



Hahn School of Nursing and Health Science

*Betty and Bob Beyster Institute for
Nursing Research, Advanced Practice, and Simulation*

2015-2016

**Clinical Nurse Specialist
Student Handbook**

Clinical Nurse Specialist Program

This handbook is a supplement to the current University of San Diego (USD) Graduate Bulletin for students in the Clinical Nurse Specialist (CNS) program. Please carefully review the Graduate Bulletin and this Student Handbook as they can answer many of your academic questions.

The academic calendar, found in the front of the Graduate Bulletin (<http://www.sandiego.edu/academiccalendar/>), provides dates and deadlines that may facilitate smooth and timely movement through your program of study. Official University holidays are listed, dates are specified for applying for financial aid, and deadlines are indicated for events such as receiving tuition refunds, removing incomplete grades, and petitioning for graduation.

The Graduate Bulletin also provides information about the University, its mission and goals, its academic programs, its resources and facilities, and its policies and practices. The section dealing specifically with the Hahn School of Nursing and Health Science (the School) provides more focused information on the School's graduate offerings, financial aid programs for nursing students, and nursing course descriptions.

Included in this Student Handbook is information about our accreditation status, academic advising information, typical programs of study for full and part-time students choosing the program, and the preliminary planning required prior to enrollment in practicum courses. In addition, information about grading policies, fees, and certification are included. The appendices include sample forms used in planning and navigating your way through your program of study. The hope is that the information provided in this handbook contributes to an enjoyable and successful personal and academic journey for you at USD.

Contributions to this Handbook by faculty members, Linda Urden, Ann Mayo, Jacqueline Close, Caroline Etland, and Kathleen Stacy are gratefully acknowledged.

Dr. Linda Urden, RN; DNSc; CNS; NE-BC; FAAN
Professor and Director, Master's & International Nursing Programs
August, 2015

Table of Contents

Overview of USD's Program.....	1
The Standards of Education of Advanced Practice Nursing.....	1
National Association of Clinical Nurse Specialists.....	2
Faculty Mission & Philosophy.....	2
Graduate Learning Outcomes.....	3
USD Policies and Procedures.....	4
Grading Policy.....	11
HSON Grading Scale.....	11
Essential Abilities and Professional Conduct Policy.....	12
Program Description.....	12
Professional Characteristics Expected of Students.....	13
University Resources.....	13
Information Technology Requirements.....	18
Program Curricula.....	21
Academic Advising.....	22
Important Considerations in Developing Your Program of Study.....	23
Staff and Faculty Listing.....	24
Preceptorship.....	25
Clinical Experience Requirement.....	26
Important Considerations of Long Range Planning of Clinical Experiences.....	29
Health, Liability and Certification Requirements.....	30
Procedures to Follow if Injured.....	31
Selection of Preceptors.....	31
Summary of Process for Completing Arrangements for Clinical Experiences.....	32
Special Guidelines for Planning ACNS 638 Capstone Project.....	33
Examples of Projects Recently Done.....	35

Information Regarding Foundational and Clinical Courses	34
Process for Clinical Mentoring and Evaluation of Student By faculty.....	36
How to Handle Problems That May Arise Related To Theory or Clinical Coursework	40
Roles of Various Faculty and Staff.....	40
Student Organization	41
Student Representation.....	42
Job Opportunities, CE Programs, Professional Organizations.....	42
Credentials and Certification	42
Conferences and Conventions.....	44
Program Evaluation.....	45
Certification	46
Overview of Financial Assistance Available to Students	46

Appendices

A. Adult-Gerontology CNS Competencies	48
B. Core Conduct Clinical Nurse Specialist Competencies	68
C. Essential Abilities and Professional Conduct Policy	70
D. Student Expectations and Improvement Plan (SEIP).....	77
E. Required Computer Skills	79
F. Program Content Listing and Suggested Program of Study.....	80
G. Required Evidence of Health, Background and Licensure	82
H. Process for Accident/Incident Occurrences	84
I. Information for Preceptors.....	86
J. Sample Letter of Agreement for Clinical Preceptors.....	91
K. Evaluation Forms.....	93

L. Clinical Notebook Checklist	100
M. Clinical Log Tools.....	101
N. Student Preceptors.....	105
O. Handbook Review Form.....	106

UNIVERSITY OF SAN DIEGO
Hahn School of Nursing and Health Science

ADULT GERONTOLOGY CLINICAL NURSE SPECIALIST (CNS) PROGRAM
HANDBOOK

OVERVIEW OF USD PROGRAM

The Adult Gerontology Clinical Nurse Specialist (AG-CNS) Program at the University of San Diego and Health Science has a long history of preparing registered nurses (RNs) at the Master of Science in Nursing (MSN) level for the role. The AG CNS Program prepares graduates for entry into practice with adults and older adults and graduates are eligible for future certification by the American Association of Critical Care Nurses (AACN) or American Nurses Credentialing Center (ANCC) in the adult Gerontology population focus.

Our program is approved by the California Board of Registered Nursing (BRN) and our School was re-accredited by the Commission on Collegiate Nursing Education (CCNE) in April, 2010 for 10 years through June, 2020. USD is also accredited by the Western Association of Schools and Colleges (WASC).

The Program has an outstanding cadre of advance practice nursing (APN) full and part-time faculty who are experts in teaching, clinical practice, and scholarship. Our faculty are experienced clinicians and researchers and each is committed to mentoring the next generation of students.

THE STANDARDS OF EDUCATION FOR ADVANCED PRACTICE NURSING

The curriculum in the program is based upon the *American Association of Colleges of Nursing Master's Essentials* (2010), and the *Essentials of Doctoral Education for Nursing Practice* (2006). The major components of the document can be found in **Appendix A** (AACN, 1996). The entire document is found on AACN's website: <http://www.aacn.nche.edu/>. The documents describe in detail the following:

1. Graduate core curriculum content
2. Advanced practice nursing core curriculum content
3. Clinical experiences

NATIONAL ASSOCIATION OF CLINICAL NURSE SPECIALISTS (NACNS)

The NACNS, the professional organization for s (<http://www.nacns.org>), developed a set of core competencies, most recently updated in 2010, that are expected of students at the completion of their program of study. These abilities are organized into seven domains and linked to the NACNS Three Spheres of Influence, each defined by specific competencies that represent successful practice. You can use these standards to gauge your progress as you move through the program. (See **Appendix A** for the complete list of competencies). The seven competency domains are:

1. Direct Care
2. Consultation
3. Systems Leadership
4. Collaboration
5. Coaching
6. Research
7. Ethical Decision-Making, Moral Agency, and Advocacy

The NA Three Spheres of Influence are:

1. Patient
2. Nurse/Nursing
3. System/Organization

NA (2009) also developed a set of practice doctorate competencies for each spheres of influence. See Appendix B for a complete list of competencies.

FACULTY MISSION & PHILOSOPHY:

Mission Statement: The Hahn School of Nursing and Health Science is a community of progressive scholars in an intellectually rigorous, research intensive environment.

We educate graduate level nurses to optimize health, promote healing, and alleviate suffering through reflective practice, knowledge generation, service to the community, and leadership at local and global levels.

We seek to deepen our commitment to social justice by influencing health policy and by promoting an ethical approach to nursing characterized by compassion and respect for the dignity of the individual

Philosophy: The faculty of the School of Nursing view individuals as unique holistic beings in dynamic interaction with an ever-changing environment. Each person has the potential for self-direction and self-actualization. The faculty believes clients have the right to engage actively in decisions relative to their health and health care. An individual's potential is achieved through interaction with larger systems such as the family, community, and society.

Health is a dynamic state of being which is self-perceived and delineated by certain empirical parameters. This state of being is positively or negatively influenced by interactions with the environment, including the health care system. The faculty believes the health care needs of clients are best served by a delivery system that is innovative and responsive to the needs of all people.

Nursing in a scientific discipline, which engages in scholarly inquiry to expand its body of knowledge as a foundation for excellence in clinical practice. Nursing care is the translation of intellectual effort into humanistic interventions, which respect the dignity, and worth of each person throughout the life span. Implicit in nursing practice is accountability to individuals, families, and communities to promote, maintain, and restore health.

The faculty believes that learning is a continuing process that involves changes in knowledge, attitudes, and behaviors. Consistent with this belief, the faculty provides learning experiences that foster critical thinking and believe that **students are accountable for their own learning.** The faculty believes that they have a responsibility to assist students to advance in the community of nursing scholars.

The faculty of the School of Nursing exemplifies, through teaching, research, and clinical practice, the personal and professional characteristics they seek to develop in students. They serve as catalysts for student learning, contributors to nursing's expanding body of knowledge, and role models in clinical practice.

GRADUATE LEARNING OUTCOMES:

The faculty of the Hahn School of Nursing and Health Science have identified the following **learning outcomes** for all students to achieve upon completion of the Master of Science in Nursing program:

1. Demonstrate advanced clinical expertise based on nursing and related disciplines.
2. Provide leadership in integrating research into practice.
3. Utilize research-based evidence as a foundation for practice
4. Apply information technology to enhance nursing education, practice, and research.
5. Engage in multi-sectorial collaboration to improve health care delivery; assuming responsibility for the delegation and oversight of care delivery by other staff as deemed appropriate.
6. Provide leadership in formulating and implementing policy that contributes to ongoing improvement of health care delivery.
7. Practice from an ethical and legal perspective that acknowledges conflicting values and rights as they affect health care decisions.
8. Assume and develop advanced clinical roles to meet societal needs in a rapidly changing national and global health care arena.
9. Provide innovative care that promotes health and quality of life for culturally diverse individuals, families, and populations.
10. Analyze emerging issues confronting nurses and society as a basis for enacting social change in ways that foster health.

USD POLICIES AND PROCEDURES

Academic Integrity

The University is an academic institution, an instrument of learning. As such, the University is predicated on the principles of scholastic honesty. It is an academic community, all of whose members are expected to abide by ethical standards both in their conduct and in their exercise of responsibility toward other members of the community. Academic dishonesty is an affront to the integrity of scholarship at USD and a threat to the quality of learning.

An act of academic dishonesty may be either a serious violation or an infraction. The instructor or supervisor of the academic exercise will have responsibility for determining that an act is an infraction or may be a serious violation.

Serious violations are the following acts:

- (a) Examination Behavior. Any intentional giving or use of external assistance during an examination shall be considered a serious violation if knowingly done without express permission of the instructor giving the examination.
- (b) Fabrication. Any intentional falsification or invention of data, citation, or other authority in an academic exercise shall be considered a serious violation; unless the fact of falsification or invention is disclosed at the time and place it is made.
- (c) Unauthorized Collaboration. If the supervisor of an academic exercise has stated that collaboration is not permitted, intentional collaboration between one engaged in the exercise and another shall be considered a serious violation by the one engaged in the exercise and by the other if the other knows of the rule against collaboration.
- (d) Plagiarism. Any intentional passing off of another's ideas, words, or work as one's own shall be considered a serious violation. Refer the APA writing manual regarding how to cite. All students will be required to submit their papers through a plagiarism checker such as Turn it In, or other means of checking for plagiarism.
- (e) Misappropriation of Resource Materials. Any intentional and unauthorized taking or concealment of course or library materials shall be considered a serious violation if the purpose of the taking or concealment is to obtain exclusive use, or to deprive others of use, of such materials.
- (f) Unauthorized Access. Any unauthorized access of an instructor's files or computer account shall be considered a serious violation.
- (g) Serious Violations Defined by Instructor. Any other intentional violation of rules or policies established in writing by a course instructor or supervisor of an academic exercise is a serious violation in that course or exercise.

Infractions are the following acts:

- (a) Any unintentional act is an infraction that, if it were intentional, would be a serious violation.
- (b) Any violation of the rules or policies established for a course or academic exercise by the course instructor or supervisor of the academic exercise is an infraction in that course or exercise if such a violation would not constitute a serious violation.

Academic dishonesty, and allegations of academic dishonesty, are matters of university-wide concern in the same way that academic integrity is a matter of university-wide concern. Students bear the responsibility not only for their own academic integrity but also for bringing instances of suspected academic dishonesty to the attention of the proper authorities. Members of the faculty are obligated; not only to the University but also to the students they supervise, to deal fully and fairly with instances and allegations of academic dishonesty. The University administration bears

the responsibility of dealing fairly and impartially with instances and allegations of academic dishonesty. For further information about this policy contact Associated Students at 619-260 4715 or <http://www.sandiego.edu/associatedstudents/>.

The University of San Diego is committed to upholding standards that promote respect and human dignity in an environment that fosters academic excellence and professionalism. It is the policy of the university to maintain an educational and work environment free from all forms of unlawful discrimination and harassment.

To that end, the university prohibits and does not tolerate unlawful discrimination against or harassment of its employees, students or applicants for employment or admission on the basis of race, color, religion, national origin, sex, sexual orientation, gender identity, gender expression, marital status, pregnancy, age, physical disability, mental disability, or other characteristic protected by federal or state law, unless a particular characteristic is a bona fide requirement of the position.

Non-Discrimination

All members of the university community are expected to uphold this policy. Engaging in unlawful discrimination or harassment will result in appropriate disciplinary action, up to and including dismissal from the university. Unlawful discrimination may occur when an individual is treated less favorably with respect to the terms and conditions of employment or education, or with respect to the individual's receipt of employment or educational benefits, because of his or her membership in a protected class. Accordingly, all employment-related decisions, including but not limited to decisions relating to recruitment, hiring, promotion, transfers, benefits and any other terms and conditions of employment, will be made without regard to the employee's or applicant's race, color, religion, national origin, sex, sexual orientation, gender identity, gender expression, marital status, pregnancy, age, physical disability, mental disability, medical condition, covered veteran status, genetic information, or other characteristic protected by federal or state law. Similarly, all education-related programs and activities, including but not limited to admissions, financial aid, academic programs, research, housing, athletics, and other extracurricular activities, will be administered without regard to the student's or applicant's race, color, religion, national origin, sex, sexual orientation, gender identity, gender expression, marital status, pregnancy, age, physical disability, mental disability, or other characteristic protected by federal or state law.

The university does not by this non-discrimination statement disclaim any right it might otherwise lawfully have to maintain its commitment to its Catholic identity or the teachings of the Catholic Church.

Harassment

Harassment includes verbal, physical or visual conduct when the conduct creates an intimidating, offensive or hostile working or educational environment, or unreasonably interferes with job or academic performance. Verbal harassment may include but is not limited to epithets, derogatory comments or slurs based upon one of the individual's characteristics noted above. Physical harassment may include but is not limited to assault, impeding or blocking movement, or any physical interference with normal work or movement, when directed at an individual because of the individual's protected characteristic. Visual forms of harassment may include but are not limited to derogatory posters, cartoons or drawings based on an individual's protected characteristic.

In addition, prohibited sex discrimination covers sexual harassment, including sexual violence. Sexual harassment includes any request or demand for sexual favors that is implicitly or expressly a condition of employment, continued employment, receipt of an employment benefit, admission to the university, participation in educational programs or activities, or evaluation of academic performance. Examples of conduct that could give rise to sexual harassment, include but are not limited to: sexual advances or suggestions; unwelcome sexually-oriented remarks; dirty jokes; the display or distribution of offensive photographs, e-mails, posters or cartoons; any unwelcome, intentional touching of the intimate areas of another person's body; or physical sexual acts perpetrated against a person's will or where a person is unable to give consent.

Title IX of the Educational Amendments of 1972 prohibits discrimination on the basis of sex in education programs and activities operated by recipients of federal financial aid assistance. Sex harassment, including sexual violence, is a form of prohibited sex discrimination. The Violence Against Women Reauthorization Act of 2013, including the Campus Sexual Violence Elimination Act, requires colleges and universities to have procedures in place to respond to incidents of sexual assault, domestic violence, dating violence, and stalking.

The University of San Diego has a title IX office located in Maher Hall, room 101. You can refer the Title IX and Equal Employment Opportunity Programs website at : TitleIX@sandiego.edu

In order to address its responsibilities under these laws, the university has implemented standards, reporting procedures, and response protocols that apply to incidents of sexual assault, domestic violence, dating violence, stalking, and sexual

exploitation. For more information, please see the university's [Sexual Misconduct and Relationship Violence Reporting and Response Standards and Protocols](#).

Retention and Dismissal (Academic Probation and Disqualification)

To be in good academic standing and to be eligible to graduate, students must maintain in their program courses the minimum semester and Grade Point Average (GPA) that is required by their program. See "Grading Policy" regarding the minimum acceptable grade for courses and the minimum overall grade point average required in the program. The minimum GPA requirement for the HSON is 3.0 calculated on a 4.0 scale. Any student who has completed at least 6 units of course work and whose cumulative USD GPA for graduate program courses falls below the minimum required of the program will be placed on academic probation. At the end of the term in which the probationary student has registered for his/her next 6 units, a review will be conducted. Students who have not raised the cumulative USD GPA for graduate program courses to the acceptable level at that time will be disqualified from the program.

Students may fail a clinical course because of significant clinical and/or professional deficits. A failed clinical results in a failure of the theory portion of the course, and conversely, if a student fails the theory portion of a course they fail the clinical component. A failed course usually results in dismissal from the program. In addition, to dismissal for academic reasons (see Retention/Academic Probation and Disqualification above), students can be dismissed from the University for violating any of the following university policies:

- Rules of Conduct
- Academic Integrity Policy
- Drug & Alcohol Policy

These policies and other Procedural Guidelines for the Disciplinary Process and Disciplinary Sanctions are outlined and available to students at <http://www.sandiego.edu/conduct/resources/index.php>. Dismissal from the program is the most extreme form of sanction for violation of these policies, but less extreme sanctions may be employed if warranted.

Students who wish to appeal their disqualification must do so in writing to the Dean of the School of Nursing within 10 calendar days of receiving such notice.

The HSON faculty realizes that students encounter life circumstances that may make it difficult to continue with educational pursuits. When such circumstances occur, every effort is made to retain students in their program of study. Retention rates for all HSON

programs are above 90%. Similar efforts will be made to retain students in the CNS program. If, for some reason, students must interrupt their educational progress, they will be placed on a leave of absence according to university policies. Students who take a leave may petition for re-enrollment by submitting a request in writing to the Program Coordinator at least 8 weeks prior to the beginning of the semester they need to re-enter so remediation plans can be made.

Grievance Policies

The university has policies regarding both grievances related to hate crimes and harassment and grievances regarding grades. These policies are available in the *Graduate Catalog*. In keeping with the university policies, hate crimes or harassment within the HSON are reported to the Dean. Grade grievances are first addressed with the faculty member involved. If not resolved at that level, they may be brought to the Dean. Failing resolution at that level, the student grievant may submit a written request for a grievance hearing by the Student Affairs Committee of the HSON. In the case of such a grievance, faculty and/or student representatives who could be in a conflict of interest position regarding the grievance will be asked to excuse themselves from the proceedings. Faculty content experts may be necessary to help review the grade grievance. If such members are not on the committee, all efforts will be made to invite an expert to serve on the grievance committee for that hearing. To obtain a copy of the Graduate Student Affairs Committee by-laws, go to <http://www.sandiego.edu/nursing/students/organizations/gnsa/so-gnsa-ad-blfa.php>.

Graduation/Completion of Degree Requirements

In order to be cleared for degree completion, students must file a Petition to Graduate by the deadlines outlined in the Academic Calendar on your mysandiego.edu home page. Graduation information and petition to graduate forms can also be found through mysandiego. The graduation date for the HSON is in the third week of May each year.

Student Representation

Student representatives are elected by the Graduate Nursing Student Association (GNSA) to each of the standing committees of the HSON faculty organization except the Faculty Affairs Committee. Students have the opportunity for active participation in the Curriculum, Student Affairs, and Information Systems committees. In addition, GNSA sends representatives to meetings of the faculty organization.

Student input into decisions regarding program philosophy and objectives, clinical facilities, learning experiences, and curriculum, instruction, and evaluation of the program is provided through the Curriculum Committee. Students have input into admissions, retention, and other non-curricular policies through the Student Affairs Committee. Similarly, the Information Systems Committee addresses student issues and concerns regarding technological services within the HSON.

Student Organizations

Graduate Nursing Student Association (GNSA)

The purpose of this association is promote interaction among graduate nursing students (master's and doctoral), faculty members, alumni, and the nursing community. The GNSA sponsors activities to enhance professional growth, provide an atmosphere for the exchange of ideas, facilitate collegiality among members and faculty, and assist student members by being a source of information. These objectives are achieved through sponsorship of conferences, speakers, instructional material, local projects, and through officer and committee representation on the various committees within the School of Nursing and the University. All part-time and full-time students are eligible for the offices of co-chairs, secretary and treasurer. School of Nursing faculty, curriculum, student affairs committees, and relevant University committees have student representatives appointed.

Sigma Theta Tau Honor Society/Zeta Mu Chapter-At-Large

The purpose of the society is to recognize superior achievement and the development of leadership qualities, to foster high professional standards, to encourage creative work and to strengthen commitment to the ideals and purpose of the profession. A student is eligible for membership upon completion of half of their graduate program, providing the student's GPA is within the acceptable range for membership. Eligibility for graduate students is also dependent on professional involvement and scholarly activity.

Attendance Policy

Consistent and regular attendance at all classes and clinical days is an essential requirement of the program for all students. **Students are expected** to schedule any personal or medical appointments (other than medical emergencies) on dates and times that do not conflict with class or clinical days.

Students must comply with the attendance policy as follows:

1. **If a student must miss a class or exam** for some unforeseen, unavoidable and serious reason (i.e. death in the family) An excused absence may be permitted with the approval of the faculty member :
 - a. The student must notify the faculty member teaching the course, **prior** to the absence.
 - b. The student is responsible to obtain class content that was missed.
 - c. Alternative arrangements for any missed makeup work need to be made with the faculty member teaching the course.
 - d. Appropriate documentation of the reason for the absence may be required.

