



Post BSN DNP & MSN
Nurse Practitioner Programs
Student Handbook

**“Preparing Leaders & Scholars
in Nurse Practitioner Practice”**

2015/2016

STUDENT HANDBOOK

This handbook is a supplement to the current University of San Diego (USD) Graduate Bulletin for students in the Post Bachelor of Science in Nursing (BSN) Doctor of Nursing Practice (DNP) Program or Master of Science in Nursing (MSN) Primary Care Nurse Practitioner (PCNP) Program. Please carefully review the information in this handbook, the Archways Student Handbook, and the University of San Diego Graduate Bulletin as these resources will provide useful information. The expectation is that each student will review the handbook and be held responsible for the content.

The academic calendar, located in the Graduate Bulletin and online (<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, academic programs, resources and facilities, and policies and practices. The section dealing specifically with the Hahn School of Nursing and Health Science provides more focused information on the School's graduate offerings, financial aid programs for nursing students, and nursing course descriptions.

This Student Handbook includes information about accreditation status, academic advising information, typical programs of study for full and part-time students choosing the PCNP program, and the preliminary planning required prior to enrollment in clinical courses. In addition, there is information about grading policies, fees, and the clinical evaluation process. The appendices include sample forms helpful toward successfully planning and navigating through various programs of study. This handbook will be valuable toward experiencing a rewarding, successful personal and academic journey at USD.

Each student is responsible for the contents of this handbook and must abide by the policies and procedures written in this handbook. The contents are subject to revision throughout the course of the academic year. In the event there is a revision, each student will be notified via their USD email. For additional questions or clarification of information contained in this handbook, please contact the Office of the Doctor of Nursing Practice and Master of Science in Nursing Nurse Practitioner Programs at 619-260-2310. **Please read and sign the last page of this document indicating receipt of this handbook and acknowledging accountability for its content. Return the form to the DNP & MSN NP Programs Office.**

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UNIVERSITY OF SAN DIEGO
Hahn School of Nursing and Health Science and Betty and Bob Beyster Institute for
Nursing Research, Advanced Practice, and Simulation

DOCTOR OF NURSING PRACTICE & MASTER OF SCIENCE IN NURSING PRIMARY
CARE NURSE PRACTITIONER PROGRAMS HANDBOOK

OVERVIEW

The University of San Diego has a long history of preparing nurse practitioners (NPs). Students may pursue NP educational preparation in one of two degree programs: Doctor of Nursing Practice (DNP) or Master of Science in Nursing (MSN). There are four primary care specialty track options in both degree programs including the family nurse practitioner (FNP), dual certification pediatric nurse practitioner and family nurse practitioner (PNP/FNP), dual certification adult-gerontology nurse practitioner and family nurse practitioner (AGNP/FNP), and psychiatric-mental health nurse practitioner (PMHNP).

In 2006, 2010, and again in 2014, the NP program was re-approved by the California Board of Registered Nursing (BRN). The most recent approval extends through 2019. The PNP program is approved by the Pediatric Nursing Certification Board (PNCB) through 2016 and graduates are eligible to sit for their certification examination, the gold standard for PNP practice. The SON was re-accredited by the Commission on Collegiate Nursing Education (CCNE) in 2010 for 10 years through June, 2020. The Post MSN DNP Program received initial accreditation in 2008 and similar accreditation was granted for the Post BSN DNP Program in 2010. A CCNE site visit for continuing full accreditation of the DNP Program was conducted in October, 2014 and was re-accredited through 2025. In addition, USD was re-accredited in 2012 by the Western Association of Schools and Colleges (WASC).

The Post BSN DNP Program and MSN NP Program have an outstanding cadre of full-time and part-time faculty who engage in scholarly teaching, clinical practice, and research. Dr. Shelley Hawkins serves as Program Director and is well qualified to provide leadership for both programs. All full-time faculty teaching in both programs hold a doctorate, either a PhD or DNP. Approximately 75% of part-time clinical faculty also earned the terminal degree in nursing. Full-time faculty teaching NP courses as well as all part-time clinical faculty are board certified, engage in clinical practice, and are committed to mentoring the next generation of DNP and MSN NP students. The NP specialties in both the DNP and MSN programs are supported by lead track faculty with significant clinical expertise in their respective specialties. In addition, the Academic Coordinator, Amy Wright; Clinical Placement Coordinator, Stephanie

Evangelista; and Administrative Assistant, Sara D'Agostino provide essential support services for both programs.

Hahn School of Nursing and Health Science and the Betty and Bob Beyster Institute for Nursing Research, Advanced Practice, and Simulation includes the Hahn Main and the Beyster Institute for Nursing Research buildings. Hahn Main is a recently renovated, 26,000 sq. ft., two-story facility that houses administrative office suites, office space for 35 faculty and administrative personnel, class, seminar, and conference rooms, a library with video-conferencing capabilities, and student, faculty, and staff terrace, patios, kitchens, and lounges. Each classroom is a "Smart Classroom," e.g., equipped with whiteboards, electronic screens, overhead projectors, ceiling-mounted data projectors, speakers, and a media cabinet containing a laptop computer, audio tuner, and VHS playback machine. All faculty have office space equipped with networked desktop computers with SPSS and printers. Other equipment consists of Interactive Conferencing, Software (Access, Excel, PowerPoint, Word, Netscape, Office 97, SPSS, N-Query, QSD, NUD*IST, NVIVO, SPSS, ADAM, Atlas of Clinical Anatomy, 64 Diagnostic Reasoning Cases, Doctor's Dilemma, Human Physiology, Interactive Electrocardiography, Immunology, and FLIPS), Scantron with a Scanbook computer, copiers, color printers, fax machines, and a Wi-Fi System for the building.

