 3 4 5</td>
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<tr>
<td>f. Evidence-Based Practice / Outcome Measurement</td>
<td>0 1 2 3 4 5</td>
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<tr>
<td>g. Patient Safety</td>
<td>0 1 2 3 4 5</td>
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<tr>
<td>h. Utilization / Case Management</td>
<td>0 1 2 3 4 5</td>
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<tr>
<td>i. Quality Improvement / Metrics</td>
<td>0 1 2 3 4 5</td>
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<tr>
<td>j. Risk Management</td>
<td>0 1 2 3 4 5</td>
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<tr>
<td>3. Leadership</td>
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<tr>
<td>a. Foundational Thinking Skills</td>
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<tr>
<td>b. Personal Journey Disciplines</td>
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<tr>
<td>c. Systems Thinking</td>
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<tr>
<td>d. Succession Planning</td>
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<tr>
<td>e. Change Management</td>
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<tr>
<td>4. Professionalism</td>
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<tr>
<td>a. Personal and Professional Accountability</td>
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<tr>
<td>b. Career Planning</td>
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<tr>
<td>c. Ethics</td>
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<tr>
<td>d. Evidence-Based Clinical and Management Practice</td>
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<td>e. Advocacy</td>
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<tr>
<td>f. Active Membership in Professional Organizations</td>
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<td>5. Business Skills</td>
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<td>a. Financial Management</td>
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<td>b. Human Resource Management</td>
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<td>c. Strategic Management</td>
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<tr>
<td>d. Marketing</td>
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<tr>
<td>e. Information Management and Technology</td>
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<td>ANA Standards of Nursing Administration Practice</td>
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<td>Standard 1. Assessment</td>
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<td>a. Coordination of Care</td>
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<td>b. Health Teaching and Health Promotion</td>
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<td>Standard 6. Evaluation</td>
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COMMENTS:

Student Name __________________________________________

Preceptor Name ________________________________________      Date ___________________

Preceptor Signature______________________________________      Date ___________________