2. **If a student must miss a clinical or lab day** for some unforeseen, unavoidable, and serious reason (i.e., death in the family) an excused absence may be permitted. Please notify your clinical /lab faculty, and CNS Program Coordinator, so arrangements can be made to develop a plan to complete the missed clinical day.
 - a. In the event a clinical/lab day is missed for an illness **the student must provide a medical excuse** signed by a healthcare provider (MD, NP, DO, or PA) indicating either the student sought medical care on the date of the absence or that the student's illness prevented the student's attendance on the clinical day.

3. For questions or clarification regarding this policy, please contact the CNS Coordinator at 619-260- 7609.

4. Failure to comply with the attendance policy may result in appropriate corrective action, up to and including a failed exam, class, or clinical, or dismissal from the program.

Grading Policy

Since students enrolled in the program are admitted directly to a graduate degree program, policies and procedures applicable to them are the same as those for other graduate students in the university and the school. These general policies and procedures are provided below along with sources where students are acquainted with them. Exceptions to general policies and procedures specific to the program are noted herein. All candidates for the CNS degree must complete a minimum of 33 graduate credits. All courses taken must have the prior approval of the academic advisor to be accepted as meeting the degree requirements.

A minimum GPA of 3.0 must be maintained to remain in the CNS program. In the theory portion of all courses, students must have an average of 80% or greater on all

quizzes and exams to pass the course. A minimum grade of B- is required of all students in the theory and clinical practicum courses and the student must **pass** the clinical component with no “unsatisfactory” areas on their final clinical evaluation. A student who does not pass the clinical component, despite multiple attempts to help the student remediate their weaknesses and despite their academic excellence, will be dismissed from the program.

HSON Grading Scale

93 - 100 %	= A
90 - 92.99 %	= A-
87 - 89.99 %	= B+
83 - 86.99 %	= B
80 - 82.99 %	= B-*
<hr/>	
77 - 79.99 %	= C+
73 - 76.99 %	= C
70 - 72.99 %	= C-
67 - 69.99%	= D+
63 - 66.99%	= D
60 - 62.99%	= D -
59.99% and below	= F

*A minimum grade of B- is required for all courses in the HSON

Testing Policy

To ensure the integrity of the test material CNS students are required to take quizzes, mid-term, and final exams at the same start time.

Course Repetition Policy

All courses are sequential and therefore must be taken in order. A student who receives less than a B- course grade in 2 clinical courses OR 2 theory courses taken during the same semester will NOT have the opportunity to repeat the courses and will be dismissed from the program.

Clinical Performance Evaluation of Student

According to SECTION 1428(c) of the Board of Registered Nursing Business and Professions Code, “There shall be tools used to evaluate students’ progress and

performance and clinical learning experiences shall be stated in measurable terms directly related to course objectives.” Performance expectations are delineated for each practicum course.

Student Evaluation of Course and Clinical

At the end of each course, each student is asked to complete a confidential evaluation of their course, faculty and clinical faculty. These evaluations are on-line and can be accessed through the MySanDiego portal. Evaluations are only open for a specific amount of time prior to the end of each semester.

-
-
-

ESSENTIAL ABILITIES AND PROFESSIONAL CONDUCT POLICIES:

In order to be successful in the program, students should be able to perform essential abilities relative to the role and adhere to policies governing professional conduct (see Appendix C for a complete description).

PROGRAM DESCRIPTION:

In the program, students build on their broad-based undergraduate nursing education and prior practice experience and move forward within the profession to a higher level of expertise in an area of advanced practice. Students are expected to have formulated their goals for graduate education prior to admission. The Adult Gerontology- program requires coursework in core Master's courses focused on the role of theory and research in evidenced-based practice and health policy and health care systems. core courses provide content in physical assessment and diagnosis, pathophysiology, and pharmacology. With this foundation, the clinical management sequence involves courses on role and management of adults and older adults with acute, chronic, and complex medical-surgical and/or mental health conditions across the health care continuum. Supervised clinical experiences support the individual student's educational and career goals.

PROFESSIONAL CHARACTERISTICS EXPECTED OF STUDENTS:

Desirable characteristics of persons enrolling in programs include:

1. Strong motivation to advance within the health care field as an advanced practice nurse.
2. Clear and positive sense of the role and its potential within the future of health care delivery in the U.S.
3. Ability to articulate his/her professional direction.
4. Awareness of his/her professional strengths and areas for future growth.
5. Strong sense of responsibility for his/her own learning and willingness to take initiative in pursuing achievement of learning goals.
6. Ability to develop and demonstrate leadership and collaboration skills in working with colleague groups.
7. Interest in promoting organizational change to facilitate patient-centered care along the illness continuum.

Characteristics of successful graduates of the Program are:

1. Insight into the characteristics of advanced nursing practice and the professional issues related to the clinical nurse specialist role, as well as recognition of personal limits within the selected area of practice.
2. Sound knowledge base and foundational skills in health care management for specialty populations with the capability to proceed to mastery in the selected role.

3. Sense of professional leadership, collaboration and consultation skills as providers of advanced practice nursing.
4. Ability to articulate a 'specialty' within the adult Gerontology population focus in order to differentiate oneself from other advanced practice nurses who are generalists.
4. Eligibility to establish themselves as Clinical Nurse Specialists in the State of California and to sit for and successfully obtain national certification in the selected population foci.

UNIVERSITY RESOURCES

The following resources are available to all University of San Diego students. Links for many of the resources below can be found on the "Student Life" tab on your **MySanDiego** account (my.sandiego.edu).

- **One Stop Student Center** – (UC 126) the One Stop welcomes all students who need assistance with their registration, student account, or financial aid. Their mission is to consolidate business transactions of the Financial Aid, Registrar, and Student Accounts offices into one location where students can receive outstanding customer service.
- **Center for Health & Wellness Promotion** – (Maher 140) The Center for Health and Wellness Promotion (CHWP) serves the USD student community through educational opportunities, prevention campaigns, campus-wide programs, research initiatives and individualized interventions. CHWP empowers students to make healthy choices and create a university climate conducive to the overall success and well-being of the individual student and campus community.
- **Academic Technology Services** – supports general and instructional computing labs. Information on hours of operation, software, policies and equipment is available at <http://www.sandiego.edu/its/labs/>.
- **Torero Store** – offers new and used textbooks, computer hardware and software, fax support, mail orders, photo processing, school supplies, clothing, imprinted merchandise, graduation products, magazines, newspapers, greeting cards, and stationery. The newly built student store is located in the Hahn University Center or online at <http://www.usdtorerores.com>.
- **University Ministry** – provides faith community and support programs on-campus. Activities include student retreats, outreach opportunities through ecumenical and inter-faith programs, and spiritual "connections" via USD's University Ministry

(UM) Fellowship, the Romero Center, and the Students for Life program. University Ministry is located in the University Center, rm. 238.

- **Career Services** – serves as a centralized career resource for USD students, alumni, and employers. Career Services is located in Hughes Center, rm. 110.
- **Manchester Child Development Center** – provides childcare services (preschool) to faculty, staff, and/or students. Hours are 7:15 am to 5:45 pm, Monday through Friday. Monthly fees apply.
- **Copley Library** - The library houses extensive print resources as well as a wide variety of online materials, including subscription databases and e-books that can be accessible remotely. Nursing students have a dedicated librarian, Zoë Abrahams (zabrahams@sandiego.edu) to assist with locating information and materials. The library is open 7 days a week, including a 24/7 schedule prior to and during finals. EndNote bibliographic software is available on all library computers, including available circulating laptops. This software can be purchased at a reduced rate through the campus Information Technology Services department. Please visit sandiego.edu/library for more information about services and resources. Students also have access to San Diego Library circuit, which maintains a database linking university and libraries in the region.
- **Counseling Center** - offers a free-of-charge, confidential assessment session with a psychologist to discuss concerns. Walk-in services are also available for those students who need immediate assistance. Individual and/or group counseling is available as well as referral to professional services as needed. Located in Serra Hall, rm. 300.
- **Dining Services** – offers students three meals a day at the University Center from 7:00 a.m. to 8:00 p.m. daily. Other on-campus food services are available at various locations around the campus to students, faculty, administrators, and other employees. Refer to campus map for directions.
- **Financial Aid** – assists students with their financial requests. The University also has financial aid counselors to assist applicants with form completion.
- **Housing** – provides housing to students of all ages. Living options include the residence halls, the University Terrace apartments, the Presidio Terrace apartments and other apartments and homes in the immediate vicinity.

- **International Center** - includes support services for international students in the transition to a new culture and environment, assistance with immigration matters for international students, and study abroad information.
- **Legal Research Center** – has a collection of more than 525,000 volumes and volume equivalents. It is open to all USD students.
- **Disability & Learning Difference Resource Center** –

Refer to website: <http://www.sandiego.edu/disability/services/>

USD is committed to ensuring equal access to university programs and activities for students with disabilities. Students with disabilities who believe they may need a reasonable accommodation(s) in a course are encouraged to contact the Disability Learning and Resource Center in Serra 300 (tel. 260-4655) as soon as possible to better ensure that approved accommodations are implemented in a timely fashion. Students are responsible for presenting approved paperwork from the DLRC to their faculty and to the CNS Program Coordinator at the beginning of the academic term.

All disability students are required to take mid-tem and final exams at the same start time as non-disability students to ensure the integrity of the test material. Professors will not allow students to take the examinations on dates other than scheduled dates.

- **Student Health Center** – (Maher 140) designed to provide limited outpatient care for registered students. A registered nurse is on-duty during operating hours. A physician, nurse practitioner and registered nurse are in the Health Center every day. An on-call service is available to students 24 hours per day. There is no fee for services. Students can call 619-260-4595 for additional information.
- **The Center for Inclusion and Diversity (CID)** - The Center for Inclusion and Diversity (CID) cultivates shared vision, coherence, and coordination of diversity and inclusion efforts across campus. The University of San Diego holds deep commitment to developing and sustaining a diverse campus community in the broadest sense, including differences in gender, race, ethnicity, generational history, culture, socioeconomic class, religion, sexual orientation, national origin, citizenship status, political perspectives, geographic origin, and physical ability.

As a coordinating center, the CID advocates, facilitates, and assesses the work of established programs, departments, and offices to affirm that the campus lives out its commitment to diversity and inclusion. As a generative center, CID serves as a

place where issues surrounding inclusion and diversity can be conceptualized, explored, nurtured, cultivated, shared, and promoted. Through collaborative relationships, the CID helps ensure that the university is a stimulating, welcoming, and engaging place for all faculty, staff, students, and visitors. The CID is located in Maher Hall 253 or by website at: <http://www.sandiego.edu/inclusion/about.php>

- **Writing Center** – offers students writing assistance from brainstorming an idea to reviewing a formal paper. The Writing Center is open Monday through Wednesday, from 9 am to 7 pm, Thursday 9 am to 12 pm and 2 pm to 7 pm, and Friday 9 am to 2 pm. The writing center is located in Founders Hall, rm. 174.

SCHOOL OF NURSING RESOURCES

- **Computer Lab/Learning Resource Center** - Computer Lab/Learning Resource Center & Desktop Support Technician provides an on-site computer and resource lab to nursing students with state-of-the-art equipment and technology in the HSON. Students can request assistance with various software programs (e.g. Word, Power Point, and ExamSoft). The computer lab is located in HSON rm. 103.
- **Healthcare Affiliations** – include a wide variety of clinical resources including UCSD Medical Center, Sharp Health Care (hospital and clinics), Scripps Health (hospitals and clinics), Children’s Hospital and Health Center, Veterans Administration Hospital, and Balboa Naval Medical Center.
- **Clinical Site Coordination** – all clinical placements are coordinated by the Clinical Placement coordinator. Every effort is made to secure appropriate placements for each student. All arrangement for preceptors is made in conjunction with the hospitals and SON. Students are not permitted to contact any clinical site or preceptor directly to request placements
- **Director of Student Services** - The Director of Student Services serves prospective and current students across all programs. She manages the recruitment and admissions processes for all academic programs in the HSON. She administers and coordinates Open Houses, Employment Fairs and New Student Orientations. In addition, the Director of Student Services manages the HSON financial aid budget and administers the awards made in collaboration with the Dean and Program Directors. She also serves as the HSON liaison with the University Office of Financial Aid, Office of the Registrar and the Office of Student Accounts to resolve student issues and keep them informed of HSON programs and policies.

- **Development Officer** – the Development Officer works with the HSON to establish scholarships for students and to enhance the overall support including program resources.
- **Betty and Bob Beyster Institute for Nursing Research, Advanced Practice, and Simulation (BINR)** – The Institute is designed to simulate the clinical setting and provide students with the opportunity to develop and enhance clinical skills in a safe environment.
- **Stress-Free Zone!**
Nursing students are at risk for high levels of stress related to heavy academic demands and the challenge of mastering complex knowledge, critical thinking, and psychomotor clinical skills. USD nursing faculty designed the *Stress-Free Zone: A Place for Compassionate Self Care* <http://sites.sandiego.edu/stress-free/> to help you during your nursing program. Stress is frequently linked to mood disorders including anxiety and depression. Research suggests that elevated levels of stress and anxiety may lead to impaired learning and critical thinking.

Students are often unaware that stress can impact their ability to learn, and may have limited strategies to reduce the stress they are experiencing. Therefore learning effective stress reduction skills is an essential component of the teaching-learning experience at USD. Developing effective stress management skills while in school may continue to fortify and protect you after you graduate, reducing professional burnout. We believe that stress management encompasses a whole range of compassionate self-care practices that reduce stress and promote wellness and healing. These practices are focused on calming and nurturing the mind, body and spirit for a sense of well-being.

Since mindfulness-based interventions (MBI) are effective self-care strategies for reducing mental distress and improving psychological well-being, the *Stress-Free Zone* provides a whole array of MBI practices and resources, including brief meditations, wellness tips, readings, and other helpful web links designed to ease the tension and stress you might experience anytime, night or day.

INFORMATION TECHNOLOGY REQUIREMENTS

Computers are used in various ways in courses taught in the HSON to assist students in the learning process. The HSON has established basic computer literacy requirements for all students. Students are expected to meet these requirements prior to

admission. The HSON will not test student skills; however, the absence of these skills will greatly hamper chances of success in the program.

For students using the HSON Computer Lab, basic word processing programs and use of the internet is available for checking email or performing literature searches. Students should assess current skills and compare them to the specific skills required by the policy that is listed in **Appendix E**. Students may also enhance computer skills by engaging in self-study or by enrolling in an appropriate computer education course available through local community colleges or various local computer retail facilities. It is **required** that all laptop computers used during exam have a privacy screen filter to protect privacy.

The CNS program recommends all incoming students to own an, iPad, iPhone, or PC laptop for clinical rotations. You will be using this device to track your patient demographics and nursing interventions in the clinical setting and as a tool for accessing clinical reference information. Some hospitals and clinical sites do not allow the use of cell phones or cameras in the clinical setting. Students will follow the policy of the hospital where they are placed.

Reference software

ExamSoft is a market-leading assessment-management solution that supports the entire testing process, including exam creation, administration, delivery, scoring, and analysis. The use of ExamSoft will help students familiarize themselves with electronic exam taking, a practice that is common for many certification exams. ExamSoft also has the capability to generate a variety of analytics to improve the educational experience.

Students are required to purchase a yearly license for ExamSoft. This license will span from 8/31/15 to 9/1/16 for the first year and will prompt you to renew for year two. The cost to the student will be \$65.00 per year.

Once a student account has been created, they will receive an email with instructions for sign up that will include a password generated for them. The student will then:

1. Go to www.examssoft.com/sandiegounursing
2. Log in with their student ID and password as an exam taker
3. Download SofTest; students will be prompted to pay after installation

The cost of these software products are included in the anticipated costs sheet and are covered by financial aid.

Minimum Laptop Specifications for ExamSoft

The following is a guide for assessing if your laptop meets minimum operating requirements for use with ExamSoft.

PC Users

SofTest can be used on most modern Microsoft Windows based computers (purchased within the last 3-4 years). Please see specific system requirements as noted below. SofTest cannot be used on virtual operating systems such as Microsoft's Virtual Machine, Parallels, VMware, VMware Fusion or any other virtual environments.

PC Requirements:

- Operating System: 32-bit and 64-bit Versions of Windows Vista, Windows 7, and Windows 8.
- Windows 10 is NOT supported
- Only genuine, U.S. English, French, Portuguese, Swedish, and British versions of Windows Operating Systems are supported.
- ExamSoft does not support Tablet or Convertible devices other than Surface Pro 1, 2 & 3. See below for those Minimum System Requirements.
- CPU Processor: 1.86 GHz Intel Core 2 Duo or greater
- RAM: highest recommended for the operating system or 2GB
- Hard Drive: highest recommended for the operating system or 1GB of available space.
- Internet connection for SofTest Download, Registration, Exam Download and Upload.
- Screen Resolution must be 1024x768 or higher.
- Adobe Reader (Version 9 or 11) is required for exams containing PDF attachments.
- Administrator level account permissions

Mac Users

SofTest can be used on most modern Mac OS X based computers (purchased within the last 3-4 years). Please see specific system requirements as noted below.

SofTest cannot be used on virtual operating systems such as Microsoft's Virtual Machine, Parallels, VMware, VMware Fusion or any other virtual environments.

Mac Requirements

- Operating System: OS X 10.6 (Snow Leopard), OS X 10.7 (Lion), OS X 10.8

(Mountain Lion), 10.9 (Mavericks), and 10.10 (Yosemite). Only genuine versions of Mac Operating Systems are supported.

- CPU: Intel processor
- RAM: 2GB
- Hard Drive: 1GB or higher available space
- Server version of Mac OS X is not supported
- Internet connection for SofTest Download, Registration, Exam Download and Upload.
- Administrator level account permissions

ANA's Tips for Using Social Media

Social media and the Internet provide unparalleled opportunities for rapid knowledge exchange and dissemination among many people. Nursing students have an obligation to understand the nature, benefits, and consequences of participating in social networking of all types. Online content and behavior has the potential to enhance or undermine not only the individual nurse, but also the nursing profession.

To avoid problems, the ANA recommends:

1. Remember that standards of professionalism are the same online as in any other circumstance.
2. Do not share or post information or photos gained through the nurse-patient relationship.
3. Maintain professional boundaries in the use of electronic media. Online contact with patients blurs this boundary.
4. Do not make disparaging remarks about patients, employers or co-workers, even if they are not identified
5. Do not take photos or videos of patients on personal devices, including cell phones.
6. Promptly report a breach of confidentiality or privacy.

(Except from the White Paper on a Nurse's guide to Use of Social Media, American Nurses Association, (2011, September). Principals for social networking and the nurse; and National Council of State Boards of Nursing, (2011, August)

Therefore, use of Facebook, Twitter, or other social media tools during clinical and classroom time is prohibited.

Electronic Mail

All students must have a University (i.e., @sandiego.edu) email address. Students can obtain an email address through MySanDiego after they are given a student ID number.

Students should notify the SON as soon as they receive their email address so the student's name can be placed on the SON list serve. **Students will be expected to check their e-mail regularly for important notices.** This may be done in any computer lab on campus or from a home computer. There is no charge for either the e-mail address account or the mail service. For questions about this requirement, please contact the main office at 619-260-4548.

When using e-mail to send assignments to faculty please use the following to format to name your documents: Course_Assignment_LastName. For example, ACNS 638_CommunicationPlan_Smith

PROGRAM CURRICULUM:

The curriculum has been designed to meet the learning needs of students pursuing an advanced practice nursing role. Therefore, the courses provide the current knowledge necessary to prepare a safe and competent new clinical nurse specialist for collaborative practice in a variety of settings within the domain of nursing.

The core curriculum and support courses prepare Program graduates for practice roles in care of the adults and older adults (defined as persons 20 years and older). The course schema can be found in **Appendix F**.

The courses that make up the emphasis portion of the program represent the theoretical and clinical focuses necessary for providing direct care to adults and older adults in each type of setting (acute/long term/ambulatory and/or community). The sequence of clinical courses provides students with the opportunity to integrate and apply the knowledge base learned in the classroom in a variety of practice settings. The identification of clinical settings and preceptors is a collaborative process between students, faculty, and Clinical Placement Coordinator (CPC) that takes place one semester in advance of enrollment in each clinical course.

Students need to be active, self-directed learners, especially in the clinical component of their program. The theory course sequence does not always coincide with the knowledge a student needs to have in specific practice settings. Therefore, students often need to prepare themselves on their own regarding what they need to know in their clinical

placement without waiting until it can be discussed in class. They need to learn early how to search out needed clinical information and the resources (e.g., appropriate clinical management manuals, drug references, etc.) they need to take with them to their clinical experiences for quick reference as necessary.

The acquisition of clinical competencies may be taught and monitored in selected aspects of the program through the use of standardized patients (SPs) where students are videotaped as they “see” trained patient-actors for health problems in the on-campus Simulation and Standardized Patient Nursing Laboratory (S&SPNL). If the S&SPNL is used for any courses, students and faculty critique the student’s performance on the videotape to identify the student’s clinical strengths and areas that need improvement. The patient-actors are also trained to provide students with feedback about the quality of their interactions during the encounter. In addition, the Lab contains numerous learning resources, such as inanimate models, manikins, equipment, and interactive software to support clinical learning. Students are encouraged to utilize these resources on their own during open lab hours. A lab fee per clinical practicum course per semester may be charged to support the Lab once students begin the clinical sequence of the program.

ACADEMIC ADVISING

Each semester, you should make an appointment to meet with your advisor, Dr. Urden, Director of Master’s and International Programs to confirm the courses you plan to take in the upcoming semester. In addition, she is available to meet with you to discuss your practice experience, interests and goals, as well as SON policies regarding the program included in this *Handbook*. Students can access the *Handbook* on the SON’s website (www.sandiego.edu/academics/nursing). All students are responsible for being aware of the information in this handbook and following the policies included therein.