The Beyster Institute for Nursing Research (BINR) is a state-of-the-art, LEED gold, 30,000 sq ft, three-story Spanish Renaissance building and Plaza annexed to Hahn Main. The Beyster Institute's beauty reflects the caliber of the school, which has been consistently ranked as a "Best" Graduate Nursing School by *U.S. News & World Report*.

BINR's first floor is dedicated to the Dickinson Family Foundation's Lizbeth Dickinson Smoyer Nursing Simulation Center, the keystone of the school's clinical teaching facilities and a national model for nursing education. The Dickinson Center houses an eight bed clinical skills classroom equipped with high-fidelity human patient simulators, six primary care exam rooms, three acute care hospital rooms, a medication station, two inter-connected debriefing rooms, a "Green Room" lounge for patient-actors, and a faculty office suite. It provides mechanical control rooms and faculty observation work spaces and storage rooms and gives direct access to the BINR Plaza. The Dickinson Center enables Simulation Residencies for doctoral students who can conduct research on the potential of experiential learning in healthcare education and its impact on patient care. The Dickinson Center fosters inter-professional shared learning opportunities with community healthcare academic and service partners.

The BINR Second Floor features the Lizbeth and Walter Smoyer Family, Advanced Practice Registered Nurse (APRN) Education Center focusing on diagnosis and treatment, management of chronic illnesses, preventive care, and leadership of interdisciplinary health teams. More than 1,000 APRNs, including 100 with the doctor of Nursing Practice Degree, have graduated from USD since 1984. The Smoyer APRN Education Center contains a High Tech Specialty Classroom and modern adaptable classrooms separated by electronic dividers. Classrooms access a large exterior terrace for meetings or informal gatherings. Ten APRN faculty offices and a large work

room are housed here, along with a conference room and faculty lounge. The second floor provides a “Mother’s Room” for infant care and access to Hahn Main through a connecting bridge.

The BINR Third Floor contains the PhD Executive Classroom and the exquisite Krause Family PhD Research Library and Study that offers sweeping views of Founders Chapel, the Immaculata, and the USD campus. The Krause Family Library assures a setting for creative thinking, relaxed sharing, and peaceful contemplation. Notably, it provides a venue to showcase the evolution of nursing science in over 300 USD Nursing Dissertations. PhD students and faculty enjoy direct access to online research databases for current and historic, domestic, foreign, and international nursing materials. The Krause Family Library assures a scholarly, yet comfortable, space for receptions and PhD Dissertation Defense celebrations.

BINR third floor showcases four Nursing Research units: the Hervey Family San Diego Foundation Military and Veteran Health Unit, the Women and Children’s Health Unit, the Kaye M. Woltman and Melisa R. McGuire Hospice and Palliative Care Education and Research Unit, and the Senior Adult Research Unit and Functional Assessment Apartment. A most unique space, this apartment contains a small kitchenette, bathroom, and bedroom/living area outfitted with equipment and furniture that enhances safety for older adult research participants. A Psychiatric APRN psychotherapy research room adjoins the apartment.

The third floor features a large workroom area where nurse scientists, research staff, assistants, and PhD students can communicate and collaborate. The Director of Nursing Research, the Patricia A. Chin Endowed Professor of Nursing Research, and Senior Nurse Scientist offices are located on the third floor so that they can not only conduct research, but also model for PhD students the adventure of “hands-on” clinical nursing research. A large secured area for efficient data filing systems is housed here.

THE STANDARDS OF EDUCATION FOR NURSE PRACTITIONERS

Both degree programs are informed by the 2008 National Council of State Boards of Nursing *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, & Education* (LACE), and *Essentials for Master’s Education in Nursing* (AACN, 2011) while the post BSN DNP Program is also based on the *Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006). The main components of the *DNP & MSN Essentials’* documents are found in Appendix A (AACN, 2006, 2011) while the entire versions of both documents are on AACN’s website: <http://www.aacn.nche.edu/>. Both NP degree Programs are further informed by the *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2013) and *the Population Focused Nurse Practitioner Competencies* (NONPF, 2013). Furthermore, the Post BSN DNP NP is based on the *Practice Doctorate Nurse Practitioner Entry Level Competencies* (NONPF, 2012).