You will be advised about the courses, master schedule of course offerings, and course prerequisites to assist you in planning for completion of the program within your targeted timeframe. Your program plan is a schedule of the courses you will take each semester (See Appendix E for Program Plan forms used in advising students). A copy of your Program Plan will be given to you for your own records.

You will be registered for your classes so it is important that any requests for changes in the Program Plan be accomplished in a timely manner. There is relatively little flexibility in the sequence of courses in the Program, so be sure to notify your advisor if, at any time,

you plan to change your initial program of study. This insures that courses you need will be offered when you are scheduled to take them.

Students should schedule an appointment to meet with your advisor Dr. Linda Urden at least once a semester, after the USD class schedule for the following semester becomes available (around mid-October for spring semester; and mid-March for fall semester). During the appointment, your computerized academic record (AR) should be reviewed for accuracy and your program plan updated as necessary. The AR shows courses completed, courses in which you are currently enrolled, and courses yet to be completed.

Most on-campus courses are clustered on one or two days during the Fall and Spring semesters. Full-time students must be available at least two other days each week for clinical practicum hours; part-time students should have at least 1-2 additional days free depending on the number of clinical hours they must complete each semester. Some clinical practica are only offered on specific days of the week. The USD class schedule for the following semester becomes available by the middle of the current semester (e.g. in mid-October for Spring classes and in mid-March for Fall classes) so students have three to five months lead time to arrange adjustments to their work and/or child care scheduling.

The web registration system is explained in on the University's website, <https://my.sandiego.edu/cp/home/displaylogin> . If classes are reserved via the web, no written forms are needed.

IMPORTANT CONSIDERATIONS IN DEVELOPING YOUR PROGRAM OF STUDY:

1. Newly admitted students should carefully review the CNS Student Handbook. In particular, carefully review the sections regarding planning for coursework and clinical experiences and arranging clinical placements. Clinical placements for each semester are arranged with the Clinical Placement Coordinator (CPC), Ernestina Martin, MSN, RN. Students are encouraged to identify potential preceptors/sites, but the CPC makes the initial contact. Once this official initial contact is made and the preceptor verbally acquiesces, the student will be notified that he/she can contact this preceptor to make specific arrangements for his/her clinical experiences, including discussing individual learning objectives and arranging days and times for the experience.

2. A total of 592 clinical hours are required. Students need to take into consideration the following minimum commitments associated with the clinical management semesters so they can plan ahead:

a. Clinical Hours

X 8 clinical hr/wk for 2U practicum x 15 weeks (total of 108 hrs)

X 10-11 hr/wk for 3U practicum x 15 weeks (total of 162/hrs)

3. Clinical Site Visits by USD Faculty

Students should plan to have a minimum of 2-3 week days free each week for class and clinical experience during their management semesters. At any point in the semester, faculty may wish to make a site visit to evaluate the quality of the student's learning. As much as possible, we try to match students with faculty who can make site visits on the day(s) each student is at the clinical site. When this is not possible, it is important that the faculty and/or student and preceptor can be flexible so as to arrange for a visit on an alternate day at the beginning of and later in the semester.

4. Incompletes in either theory or practicum courses can be allowed only in cases where unforeseen problems, crises, etc. interfere with a student's ability to meet all course requirements prior to the end of the term and when arrangements are made with the course instructor in advance of the end of the semester. Incompletes in a clinical practicum must be removed prior to the start of the next practicum course (e.g., if a student is granted an incomplete for a Fall practicum course and plans to take another practicum the following Spring, the Fall clinical course requirements must be completed satisfactorily and a grade submitted before Spring classes begin and no other practicum credits can be taken in the meantime).

CNS STAFF FACULTY AND STAFF LISTING:

Administration:

Name

Title

Linda Urden, RN; DNSc, NE-BC, FAAN

Director of Masters and International Nursing Programs

Le'Rae Gilliam

Executive Assistant, Master's & International Programs

Ernestina Martin, MSN, RN Clinical Placement Coordinator

Faculty:

<u>Name</u>	<u>Clinical Practice Area(s)</u>	<u>Teaching & Research Interests</u>
Jacqueline Close, PhD, Medical/Surgical/Telemetry	Gerontology	Delirium in the Older Adult
Caroline Etland, PhD,	Acute and Chronic Care	Oncology, Palliative Care
Ann Mayo, DNSc, FAAN	Gerontology	Dementia, Policy
Kathleen Stacy, PhD, Critical Care	Evidence-Based Practice	Role of the Patient Safety

PRECEPTORSHIP:

The clinical portion of the CNS Program is often the most intense, yet rewarding part of the program. It is a time when the student is testing new skills and knowledge while developing a new advanced practice role. The clinical courses involve integration of the skills in direct care of gathering health history data, performing appropriate assessments, using critical thinking skills to arrive at nursing diagnoses regarding the clients' health risks and problems, and developing and implementing a comprehensive health promotion and illness management plan. In addition, students develop competency in integrating the other important aspects of the role at the patient, nurse/nursing and system levels: consultation, systems leadership, collaboration, coaching, research, and ethical decision-making. This is the part of the program in which the student learns to operate at a new level of risk taking, develops a new professional self-image and begins to practice in the health care arena as a more advanced provider of comprehensive primary care. All students are expected to demonstrate knowledge, critical thinking, and clinical population foci skill sets within the clinical setting. These skill sets are considered essential abilities. A full definition of these abilities can be found in Appendix C.

Students spend approximately two to three days a week over three or four semesters in primary care settings integrating their newly acquired knowledge with practice as they participate in the primary care delivery process. During these clinical experiences, students become increasingly able to blend their nursing knowledge and expertise with

formalized nursing therapeutics to bring about a more complete management schema for the patient. Learning to design care strategies for the benefit of the health care recipient enables students to become effective providers of adult and geriatric health care.

During each clinical practicum, students test out what has been learned in the classroom under the guidance and supervision of faculty, as well as experienced on-site preceptors. For this reason, the selection of clinical sites and preceptors is a very important part of the student's plan of study that requires careful preplanning. In general, students who are in their early clinical practicums require more supervision and mentoring time than those in their final practicum.

Preceptors are experienced providers who *volunteer* to mentor students. This means taking on a responsibility over and above the heavy demands of their health care provider role. However, it is a big commitment for any preceptor to make, especially in the current era of cost-cutting and increased productivity expectations in most health care settings. **Therefore, both students and faculty need to demonstrate unfailing courtesy and consideration in their interactions with actual or potential preceptors.** For example, agreed upon days and times for clinical experiences should not be changed in any way without prior notification and approval of the preceptor. Students should be considerate in all their dealings with their preceptors and, at the end of their experience, send a thank-you note expressing their appreciation for the time and energy the preceptor has invested in their professional development in the role. Both faculty and students are important ambassadors for the University and the profession in all their contacts with preceptors.

CLINICAL EXPERIENCE REQUIREMENTS

A minimum of 11 semester units of clinical practicum are required in the MSN option to gain beginning skills and meet the standards of the national and state credentialing and regulatory boards. Each unit of clinical practicum is equal to 54 clock hours per unit per semester. The CNS program provides a total of 592 clock hours of supervised clinical experience. Five hundred (500) clinical hours are required for state of California BRN certification.

The courses specifically designed to meet these requirements are as follows:

APNC 521 APRN Physical Assessment and Diagnosis - This is a four unit course. There are 3 hours (3U) of lecture/discussion, as well as 54 hours of weekly campus lab

sessions during the semester. For students, this lab session will focus on practicing physical assessment skills on adult assessment. Fifty four clock hours (1 unit) are spent in laboratory learning experiences: 30 hours practicing advanced history taking and physical exam skills and 24 hours “seeing” standardized/simulated patients under faculty supervision.

The required clinical placements that must be accomplished while enrolled in each Clinical Management course are as follows:

ACNS 619 - Specialty Role and Practice Foundations Provides an overview of the role of the Clinical Nurse Specialist (CNS) with a practice focus on adults and Gerontology (wellness to acute care). Explores the spheres of influence and core competencies for practice. Examines theoretical foundations of reflective, evidence-based advanced nursing practice for individuals 20 years of age and older.

ACNS 632 - Adult-Gerontology I - Practice in the Patient Sphere
Provides an in depth inquiry into the role of the clinical nurse specialist (CNS) within the patient sphere with a practice focus on adults 20 years of age and older. Explores the theoretical concepts utilized in advanced nursing practice in the management of patients along the continuum of care from wellness to illness, experiencing acute, chronic, or terminal illnesses. **Requires concurrent enrollment in ACNS 632P.**

ACNS 632P - Adult-Gerontology I - Practice in the Patient Sphere Practicum
Provides an opportunity to carry out the clinical nurse specialist (CNS) role within the patient sphere with adults 20 years and older. Emphasizes the application of the theoretical concepts utilized in advanced nursing practice in the management of patients along the continuum of care from wellness to illness, experiencing acute, chronic, or terminal illnesses. **This course must be taken concurrent with ACNS 632.**

ACNS 634 - Adult-Gerontology II: Practice in the Nurse Sphere
Analyzes and operationalizes principles of clinical leadership with nursing staff who care for individuals 20 years of age and older in a variety of settings. Emphasizes process of change, promotion of innovation, and diffusion of evidence for quality practice. Successful completion of **both** ACNS 634 and ACNS 634 P with a letter grade of B- or higher is necessary to pass this course. **Requires concurrent enrollment in ACNS 634P**

ACNS 634P - Adult-Gerontology II: Practice in the Nurse Sphere

Provides an opportunity to enact the role of the CNS within the nurse sphere with a practice focus on adults 20 years of age and older. Emphasizes skillful guidance and teaching of nursing staff to advance the care of patients, families, groups of patients, and the profession of nursing. Successful completion of **both** ACNS 634 and ACNS 634 P with a letter grade of B- or higher is necessary to pass this course.

Requires concurrent enrollment in ACNS 634.

ACNS 636 - Adult-Gerontology III: Practice in the Organizational/Systems

Sphere. Emphasizes theories and principles of change management at the systems level. Analyzes leadership principles in organizations/systems in which nursing care is provided for individuals 20 years of age and older. **Requires concurrent enrollment in ACNS 636P.**

ACNS 636P Adult-Gerontology III - Practice in the Organizational/Systems

Sphere. In the clinical setting emphasizes applying theories and principles of change management at the systems level. Operationalizes leadership principles in organizations/systems in which nursing care is provided for individuals 20 years of age and older. **Requires concurrent enrollment in ACNS 636.**

ACNS 638 - Adult Gerontology IV: Advanced Practicum

Focuses on further development of evidence-based clinical knowledge in a selected area of practice. Provides opportunities to explore CNS role development issues. Based on a gap analysis, an evidence-based practice change is designed, evaluated, and presented relative to an a priori evidence-based benchmark. A letter grade of B- or higher is necessary to pass this course. **Requires concurrent enrollment in ACNS 638P.**

ACNS 638P - Adult Gerontology IV: Advanced Practicum

Focuses on further development of evidence-based clinical knowledge and expertise in a selected area of practice. Students design an evidence-based clinical project to improve the care for individuals 20 years of age and older. The project is implemented using an evidence-based approach to a clinical problem or professional issue. **Requires concurrent enrollment in ACNS 638.**

In summary, the clinical practicums are a key component of the CNS Program. Applying theory to practice, developing collegial relations with other members of the health care

team, experiencing risk-taking, and gaining knowledge and skill as a provider of adult health care are all part of preparing for advanced nursing practice in adult care settings. Early and individualized consultation between the student and his/her advisor following admission and each semester while the student is in the program is recommended. Periodic advisement regarding course registration and long-range planning for practicum selection is an important and necessary prerequisite for meaningful clinical learning experiences.

IMPORTANT CONSIDERATIONS FOR LONG-RANGE PLANNING OF CLINICAL EXPERIENCES:

1. **Students may be in only one clinical setting per course.** The practicum must be done in one site unless there is a compelling reason otherwise.
2. **Each student should work with a variety of preceptors** over the course of the program.
3. **Except in rare circumstances, clinical placements must be arranged during Mon-Fri daytime hours** (e.g. between 8 AM-5 PM). There are two main reasons for this: a) because good adult care experiences are very difficult to access in the evenings and on weekends; and b) because faculty are not expected to make clinical site visits during evening or weekend hours. There may be rare exceptions to this policy and a faculty member must be willing to make the required clinical supervision visits during these off hours. **Such placements require the special approval of the Director of Masters and International Nursing Programs.** It would also be expected that the student would take an active part in identifying and arranging for such a special placement.
4. Because of the need to do all or the great majority of clinical experiences on Mon-Fri during day hours, **students must have at least two-three days free a week (depending upon full or part-time status) for daytime clinical experience each semester once they start taking the clinical management course sequence.** A student who has no flexibility to arrange clinical days during the week cannot complete the clinical portion of the program. Students need to plan ahead for this with their families and employers as necessary and explore all possible options.

5. Students who are in the military should arrange to have at least one practicum experience in a civilian health care setting during their program so as to broaden their experience base.
6. Students may not use their worksites or relative's practices for clinical experiences, even if the patient population, etc. is appropriate. This causes role confusion for the student and the staff in that setting and experience has shown that this does not usually provide an appropriate learning environment.
7. Clinical sites must be within a 60 mile radius of the USD campus in order to keep faculty travel time for clinical visits reasonable. Any exceptions must be approved by the Director of Masters and International Nursing Programs.

HEALTH, LIABILITY, AND CERTIFICATION REQUIREMENTS:

All students must meet specific health and professional criteria before they can register for classes. This policy assures clinical facilities that students meet minimum standards regarding health, liability, and licensure/certification. The Hahn School of Nursing and Health Science has contracted with *American Databank* to track these criteria for all students across programs. Instructions for how to create an account can be found in Appendix F. Comprehensive background checks and drug screening are required of all students (see **Appendix G**). When admitted to the program, students must also provide written authorization to the SON for the release of this information to clinical facilities that request it. If a student's illness or injury results in the need to go on medical disability, students must notify the Director of Masters and International Nursing Programs Director as soon as it is feasible. Students on medical disability may not continue their clinical experience until they can provide documentation to the Director of Masters and International Nursing Programs Director that their disability has resolved.

Health Requirements: Proof of immunization (or titer, if applicable) for influenza, measles, mumps, rubella, pertussis, varicella, diphtheria, tetanus, polio, and a recent (within one year of admission) physical examination and tuberculin skin test or chest x-ray is required prior to initial course registration. The hepatitis B immunization series is also required. At least 2 of the 3 recommended hepatitis B inoculations must be completed prior to course registration. The third dose may be administered after registration. Documentation of physical exam and TB screening is required annually throughout the student's program. A form to document physical exam is available in the SON office. If any health requirements are not up-to-date, the student will not be allowed

to register for classes in the following semester. Any student who has a potentially communicable illness (including colds and flu) should not go to clinical. If in doubt, confer with preceptor.

PROCEDURES TO FOLLOW IF INJURED WHILE IN THE CLINICAL SETTING:

Please review **Appendix H** for the procedures to follow if you are injured in the clinical setting. This includes any needle stick injuries.

SELECTION OF PRECEPTORS:

Clinical experience may take place with qualified preceptors in acute, chronic, long-term, assisted living, ambulatory care, or community settings who in their roles operationalize the three spheres of influence. Any exceptions must be approved by the faculty of record for the theory and clinical portions of the course. Guidelines for selecting a preceptor can also be found in **Appendix I**. A current preceptor biographical data sheet (and/or curriculum vita), along with a signed letter of agreement, must be on file prior to the student entering the first day of clinical experience. For some complex health care agencies, it is also required that there be an umbrella contract or letter of agreement between the agency and the University of San Diego prior to initiation of the clinical experience. A copy of the syllabus for the clinical course, in which the student will be enrolled, is sent or hand-carried to each preceptor along with the letter of agreement. A packet prepared for preceptors describing supervisory expectations and guidelines is available for sharing with new and prospective preceptors. An example of the preceptor orientation packet materials can be found in **Appendices I**. This material is sent to each new preceptor prior to the start of the semester.

Program faculty are available to provide general direction for the identification and selection of preceptors. A master list of preceptors used successfully in the past is kept on file by the CPC. However, there is a continual need to develop new clinical sites/preceptors. Meetings with s in the community, peer contacts, and colleagues in the work setting are all sources for students' identifying additional possible preceptors to suggest for their clinical supervision. The process of preceptor selection must start early in the semester prior to enrolling in each clinical course. Arrangements for each clinical placement must be completed at least two months prior to the start of that clinical course.

After the CPC has obtained verbal agreement of the site/preceptor(s), signed letters of agreement between each preceptor/clinical site and the University must be obtained by

the School of Nursing administration. (See Appendix J) Documentation of completed clinical placement arrangements must be on file in the School of Nursing office.

SUMMARY OF THE PROCESS FOR SELECTING A PRECEPTOR AND COMPLETING ARRANGEMENTS FOR CLINICAL EXPERIENCES IN THE PROGRAM:

1. By mid-semester, identify possible preceptors for clinical course(s) to be taken the following semester. Consult as necessary with the Lead Faculty to identify the best preceptor(s) for your learning needs in the clinical course(s) you will be taking the next semester. *Complete the Student Preceptor Placement Request form and submit to the CPC. The CPC will make the first contact with the agency/preceptor to obtain verbal agreement(s) regarding your placement(s).* She can thus prevent multiple students from contacting the same preceptor.
2. Only after you receive clearance from the CPC should you communicate directly with the potential preceptor. If requested by the potential preceptor (or their agency's administrative team), make an appointment for an on-site meeting to provide the preceptor with a preceptor information packet and/or to review your nursing experience background/strengths and individual needs/learning objectives for the coming semester, and to assess whether the site and preceptor can enable you to achieve them. Potential days and times for your weekly clinical experiences can also be negotiated at this time.

Before meeting with a potential preceptor it is helpful to prepare a letter of introduction and to be ready to share with the potential preceptor the following:

- a. The course objectives and your learning objectives for the particular clinical course. A copy of the course syllabi can be most helpful to preceptors.
- b. An updated resume with:
 - c. A summary of your past experience as RN
 - d. Your areas of nursing experience and special competencies

Be prepared to be interviewed; e.g., wear professional attire and be ready to present yourself as a competent nurse and highly motivated and independent learner with the ability to exercise initiative appropriately while being a team player.

3. When the CPC notifies the School of Nursing office of the verbal agreement(s) for your clinical placement(s), a letter of agreement must be signed by both the USD APN Program Director and the preceptor and/or agency administration. A signed letter of

agreement for each clinical placement must be on file prior to start of that clinical semester; otherwise the student cannot legally begin the clinical experience. **No clinical time can be counted toward the required number of clinical hours for the course until the signed written agreement is on file.** If a student plans to spend more than one day with a at his/her clinical site who is not his/her designated preceptor, the student must contact the CPC so that an additional preceptor letter of agreement can be drawn up and signed.

4. For legal reasons, and to assure faculty availability for supervision, clinical days must be scheduled within the dates of the term for which the student is registered for each clinical practicum. Clinical experiences are usually scheduled on a continuing basis throughout the term for which the student is enrolled in each clinical course to allow for maximum opportunity to integrate classroom learning with clinical application. However, there can be some flexibility in special circumstances. If any student has a justifiable need to or to complete the experience within a shorter time frame during the semester, he/she should obtain approval for this from the Program Director.

5. Should the student determine that the assigned preceptor does not have experience in the course topic (i.e., project management) or cannot provide opportunities for experiences in the course topic, the student will notify both the professor and clinical placement coordinator immediately.

SPECIAL GUIDELINES FOR PLANNING YOUR ACNS 638 CAPSTONE PROJECT

The independent practicum courses (ACNS 638 and ACNS 638P) provide the individual student an opportunity to implement and evaluate an evidence-based nursing practice change in a health care agency. The capstone project process is designed to enhance student clinical practice, nursing leadership, and organizational, communication, and project management skills. When the projects are complete, students will write an executive summary report and design and present a poster on campus. Students may also be asked by their preceptors to make a stakeholder presentation at the health care agency.

The adult-Gerontology population is the population of focus for the project. Specific project topics are based upon 1) a gap analysis using data that the health care agency is already collecting (minimum of 6 data collection times before the change), and 2) sufficient evidence being available in the literature and elsewhere for the practice change. New, novel innovations are not tested in evidence-based practice. Hence, the use of the term 'evidence' in evidence-based practice.

In collaboration with the professors and the Clinical Placement Coordinator, select a health care agency and preceptor that are relevant to your career goals and area of interest. Note: this is usually done by the end of the fall semester, second year.

In collaboration with the professors and preceptor, identify an evidence-based practice (EBP) project designed to meet a need or solve a problem within the setting. An *evidence-based* practice project includes the following:

- a) There is internal and external evidence that a problem exists. In addition to published evidence about the problem having relevance to nursing (external evidence), a facility gap analysis (internal evidence) will be written up and submitted to the theory professor.
- b) There is evidence that an appropriate practice change exists. The practice change must have evidence supporting that it has been implemented somewhere before and that it is safe. The student will rate & grade the available evidence supporting the intervention.
- c) A measurement indicator 1) can be identified and 2) has been measured before using systematic data collection within the health care agency.
- d) An evidence-based benchmark will be identified for the indicator. A benchmark ensures that the project is evidence-based and not a research project. National, regional, or state benchmarks are acceptable.

Prior to receiving final approval of the evidence-based practice project, the student will develop a description of the *proposed* EBP project (1-2 pages) in the form of a DRAFT abstract.

Note: All 'organizational' project-related paperwork (i.e., IRB proposals) must be approved by the theory professor prior to submitting to any health care organization.