The AACN DNP Essentials (2006) and MSN Essentials (2011) documents describe in detail the following:

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

NATIONAL ORGANIZATION OF NURSE PRACTITIONER FACULTIES

The National Organization of Nurse Practitioner Faculties (NONPF) is “the leading organization for NP faculty sharing the commitment for NP education” (NONPF website, 2013). In 2012, NONPF revised the core competencies that are required of all NP students at the completion of their NP program (Appendix B). The complete document is available at (<http://www.nonpf.com/associations/10789/files/NPCoreCompetenciesFinal2012.pdf>). The NP Core Competencies include:

1. Scientific Foundation
2. Leadership
3. Quality
4. Practice Inquiry
5. Technology & Information Literacy
6. Policy
7. Health Delivery System
8. Ethics
9. Independent Practice

FACULTY MISSION & PHILOSOPHY

The Hahn School of Nursing and Health Science is a community of progressive scholars in an intellectually rigorous, research intensive environment. Graduate level nurses are educated to optimize health, promote healing, and alleviate suffering through reflective practice, knowledge generation, service to the community, and leadership at local and global levels. The commitment to social justice is deepened by influencing health policy and by promoting an ethical approach to nursing characterized by compassion and respect for the dignity of the individual.

The Mission and Philosophy were further refined specifically for the Nurse Practitioner Programs which includes the following: The mission of the *graduate nurse practitioner programs* at the Hahn School of Nursing and Health Science is to educate the highest level of nurse clinicians and scholars in an intellectually rigorous, research environment. The faculty of the School of Nursing believes that the role of nursing education is to inculcate the ability of graduates to continue to learn and grow in professional practice expertise. Achieving this mission requires that the faculty provides learning experiences that foster critical thinking and that students are accountable for their own learning. Furthermore, graduates of the MSN nurse

practitioner program are prepared to be change makers and advocates in an evolving health care environment.

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 is 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 & OBJECTIVES

The faculty of the Hahn School of Nursing and Health Science have identified the following as **learning outcomes** in preparation for *independent APRN practice* upon completion of the Doctor of Nursing Practice program:

1. Demonstrate advanced levels of clinical practice within defined ethical, legal, and regulatory parameters in designing, implementing, and evaluating evidenced-based, culturally competent therapeutic interventions for individuals or aggregates.

2. Synthesize nursing and other scientific and ethical theories and concepts to create a foundation for advanced nursing practice.
3. Demonstrate leadership in collaborative efforts to develop and implement policies to improve health care delivery and outcomes at multiple levels of professional practice (institutional, local, state, regional, national, and/or international).
4. Incorporate research into practice through critical appraisal of existing evidence, evaluating practice outcomes, and developing practice-based guidelines.
5. Design, implement, and evaluate health care delivery systems and information systems that meet societal needs and ensure accountability for quality outcomes.
6. Employ a population health focus in the design, implementation, and evaluation of health care delivery systems that address primary, secondary, and tertiary levels of prevention.
7. Incorporate ethical, regulatory, and legal guidelines in the delivery of health care and the selection, use, and evaluation of information systems and patient care technology.

At the *MSN level*, the faculty expect that graduates will achieve the following **learning outcomes** in preparation for *collaborative and patient-centered practice*:

1. Critically assess the health problems that are commonly seen by NP in the age groups specific to the scope of practice of their population foci.
2. Collaboratively manage the health problems commonly experienced in these client populations using pharmacologic and non-pharmacologic therapeutic modalities.
3. Perform comprehensive health appraisals to identify client strengths and health risks as a foundation for evidence-based health promotion and illness prevention.
4. Engage in strategies that empower individuals from selected client populations in health promotion and disease prevention.
5. Collaborate with and refer to other health providers and community resources to resolve acute and chronic conditions.
6. Use evidence-based practice and practice guidelines to meet the needs of diverse populations.
7. Analyze health care delivery systems and practice patterns minimize health care disparities to improve access, care quality, outcomes, and cost-effectiveness.

PROGRAM DESCRIPTION

In the Post BSN DNP and MSN NP programs, students build on their broad-based undergraduate nursing education and prior practice experience in order to successfully move forward within the nursing profession to a higher level of expertise as an advanced practice NP. Students begin to formulate their goals for graduate nursing education as a component of submitting their application for admission to one of the following NP tracks: Family, Pediatric/Family, Adult-Gerontology/Family, or Psychiatric-Mental Health NP in the post BSN DNP or MSN NP program.

The Post BSN DNP and MSN NP curricula are based on nursing and related health science mid-range theories, clinical evidence, and models of health care. Emphasis on evidenced-based practice, along with a strong focus on health promotion, differential diagnosis and primary care management, combine to prepare the student as a primary care NP. The current programs allow students to select an educational path that meets their professional and personal goals for advancement. Development of a knowledge base concerning the family across the life span is part of the core segment of the curricula. This focus on families at different developmental stages and from diverse cultural backgrounds and socioeconomic levels assists the student to learn how to assess and meet the needs of the family unit, as well as those of individual family members. This knowledge is applied as the student progresses through the courses that focus on individual and family health promotion and the management of individuals with identified illnesses or conditions.

The *FNP track* provides nurses with advanced knowledge and skills necessary to manage the health problems of individuals and families throughout the lifespan in a variety of primary care settings. Students are prepared to assume leadership in providing quality health promotion, disease prevention, maintenance, and restoration services to families and individuals of all ages and developmental levels in public and private clinics, community health centers, retail health care, school and student health centers, including those providing care to culturally diverse and medically under-served population groups in the San Diego area. Students gain skills in advanced health assessment, clinical decision-making, and case management necessary for practice as FNPs in today's rapidly changing health care system.

Graduates are eligible for certification as Nurse Practitioners in the State of California and national certification by the American Nurses Credentialing Center or the American Association of Nurse Practitioners as FNPs.

The *PNP/FNP track* provides nurses with the advanced knowledge and skills necessary to provide primary pediatric care to infants, children, and adolescents as well as individuals and families across the lifespan. Students are prepared to assume leadership in the health supervision of children and their families in order to promote their growth, development, and well-being as well as providing quality health promotion, disease prevention, maintenance, restoration, and rehabilitation services to both culturally and medically under-served individuals and families across the lifespan. Students gain skills in advanced health assessment, clinical decision-making, and case management necessary to practice in public and private clinics, community health centers, retail health care, schools and student health centers. Students also gain expertise in the management of common pediatric and adult health problems including both acute and chronic conditions. Graduates are eligible for dual certification as Nurse Practitioners in the State of California and national certification by the Pediatric Nursing Certification Board or the American Nurses Credentialing Center as PNP's and FNPs.

The *AGNP/FNP track* prepares nurse practitioners to provide primary care and case management services to adolescents, adults and older adults with acute and chronic illnesses as well as individuals and families across the lifespan. Students are prepared to assume leadership in providing quality health promotion, disease prevention, maintenance, restoration, and rehabilitation services to culturally diverse and medically under-served individuals and families across the lifespan. Students gain skills in advanced health assessment, clinical decision-making, and case management necessary to practice in public and private clinics, community health centers, retail health care, home care, and long-term residential care settings. Graduates are eligible for dual certification as Nurse Practitioners in the State of California and national certification by the American Nurses Credentialing Center or the American Association of Nurse Practitioners as AGNPs and FNPs.

The *PMHNP track* provides a foundation in the theoretical underpinnings of advanced nursing practice with children, adolescents, adults, and older adults and their families with psychiatric-mental health conditions. The program builds on an advanced practice nursing core curriculum of pathophysiology, physical assessment and diagnosis, and pharmacology, with additional coursework in psychopharmacology and common psychotherapeutic modalities. Clinical practicum experiences relevant to individual, family, and group psychotherapy are incorporated throughout the program using a variety of psychiatric/mental health clinical settings with PMHNPs and psychiatrist preceptors. Graduates of the program will be prepared for evidence-based professional practice in a variety of psychiatric-mental health settings. Graduates are eligible for certification as Nurse Practitioners in the State of California and national certification by the American Nurses Credentialing Center as PMHNPs.

CHARACTERISTICS OF THE NP GRADUATE

Characteristics of successful graduates of the Primary Care NP Program are:

1. Insight into the characteristics of advanced nursing practice and the professional issues related to the nurse practitioner role, as well as recognition of personal limits within the selected area of practice.
2. Sound knowledge base and foundational skills in total primary health care management for the appropriate age groups with the capability to proceed to mastery in the selected NP role.
3. Sense of professional collegiality, responsibility and autonomy as providers of primary health care.
4. Eligibility to hold themselves out as a nurse practitioner in the State of California and to successfully write the national certification exam in the selected area of practice.

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.
- (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/>.

Non-Discrimination

The University prohibits discrimination against current and prospective students and employees on the basis of race, color, sex, religion, national origin, age, disability, sexual orientation, or any other legally protected characteristics. The University does not by this non-discrimination statement disclaim any right it might otherwise have to maintain its commitment to its Catholic identity and the doctrines of the Catholic Church. (Archways Student Handbook) Please address all inquiries concerning the application of the University policies to USD's Provost.

Harassment

The University is committed to and embraces the doctrine that all men and women are creatures of God. Each and all not only deserve but must be afforded the dignity that necessarily follows from acceptance of that doctrine. Anyone who chooses to become a member of or participate in any way in the University's community, whether as a student, faculty member, administrator, employee, or guest, is expected to accept this standard of conduct, both in theory and in practice. The University is committed not to tolerate harassment in any form by reason of the race, color, religion, national origin, disability, or sexual orientation, of any person (Archways Student Handbook). Please address all inquiries concerning the application of the University policies to USD's Provost.

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 SON 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.

Grade Point Average (GPA)

The grade point average is computed by first multiplying the number of units for each course under consideration by the number of grade points assigned to the grade received for the course; the total number of grade points earned in the period is then divided by the total number of applicable units attempted. Grade points and attempted credit units for courses with a grade of Incomplete or I (unless the deadline for completion has passed), Pass, or W are not included in the GPA calculation.

Grade points are assigned as follows: A = 4.0; A- = 3.67; B+ = 3.33; B = 3.0; B- = 2.67; C+ = 2.33; C = 2.00; C- = 1.67; D+ = 1.33; D = 1.00; D- = 0.67; F = 0.00.

Dismissal

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
- Alcohol Policy

These policies are available to students in the *Archways Student Handbook*. Procedural Guidelines for the Disciplinary Process and Disciplinary Sanctions are also outlined in the *Archways Student Handbook*. 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 College or School in which their program resides within 10 calendar days of receiving such notice (*Archways Student Handbook*).