EXAMPLES OF EVIDENCE-BASED PRACTICE PROJECT TOPICS:

- Evidence-based Computer-Based Training to Enhance RNs' Knowledge of Standardized Emergency Medical Procedures
- An Evidence-based Intensive Care Unit Registered Nurse Educational Program for Delirium Recognition
- The Effects of an Evidence-based Hourly Rounding Program on Staff Satisfaction in the Emergency Department
- Evidence-based Education to Raise Awareness and Knowledge of Health Literacy
- Evaluation of RN Compliance with Peripherally Inserted Central Catheter Care Following an Evidence-based Teaching Intervention
- Evidence-based Congestive Heart Failure Educational Teaching among Seniors

- RN Knowledge & Documentation of Evidence-Based Guidelines in Chemotherapy-Induced Nausea & Vomiting
- Comparison of Two Pain Evidence-based Assessment Methods in Critical Care
- The Effect of an Evidence-based RN Education Program on the Use of the Morse Fall Scale

INFORMATION REGARDING FOUNDATIONAL AND CLINICAL COURSES:

Competency Expectations for Students Entering APNC 520 Pathophysiology: This is a graduate level course. It is expected that all students beginning this course have BSN program-level knowledge concerning normal anatomy and physiology, pathophysiology, and biochemistry. If a student's knowledge-base is rusty in some of these areas, it is recommended that he/she review them prior to the beginning of the course and/or be prepared to do so while the course is in progress.

Competency Expectations for Students Entering APNC 521 APRN Physical Assessment and Diagnosis: This is also an advanced graduate level course that builds upon the foundational knowledge and skills in general assessment of healthy individuals and differentiation of normal versus abnormal findings that are currently taught in BSN programs. If a student did not have these learning experiences or did but has not used this knowledge and these skills for some time (so they are rusty!), he/she should gain them, or review them through self-study or CE programs before the course starts. The faculty can suggest texts, videos, etc. to assist students in this effort.

Clinical Attire: Advanced Practice Nursing Students at the University of San Diego should present themselves in a professional manner when in their clinical learning sites. Access to many of these settings is governed by the *San Diego Nursing Service and Education Consortium* that oversees the placement of all area nursing students in a wide variety of inpatient and outpatient settings throughout our County. The *Consortium* has established the following dress code for students. Students placed in clinical settings not governed by the *Consortium* should adhere to this dress code, unless the site has different guidelines established for its clinicians.

1. Picture identification badge with name that meets the guidelines of AB 1439, which amended Chapter 1 of Division 2 of the Business and Professional Code of the State of California. Some facilities require both student and facility badges, or may allow either student or facility.
2. Business casual dress.

3. Lab coat with the USD School of Nursing logo may be worn depending on the culture of the clinical setting.
4. Clean, low-heeled, leather shoes, with closed toes and closed heels. Clogs must have a closed back. Athletic, all white, leather shoes may be worn. No sandals or flip-flops.
5. Jewelry: Only wedding or simple rings and limited to one per hand. No piercings or jewelry/hardware may be evident other than one small stud earring per ear. No bracelets.
6. Hair color must fall within natural occurring shades, be neat, and if long enough to rest on shoulders it must be secured back. Facial hair must be neatly trimmed.
7. Tattoos must be covered at all times in the clinical, lab & community setting.
8. Fingernails must be trimmed short. Light or clear polish without chips is acceptable. No artificial or acrylic nails or components thereof are permitted.
9. Make up is to be worn in moderation.
10. No perfumes or scented lotions.
11. No low necklines.
12. Undergarments cannot be visible through the uniform. A white tee shirt may be worn underneath the scrub top as long as length does not exceed the elbow.

CA RN Licensure:

All students must hold an active RN license either in California or in another state if their only nursing practice in California is as a nursing student.

BLS Certification: All students are required to hold a minimum of current Basic Life Support (BLS) certification by the American Heart Association and should provide documentation of this, along with verification of current CA RN licensure. Numerous BLS CE opportunities are available in the San Diego region. Any student who does not have current BLS certification must obtain it prior to enrolling in any clinical course.

Malpractice Insurance: All students are covered under USD's Licensed Professional Liability Insurance as long as they are enrolled at USD. Therefore, students do not need to purchase individual insurance to cover their clinical practice in their student role.

PROCESS FOR CLINICAL MENTORING AND EVALUATION OF STUDENTS BY FACULTY:

Overview: Once students enroll in a Clinical Practicum course, they are mentored and evaluated by their Preceptor and a USD Clinical Faculty Instructor who also teaches the weekly seminar required in each practicum. Instructors are experienced s who grade the

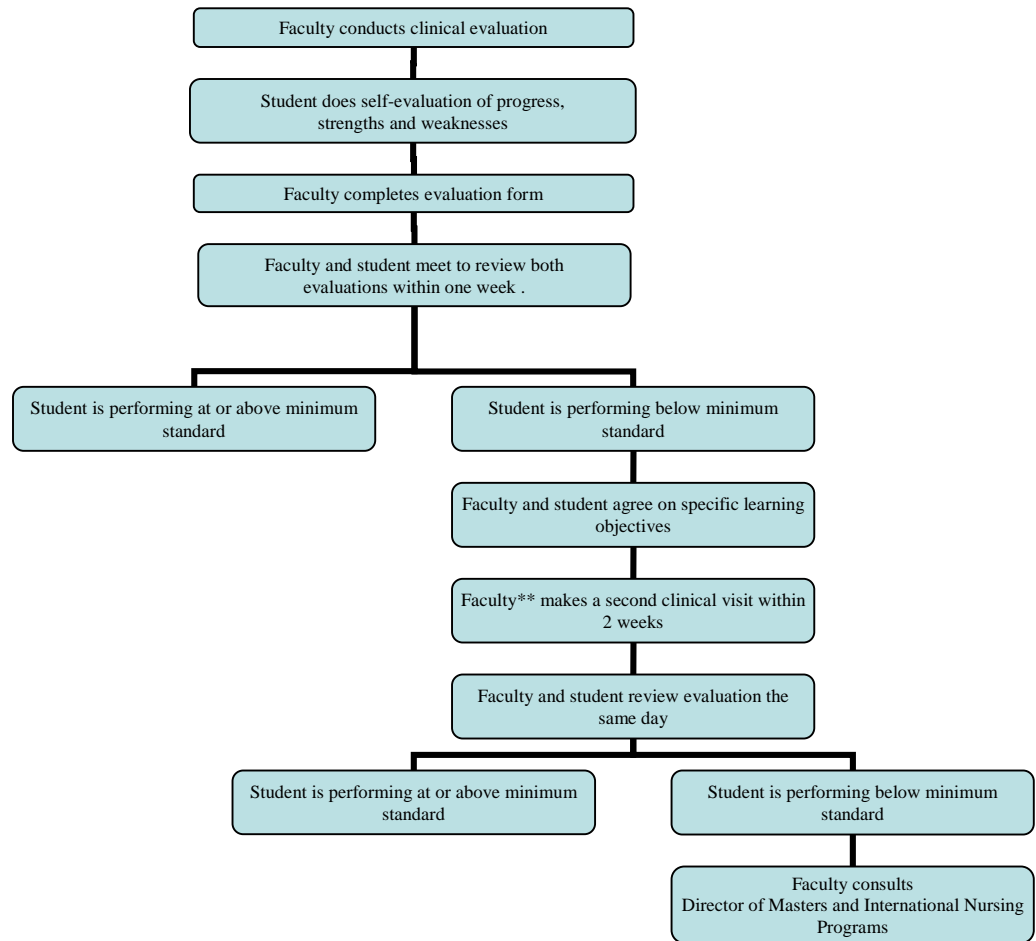
student's written and clinical work; serve as a liaison to the preceptor, and an advocate for the student.

Faculty and Preceptor Evaluation of Student Clinical Performance: Once students enroll in a Clinical Practicum, they are mentored by faculty who maintain contact with students and preceptors throughout the semester to determine whether the student's learning needs are being met in their clinical setting and to monitor the student's clinical progress. Students are evaluated by their preceptor and a USD Faculty member. **The evaluation process is collegial with the recognition by faculty that the student is an adult learner capable of critical self-reflection, open to constructive feedback, and responsible for his or her own learning.** This culminates in a formal clinical evaluation toward the end of the semester (see each Clinical Practicum course syllabus for more details). At the end of each clinical semester, each student's preceptor(s) also completes a written evaluation of his/her performance and progress. The preceptor is asked to review this with the student before sending it to the student's Instructor.

Expectations for clinical performance correlate with the stage of the student's learning, with greater clinical expertise anticipated as the student progresses through the specific sequence of coursework. The Instructor will consult with the student's preceptor and if needed, will arrange a time with the student for an on-site visit to evaluate the student's clinical performance. The student should make sure that the date and time of the visit are agreeable with the preceptor and the preceptor will be available.

Each student is expected to complete a self-evaluation at the end of the semester. The Instructor will sit down with the student to compare the student's self-evaluation so as to reach a common agreement about the strengths and limitations in the student's performance and the appropriate grade. In general, instructors will provide the student with written feedback within one week of their evaluation visit. If students are unsuccessful, they are advised about which aspects need improvement, and may then be re-evaluated after two more weeks of clinical experience. The algorithm below summarizes the process of clinical evaluation for practicum courses.

Algorithm for Clinical Evaluation



**** Upon consultation with Director of Masters and International Nursing Programs, a different faculty member may be selected to evaluate the student on a follow-up visit**

Standardized Patient Examinations: Standardized patients may be used periodically throughout your program of study for teaching and evaluation purposes. These examinations will take place in the S&SPL and will consist of videotaped encounters with several simulated patients. Following the exam each student will receive helpful feedback concerning strengths and areas needing improvement. Some exams will not be graded; others will be factored into the final course grade in order to document that students have achieved a certain level of clinical competence before moving on to the next clinical course.

Documentation of Clinical Experience: You are expected to document your clinical experience and clinical evaluations each semester by keeping a record in your clinical notebook located in the MSN Program office. **Appendix L** contains a checklist of the required information:

1. Student's learning objectives for each clinical course
2. Summary of hours
3. Clinical log narrative
4. Preceptor evaluation
5. Instructor's evaluation
6. Self-evaluation
7. Site evaluation

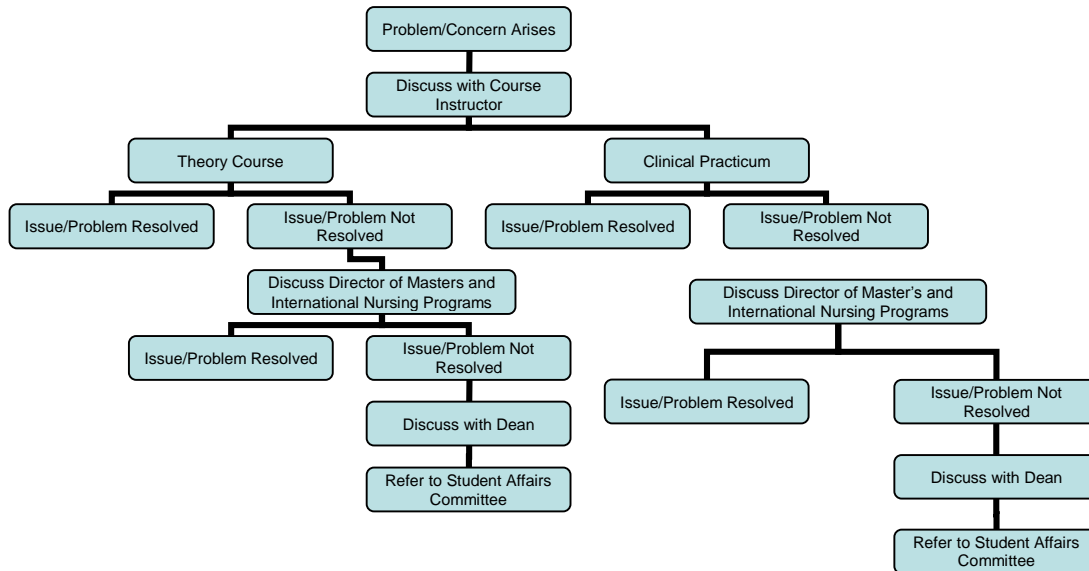
You may wish to keep your own notebook as well, but each student is responsible for submitting objectives and logs electronically to the Clinical Instructor. The required materials will be reviewed by student and Clinical Instructor at the end of the clinical semester for inclusion in his/her notebook that is kept in the Program office. Notebooks should not be removed from the school at any time. These materials should be arranged in the above order and 3-hole punched before insertion in your notebook. Your clinical course grade will not be posted until these materials are filed. At the end of your program, the Program office will inform the BRN and Certification organizations that you are eligible for licensure/certification **if your Clinical Experience Notebook is complete.** If you need to access your notebook, contact Le'Rae Gilliam in the MSN office, HSN 107.

Clinical Logs: Entries are required for each clinical day throughout the program (see Appendix M for the "Clinical Log" form). An orientation to completing clinical log entries will be provided in your first clinical course. You are expected to submit regular reports of your clinical encounters to your clinical instructor(s) and a summary of total hours at the end of the semester. The purpose of noting your clinical experiences is to facilitate your learning and integration of all aspects of the role. Guidelines for recording your clinical experience in **Appendix M** can be used to focus your thinking about what the most important aspects of that day's experience were upon which to reflect in relation to your learning goals. They should be handed in to your clinical instructor for review at least every week throughout the semester.

Preceptor/Site Evaluation: At the end of each clinical semester, every student must fill out a P/S Evaluation Form for each preceptor/site where he/she has had clinical

experience. This completed form should be routed to the Clinical Placement Coordinator. It does not belong in the student's clinical notebook. This feedback provides important information to guide future clinical placement decisions. Students must also evaluate their clinical course and both seminar and clinical instructors. Copies of these evaluation forms are found in **Appendix N**.

HOW TO HANDLE PROBLEMS THAT MAY ARISE RELATED TO THEORY OR CLINICAL COURSEWORK



If a student experiences any problems in fulfilling course requirements during a given semester, he/she should consult the algorithm below to ascertain the most appropriate steps to take and person(s) to communicate with to resolve the issue.

Sequential Process for Dealing with Problems that May Arise in either Your Theory or Clinical Coursework:

ROLES OF VARIOUS FACULTY/STAFF

Director of Masters and International Nursing Programs Dr. Linda Urden: Responsible for overall leadership and coordination of the Program. Available by appointment to all students with questions, concerns, issues that cannot be satisfactorily addressed by CNS course faculty or Clinical Placement Coordinator.

Practicum Instructors: faculty member who coordinates seminar activities, grades written requirements, and provides mentoring and clinical supervision to individual students in a particular clinical course. This faculty member is your primary resource regarding any problems or issues that arise related to your practicum experience.

Clinical Placement Coordinator (CPC) Ernestina Martin: Staff member who maintains the CNS roster of clinical preceptors and sites, works with faculty and students in development of new sites (as needed), and works collaboratively with the faculty and students to plan for and arrange the clinical placement(s) needed for the next semester/term. The CPC works within the parameters for planning clinical placements outlined in this handbook. Any exceptions must be approved by the APN Program Director. Students should respond promptly to any messages from the CPC during the clinical placement process.

Standardized Patient Exams Program Dr. Karen Macauley, Skills Lab and SP Program Director. Responsible for coordination and implementation of lab operations and standardized patient exams throughout the entire curriculum.

STUDENT ORGANIZATIONS

Graduate Nursing Student Association (GNSA)

The purpose of this association is promote interaction among graduate nursing students (master's and doctoral), faculty members, alumni, and the nursing community. The GNSA sponsors activities to enhance professional growth, provide an atmosphere for the exchange of ideas, facilitate collegiality among members and faculty, and assist student members by being a source of information. These objectives are achieved through sponsorship of conferences, speakers, instructional material, local projects, and through officer and committee representation on the various committees within the School of Nursing and the University. All part-time and full-time students are eligible for the offices of co-chairs, secretary and treasurer. School of Nursing faculty, curriculum, student affairs committees, and relevant University committees have student representatives appointed.

Sigma Theta Tau Honor Society (STTI) /Zeta Mu Chapter-At-Large

The purpose of the society is to recognize superior achievement and the development of leadership qualities, to foster high professional standards, to encourage creative work and to strengthen commitment to the ideals and purpose of the profession. A graduate student is eligible for membership upon completion of a certain percentage of their

graduate program, providing the student's GPA is within the acceptable range for membership. Eligibility for graduate students is also dependent on professional involvement and scholarly activity. Students who are already members of another chapter of STTI should consider a dual membership and include the Zeta Mu Chapter-At-Large (#154).

STUDENT REPRESENTATION

Student representatives are elected by the Graduate Nursing Student Association (GNSA) to each of the standing committees of the SON faculty organization except the Faculty Affairs Committee. Students have the opportunity for active participation in the Curriculum, Student Affairs, and Information Systems committees. In addition, GNSA sends representatives to meetings of the faculty organization.

Student input into decisions regarding program philosophy and objectives, clinical facilities, learning experiences, and curriculum, instruction, and evaluation of the program is provided through the Curriculum Committee. Students also have input into admissions, retention, and other non-curricular policies through the Student Affairs Committee. Similarly, the Information Systems Committee addresses student issues and concerns regarding technological services available within the SON.

JOB OPPORTUNITIES, CE PROGRAMS, AND PROFESSIONAL ORGANIZATIONS: Information concerning CE programs and professional organizations is posted on the MSN bulletin board in the student lounge. Students are encouraged to join the National Association of Clinical Nurse Specialists (www.na.org) and the CA organization (ca.org), the state affiliate of NA. One does not have to be a member of NA to join this state affiliate. The majority of state meetings are held in Southern California. Informal networking through faculty is another way to learn about professional developments and potential employment opportunities.

CREDENTIALS AND CERTIFICATION: Except for active duty students in the military, program graduates will need to seek credentials (second license or certification) from the state regulatory board where they currently reside or where they plan to relocate. The CA BRN requires certification in order to hold oneself out as a CNS. National certification as a CNS is not required to apply for the CA BRN certification. Other states may require a national certification from a professional certifying body or students may wish to do this even if not required by the state(s) in which they plan to practice. Each credentialing agency/organization has different criteria; therefore, the study plan and clinical

placement should be established on admission with the student's goals in mind, so that the student does not have to enroll later in extra coursework to meet these criteria.

For graduates planning on practicing in CA, application for national certification is voluntary since national certification is not required for practice as a CNS in California. However, it may be required for practice as a in many other states and to be eligible for direct Medicare reimbursement in all states.

Examples of certifications that may be pursued following graduation are as follows:

American Nurses' Association Certification: The ANCC (American Nurses Credentialing Corporation) requirements for national certification are changing; therefore the student should check with ANCC for up to date information. ANCC exams have been computerized since 1999 and can be taken at designated test sites throughout the country (including San Diego) at any time by appointment.

American Association of Critical Care Nursing Certification: AC-AG[®] is an entry-level advanced practice Consensus Model-based specialty certification launched in 2013 for clinical nurse specialists educated at the graduate level to provide advanced nursing care across the continuum of healthcare services (from wellness through acute care) to meet the specialized needs of the adult-Gerontology patient population (young adults, older adults and the frail elderly). The AC-AG exam is in alignment with requirements of the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education*. (<http://www.aacn.org/wd/certifications/content/ac-ag-landing.pcms?menu=certification>).

Drug Furnishing Privileges: Currently, s are not eligible for furnishing (prescriptive) authority in California, although this may not be the case in other states or for California as the scope of practice is gradually expanding. Students in USD's and NP programs receive equivalent theory content in pharmacology and furnishing/prescribing mandated by the California BRN. CNS graduates may be eligible for prescriptive authority if the scope of practice where they plan to practice matches the preparation provided by the USD program. Students are responsible for obtaining state specific information and any additional preparation required for drug furnishing privileges in other states.

Conferences and Conventions

Students are encouraged to join organizations while students, and renew just before graduating so that the student fee takes you thru the first year as graduates.

2015 California Nursing Students' Association (A)

October 15-18, 2015 - A Convention, Sheraton Fairplex Hotel and Convention Center.
Pomona, California

National Student Nurses Association (NSNA)

November 5-8, 2015 - NSNA Mid-Year Conference, Hyatt Regency Atlanta, Atlanta, GA

Sigma Theta Tau International (STTI)

November 7-11, 2015 - Sigma Theta Tau Odyssey 2014 Conference, Aria Resort and Casino,
Las Vegas, NV

American Assembly for Men in Nursing (AAMN)

40th Annual Conference –September 24-26, 2015 Minneapolis, MN

Association of California Nurse Leaders

38th Annual Conference January 31-February 3, 2016

Westin Mission Hills Resort and Spa, Rancho Mirage, CA

National Black Nurses Association (NBNA)

July 29, August 2, 2015 – 43rd Annual Institute & Conference, Atlanta, GA

Filipino Nurses Association of America (PNAA)

July 22-27, 2015 – National Convention, HI

National Association of Hispanic Nurses (SDNAHN)

Jul 7-10, 2015, 40th Annual Conference Hyatt Regency, Orange County, CA

American Organization of Nurse Executives (AONE)

March 30-April 2, 2016 – Annual Meeting and Exposition, Fort Worth, TX

American Nurses Association (ANA)

March 9-11, 2016 – ANA Quality Conference, Disney's Coronado Springs Resort, Lake
Buena Vista, FL

Clinical Nurse Leader Association (CNLA)

February 25-27, 2016 - Master's Education Conference, Royal Sonesta Houston, Houston, TX

PROGRAM EVALUATION

The evaluation process for the Program includes obtaining input regarding the program curriculum, faculty, clinical agencies and students. This process assists the School of

Nursing to: 1) keep its programs focused on the health trends in society, with curricula that address the major health problems of the population, 2) assess faculty strengths, 3) monitor the students' progression through the program, and 4) identify areas where program improvement is needed.