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 Bulletin*. In keeping with the university policies, hate crimes or harassment within the SON are reported to the Dean. Grade grievances should be initially addressed with the faculty member involved. If there is no resolution, the Program Director will subsequently become involved and subsequently the Dean of the SON. Failing resolution at that level, the student grievant may submit a written request for a grievance hearing by the Student Affairs Committee of the SON. 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 Student Affairs Committee by-laws, please contact the committee chair.

Graduation/Completion of Degree Requirements

In order to be cleared for degree completion, students must file a Petition to Graduate in the Graduate Records Office by the deadlines outlined in the Academic Calendar in the front of the Graduate Bulletin.

DNP & MSN NURSE PRACTITIONER PROGRAM POLICIES AND PROCEDURES

Retention

The SON faculty realizes that students encounter life circumstances that may create difficulty with the continuation of their educational pursuits. When such circumstances occur, every effort is made to assist students so that they may remain enrolled in their program of study. Retention rates for all SON programs are above 90%. If, for some reason, students must interrupt their educational progress, the student should request a meeting with the DNP & MSN NP Programs Director so that the student may be given a leave of absence in compliance with university policies. Students who take a leave must contact the DNP & MSN NP Program Director/Academic Coordinator in order to receive approval to enroll in subsequent course work.

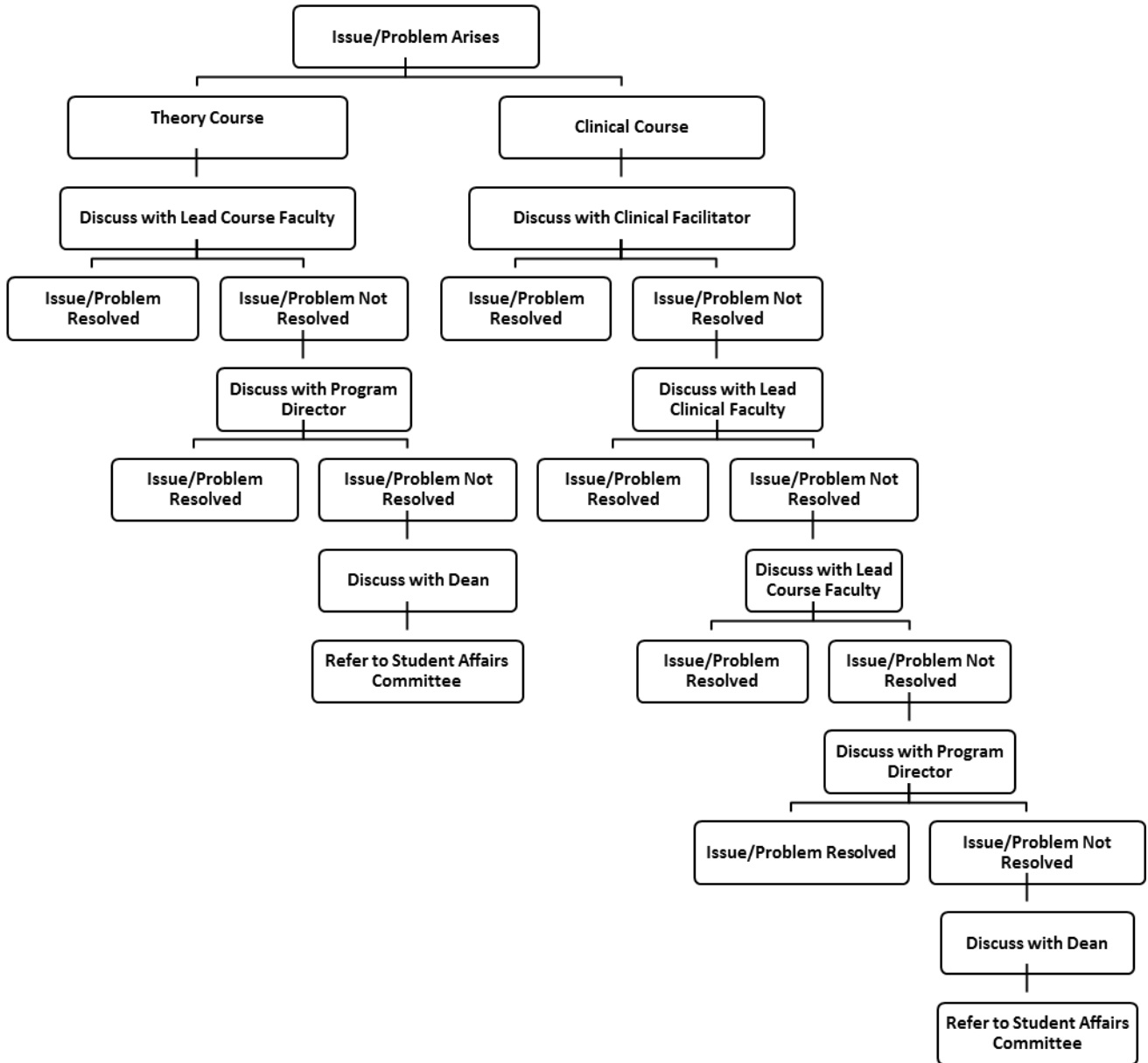
Grading Policy for Clinical and Theory Course

- A minimum grade of B- is required in ALL courses in the DNP Program & MSN Nurse Practitioner Program

- The SON Academic Grading Scale is as follows:
 - A 93-100
 - A- 90-92.99
 - B+ 87-89.99
 - B 83-86.99
 - B- 80-82.99
 - C+ 77-79.99
 - C 73-76.99
 - C- 70-72.99
 - D 60-69.99
 - F 59 or less
- If a grade less than B- is obtained in any of the courses, that course must be repeated and a minimum grade of B- must be earned. Specific to clinical management courses, the course must be successfully completed **before the student can progress to the next clinical management course** in his/her program sequence. All courses may be repeated only one time. **Students who do not pass the course with a minimum of B- the second time will be dismissed from the DNP or MSN NP program.**
- Both the theory AND clinical components of all NP Program Clinical Management courses must be passed. If a student passes only one of the two required components, the student will not pass the course and must repeat the entire course which includes both theory and clinical.
- In order to successfully complete an APNC, DNPC and NPTC course, a minimum exam average of 80% must be achieved on the examination component of the course. The inability to achieve 80% on the exam component automatically results in unsuccessful completion of the course.
- Incompletes in either theory or clinical management courses are only assigned by faculty when the majority of requirements have been completed, but unforeseen problems, crises, etc. interfere with a student's ability to meet the remaining course requirements prior to the end of the term. Furthermore, arrangements must be made with the lead course faculty prior to the end of the semester. Incompletes in a clinical management course must be removed prior to the start of the next clinical management course. For example, if a student is granted an incomplete for a Fall course and plans to take the next course in the clinical management sequence the following Spring, the Fall clinical course requirements must be completed satisfactorily and a grade submitted before Spring classes begin. *No other clinical management course credits can be taken until the incomplete is removed.*

Management of Problems Related to Theory or Clinical Coursework

NP students who experience a course-related issue pertaining to academic performance in theory and/or clinical should consult the algorithm on this page to ascertain the appropriate steps for resolution. Students are encouraged to adhere to this algorithm in order to optimize the most efficient and positive outcome. Faculty are very approachable and encourage that a student be proactive in discussing any issues/challenges with them.



Essential Abilities and Professional Conduct Policies

In order to be successful in the Post BSN DNP or MSN NP programs, students should be able to perform essential abilities relative to the NP role and adhere to policies governing professional conduct (see Appendix C for a complete description). Failure to conform with one or more of these policies will result in a Student Expectation and Improvement Plan (SEIP). Faculty determination to proceed with the SEIP process is a serious decision and has potentially serious implications including dismissal from the program (Appendix D).

Appeal of Dismissals that occur through the Student Expectation and Improvement Plan (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 Director 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 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 then the student may not continue to attend any classes while the appeal is being heard. If the student was dismissed for any other reason, then the student may continue to attend classes until the appeal has been decided.

The SEIP Process and FERPA

All aspects of the SEIP Process are conducted in compliance with FERPA. No information about a particular student shall be communicated to faculty or students except 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 dismissed student and only those faculty in whose classes the dismissed student was enrolled shall be informed that the student is no longer in the program.

Course Repetition Policy

A student who does not successfully complete a course (minimum B- course grade) has **one** opportunity to complete the course. Lack of successful completion automatically results in a dismissal from the program. This applies to all courses. If a student does not successfully complete one course and then does not successfully complete a second, different course,, the student will be dismissed from the program.

Readmission Policy for Nurse Practitioner Programs

Readmission to the Nurse Practitioner Programs is **not** automatic. Applicants for readmission will be pooled with new applicants who are vying for competitive admission and must complete all requirements as stated in the Graduate Bulletin. In addition, depending on the amount of time that has elapsed since attendance at USD, applicants may be required to repeat specific

courses. Contact Cathleen Mumper, Director of Student Services in the Hahn School of Nursing and Health Sciences, and/or Amy Wright, Academic Coordinator, for additional information.

Publishable Papers, Posters, & Presentations

Students who are currently enrolled in the DNP Program or MSN NP Program and developing publishable papers, posters, and/or presentations based on their course work must consult with their DNP faculty advisor (DNP students) or Course lead faculty (MSN students) prior to submitting abstracts or papers. The University of San Diego, Hahn School of Nursing and Health Science and Beyster Institute of Nursing Research, Advanced Practice, and Simulation must be recognized in these materials. If the student has prepared a publishable paper, poster, or presentation unrelated to the academic experience, they may consult with their DNP faculty advisor or Course lead faculty if desired.

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 – (Hahn University Center 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.
- **Torero Store (Hahn University Center)**– 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. <http://www.usdtorerores.com>.
- **Campus Ministry (University Center 238)** – 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.