Internal Review

Students: Students' performance is evaluated in each course as they progress through the program. The evaluation covers theoretical learning as well as the application of clinical knowledge and the demonstration of clinical skills. Both clinical faculty and preceptors evaluate each student in each succeeding semester of enrollment in a clinical course. Performance expectations increase with each successive clinical management semester. See Appendix K for a copy of the Program Clinical Evaluation Form and grading criteria. These evaluations are maintained in each student's file. Acceptable progress in clinical performance must be demonstrated throughout the program in order to graduate. Refer to the Graduate Bulletin for School of Nursing grading policy regarding the minimum overall GPA that must be maintained. A grade of B- or better must be achieved in APNC 521 and in each Clinical Practicum in order to progress to the next clinical management course. Specific methods of evaluation for each course are noted in each course syllabus.

Course/Faculty/Clinical Setting: At the end of each semester, students are asked to evaluate each course, the classroom and/or clinical faculty who taught it, and their preceptors and clinical placements. This is another part of program evaluation that is ongoing in the School of Nursing. The data are reviewed and changes are made when they are feasible and will strengthen the course/program. See **Appendix O** for samples of these evaluation tools.

Alumnae: Within 12 months of graduation, Program alumnae will receive a questionnaire requesting information concerning their initial position after graduation and certification status. This provides essential information regarding program outcomes for evaluation of our Program and for the purposes of responding to national education surveys and seeking federal or state funding for program development. **It is crucial that each alumnus complete and return this questionnaire so that our recent alumnae database is complete.**

External Review

Accrediting Bodies: While the California BRN does not conduct periodic formal evaluation of our Program, the program is recognized as an approved program

(<http://www.rn.ca.gov/schools/apprograms.shtml>). The Program is included in periodic CCNE review of the MSN program as a whole. In Spring 2010, CCNE granted full accreditation to the Hahn School of Nursing and Health Science's Masters Programs for the maximum period of 10 years (through June 2020).

CERTIFICATION

Graduates of our program are strongly encouraged to sit for national certification. Graduates are encouraged to take a review course prior to taking the exam and to take it soon after graduation. ANCC offers an online review course: <http://blue.isoph.com/ancc/>. Access to [ACNS-AG-CNS Certification Review Course Online](#) and [ACNS-AG-CNS Practice Exam Questions](#) is free.

OVERVIEW OF FINANCIAL ASSISTANCE AVAILABLE TO CLINICAL NURSE SPECIALIST STUDENTS:

Many forms of financial aid exist for college students. We will provide you with information unique to nursing students. These include sources from within the University of San Diego and those provided by various private and public agencies. We encourage you to explore any all options with Cathleen Mumper, Director of Student Services (cmm@sandiego.edu or 619-260-4556).

Appendices

Table 1: Adult-Gerontology CNS Competencies

<p>A. Direct Care Competency: <i>Direct interaction with patients, families, and groups of patients to promote health or well-being and improve quality of life. Characterized by a holistic perspective in the advanced nursing management of health, illness, and disease states. The patient population of the adult-gerontology CNS practice includes young adults (including late adolescents and emancipated minors), adults, and older adults (including the young-old, frail and old-old adults), in all contexts of care.</i></p>			
<p>National CNS Competency Task Force Core Competencies* 10.31.08</p>	<p>CNS Adult-Gerontology Population-Focused Competencies 02.05.10</p>		
<p>Behavioral Statement</p> <p>A.1 Conducts comprehensive, holistic wellness and illness assessments using known or innovative evidence-based techniques, tools, and direct and indirect methods.</p> <p>A.2 Obtains data about context and etiologies (including both non-disease and disease-related factors) necessary to formulate differential diagnoses and plans of care, and to identify and evaluate of outcomes.</p> <p>A.3 Employs evidence-based clinical practice guidelines to guide screening and diagnosis.</p> <p>A.4 Assesses the effects of interactions among the individual, family, community, and social systems on health and illness.</p>	<p>Behavioral Statement</p> <p>1. Conducts a comprehensive, holistic assessment of individuals including those who are non-verbal, developmentally, functionally, and/or cognitively impaired.</p> <p>2. Assesses physiological and functional changes associated with aging and development across the adult continuum.</p> <p>3. Assesses age-specific and genetic risk factors.</p> <p>4. Assesses the interaction between acute and chronic physical and mental health problems.</p> <p>5. Recognizes the presence of co-morbidities and psychosocial issues that may impact optimal level of health.</p> <p>6. Uses reliable and valid age-appropriate</p>	<p>Sphere</p> <p>Patient</p> <p>Patient</p> <p>Patient</p> <p>Patient</p> <p>Patient</p> <p>Patient</p>	<p>Synergies</p> <p>Clinical Judgment</p> <p>Clinical Judgment</p> <p>Clinical Judgment</p> <p>Clinical Judgment</p> <p>Clinical Judgment</p> <p>Clinical Judgment</p>

* The National CNS Core Competencies (2008) are included here as a resource to students and faculty and to facilitate the development of the Adult-Gerontology CNS program curriculum.

<p><i>advanced nursing therapies, to meet the multifaceted needs of complex patients and groups of patients.</i></p> <p><i>A.11 Develops evidence-based clinical interventions and systems to achieve defined patient and system outcomes.</i></p> <p><i>A.12 Uses advanced communication skills within therapeutic relationships to improve patient outcomes.</i></p> <p><i>A.13 Prescribes nursing therapeutics, pharmacologic and non-pharmacologic interventions, diagnostic measures, equipment, procedures, and treatments to meet the needs of patients, families and groups, in accordance with professional preparation, institutional privileges, state and federal laws and practice acts.</i></p> <p><i>A.14 Provides direct care to selected patients based on the needs of the patient and the CNS's specialty knowledge and skills</i></p> <p><i>A.15 Assists staff in the development of innovative, cost effective programs or protocols of care</i></p> <p><i>A.16 Evaluates nursing practice that considers Safety, Timeliness, Effectiveness, Efficiency, Efficacy and Patient-centered care.</i></p> <p><i>A.17 Determines when evidence based guidelines, policies, procedures and plans of care need to be tailored to the</i></p>	<p>13. Determines diagnoses in the complex patient and takes into consideration:</p> <ul style="list-style-type: none"> a. Physiologic and pathophysiologic changes b. Morbidities and co-morbidities c. Events across the life span d. Patient's pharmacologic history <p>14. Manages or appropriately refers the patient with signs and symptoms of physical and mental health disorders across the adult lifespan, including geriatric syndromes.</p> <p>15. Intervenes to prevent or minimize iatrogenesis.</p> <p>16. Intervenes to facilitate transitions of care with emphasis on quality, safety, and risk avoidance.</p> <p>17. Designs a comprehensive, individualized, age- and disease- appropriate plan for health promotion.</p> <p>18. Develops age specific, individualized treatment plans and interventions with consideration of cognitive status, sensory function, perception, and the environment.</p>	<p><i>Patient</i></p> <p><i>Patient and System</i></p> <p><i>Patient</i></p> <p><i>Patient, System, and Nurse</i></p> <p><i>Patient, System, and Nurse</i></p> <p><i>Patient</i></p>	<p><i>Clinical judgment</i></p> <p><i>Clinical judgment</i></p> <p><i>Clinical judgment</i></p> <p><i>Advocacy and moral agency, Systems thinking, Clinical judgment, Caring practice</i></p> <p><i>Systems thinking, Clinical judgment, Caring practice</i></p> <p><i>Clinical judgment, Caring practice</i></p>
---	--	--	---

<p><i>individual.</i></p> <p><i>A.18 Differentiates between outcomes that require care process modification at the individual patient level and those that require modification at the system level.</i></p> <p><i>A.19 Leads development of evidence-based plans for meeting individual, family, community, and population needs.</i></p> <p><i>A. 20 Provides leadership for collaborative, evidence-based revision of diagnoses and plans of care, to improve patient outcomes</i></p>	<p>19. Uses behavioral, communication, and environmental-modification strategies with individuals who have cognitive and psychiatric impairments.</p> <p>20. Coordinates care with other healthcare providers and community resources, with special attention to the needs of the non-verbal, developmentally and cognitively impaired patient and frail older adult.</p> <p>21. Manages patient's transitions of care in collaboration with the individual, family, caregivers and interdisciplinary team members, including:</p> <ol style="list-style-type: none"> a. analyzing the readiness of the patient and family to transition b. determining appropriate level and/or setting of care c. coordinating implementation of transition 	<p><i>Patient and System</i></p> <p><i>Patient and System</i></p> <p><i>Patient, System, and Nurse</i></p>	<p><i>Clinical judgment, Caring practice, Advocacy and moral agency</i></p> <p><i>Clinical judgment, Collaboration, Caring practice</i></p> <p><i>Collaboration, Advocacy and moral agency</i></p>
<p><i>B. Consultation Competency: Patient, staff, or system-focused interaction between professionals in which the consultant is recognized as having specialized expertise and assists the consultee with problem solving. The patient population of the adult-gerontology CNS practice includes young adults (including late adolescents and emancipated minors), adults, and older adults (including the young-old, frail and old-old adults), in all contexts of care.</i></p>			
<p>National CNS Competency Task Force Core Competencies 10.31.08</p> <p>Behavioral Statement</p>	<p>CNS Adult-Gerontology Population-Focused Competencies 02.05.10</p> <p>Behavioral Statement</p>		
			<p>Sphere</p> <p>Synergies</p>

<p><i>B.1 Provides consultation to staff nurses, medical staff and interdisciplinary colleagues</i></p> <p><i>B.2 Initiates consultation to obtain resources as necessary to facilitate progress toward achieving identified outcomes.</i></p> <p><i>B.3 Communicates consultation findings to appropriate parties consistent with professional and institutional standards.</i></p> <p><i>B.4 Analyzes data from consultations to implement practice improvements.</i></p>	<ol style="list-style-type: none"> 1. Assists healthcare team members to integrate the needs, preferences, and strengths of the patient into the healthcare plan in order to optimize health outcomes. 2. Provides consultation to the interdisciplinary team regarding the patient's mental status, home environment, mobility, functional status, self-care, and caregiver's abilities. 	<p>Nursing and System</p> <p>Nursing and System</p>	<p>Collaboration, Advocacy and moral agency, Caring practice</p> <p>Collaboration, Systems thinking</p>
<p>C: Systems Leadership Competency: <i>The ability to manage change and empower others to influence clinical practice and political processes both within and across systems. The patient population of the adult-gerontology CNS practice includes young adults (including late adolescents and emancipated minors), adults, and older adults (including the young-old, frail and old-old adults), in all contexts of care.</i></p>			
<p>National CNS Competency Task Force Core Competencies 10.31.08</p>	<p>CNS Adult-Gerontology Population-Focused Competencies 02.05.10</p>		
<p>Behavioral Statement</p> <p><i>C.1 Facilitates the provision of clinically competent care by staff/team through education, role modeling, teambuilding, and quality monitoring.</i></p> <p><i>C.2 Performs system level assessments to identify variables that influence nursing practice and outcomes, including but not limited to:</i></p> <p><i>C.2.a. Population variables (age</i></p>	<p>Behavioral Statement</p> <ol style="list-style-type: none"> 1. Integrates information technology into systems of care to enhance safety and monitor health outcomes. 2. Creates therapeutic health-promoting, aging-friendly environments. 3. Promotes healthcare policy and system changes that facilitate access to care and 		
<p>Synergies</p> <p>Systems thinking</p> <p>Clinical judgment, Systems thinking, Caring practice</p> <p>Advocacy and moral agency, System thinking</p>		<p>Sphere</p> <p>System</p> <p>System</p> <p>System</p>	

<p><i>distribution, health status, income distribution, culture)</i></p> <p><i>C.2.b.Environment (schools, community support services, housing availability, employment opportunities)</i></p> <p><i>C.2.c.System of health care delivery</i></p> <p><i>C.2.d.Regulatory requirements</i></p> <p><i>C.2.e.Internal and external political influences/stability</i></p> <p><i>C.2.f.Health care financing</i></p> <p><i>C.2.g.Recurring practices that enhance or compromise patient or system outcomes.</i></p> <p><i>C.3 Determines nursing practice and system interventions that will promote patient, family and community safety.</i></p> <p><i>C.4 Uses effective strategies for changing clinician and team behavior to encourage adoption of evidence-based practices and innovations in care delivery.</i></p> <p><i>C.5 Provides leadership in maintaining a supportive and healthy work environment.</i></p> <p><i>C.6 Provides leadership in promoting interdisciplinary collaboration to implement outcome-focused patient care programs meeting the clinical needs of patients, families, populations and communities.</i></p> <p><i>C.7 Develops age-specific clinical standards, policies and procedures.</i></p>	<p>address biases (e.g. socioeconomic, ethnic, ageism, sexism, cultural, mental health stigma) *also applicable to G7 in the core</p> <p>4. Provides leadership to address threats to healthcare safety and quality in the adult-older adult population.</p> <p>5. Participates in development, implementation, and evaluation of clinical practice guidelines that address patient needs across the adult age spectrum.</p> <p>6. Advocates for access to hospice and palliative care services for patients across the adult age spectrum.</p> <p>7. Promotes system-wide policies and protocols that address cultural, ethnic, spiritual, and intergenerational/age differences among patients, healthcare providers, and caregivers.</p> <p>8. Implements system level changes based on analysis and evaluation of age-specific outcomes of care.</p>	<p><i>System</i></p> <p><i>System</i></p> <p><i>System</i></p> <p><i>Nursing and System</i></p> <p><i>System</i></p>	<p><i>Advocacy and moral agency, Systems thinking</i></p> <p><i>Systems thinking, Collaboration, Clinical judgment</i></p> <p><i>Systems thinking Advocacy and moral agency</i></p> <p><i>Systems thinking, Advocacy and moral agency, Response to diversity</i></p> <p><i>Systems thinking</i></p>
---	---	--	---

<p><i>C.8 Uses leadership, team building, negotiation, and conflict resolution skills to build partnerships within and across systems, including communities.</i></p> <p><i>C.9 Coordinates the care of patients with use of system and community resources to assure successful health/illness/wellness transitions, enhance delivery of care, and achieve optimal patient outcomes.</i></p> <p><i>C.10 Considers fiscal and budgetary implications in decision making regarding practice and system modifications.</i></p> <p><i>C.10.a. Evaluates use of products and services for appropriateness and cost/benefit in meeting care needs</i></p> <p><i>C.10.b. Conducts cost/benefit analysis of new clinical technologies</i></p> <p><i>C.10.c. Evaluates impact of introduction or withdrawal of products, services, and technologies</i></p> <p><i>C.11 Leads system change to improve health outcomes through evidence based practice:</i></p> <p><i>C.11.a. Specifies expected clinical and system level outcomes.</i></p> <p><i>C.11.b. Designs programs to improve clinical and system level processes and outcomes.</i></p> <p><i>C.11.c. Facilitates the adoption of</i></p>			
---	--	--	--

<p><i>practice change</i></p> <p>C.12 Evaluates impact of CNS and other nursing practice on systems of care using nurse-sensitive outcomes</p> <p>C.13 Disseminates outcomes of system-level change internally and externally</p>		
<p>D. Collaboration Competency: Working jointly with others to optimize clinical outcomes. The CNS collaborates at an advanced level by committing to authentic engagement and constructive patient, family, system, and population-focused problem-solving. The patient population of the adult-gerontology CNS practice includes young adults (including late adolescents and emancipated minors), adults, and older adults (including the young-old, frail and old-old adults), in all contexts of care.</p>		
<p>National CNS Competency Task Force Core Competencies 10.31.08</p> <p>Behavioral Statement</p> <p>D.1 Assesses the quality and effectiveness of interdisciplinary, intra-agency, and inter-agency communication and collaboration.</p> <p>D.2 Establishes collaborative relationships within and across departments that promote patient safety, culturally competent care, and clinical excellence</p> <p>D.3 Provides leadership for establishing, improving, and sustaining collaborative relationships to meet clinical needs.</p> <p>D.4 Practices collegially with medical staff and other members of the healthcare team so that all providers' unique contributions to health outcomes will be enhanced.</p>	<p>CNS Adult-Gerontology Population-Focused Competencies 02.05.10</p> <p>Behavioral Statement</p> <p>1. Coordinates formal and informal education for healthcare providers to improve adult-older adult healthcare outcomes.</p> <p>2. Leads collaborative efforts of the healthcare team in focusing on individuals and systems issues that impact the adult-older adult patient.</p>	
<p>Behavioral Statement</p> <p>D.1 Assesses the quality and effectiveness of interdisciplinary, intra-agency, and inter-agency communication and collaboration.</p> <p>D.2 Establishes collaborative relationships within and across departments that promote patient safety, culturally competent care, and clinical excellence</p> <p>D.3 Provides leadership for establishing, improving, and sustaining collaborative relationships to meet clinical needs.</p> <p>D.4 Practices collegially with medical staff and other members of the healthcare team so that all providers' unique contributions to health outcomes will be enhanced.</p>	<p>Sphere</p> <p>System</p> <p>System and Nursing</p>	<p>Synergies</p> <p>Facilitation of learning</p> <p>Collaboration</p>

<i>D.5 Facilitates intra-agency and inter-agency communication.</i>			
E. Coaching Competency: Skillful guidance and teaching to advance the care of patients, families, groups of patients, and the profession of nursing. The patient population of the adult-gerontology CNS practice includes young adults (including late adolescents and emancipated minors), adults, and older adults (including the young-old, frail and old-old adults), in all contexts of care.			
National CNS Competency Task Force Core Competencies 10.31.08	CNS Adult-Gerontology Population-Focused Competencies 02.05.10		
Behavioral Statement	Behavioral Statement	Sphere	Synergies
<p><i>E.1 Coaches patients and families to help them navigate the healthcare system.</i></p> <p><i>E.2 Designs health information and patient education appropriate to the patient's developmental level, health literacy level, learning needs, readiness to learn, and cultural values and beliefs.</i></p> <p><i>E.3 Provides education to individuals, families, groups and communities to promote knowledge, understanding and optimal functioning across the wellness-illness continuum.</i></p> <p><i>E.4 participates in pre-professional, graduate and continuing education of nurses and other health care providers:</i></p> <p><i>E.4.a. Completes a needs assessment as appropriate to guide interventions with staff;</i></p> <p><i>E.4.b. Promotes professional development of staff nurses and</i></p>	<p>1. Advises patients, families and caregivers on how to address sensitive issues such as sexually transmitted diseases, suicide prevention, substance use, driving, independent living, potential for abuse, end-of-life concerns, advance care planning, and finances.</p> <p>2. Facilitates decision-making regarding treatment options with the patient, family, caregivers and/or healthcare proxy.</p> <p>3. Modifies health information, patient education programs, and interventions for patients with sensory, perceptual, cognitive, and physical and mental illness limitations.</p> <p>4. Facilitates access to and use of information and care technology based on assessment of the ability and preferences of patients across the adult age spectrum.</p>	<p>Patient</p> <p>Patient</p> <p>Patient</p> <p>Patient</p>	<p><i>Clinical judgment, Advocacy and moral agency</i></p> <p><i>Facilitation of learning</i></p> <p><i>Clinical judgment, Facilitation of learning, Caring practice</i></p> <p><i>Clinical judgment, Facilitation of learning, Caring practice, Advocacy and moral agency</i></p> <p><i>Facilitation of learning</i></p>

<p><i>continuing education activities;</i> <i>E.4.c. Implements staff development and continuing education activities;</i> <i>E.4.d. Mentors nurses to translate research into practice.</i></p> <p><i>E.5. Contributes to the advancement of the profession as a whole by disseminating outcomes of CNS practice through presentations and publications.</i> <i>E.6. Mentors staff nurses, graduate students and others to acquire new knowledge and skills and develop their careers.</i> <i>E.7. Mentors health professionals in applying the principles of evidence-based care.</i> <i>E.8. Uses coaching and advanced communication skills to facilitate the development of effective clinical teams.</i> <i>E.9. Provides leadership in conflict management and negotiation to address problems in the healthcare system.</i></p>	<p>5. Designs educational programs that enhance the knowledge of older adults, families, and caregivers regarding normal changes of aging, myths and stereotypes of aging, and health promotion and prevention activities for older adults.</p> <p>6. Provides education to patients, families, caregivers, and the community including but not limited to the following topics:</p> <ol style="list-style-type: none"> a. health promotion b. high risk behaviors and their impact on health c. the interaction between physical and mental health <p>7. Provides programs for the development of healthcare providers, students, and caregivers that incorporate age specific cultural competence and skills.</p> <p>8. Articulates the role and significance of the CNS in improving healthcare outcomes for adults-older adults to other healthcare providers and the public.</p> <p>9. Mentors healthcare providers, students, and others to develop expertise in the care of the vulnerable adult including the frail elderly patient.</p>	<p><i>System and Patient</i></p> <p><i>System and Patient</i></p> <p><i>System and Nursing</i></p> <p><i>System</i></p> <p><i>System and Nursing</i></p>	<p><i>Facilitation of learning, Advocacy and moral agency</i></p> <p><i>Facilitation of learning</i></p> <p><i>Facilitation of learning</i></p> <p><i>Systems thinking</i></p> <p><i>Facilitation of learning</i></p>
---	---	--	---

	<p>F. Research Competency: <i>The work of thorough and systematic inquiry. Includes the search for, interpretation, and use of evidence in clinical practice and quality improvement, as well as active participation in the conduct of research as it relates to the adult/older adult population. The patient population of the adult-gerontology CNS practice includes young adults (including late adolescents and emancipated minors), adults, and older adults (including the young-old, frail and old-old adults), in all contexts of care.</i></p>				
<p>National CNS Competency Task Force Core Competencies 10.31.08</p> <p>Behavioral Statement</p> <p>I. Interpretation, Translation and Use of Evidence</p> <p>F.I. 1. Analyzes research findings and other evidence for their potential application to clinical practice</p> <p>F.I.2. Integrates evidence into the health, illness, and wellness management of patients, families, communities and groups.</p> <p>F.I.3 Applies principles of evidence-based practice and quality improvement to all patient care.</p> <p>F.I.4. Assesses system barriers and facilitators to adoption of evidence-based practices.</p> <p>F.I.5 Designs programs for effective implementation of research findings and other evidence in clinical practice</p> <p>F.I.6 Cultivates a climate of clinical inquiry across spheres of influence: F.I.6.a. Evaluates the need for</p>	<p>CNS Adult-Gerontology Population-Focused Competencies 02.05.10</p> <p>Behavioral Statement</p> <p>1. Facilitates the incorporation of evidence-based practices, products, and technology that are specific to adult-older adult populations, into clinical practice and policies.</p>	<p>Sphere</p> <p>System</p>	<p>Synergies</p> <p>Systems thinking, Collaboration</p>		