- **Career Services (Hughes Center 110)**– serves as a centralized career resource for USD students, alumni, and employers.
- **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 (Serra Hall 300)**- 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.
- **Dining Services (Student Life Pavillion, Level 1)** – 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.
- **Disability and Learning Difference Resource Center (Serra Hall 300)** – USD is committed to helping students with disabilities obtain meaningful academic accommodations and support and to help improve access to the many excellent programs and activities offered by the University. Services include evaluating disability documentation, arranging academic accommodations and providing disability management/counseling to students with disabilities. The resource center also coordinates with other departments, both academic and administrative, such as Residential Life, the Department of Public Safety, the School of Law, and the Dean's offices of the various schools on campus, to meet students' needs. The office also strives to serve the broader University community by raising awareness of the needs and rights of persons with disabilities. The resource center facilitates dialog about issues of diversity and inclusion and promotes respect for the unique needs, challenges, strengths and contributions of community members.
- **Financial Aid (Hughes Center 319)** – assists students with their financial requests. The University also has financial aid counselors to assist applicants with form completion.

- **Housing (Mission Crossroads)** – 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.
- **Information Technology Services (University Center 117)** – supports general and instructional computing labs. Information on hours of operation, software, policies and equipment is available at <http://www.sandiego.edu/its/labs/>.
- **Instructional Media Services (Maher Hall 176)** - provides services to USD faculty, staff, and students for academic use and acquires, circulates, installs, manages and maintains display, recording, and playback equipment. The IMS staff also provides videotaping, scanning, large format color printing, video conversion services, Final Cut Express video editing and related multimedia production services.
- **International Center (Serra Hall 315)** - 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.
- **Manchester Family Child Development Center (Manchester Village)** – 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.
- **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.
- **Writing Center (Founders Hall 174)** – 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 Fridays 9 am to 2 pm.

SCHOOL OF NURSING RESOURCES

- **Director of Student Services (Cathleen Mumper, SON 209)**- 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 SON. She administers and coordinates Open Houses, Employment Fairs and New Student Orientations. In addition, the Director of Student Services manages the SON financial aid budget and administers the awards made in collaboration with the Dean and Program

Directors. She also serves as the SON 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 SON programs and policies.

- **Development Officer (Joan Martin, SON 233)** – the Development Officer works with the SON to establish scholarships for students and to enhance the overall support including program resources.
- **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, Balboa Naval Medical Center, and Palomar Health. Because of the focus on health promotion, a large number of community agencies are utilized including schools, home health agencies, the San Diego County Department of Health Services, health maintenance organizations, and local community clinics.
- **Clinical Site Coordination** – all clinical placements are coordinated through the SON Clinical Placement Coordinator. Every effort is made to secure appropriate placements for each student. All arrangement for preceptors are made in collaboration with the course faculty and Program Director. If there is a special request or specific need, this should be discussed with the clinical placement coordinator before the semester begins. Students are not permitted to contact any clinical site or preceptor directly to request placements. Students are encouraged to share potential placement sites with the CPC.
- **Dickinson Family Foundation’s Lizbeth Dickinson Smoyer Nursing Simulation Center (Dickinson Center)**– The Dickinson Center is designed to simulate the clinical setting and provide students with the opportunity to develop and enhance clinical skills in a safe environment. The 3,500 square foot space is located adjacent to the SON building in the Betty and Bob Beyster Institute for Nursing Research, Advanced Practice and Simulation. Dr. Karen Macauley, Director of Innovative Learning, manages the Dickinson Center which contains a hospital area with eight patient units, six exam rooms, nursing station, medication room, a faculty/student lounge and work area, and laundry room. The Dickinson Center is equipped with high fidelity computer simulators, student debriefing rooms, computer video monitoring and recording capabilities along with a Learning Spaces system, and birthing simulations.

ROLES OF VARIOUS DNP & MSN NP FACULTY/STAFF

DNP & MSN NP Program Director: (Dr. Shelley Hawkins, PhD, FNP-BC, GNP, FAANP)
Responsible for overall leadership and coordination of the DNP Program and MSN NP Program. Dr. Hawkins is available by appointment to all students.

Lead Faculty for FNP, AGNP, PNP, PMHNP Tracks: (Dr. Cheryl Butera, PhD; Dr. Karen Macauley, PhD, DNP, FNP-BC, GNP-BC; Dr. Kathleen Sweeney, DNP, CPNP; Dr. Michael Terry, DNP, FNP-C, PMHNP-C) Provide role and content expertise to Program Director and Faculty regarding scope of practice, curriculum, and certification regulations.

Lead Faculty for Theory and/or Clinical Management Courses: Each theory and/or clinical management course has a designated lead course faculty to provide leadership for all faculty teaching in the course and students enrolled in the course. The lead faculty is responsible for the smooth operationalization of all aspects of the course including assigning course content for instruction to selected course faculty, development and evaluation of examinations, collecting grades from the lead clinical faculty, completing the course grade sheet with submission to the Registrar at the end of the semester, and providing course/student updates to the Program Director and faculty during DNP/NP team meetings. In addition, each clinical management course (NPTC) has a clinical lead faculty who serves as a resource/consultant for clinical facilitators and students in the course to help resolve any questions or problems that may arise with academic performance, clinical placements, etc.