<p>improvement or redesign of care delivery processes to improve safety, efficiency, reliability, and quality. F.I.6.b. Disseminates expert knowledge.</p>			
<p>II. Evaluation of Clinical Practice</p>			
<p>F.II.1 Fosters an interdisciplinary approach to quality improvement, evidence-based practice, research, and translation of research into practice F.II.2 Participates in establishing quality improvement agenda for unit, department, program, system, or population F.II.3 Provides leadership in planning data collection and quality monitoring F.II.4 Uses quality monitoring data to assess the quality and effectiveness of clinical programs in meeting outcomes. F.II.5 Develops quality improvement initiatives based on assessments. F.II.6 Provides leadership in the design, implementation and evaluation of process improvement initiatives. F.II.7 Provides leadership in the system-wide implementation of quality improvements and innovations.</p>	<p>1. Provides leadership in identifying gaps in data and analyses specific to age-related outcomes of care. 2. Facilitates the incorporation of evidence related to adults-older adults when formulating and reviewing age-specific policies, procedures, and protocols. 3. Evaluates innovative approaches to delivering care to the adult-older adult populations</p>	<p>System System System</p>	<p>Systems thinking, Clinical inquiry Systems thinking Systems thinking, Collaboration Clinical inquiry</p>
<p>III. Conduct of Research</p>			
<p>F.III.1 Participates in conduct and implementation of research which includes one or more of the following: F. III 1 a. Identification of questions for clinical inquiry</p>	<p>1. Identifies areas of inquiry relevant to the adult-older adult population. 2. Advocates the use of data collection tools and consents that are understandable and</p>	<p>System System</p>	<p>Advocacy and moral agency System thinking</p>

<p>F. III 1 b. Conduct of literature reviews</p> <p>F. III 1 c Study design and implementation</p> <p>F III 1 d Data collection</p> <p>F III 1 e Data analysis</p> <p>F III 1 f. Dissemination of findings</p>	<p>appropriate for adult-older adult populations.</p> <p>3. Applies ethical principles in safeguarding the confidentiality, dignity, and safety of all adult-older adult research participants, including the vulnerable and those with impaired decision-making capacity.</p>	<p>Patient, System</p>	<p>Advocacy and moral agency</p>
<p>G. Ethical decision-making, moral agency and advocacy: Identifying, articulating, and taking action on ethical concerns at the patient, family, health care provider, system, community, and public policy levels. The patient population of the adult-gerontology CNS practice includes young adults (including late adolescents and emancipated minors), adults, and older adults (including the young-old, frail and old-old adults), in all contexts of care.</p>			
<p>National CNS Competency Task Force Core Competencies 10.31.08</p> <p>Behavioral Statement</p> <p>G.1 Engages in a formal self-evaluation process, seeking feedback regarding own practice, from patients, peers, professional colleagues and others</p> <p>G.2 Fosters professional accountability in self or others.</p> <p>G.3 Facilitates resolution of ethical conflicts:</p> <p>G.3.a. Identifies ethical implications of complex care situations</p> <p>G.3.b. Considers the impact of scientific advances, cost, clinical effectiveness, patient and family values and preferences, and other</p>	<p>CNS Adult-Gerontology Population-Focused Competencies 02.05.10</p> <p>Behavioral Statement</p> <p>1. Balances patient and family preferences, threats to patient safety, and risk/benefit analysis of interventions such as fall prevention, pain management, and treatment choices.</p>	<p>Sphere</p> <p>Patient, System</p>	<p>Synergies</p> <p>Clinical judgment, Collaboration</p>

Appendix A (cont.)

NATIONAL ASSOCIATION OF CLINICAL NURSE SPECIALISTS
Organizing Framework and Core Competencies
(Revised 2010)

A. Direct Care Competency: Direct interaction with patients, families, and groups of patients to promote health or well-being and improve quality of life. Characterized by a holistic perspective in the advanced nursing management of health, illness, and disease states.		
Behavioral Statement	Sphere of Influence	Nurse Characteristics
A.1 Conducts comprehensive, holistic wellness and illness assessments using known or innovative evidence-based techniques, tools, and direct and indirect methods.	Patient	Clinical Judgment
A.2 Obtains data about context and etiologies (including both non-disease and disease-related factors) necessary to formulate differential diagnoses and plans of care, and to identify and evaluate of outcomes.	Patient	
A.3 Employs evidence-based clinical practice guidelines to guide screening and diagnosis.	Patient & System	
A.4 Assesses the effects of interactions among the individual, family, community, and social systems on health and illness.	Patient	
A.5 Identifies potential risks to patient safety, autonomy and quality of care based on assessments across the patient, nurse and system spheres of influence.	Patient, Nurse & System	
A.6 Assesses the impact of environmental/system factors on care.	Patient & System	
A.7 Synthesizes assessment data, advanced knowledge, and experience, using critical thinking and clinical judgment to formulate differential diagnoses for clinical problems amenable to intervention.	Patient & System	
A.8 Prioritizes differential diagnoses to reflect those conditions most relevant to signs, symptoms and patterns amenable to interventions.	Patient	

A.9 Selects interventions that may include, but are not limited to: A.9.a.Application of advanced nursing therapies A.9.b.Initiation of interdisciplinary team meetings, consultations and other communications to benefit patient care A.9.c Management of patient medications, clinical procedures and other interventions A.9.d Psychosocial support including patient counseling and spiritual interventions	Patient	
--	---------	--

B. Consultation Competency: Patient, staff, or system-focused interaction between professionals in which the consultant is recognized as having specialized expertise and assists consult tee with problem solving.

Behavioral Statement	Sphere of Influence	Nurse Characteristics
B.1 Provides consultation to staff nurses, medical staff and interdisciplinary colleagues	Patient, Nurse & System	Clinical Judgment
B.2 Initiates consultation to obtain resources as necessary to facilitate progress toward achieving identified outcomes.	Patient	
B.3 Communicates consultation findings to appropriate parties consistent with professional and institutional standards.	Patient	Collaboration
B.4 Analyzes data from consultations to implement practice improvements.	Nurse & System	Facilitation of Learning

C. Systems Leadership Competency: The ability to manage change and empower others to influence clinical practice and political processes both within and across systems.

Behavioral Statement	Sphere of Influence	Nurse Characteristics
C. 1 Facilitates the provision of clinically competent care by staff/team through education, role modeling, teambuilding, and quality monitoring. Nurse & System		
C.2 Performs system level assessments to identify variables that influence nursing practice and outcomes, including but not limited to:	System	Systems Thinking
C.2.a.Population variables (age distribution, health status, income distribution, culture)	Patient & System	Response to Diversity
C.2.b.Environment (schools, community support services, housing availability, employment opportunities)	Patient & System	Systems Thinking

C.2.c.System of health care delivery	Patient & System	
C.2.d.Regulatory requirements	System	
C.2.e.Internal and external political influences/stability	System	
C.2.f.Health care financing	System	
C.2.g.Recurring practices that enhance or compromise patient or system outcomes.	Patient, Nurse, & System	
C.3 Determines nursing practice and system interventions that will promote patient, family and community safety.	Nurse & System	
C.4 Uses effective strategies for changing clinician and team behavior to encourage adoption of evidence-based practices and innovations in care delivery.	Nurse & System	
C.5 Provides leadership in maintaining a supportive and healthy work environment.	System	
C.6 Provides leadership in promoting interdisciplinary collaboration to implement outcome-focused patient care programs meeting the clinical needs of patients, families, populations and communities.	Patient & System	Collaboration
C.7 Develops age-specific clinical standards, policies and procedures.	System	Collaboration & Response to Diversity
C.8 Uses leadership, team building, negotiation, and conflict resolution skills to build partnerships within and across systems, including communities.	System	Collaboration
C.9 Coordinates the care of patients with use of system and community resources to assure successful health/illness/wellness transitions, enhance delivery of care, and achieve optimal patient outcomes.	Patient & System	
D. Collaboration Competency: Working jointly with others to optimize clinical outcomes. The collaborates at an advanced level by committing to authentic engagement and constructive patient, family, system, and population-focused problem-solving		
Behavioral Statement	Sphere of Influence	Nurse Characteristics

D.1 Assesses the quality and effectiveness of interdisciplinary, intra-agency, and inter-agency communication and collaboration.	Nurse, System	Clinical Inquiry & Collaboration
D.2 Establishes collaborative relationships within and across departments that promote patient safety, culturally competent care, and clinical excellence	System	Collaboration & Response to Diversity
D.3 Provides leadership for establishing, improving, and sustaining collaborative relationships to meet clinical needs.	Nurse, System	
D.4 Practices collegially with medical staff and other members of the healthcare team so that all providers' unique contributions to health outcomes will be enhanced.	Nurse, System	
D.5 Facilitates intra-agency and inter-agency communication.	Nurse, System	
E. Coaching Competency: Skillful guidance and teaching to advance the care of patients, families, groups of patients, and the profession of nursing.		
Behavioral Statement	Sphere of Influence	Nurse Characteristics
E.1 Coaches patients and families to help them navigate the healthcare system.	Patient Sphere	Advocacy & Moral Agency
E.2 Designs health information and patient education appropriate to the patient's developmental level, health literacy level, learning needs, readiness to learn, and cultural values and beliefs.	Patient Sphere	Facilitation of Learning & Response to Diversity
E.3 Provides education to individuals, families, groups and communities to promote knowledge, understanding and optimal functioning across the wellness-illness continuum.	Patient Sphere	
E.4 participates in pre-professional, graduate and continuing education of nurses and other health care providers:	Nurse	
E.4.a. Completes a needs assessment as appropriate to guide interventions with staff;	Nurse	
E.4.b. Promotes professional development of staff nurses and continuing education activities;	Nurse	
E.4.c. Implements staff development and continuing education activities;	Nurse	
E.4.d. Mentors nurses to translate research into practice.	Nurse	

E.5 Contributes to the advancement of the profession as a whole by disseminating outcomes of practice through presentations and publications.	Nurse	Facilitator of Learning & Clinical Inquiry
E.6 Mentors staff nurses, graduate students and others to acquire new knowledge and skills and develop their careers.	Nurse	Facilitator of Learning
E.7 Mentors health professionals in applying the principles of evidence-based care.	Nurse & System	
E.8 Uses coaching and advanced communication skills to facilitate the development of effective clinical teams.	Nurse & System	Advocacy & Moral Agency
E.9 Provides leadership in conflict management and negotiation to address problems in the healthcare system.	Patient, Nurse & System	Collaboration
F. Research Competency: The work of thorough and systematic inquiry. Includes the search for, interpretation, and use of evidence in clinical practice and quality improvement, as well as active participation in the conduct of research.		
I. Interpretation, Translation and Use of Evidence		
Behavioral Statement	Sphere of Influence	Nurse Characteristics
F.I.1 Analyzes research findings and other evidence for their potential application to clinical practice	Patient, Nurse, & System	Clinical Inquiry
F.I.2 Integrates evidence into the health, illness, and wellness management of patients, families communities and groups	Patient	Clinical Inquiry
F.I.3 Applies principles of evidence-based practice and quality improvement to all patient care.	System & Patient	Clinical Inquiry
F.I.4 Assesses system barriers and facilitators to adoption of evidence-based practices.	System	
F.I.5 Designs programs for effective implementation of research findings and other evidence in clinical practice	Patient, Nurse, & System	
F.I.6 Cultivates a climate of clinical inquiry across spheres of influence:	Patient, Nurse, System	Clinical Inquiry, Systems Thinking
F.1.6.a. Evaluates the need for improvement or redesign of care delivery processes to improve safety, efficiency, reliability, and quality.	Patient, Nurse, System	

F.1.6.b. Disseminates expert knowledge;	Patient, Nurse, System	Facilitation of Learning
II. Evaluation of Clinical Practice		
Behavioral Statement	Sphere of Influence	Nurse Characteristics
F.II.1 Fosters an interdisciplinary approach to quality improvement, evidence-based practice, research, and translation of research into practice	Nurse Team	Collaboration
F.II.2 Participates in establishing quality improvement agenda for unit, department, program, system, or population	System	Clinical Inquiry
F.II.3 Provides leadership in planning data collection and quality monitoring.	System	
F.II.4 Uses quality monitoring data to assess the quality and effectiveness of clinical programs in meeting outcomes.	Patient, Nurse, & System	
F.II.5 Develops quality improvement initiatives based on assessments.	System	
F.II.6 Provides leadership in the design, implementation and evaluation of process improvement initiatives.	System	
F.II.7 Provides leadership in the system-wide implementation of quality improvements and innovations.	System	
III. Conduct of Research		
Behavioral Statement	Sphere of Influence	Nurse Characteristics
F.III.1 Participates in conduct of or implementation of research which may include one or more of the following: F. III 1 a. Identification of questions for clinical inquiry F. III 1 b. Conduct of literature reviews F. III 1 c Study design and implementation F Iii 1 d Data collection F III 1 e Data analysis F III 1 f. Dissemination of findings	Patient, Nurse, & System	Clinical Inquiry
G. Ethical decision-making, moral agency and advocacy: Identifying, articulating, and taking action on ethical concerns at the patient, family, health care provider, system, community, and public policy levels.		
Behavioral Statement	Sphere of Influence	Nurse Characteristics

G.1 Engages in a formal self-evaluation process, seeking feedback regarding own practice, from patients, peers, professional colleagues and others	Nurse	Clinical Inquiry
G.2 Fosters professional accountability in self or others.	Nurse, System	Advocacy & Moral Agency
G.3 Facilitates resolution of ethical conflicts: G.3.a. Identifies ethical implications of complex care situations G.3.b. Considers the impact of scientific advances, cost, clinical effectiveness, patient and family values and preferences, and other external influences. G.3.c. Applies ethical principles to resolving concerns across the three spheres of influence	Patient, Nurse, & System	Response to Diversity
G.4 Promotes a practice climate conducive to providing ethical care.	System & Nurse	Moral Agency
G.5 Facilitates interdisciplinary teams to address ethical concerns, risks or considerations, benefits and outcomes of patient care.	System & Nurse	Advocacy & Collaboration
G.6 Facilitates patient and family understanding of the risks, benefits, and outcomes of proposed healthcare regimen to promote informed decision making.	Patient	Facilitator of Learning
G.7 Advocates for equitable patient care by: G.7.a. Participating in organizational, local, state, national, or international level of policy-making activities for issues related to their expertise G.7.b. Evaluating the impact of legislative and regulatory policies as they apply to nursing practice and patient or population outcomes	Patient & System	Advocacy & Moral Agency

Appendix B: Core Conduct Clinical Nurse Specialist Competencies (NA, 2009)

Sphere of Influence: Client Sphere

1. Conducts *evidence-based*, comprehensive assessment of *client* health care needs, integrating data from multiple sources which could include the *client* and *inter-professional* team members.
2. Implements *client* assessment strategies based on analysis of psychometric properties, clinical fit, feasibility, and utility.
3. Uses advanced clinical judgment to diagnose *client* conditions related to disease, health and illness within cultural, ethnic, behavioral and other contexts.
4. Designs, implements and evaluates a broad range of *evidence-based* interventions for *clients*, which may include prescribing and administering pharmacologic and/or other therapeutic interventions.
5. Directs the analysis and dissemination of outcomes of *client* care programs based on multiple considerations including: socioeconomic, cultural and environmental factors; epidemiology; symptomatology; cost and clinical effectiveness; satisfaction; safety; and quality.
6. Advocates for integration of *client* preferences and rights in health care decision-making among the *inter-professional* team.
7. Applies principles of teaching/learning and health literacy to design, provide, and evaluate *client* education.
8. Participates as a practice specialist in the translation and generation of knowledge.
9. Provides expert consultation for *clients* with complex health care needs utilizing a broad range of scientific and humanistic theories.

Sphere of Influence: Nurse and Nursing Practice

1. Provides leadership to the *inter-professional* team to incorporate ethical principles in healthcare planning and delivery.
2. Facilitates *inter-professional* collaboration in the achievement of practice outcomes.
3. Provides leadership to the *inter-professional* team in translating knowledge into practice.
4. Promotes the development of health care team members' competencies related to care delivery and evaluation, professional growth and effective team functioning.
5. Promotes improvements in healthcare team processes as they impact clinical and fiscal outcomes.

Sphere of Influence: Organization/System

1. Uses organizational and system theory to facilitate and create clinical environments that promote care delivery that is *evidence-based*, outcome focused, collaborative, cost-effective, and ethical.
2. Leads the development, management, and evaluation of information technology to promote safety, quality, and resource management.
3. Evaluates and improves system level programs and outcomes based on the analysis of information from relevant sources, such as databases, *benchmarks*, and epidemiologic data.
4. Develops and disseminates synthesis and application of evidence to advance client care and healthcare delivery.
5. Designs entrepreneurial programs of care that improve(s) delivery and outcomes of health care.
6. Secures fiscal and other resources for system-level programs and for evaluation of interventions, products and services.
7. Shapes health care policy at local, regional, and national levels to optimize client health and healthcare system delivery.
8. Demonstrates leadership by advocating for the profession of nursing through participating in professional organizations, boards and taskforces at the institutional, local, state, national and international levels.

***client” represents patient, family, community, group, and population**

1-specific competencies: Academy of Medical/Surgical Nurses; American Association of Critical-Care Nurses; Gerontology (American Association of Colleges of Nurses/Hartford); National Association of Clinical Nurse Specialists; National Association of Orthopaedic Nurses. **General advanced practice competencies:** American Nephrology Nurses’ Association; American Psychiatric Nurses Association; Association of Community Health Nursing Educators; Association of PeriOperative Registered Nurses; International Nurses Society on Addictions; International Society of Psychiatric-Mental Health Nurses; Society of Urologic Nurses; Oncology Nursing Society; Quad Council of Public Health Nursing Organizations.

Appendix C: Essential Abilities and Professional Conduct Policy

University of San Diego Hahn School of Nursing and Health Science Essential Abilities and Professional Conduct Policy (EAPC)

The School of Nursing expects that all students will be able to meet the theory and clinical skill requirements essential for eligibility for licensing or certification as well as to meet the requirements for an MSN, DNP, or PhD. Demonstrating knowledge, critical thinking, and clinical specialty skill sets are Essential Abilities of a nursing student.

All students are expected to conduct themselves as responsible professionals, and in a manner that reflects favorably on them and on the University. This includes in the classroom setting, the clinical setting, or in any other setting or communications related to or during their enrollment in the School of Nursing. All students are expected to comply with the American Nursing Association (ANA) Code of Ethics and the Standards of Professional Practice. The Code of Ethics for Nurses was developed as a guide for carrying out nursing responsibilities in a manner consistent with quality in nursing care and the ethical obligations of the profession.

ANA Code for Nurses

1. The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of the health problems.
2. The nurse's primary commitment is to the patient, whether an individual, family, group or community.
3. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.
4. The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.
5. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.
6. The nurse participates in establishing, maintaining and improving healthcare environments and conditions of employment conducive to the provision of quality

healthcare and consistent with the values of the profession through individual and collective action.

7. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.
8. The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.
9. The profession of nursing, as represented by associations and other members, is responsible for articulating nursing values, maintaining the integrity of the profession, and shaping social policy.

Copyright permission granted by ANA for the *Code for Nurses* American Nurses' Association. 2001

To learn more about the Code of Ethics, purchase a copy of your own, or view the nursing Code of Ethics online at <http://www.nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses/Code-of-Ethics.pdf>. The Standard for Professional Practice can be viewed and/or purchased at <http://www.nursingworld.org/principles>.

Demonstrating professional conduct is an Essential Ability of a nursing student. The minimum standards of professional Essential Abilities expected of all School of Nursing students include, but are not limited to, the following:

- **Demonstrate respectful conduct, professional attitudes and behaviors towards others in school and the clinical setting.** Students are expected to display respectful conduct towards classmates, faculty, staff, patients, and others; demonstrate honesty; use appropriate body language; assume accountability for personal behaviors; work collaboratively and as a team player with others; and respect the property of the University, faculty, peers and others. This includes the following:
 - Demonstrate the ability to fully utilize one's intellectual capacity, exercise good judgment, promptly complete responsibilities in patient and family care.
 - Demonstrate mature, sensitive, and effective relationships with colleagues, patients, staff, faculty, and other professionals under all circumstances, including highly stressful situations.
 - Demonstrate emotional stability to function effectively under stress and to adapt to an environment that may change rapidly without warning and/or in unpredictable ways.

- Demonstrate empathy regarding the situations and circumstances of others and effectively communicate that empathy.
 - Demonstrate the ability to know one's own values, attitudes, beliefs, emotions, and experiences and how these affect one's perception and relationship with others.
 - Demonstrate the capacity to examine and change one's behavior when it interferes with productive individual or team relations.
 - Adapt to and function effectively and professionally in stressful situations in both the classroom and clinical settings, including emergency situations.
 - Possess skills and the experience necessary for effective and harmonious relationships in diverse academic and working environments.
 - Possess attributes that include compassion, altruism, integrity, honesty, responsibility, and tolerance.
- **Demonstrate appropriate classroom, clinical, and practicum conduct.** Students are expected to:
 - Arrive on time.
 - Address the instructor by his or her title.
 - Notify the instructor in advance if the student will miss or be late to the class, clinic, or practicum.
 - Send e-mails to instructors or fellow students that are respectful at all times when using the student sandiego.edu address.
 - Refrain from speaking when others speak.
 - Refrain from disruptive behavior; raise questions in a respectful manner.
 - Listen to, follow directions provided by, and respond to instructors with respect and as authorities within their respective content areas.
 - Refrain from using electronic devices without the instructor's consent.
 - Refrain from engaging in intimidating, argumentative, offensive, or other inappropriate behavior.
 - Be prepared as required by each course, clinic, or practicum.
 - Adapt to and function effectively and professionally in stressful situations.
 - Assume responsibility for personal learning and achievement.
 - Strive to achieve personal best performance.
 - Be willing to learn and abide by professional standards of practice; and comply with all applicable University policies.

- **Demonstrate appropriate clinical practice and practicum abilities.** Students in clinical and/or practicum programs are expected to:
 - Ensure patient safety.
 - Collaborate with staff at all levels in the clinical or practicum setting.
 - Adhere to the requirements and policies established by the clinical agency.
 - Practice within the scope of a nursing student including critical thinking, decision-making, initiating appropriate actions, performing clinical skills required to provide safe and effective care for patients.
 - Maintain confidentiality as required by law or policy.
 - Dress according to the dress code for clinical, practicum and lab as outlined in the dress code section of the Student Handbook.
 - Demonstrate essential motor skills to include the ability to execute movements required to provide general care and treatment to patients in all health care settings.
 - Demonstrate essential sensory and observation skills, including those necessary to: obtain, interpret and respond to the critical information presented by patients (e.g. observe a patient accurately, identify and interpret the verbal and non-verbal communication when performing assessments or interventions or administering medications, perceive the signs of physiological and/or psychosocial instability being manifested during the physical examination).
 - Demonstrate essential cognitive abilities to measure, calculate, reason, analyze, integrate, and synthesize information; quickly read and comprehend large amounts of written materials; evaluate and apply information and engage in critical thinking in the classroom and clinical setting.

- **Engage in appropriate communications.** When engaging in any form of communication with others (written, oral, electronic, or other), students are expected to be respectful, polite and civil at all times. Students should also use therapeutic communication with clients and professional communication with staff and other health professionals. Students are to abide by the university's and profession's academic integrity policies. This includes the following:
 - Conduct effective communications (both verbal and non-verbal) to elicit information and to translate that information to others.
 - Read, write, comprehend, and speak the English language to facilitate communication with patients, their family members, and other professionals in the health care setting.

- Maintain accurate patient information and records and to present information in a professional and logical manner.
- Have effective and sensitive interactions with students, faculty, staff, patients, family, and other professionals.
- Express ideas and feelings and demonstrate a willingness and ability to give and receive feedback.
- Convey and exchange information with others considering development, culture education, and experiential factors.
- Process and communicate information to members of the health team in a timely and professional manner.
- Make a correct judgment in seeking supervision and consultation in a timely and professional manner.
- Make professionally and culturally appropriate documentations in patient records
- Appropriately cite the works and ideas of others.

Procedures if Student Fails to Meet Expectations for any Essential Abilities and Professional Conduct Policy, revised 12/28/13

First Incident: If a **faculty member** determines that a student has failed to meet any of the Essential Abilities described above, the following will occur:

1. The faculty member will notify the student (verbally and in writing) (Appendix IX) of the conduct giving rise to the student's failure to meet the essential abilities. The student will be informed that such behavior or inadequate skill needs to be corrected by the next time the faculty interacts with this student. The written matter will also be documented in the student's record. The Program Coordinator will be notified.
 - a) If the Essentials issue relates to lack of professionalism, disrespectful behavior, lack of professional conduct, or involves patient or student safety, the issue will be discussed between student and faculty.
 - b) If patient or student safety issue, a **Student Expectation Improvement Plan (SEIP)** (Appendix D) will be developed
2. If the student does not correct the behavior or skills set previously identified with the faculty in the verbal or written warning; or such behavior and skill inability is noted by another faculty, then SEIP will be developed.

- a) The plan will be prepared by the faculty member who witnessed the incident in conjunction with the program coordinator and be presented to the student within a university work week.
 - b) The plan will identify the problem, the expectations of the student to correct the problem, a remediation plan, and identify the time frame in which problem is to be corrected.
 - c) The plan will be signed by the faculty member, program coordinator, and the student. The Program Director (and/or the Dean) will be notified that the student has been placed on the SEIP.
3. If the student has any questions regarding the plan, it is the student's responsibility to raise those questions with the faculty member, Program Coordinator or Director.
 - a) The student may request an appointment with the Student Affairs Committee to appeal this or any SEIP.
 4. The student's progress in achieving the expectations identified in the plan will be evaluated as necessary by the faculty member and the Program Coordinator, and Director.
 - a) Satisfactory completion of the SEIP will be recorded.
 - b) All SEIPs will remain in the student's file until graduation, after which the report will be removed, unless the student is dismissed from the school of nursing.
 5. If a student **fails to achieve the expectations** of any Improvement Plan, the student will be informed and further action will be taken as determined by the faculty member, Program Coordinator and Director.
 - a) The Program Coordinator and Director will make a determination regarding the student's progression and retention that may result in appropriate additional disciplinary action, up to and including dismissal from the School of Nursing.

Second Incident: If a student receives two SEIPs related to the need for clinical or behavioral remediation, anytime during his or her educational program in the School of Nursing, the student's record will be submitted to the Program Director and Dean

- The Program Coordinator, Director, and the Dean will make the determination regarding the student's progression and retention that may result in appropriate additional disciplinary action, up to and including dismissal from the School of Nursing.

Third Incident: Should any student receive three SEIPs, they will be evaluated by the Program Coordinator, Director and the Dean; and dismissal may occur from the School of Nursing regardless of academic achievement.

Student to Student Incident: If a student determines that another student fails to meet the Essential Abilities and Professional Conduct Policy (EAPC), he/she may use it as a guide for a one-on-one discussion with that student regarding the incident.

1. If the identified behavior does not stop, then the reporting student can bring the issue to the Program Coordinator or Director.
2. The Program Coordinator or Director may then speak with involved parties and, if necessary, create an SEIP.
3. Any further incidents would follow the procedures listed above.

SEIP Process and FERPA: All aspects of the SEIP process are covered by FERPA. No information about a particular student shall be communicated to faculty or students except those as allowed by FERPA. In particular, when a student is dismissed from the program, only those students who work in groups or teams with the discussed student and only those faculty in whose classes the dismissed student is enrolled shall be informed that the student is no longer in the program.

Appeals of Dismissals that occur through the SEIP Process:

- All students who are dismissed from the School of Nursing as the result of the SEIP process have the right to appeal. It is the responsibility of the Program Coordinator to inform the student of this right at the time the dismissal decision is communicated to the student.
- The student must submit an appeal in writing to the Dean's office by the end of business on the next workday following the day the student was dismissed. The Dean's office will arrange a hearing as soon as practicable. The Program Coordinator and/or the Program Director as well as the involved student shall give evidence at the hearing to the Dean, who will rule on the appeal.

If the student has been dismissed for reasons of patient or student safety the student may not continue to attend any classes while the appeal is being heard. If the student was dismissed for any other reason than the student may continue to attend classes until the appeal has been decided.

Appendix D: Student Expectations and Improvement Plan (SEIP)

University of San Diego
Hahn School of Nursing and Health Science
Student Expectations and Improvement Plan

Student: _____

Faculty: _____

Date: _____

SEIP

1 st	
2 nd	
3 rd	

Beginning Date of Plan: _____

Ending Date of Plan: _____

Nature of the problem:

- _____ Removal from clinical area by Agency
- _____ Disrespectful or unprofessional classroom or clinical behaviors as reflected in the *Essentials Abilities and Profession Conduct* section of the *Student Handbook*
- _____ Deficiencies in *Essentials Abilities and Profession Conduct* as outlined in the *Student Handbook*.
- _____ Unprepared for clinical (e.g., lack of preparation, dress code violations, etc.)
- _____ Unsafe clinical practice (e.g., medication errors, inability to perform skills, practice outside scope as a nurse or a student, patient safety violations, etc)
- _____ Inability to communicate effectively or appropriately with clients, families, or staff
- _____ Repeated Absenteeism (Class/Clinical)
- _____ Repeated Tardiness (Class/Clinical)
- _____ Repeated deficiencies in written work (class/clinical)
- _____ Did not follow up or complete remediation plan
- _____ Other: please identify

Expanded description of the problem(s):

Requirements for overcoming the problems: what must student do (e.g., skills lab remediation, writing center, cease and desist tardiness/absenteeism/unprofessional/etc activities, etc.)

Students Comments:

Signatures: By signing below, you are stating that you understand the nature of the problem or behavior and agree with the remediation to correct this problem

Student _____ Date _____
Faculty _____ Date _____
Lead Faculty Coordinator _____ Date _____

Faculty notes on progress: When an Improvement Plan is instituted; the student and faculty should meet on a weekly basis to evaluate progress. Record faculty notes regarding meetings below:

Outcome of Improvement Plan: (e.g., satisfactory completion of Plan, continuation of Plan and why; initiation of new Plan and why; unsatisfactory completion of Plan and why, with referral to Student Affairs Committee)

Student Comments:

Signatures: Once Outcomes of the Improvement Plan has been completed, designated faculty and the student will sign below:

Student _____ Date _____
Faculty _____ Date _____
Lead Faculty Coordinator _____ Date _____
Program Coordinator/Director: _____ Date _____

Entering students require basic computer skills prior to enrollment in the first course sequence. The following is a list of basic computer skills based upon the TIGER INITIATIVE and the National League of Nursing (NLN recommendations).

Appendix E: Required Computer Skills

Overview

Required training

Students will be required to attend workshops on WebCT (USD course management software) as part of Student Orientation.

Students who lack basic computer skills can seek remediation through the University of San Diego Information services dept. <http://www.sandiego.edu/its/idt/services/>

Students who feel they have deficiencies in any of the follow areas are expected to seek assistance:

Required skills prior to start of the program

Basic computer skills

Ability to Turn computer on/off

Format a disk

Move between directories

Rename files

Scan for viruses

E-mail

Use network menus

Change drives

Display directory contents

Copy files

Delete files

Move files

Add a software program to a computer

Utilize a basic word processing software package

Ability to use common search engines such as Goggle, MSN search and Yahoo

Ability to construct and send/receive an email with attachments.

Ability to operate simple computer devices such as printer, modem, fax, and document scanner

Ability to utilize common word processing programs (such as Microsoft office) to include the following:

Start program

Type new document

Correct errors

Check spelling

Check grammar

Format document with line spacing, margins, tabs, centering, and page numbering

Print document

Alter appearance of text (bold, underlining, italics, font)

Move text by blocking, copying, and retrieving

Save or retrieve a file to hard drive

Ability to utilize common presentations programs such as Power point or Keynote (Mac based program)

Ability to utilize common data base programs (such as Excel)

Appendix F: AG- Clinical Nurse Academic Program Content
 MSN ADULT-GERONTOLOGY CLINICAL NURSE SPECIALIST ACADEMIC
 PROGRAM CONTENT LISTING

Course Program Content	Total Units	Theory	Clinical
Fall Semester 1			
MSNC 511 Evidence Based Practice	3	3	
APNC 619 APRN Role	3	3	
APNC 520 Pathophysiology	3	3	
	9	9	
Spring Semester 1			
A 632 Adult Gerontology I	3	3	
MSNC 512 Health Policy	3	3	
HCIN 540 Informatics	3	3	
A 632P	3		3
Total	12	9	3
Summer Semester 1			
A 634 Adult Gerontology II	3	3	
A 634 P	2		2
Total	5	3	2
Fall Semester 2			
A 636 Adult Gerontology III	3	3	
APNC 521 APRN Physical Assessment	4	3	1
A 636 P	2		2
Total	9	6	3
Spring Semester 2			
A 534 Advanced Pharmacology	3	3	
A 638 Adult Gerontology IV	3	3	
A 638 P	3		3
Total	9	6	3
TOTAL PROGRAM UNITS	44	33	11

Total Required Theory and Clinical Semester/Quarter Units	44
--	-----------

--	--

Appendix F (cont.)

Typical Programs of Study for Full-Time Students
IN THE MASTER OF SCIENCE IN NURSING
ADULT GERONTOLOGY CLINICAL NURSE SPECIALIST PROGRAM
(STARTING IN FALL SEMESTER)

Fall Semester, Year One

APNC 520 Pathophysiology 3 units

APNC 619 APRN Specialty Role 3 units

MSNC 511 Evidence Based Practice: Role of Theory and Research 3 units

Spring Semester, Year One

A 632 Adult Gerontology I: Practice in Individual Care Sphere 6 units

MSNC 512 Influencing the Health Care Environment: Policy and Systems 3 units

Summer Session, Year Two

A 634 Adult Gerontology II: Practice in Nurse/Staff Sphere 6 units

Fall Semester, Year Two

APNC 521 APRN Physical Assessment and Diagnosis 4 units

A 636 Adult Gerontology III: CSN Practice in Organizational Sphere 5 units

Spring Semester, Year Two

APNC 523 Pharmacology in Health Management 3 units

A 638 Adult Gerontology IV: Advanced Practicum 5 units

Appendix G: Student Health Requirements

Student Health Requirements

Instructions for Entering your Immunization Records:

1. TB Skin Test – Annual

Students must have 1 PPD (TB Skin Test) Annually for compliance.

PPD Positive Students: Any students with a history of PPD positive must show proof of a Chest X-Ray (within the last 2 years). These students will not need to have any additional TB testing, but must have a Chest X-Ray every 2 years.

Please submit official documentation for TB Tests, with dates and result showing. For PPD Positive Students, need the labwork printout of your most recent Chest X-Ray.

Please submit these documents to American DataBank for processing.

2. TDaP – After 2005

Need proof of a Tetanus Diphtheria and Acellular Pertussis (TDaP) vaccination from 2005 to the present. No other type of tetanus vaccination will be acceptable in lieu of the TDaP. Please send official documentation of the vaccination to American DataBank for processing.

3. Influenza – Annual

Students must have a seasonal flu vaccination every year. Be sure to obtain a seasonal flu vaccination for the current flu season when available. Please send official documentation of the vaccination to American DataBank for processing.

4. Varicella – One Time

Students must show proof of either 2 Varicella vaccinations from some point in the past or of an ‘Immune’ Antibody Titer for Varicella. Date of Chickenpox disease is not-acceptable in lieu of either proof of shots or titer. If the titer comes back ‘Non-Immune’, you must show proof of a booster for Varicella, then one month later either a 2nd booster or an ‘Immune’ Antibody Titer for Varicella. This must be completed prior to entering the clinical setting, or September 1st. Please submit official documentation of any shots, and labwork printouts for any titers received, to American DataBank for processing.

5. MMR – One Time

Students must show proof of either 2 MMR vaccinations from childhood or of ‘Immune’ Antibody Titers for Measles, Mumps and Rubella. If Vaccinated Separately: Need proof of 2 Measles vaccinations, 1 Mumps vaccination and 1 Rubella vaccination. If Childhood Series Documentation is Unavailable: Get titers for the 3 diseases. If any titer is ‘Non-Immune’, you must get two MMR vaccinations now.

Please submit official documentation of vaccinations, and labwork printouts for any completed titers, to American DataBank for processing.

6. Hepatitis A – One Time

Students must show proof of either 2 doses of Hepatitis A vaccine or an ‘Immune’ Antibody Titer for Hepatitis A. The first vaccination must be completed upon entry to the program with the 2nd vaccination due 6 months thereafter. If the titer comes back ‘Non-Immune’, you must supply proof of two boosters after the non-immune titer. Please submit official documentation of any shots, and labwork printouts for any titers received, to American DataBank for processing.

Note: The **TwinRix** is a combination Hepatitis A and Hepatitis B vaccination, which can be given in lieu of separated Hep A and Hep B shots. This should be completed on the timeline: 1st Shot □1 Month until □□2nd Shot □□5 Months until □□3rd Shot. If given, these vaccinations will count towards both the Hepatitis A and Hep B requirements.

7. □□Hepatitis B – One Time

Students must show proof of either 3 doses of Hepatitis B/TwinRix vaccine or an ‘Immune’ Antibody Titer for Hepatitis B. If the titer comes back ‘Non-Immune’, the student must then restart a new 3-shot Hepatitis B vaccine series. The timeline for Hep B vaccinations is 1st Shot □1 Month until □□2nd Shot □□5 Months until □□3rd Shot. Please submit official documentation for any shots, and labwork printouts for any titers received, to American DataBank for processing.

8. □□Certification of Good Health (Physical Examination) – Annual

Students must have a physical examination every year, using the approved USD Hahn School of Nursing & Health Science Form. This can be found on the www.usdcompliance.com website. This form must be completed by a healthcare provider, please submit the completed form to American DataBank for processing.

9. □□American Heart Association BLS for the Health Care Provider CPR Certification – Every Two Years/When Expired

Students must have a current AHA BLS CPR card while enrolled at USD. You will want to enroll in the “BLS Healthcare Provider Course”, information on times and locations can be found at <http://www.heart.org>, click the ‘CPR&ECC’ link at the top right, and see the link for ‘Find a CPR Class’ on the left. Please submit proof that you completed a course to American DataBank for processing. Proof can be a signed letter from the instructor, a certificate of completion, or a copy of the front (and back if available) of your CPR card.

10. □□Release of Information Form – One Time

Students must have a Release of Information Form on file; this can be found on the www.usdcompliance.com website. This form must be completed by the student and signed by a witness (any witness is acceptable), please submit the completed form to American DataBank for processing.

11. □□HIPAA – One Time

Students must complete HIPAA training through the USD Hahn School of Nursing & Health Science, go to website: <http://www.sharp.com/b2b/students/upload/HIPAA-Community-Privacy-Education-03202003-5.pdf>. Submit the certificate of completion for this training to American DataBank for processing.

12. □□Criminal Background Check – Annual

Students must complete a criminal background check every year. Use the www.sdnahcbackground.com website to complete this check.

13. □□Drug Screen - Annual

Students must complete a drug screen every year. Use the www.sdnahcbackground.com website to complete the check.

14. □□California RN License (Post Licensure Only) – Renew When Expired

Post-Licensure students must have a current California RN License while at USD. Please submit a copy of your California RN license to American DataBank for processing.

Appendix H: Process for Accident/Incident Occurrences

UNIVERSITY OF SAN DIEGO Hahn School of Nursing and Health Science Process for Health Related Accident/Incident Occurrences While on Clinical Affiliation

This process applies to USD students and clinical supervisors.

A. If the injury requires immediate medical intervention:

1. Utilize the Emergency Room for immediate treatment at Facility/Agency where accident/incident occurs.
2. When completing the registration forms, indicate the injury will be classified as a Worker's Compensation claim that will be handled by USD. The insurer is Travelers. Policy Number TC2JUB4250B401-13. The USD contact person is Conchita Waite, Benefits Assistant 619-260-2737.
3. As soon as the injured party is capable of returning to campus, they must go to Public Safety Office and complete an Employee Injury/Illness report. The officer taking the report will give the person an "Authorization to Treat" form which also contains maps to the Sharp-Rees-Stealy Occupational Health centers.
4. All follow up care must be obtained through Sharp R-S. Take a copy of the emergency room record to Sharp for continuity of care.
5. If accident/incident is a Needle Stick, injured party also must complete the USD needle stick injury form. Give completed form to clinical supervisor and forward a copy to the Risk Management Office CM105.

B. If the injury requires urgent, but not emergent medical attention:

1. Go to the closest Sharp Rees-Stealy Occupational Health centers. Tell the registration clerk the injury will be classified as a Worker's Compensation claim for USD. Ask them to call Conchita Waite, 619-260-2737 for treatment authorization.
2. Follow instructions in "A.3" above, as soon as can return to campus.

C. If the injury does not require immediate medical attention:

1. As soon as capable of returning to campus, go to Public Safety Office and complete an Employee Injury/Illness report. The officer taking the report will give the student an "Authorization to Treat" form which also contains the maps to the Sharp Rees-Stealy Occupational Health centers.
2. Go to any of the Sharp Rees-Stealy locations for treatment and all follow up.

* If the site facility requires their incident/occurrence form to be completed, request a copy, and forward same to Conchita Waite, Human Resources, MH101. If the facility refuses to provide a copy of the report, please forward this information to Conchita with the name and contact information for the facility's Risk Management office.

** Clinical Supervisors: Once Public Safety completes their reports, they will send a "Supervisor's Report of Injury" to the School of Nursing. You must complete this form to the extent applicable and forward the report to Conchita Waite, Human Resources, MH101

Appendix I: Information for Preceptors

Guidelines for Preceptors

Guidelines to assist the student in selecting a preceptor for clinical supervision during enrollment in the following courses: A 632P, 634P, 636P, and 638P.

The preceptor should be:

1. A who is certified by a national credentialing organization or the equivalent (e.g., California certification), and if possible, Board certified.
2. Masters prepared or higher (e.g., PhD, DNP).
3. Able to provide a practice setting and patient population that facilitates student learning and achievement of course objectives.
4. Able to provide adequate space in the clinical facility to allow learning to occur.
5. Able and willing to precept the student in the clinical setting for the required number of hours within the time-frame of the clinical course.
6. Able to make available time to periodically review the student's learning objectives and provide the student with direction related to his/her achievement in that setting.
7. Willing to critically evaluate the student's progress during and at the end of the clinical experience.
8. Willing to participate in the student's evaluation of the learning experiences provided.
9. Willing to meet with USD faculty member(s) during their periodic site visits to discuss the student's progress and to communicate with them by phone as needed during the semester to facilitate the student's progress.

MEMORANDUM

Memo: Clinical Nurse Specialist Preceptorships

To: New and Prospective Preceptors

From: Clinical Nurse Specialist Faculty

Subject: Master's Level Clinical Nurse Specialist Preceptorships
Level Clinical Scholarly Practice

Clinical experience with expert clinical preceptors working the three spheres of influence in a variety of settings is a vital part of the education of a Clinical Nurse Specialist. The component of the curricula involves a minimum of 594 hours of clinical practice. This clinical practice is divided into several courses throughout the program with the most concentrated clinical focus occurring in the latter portion of the program. The courses that are required before the student moves into the clinical component include advanced pathophysiology, physical assessment and pharmacology and theory and evidence-based practice courses. All of these courses are taught by the School of Nursing faculty at the University of San Diego.

Clinical Nurse Specialist students are currently pursuing a graduate degree in nursing within the adult Gerontology population. USD students have the responsibility to identify their clinical experience strengths and areas of expertise, as well as any limitations they may have, in a conference with their clinical preceptor(s) prior to beginning the preceptorship. It is recommended that the preceptor meet with the student prior to the start of the semester or early in the clinical rotation, since the student's learning objectives and past clinical experience need to be shared. Many students have accrued a strong clinical base prior to entering this program that can be built upon. The USD students do not receive compensation for services provided during their clinical learning experiences. Likewise, there are no funds available to reimburse clinical preceptors for their teaching/supervising time.

Clinical preceptors are academically and clinically qualified clinical nurse specialists, who are able to provide students with access to learning experiences consisting of supervised client encounters with individuals appropriate to the clinical course in which the student is enrolled. Preceptors must be willing to spend four to fifteen hours a week in a clinical teaching and supervisory capacity with a student in an appropriate clinical setting, depending on the amount of clinical coursework the student is taking.

The student at the beginning of the clinical component of the program is learning the role of the and the complexity of the role. As the student progresses through the clinical component of the program, more emphasis needs to be placed on the setting of priorities, symptom management, leadership skills and interdisciplinary collaboration and consultation with other disciplines. The graduate nursing student brings to the clinical

setting a broad background in counseling, patient education, growth and development, and the competencies of an experienced registered nurse. Initially, these activities are carried out collaboratively with the clinical preceptor and written standardized procedures may be available or be developed to facilitate this process. As the student progressively integrates and strengthens her/his knowledge and skills, the supervision needs to be modified to promote clinical learning and role development while assuring competence and safety.

The USD School of Nursing guidelines for clinical preceptors are attached. The Clinical Placement Coordinator will usually make the first contact to ascertain each clinician's willingness to serve as a student preceptor the following semester. Once a clinician has verbally agreed to precept one of our students, he/she is requested to provide the Clinical Placement Coordinator with a copy of his/her current curriculum vita or to complete a Preceptor Data Sheet, if one is not already on file in the School of Nursing. Then, a formal letter of agreement is prepared and signed by both parties and the preceptor is provided with a copy of the clinical course syllabus. The course objectives, as well as the student's individual learning objectives, will provide a guiding framework for the focus of the student's learning experiences. After being notified by the Clinical Placement Coordinator that arrangements for their placement have been made, each student should contact their designated preceptor to share their individual clinical learning objectives for the semester and to arrange days and times each week for their clinical experiences. As a rule, all of this should be accomplished before the semester (and the clinical experience) begins.

Please feel free to communicate with the faculty at any time if there is any doubt concerning the students' progress toward meeting their learning objectives or the scope and limitations of the clinical nurse specialist student or faculty roles.

Please direct program questions or concerns to:

Linda Urden, RN; DNSc; ; NE-BC; FAAN
Director of Masters and International Nursing Programs
University of San Diego
5998 Alcalá Park
San Diego, CA 92110
(619) 260-7609

Appendix I (cont.)

Clinical Preceptor Expectations:

1. Orient the student(s) to the clinical environment, methods of operation of the agency, and necessary clinical and practice protocols/guidelines.
2. Assist the student enrolled in the MSN, BSN-PhD, or DNP program to identify a clinical issue or problem that can be addressed through an evidence-based clinical project.
3. Maintain communication with the program faculty as necessary throughout the semester. Any problems that could interfere with effective care provision or the student's learning should be brought to the program faculty's attention as soon as possible.
4. Complete a Preceptor Evaluation of Clinical Nurse Specialist Student Performance form reflecting the student's performance/progress upon completion of the semester. Then meet with the student to review your evaluation of his/her performance. Finally, mail the evaluation to the student's clinical instructor in self-addressed envelope provided.
5. Based on your experience as a preceptor, share ideas for improving the clinical component of the program with the program faculty.

Note: In settings where there are multiple clinical preceptors in attendance, each clinical preceptor should be responsible for no more than two students. Only one student is usually placed in a given semester in settings where the clinical preceptor is the sole provider.

Benefits Afforded to Preceptors

1. Recognition by and interaction with USD program faculty
2. Invitations to on-campus continuing education events.
3. Use of the on-site resources of the Copley Library on the USD campus (contact Dean's Office at 260-4550 if interested).
4. Eligible for consideration for appointment as Adjunct Clinical Preceptor of the Hahn School of Nursing and Health Science (after 2 or more semesters as preceptor).
5. Potential for leading student clinical conferences on symptom management of specific health problems, role development or other professional issues.
6. Opportunity to provide input for program curriculum.
7. Enhancement of practice perspectives.
8. Opportunity to integrate collaborative focus into a nursing practice model.
9. Potential to incorporate student into practice with plan to hire upon graduation.
10. Generation of community service and student precepting hours.
11. Satisfaction of contributing to increased access to high quality care delivery through preparation of new, clinically competent s.

Appendix J: Sample Letter of Agreement for Clinical Preceptors

Dear (Preceptor) :

Thank you for agreeing to precept a Clinical Nurse Specialist student from the Hahn School of Nursing and Health Science, University of San Diego. The purpose of this letter is to confirm the arrangements with you to act as a preceptor for _____, RN, for A____ Clinical Practicum/DNPC 630. This arrangement will be for the 200____ Semester only which will begin _____ and end _____, 200____. The student will arrange to meet with you to arrange dates and hours for this clinical experience and to share course objectives and his/her individual learning objectives. At this time, you may wish to share with the student any information about your practice setting you think will be helpful to him/her. A copy of the A____ course description and clinical learning objectives is enclosed for your information.

We very much appreciate your cooperation in providing our students with an excellent clinical learning experience. Should you have any questions about these arrangements, do not hesitate to either one of the directors. **Please sign this letter at the bottom in the appropriate place and return it to this office at your earliest convenience.** We are enclosing an extra copy for your files.

Thank you for your time and effort on our student's behalf!

Respectfully,

Linda Urden, RN; DNSc; ; NE-BC; FAAN
Director of Masters and International Nursing Programs
University of San Diego
5998 Alcalá Park
San Diego, CA 92110
(619) 260-7609

(Preceptor Name)

Date: _____

Preceptor Data Sheet
Clinical Preceptor

Required Information

Name	Date
Office	
Street Address	
City, State, & Zip	
Office Telephone	Fax
Cell Telephone	Email Address
CA License Number	Expiration Date
Type of Clinical Setting	

Please fill in information concerning education, Licensure, etc. or attach a resume that supplies this information

College or University	Degree	Date
Graduate or Professional School	Degree	Date
Local Professional Organizations		
State Professional Organizations		
National Professional Organizations		
Certification in what area(s)?		

**** Please attach a business card for our records if possible.
Thank you**

Appendix K: Faculty/Self Evaluation of Student Performance
University of San Diego
Hahn School of Nursing and Health Sciences
Adult Clinical Nurse Specialist Track

STUDENT: _____

DATE: _____

EVALUATOR: _____ SETTING: _____

COURSE NAME: _____ CLINICAL SEMESTER 1 2 3

Note: Refer to grading criteria in Student Handbook

Points for Assessment: Identifying and Defining a Problem or Opportunity

- 4 Articulates multiple problems or opportunities for improvement
- 3 Articulates problem or opportunity for improvement.
- 2 Articulates problem or opportunity for improvement with minimal assistance of preceptor or faculty
- 1 Articulates problem or opportunity for improvement with significant assistance of preceptor or faculty
- 0 Unable to articulate problem or opportunity for improvement.

Comments:

Points for Diagnosis, Outcome Identification, and Planning

- 4 Plans for systematic investigation of multiple patient/institution problems needing clinical inquiry, including etiologies of problems, need for interventions, outcomes of current practice, and costs associated with care.

- 3 Plans for systematic investigation of patient/institution problem needing clinical inquiry, including etiologies of problem, need for interventions, outcomes of current practice, and costs associated with care.
- 2 Plans for systematic investigation of patient/institution problem needing clinical inquiry, including etiologies of problem, need for interventions, outcomes of current practice, and costs associated with care with assistance of preceptor or faculty.
- 1 Requires minimal assistance in planning for systematic investigation of patient/institution problem needing clinical inquiry, including etiologies of problem, need for interventions, outcomes of current practice, and costs associated with care with assistance of preceptor or faculty.
- 0 Unable to plan for systematic investigation of patient/institution problem needing clinical inquiry, including etiologies of problem, need for interventions, outcomes of current practice, and costs associated with care.

Comments:

Points for Intervention

- 4 Selects multiple evidence-based nursing interventions for patient/clients/institutions that target etiologies of illness or risk behaviors.
- 3 Selects an evidence-based nursing intervention for patient/clients/institutions that target etiologies of illness or risk behaviors.
- 2 Selects evidence-based nursing interventions for patient/clients/institutions that target etiologies of illness or risk behaviors with care with minimal assistance of preceptor or faculty.
- 1 Selects evidence-based nursing interventions for patient, clients, institutions that target etiologies of illness or risk behaviors with care with significant assistance of preceptor or faculty
- 0 Unable to select evidence-based nursing interventions for patient, clients, institutions that target etiologies of illness or risk behaviors.

Comments:

Points for Evaluation

- 4 Evaluates effects of nursing interventions for individuals and populations of patients/clients/institutions for clinical effectiveness, patient responses, efficiency, cost-effectiveness, consumer satisfaction, and ethical considerations.
- 3 Evaluates effects of nursing interventions for individuals and populations of patients/clients/institutions for clinical effectiveness, patient responses, efficiency, cost-effectiveness, consumer satisfaction, and ethical considerations with minimal assistance of preceptor or faculty.
- 2 Evaluates effects of nursing interventions for individuals and populations of patients/clients/institutions for clinical effectiveness, patient responses, efficiency, cost-effectiveness, consumer satisfaction, and ethical considerations with minimal assistance of preceptor or faculty.
- 1 Evaluates effects of nursing interventions for individuals and populations of patients/clients/institutions for clinical effectiveness, patient responses, efficiency, cost-effectiveness, consumer satisfaction, and ethical considerations with considerable assistance of preceptor or faculty
- 0 Unable to evaluate effects of nursing interventions for individuals and populations of patients/clients/institutions for clinical effectiveness, patient responses, efficiency, cost-effectiveness, consumer satisfaction, and ethical considerations.

Comments:

Professionalism

Students must consistently demonstrate all of the characteristics listed below to "Pass". Extraordinary circumstances that interfere with the student's clinical progress during the semester must be discussed with the clinical instructor.

- Aware of own professional strengths and areas for future growth
- Possesses a strong sense of responsibility for own learning and willingness to take initiative in pursuing achievement of learning goals.

- Displays a positive attitude and accepts constructive feedback
- Interacts in a collegial, respectful manner with clinical preceptor, staff, faculty and other students.
- Presents self in professional manner, including appropriate dress, by being punctual, cooperative, and dependable when scheduled to be in a clinical setting.
- Upholds contract with preceptor to complete clinical hours on a regular basis by the end of the semester.

MAJOR STRENGTHS OF STUDENT

GRADE (Faculty Only):

PRINCIPLE DIFFICULTIES OF STUDENT

Signatures: _____ Date: _____
Faculty Student

Appendix K (cont.)

**Preceptor Evaluation of Student Performance
University of San Diego
Hahn School of Nursing and Health Sciences
Adult Clinical Nurse Specialist Track**

Please read each statement and check the responses that reflect the performance of the student. Please comment on areas where the student needs improvement.

Professional Attributes (check all that apply)

	Requests assistance from Preceptor appropriately & in a timely manner		Seeks feedback about own performance and offers insights regarding personal growth
	Utilizes available resources to accomplish clinical goals		Takes responsibility for actions, communications, and outcomes
	Offers potential solutions for conflict resolution or problem solving appropriately		Demonstrates understanding of potential risks to patient safety, autonomy and quality of care through active participation in clinical activities
	Accepts constructive feedback and demonstrates desired behavior after feedback is provided		Prioritizes impact areas amenable to intervention
	Clearly communicates clinical goals and seeks opportunities to build skills in required clinical time frame		Differentiates between outcomes that require care process modification at the individual patient level and those that require modification at the system level.
	Approaches practice improvements from an evidence based perspective		Uses advanced communication skills within therapeutic relationships to improve patient outcomes.
			Utilizes the three spheres of influence to frame the assessment of practice, implement changes, and monitor outcomes

Comments:

Leadership Skills (check all that apply)

	Uses leadership, team building, negotiation, and conflict resolution skills to build partnerships within and across systems, including communities		Facilitates clinically competent care by staff/team through education, role modeling, team building, and quality monitoring
	Performs organizational assessments to identify variables that influence nursing practice and outcomes		Demonstrates the ability to manage change and empower others to influence clinical practice and processes both within and across systems
	Analyzes research findings and other evidence for their potential application to clinical practice		Integrates evidence into the health, illness, and wellness management of patients, families, communities, and groups
	Articulates principles of interdisciplinary evidence-based practice and quality improvement to all patient care		Communicates key components of advanced practice that are conducive to providing ethical care
	Obtains data about context and etiologies (including both non-disease and disease-related factors) necessary to plan care, and identify and evaluate outcomes		Designs strategies, including advanced nursing therapies, to meet the multifaceted needs of complex patients and groups of patients
	Evaluates nursing practice that considers Safety, Timeliness, Effectiveness, Efficiency and Patient-centered care		Uses coaching and advanced communication skills to facilitate the development of effective clinical teams
	Designs health information and patient education appropriate to the patient's developmental level, health literacy level, learning needs, readiness to learn, and cultural values and beliefs		

Comments:

Collaboration and Consultation Skills (check all that apply)

	Facilitates patient and family understanding of risks, benefits, and outcomes of proposed healthcare regimen to report informed decision making		Develops and communicates impact and outcomes to interdisciplinary team and different levels of the organization
	Practices collegially with medical staff and other members of the healthcare team so that all providers' unique contributions to health outcomes will be enhanced		Initiates consultation to obtain resources or resolution as necessary to facilitate progress toward achieving identified outcomes
	Assists staff in the development of innovative, cost effective programs or protocols of care		Provides consultation to staff nurses, medical staff and interdisciplinary colleagues
	Analyzes data from consultations to implement practice improvements		Communicates consultation findings to appropriate parties consistent with professional and institutional standards

Comments:

MAJOR STRENGTHS OF STUDENT:

AREAS FOR FURTHER LEARNING:

EVALUATION OF CLINICAL OBJECTIVES (please refer to learning objectives provided by student):

Faculty:

Date:

Preceptor or Student:

Date:

Clinical Notebook Checklist

Hahn School of Nursing and Health Science

University of San Diego

Track

Name: _____

Course: _____

Preceptor: _____

- Students' Clinical Objectives
- Summary of Hours
- Clinical Log Narrative
- Preceptor's Evaluation
- Instructor's Evaluation
- Self-Evaluation (if required by instructor)
- Site Evaluation

Appendix M: Student Clinical Log Tools

STUDENT CLINICAL LOG GUIDELINES

Your narrative should be brief and succinct. Below are areas to help you focus your log. Do not be restricted to these guidelines. The purpose of the log is to train you to keep track of the time you spend in each role and spheres of influence and to recognize differences between basic and -level practice.

Expert Clinical Practice

Sphere of Influence: Patients/Clients

- Assess and intervenes in complex health care problems
 - Management of client populations

Sphere of Influence: Nursing Personnel

- Mentor/preceptor for students
- Work with staff to provide improved clinical care
- Respond to quality trends and initiate quality improvement processes

Sphere of Influence: Organization/ Network

- Clinical problem is articulated with the context of the organization

Education

Sphere of Influence: Patients/Clients

- Development of program materials
- Innovative education programs for patients, families and groups are developed and evaluated

Sphere of Influence: Nursing Personnel

- Staff development project
- Formal/informal classes
- Coaching/precepting
- Teaching in services
- Community education

Sphere of Influence: Organization/ Network

- Stakeholders share a common vision of outcomes

Research

Sphere of Influence: Patients/Clients

- Utilized evidence for best practice to develop practice standards
- Identified research ideas for care practices

Sphere of Influence: Nursing Personnel

- Product evaluation

- guideline/policy development

Sphere of Influence: Organization/ Network

-Evaluates the quality and cost-effectiveness of products, devices, and patient care processes by using performance methods.

Consultation

Sphere of Influence: Patients/Clients

-Provide clinical expertise to patients

-Review of standards of practice

Sphere of Influence: Nursing Personnel

-Provide clinical expertise to other health care providers

Sphere of Influence: Organization/ Network

-Provide clinical expertise to insurance companies

Clinical Leadership

Sphere of Influence: Patients/Clients

-Reports of new clinical phenomena and/or interventions are communicated to staff nurses

Sphere of Influence: Nursing Personnel

-The overall cost of care is reduced through judicious purchase and use of resources that enhance quality patient care outcomes

-Leadership role in committees, professional organization

Sphere of Influence: Organization/ Network

-Leads nursing and multidisciplinary groups in implementing patient care programs that address patient care issues across the full continuum of care, different populations and/or specialties

-Plan for change of practice in a specialty area

Summary of Clinical Hours

Keep a record of the dates and clinical hours you complete during each clinical practicum, then total them at the end of the semester. The total number of hours should meet the clinical hour requirement specified in each practicum syllabus.

Appendix M (cont.)

PRACTICUM
SAMPLE WEEKLY CLINICAL LOG

Cumulative Hours:

Student Name:

Clinical Site:

Preceptor:

Date:

Problem Identification	Description of Activity	Sphere of Influence	Role	Outcome / Evaluation	Hours Spent
Called by staff nurse to evaluate patient M.A. with RR=8	Completed assessment: Patient was on PCA morphine with a continuous dose of 2 mg/h and a PCA dose of 1 mg every 8 minutes. Discontinued continuous dose after obtaining order from MD. One-on-one mentoring with staff nurse to gather further assessment data, establish diagnosis, intervene and evaluate patient outcomes	P,N	P,C,E	RR=16 after intervention. No further distress.	1
N/A	Weekly Nurse Leaders Meeting	N,O	L	Informational only	2
Response to pain medications not consistently being documented	Chart audit of all patients on the unit. Developed a presentation on Joint Commission requirements for pain management.	N	R, E	Will conduct follow-up audit in 2 days to see improvement in practice. Will investigate novel strategies for improvement	2
Medical Center Policy on Beta Blocker Administration due for bi-annual review	Reviewed and updated policy based on current national recommendations and guidelines. Evidence-based guidelines incorporated into policy revision. Will roll-out to staff next week.	N	P, R	Review completed and staff education planned.	3

Total Hours:

Legend:

Spheres of Influence: (P) Patient/Client, (N) Nurses and Nursing Practice, (O) Organizational/System
Role: (P) Clinical Practice, (C) Consultation, (L) Leadership, (R) Research, (E) Education

Appendix M (cont.)
PRACTICUM
WEEKLY CLINICAL LOG

Cumulative Hours:

Student Name:

Clinical Site:

Preceptor:

Date:

Problem Identification	Description of Activity	Sphere of Influence	Role	Outcome / Evaluation	Hours Spent

Total Hours:

Legend:**

Spheres of Influence: (P) Patient/Client, (N) Nurses and Nursing Practice, (O) Organizational/System
Role: (P) Clinical Practice, (C) Consultation, (L) Leadership, (R) Research, (E) Education

**** Practice may include multiple spheres and roles for each identified problem**

Appendix N: Student Evaluation of Preceptor

HAHN SCHOOL OF NURSING AND HEALTH SCIENCE
Student Evaluation of Preceptor Expertise

STUDENT NAME: _____

PRECEPTOR NAME: _____

COURSE: _____

This form is to be used for performance evaluation of the preceptor as he/she works with Clinical Nurse Specialist Students. Rating of expertise can be based on the student's evaluation, using the following scale:

1 = Rarely, 2 = Sometimes, 3 = Regularly, 4 = Most of the time, 5 = Always

- | | |
|---|-----------|
| 01. Taught from a foundation of -specific clinical expertise | 1 2 3 4 5 |
| 02. Demonstrated professionalism and peer respect | 1 2 3 4 5 |
| 03. Discussed expectations related to student's role | 1 2 3 4 5 |
| 04. Introduced student to social/work culture within organization | 1 2 3 4 5 |
| 05. Evaluated student's clinical performance | 1 2 3 4 5 |
| 06. Planned experiences to address overall course objectives | 1 2 3 4 5 |
| 07. Developed a learning plan based on learning needs | 1 2 3 4 5 |
| 08. Provided scheduled learning opportunities to meet students objectives | 1 2 3 4 5 |
| 09. Met regularly to discuss learning outcomes | 1 2 3 4 5 |
| 10. Encouraged development of critical thinking skills | 1 2 3 4 5 |
| 11. Applied effective teaching skills/techniques | 1 2 3 4 5 |
| 12. Facilitated opportunities for learning within the system | 1 2 3 4 5 |

Comments: (Please comment on any items above that were rated 1 or 2)

Student: _____ Date: _____

01/15

APPENDIX O: Handbook Review Form

I have read the USD School of Nursing, Clinical Nurse Specialist Student Handbook and understand the provided information.

Printed Name

Signature

Date