Lead Clinical Faculty & Clinical Facilitator Faculty: The lead clinical faculty for the course is responsible for assigning students to clinical facilitator faculty who provide mentoring and indirect clinical supervision to individual NP students in a particular clinical course. The lead clinical faculty is a resource for all clinical facilitator faculty in the course. The clinical facilitator faculty makes a minimum of one site visit during the semester for observation and interaction with both the student and preceptor, reviews clinical logs and reflections documented in nTrack, and serves as the primary resource regarding any problems or issues that arise related to the practicum experience. Clinical facilitator faculty contact each student preceptor at the beginning of the semester to establish communication. Typically, the student clinical site visit is scheduled midpoint in the semester which entails coordination with the student and preceptor.

Clinical Placement Coordinator (CPC): (Stephanie Evangelista, RN, MSN, PHN) Administrative Staff member who maintains the roster of clinical preceptors and sites, works with faculty and students in development of new sites (as needed), and works collaboratively with faculty and NP 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 and the Preceptor or Clinical Mentor Handbooks. Any exceptions must be approved by the Program Director. Students should respond promptly to any messages from the CPC during the clinical placement process.

Academic Coordinator: (Amy Wright) Administrative Staff member who acts as primary academic advisor to all DNP & MSN NP Program students with inquiries about academic

progression, registration and University and program policies. Serves as the liaison for all state and national accrediting bodies and certification agencies.

Administrative Assistant to the DNP & MSN Nurse Practitioner Programs: (Sara D'Agostino)
Responsible for providing support to the DNP & MSN NP Program Director, faculty, staff and students.

Standardized Patient Exams Program: (Dr. Kathleen Sweeney, APRN Simulation Coordinator):
Responsible for the coordination and implementation of lab operations and standardized patient exam sessions throughout the entire NP curriculum.

DNP AND MSN NP FACULTY LISTING

Full-Time Faculty:

<u>Name</u>	<u>Clinical Practice Area(s)</u>	<u>Teaching/Research Interests</u>
Mary Barger, PhD, CNM	Midwifery	Midwifery, public health
Joe Burkard, DNSc, CRNA	Anesthesia	Translational science, pathophysiology, pain management
Cheryl Butera, PhD, MSN, FNP	Family practice	School health
Shelley Hawkins, PhD, FNP, GNP, FAANP	Family practice, Gerontology, Telehealth	Telemedicine, chronic illnesses, & Director of DNP & MSN NP Programs
Lois Howland, MSN, DrPH	Integrative therapy	Epidemiology, maternal-child stress management
Karen Sue Hoyt, PhD, FNP	Emergency nursing	Emergency nursing
Susan Instone, DNSc, PNP	Pediatric primary care	Reflective practice, behavioral/developmental pediatrics
Kathy James, DNSc, FNP, WHNP, FAAN	Women's health, weight management	Women's health, pediatric weight management, health promotion
Karen Macauley, PhD, DNP, FNP, GNP	Internal medicine	Competency evaluation using Standardized Patients & Simulation; lead GNP faculty & Director of Innovative Learning
Jonathan Mack, PhD, ANP	Emergency medicine	Health care informatics, chronic illnesses

Semira Semino-Asaro, PhD, CNS	Psychiatric/Mental Health	Influence of culture on human development, maternal-child health, psycho-education for families
Kate Stacy, PhD, CNS	Gerontology	Alarm Management
Kathleen Sweeney DNP, PNP	Pediatric Primary Care	Pediatrics; APRN Simulation Coordinator & lead PNP faculty
Michael Terry, DNP, FNP, PMHNP	Psychiatric/Mental Health	Traumatic Stress, Compassion, Fatigue; lead PMHNP faculty

Part-Time Faculty:

<u>Name</u>	<u>Clinical Practice Area(s)</u>	<u>Teaching/Research Interests</u>
Donna Agan, EdD	N/A	Financial management, Leadership Studies
Crisamar Anunciado, PhD, FNP	Family Practice	Diabetes
Catherine Clark, MSN, PMHNP	Psychiatric/Mental Health	Psychiatric/Mental Health
Sue Desimone, PhD, PNP	Pediatric primary care	Psychosocial health of families
Zoe Droske, MSN, PNP	Pediatric primary care	Pediatric primary care, health assessment
Katie Clark, MPH, RD	Nutrition	Nutrition
Marcia Faller, PhD	N/A	Strategic planning
Julianna Gabbard, MSN, FNP	Women's Health	Women's Health
Kristi King, DNP, WHNP	Women's Health	Women's Health
Youngmi Kim, DNP, AGNP	Gerontology	Gerontology
Susan Klein, DNP, FNP	Oncology	Oncology
Paula Leibham, MSN, FNP	Family practice	Family practice, women's health
Kevin Maxwell, DNP, FNP	Family Practice	Pathophysiology
Michelle McCurdy, MSN, FNP	Family practice	College health
Margaret McCahill, MD	Psychiatry	Psychiatry
Alison McManus, DNP, FNP	Research	Transgender Health Care
Sally Murdock, MSN, FNP	College health	Adult health management

Scot Nolan, DNP, CNS, CCRN	Critical care	Pathogenesis of complex disease
Stephanie Reitinger, DNP, FNP	Adolescent substance abuse	Pediatric ER
Lisa Sacco, DNP, FNP	Family practice	Family practice
Martha Suarez, MSN, PMHNP	Psychiatric/Mental Health	Psychiatric/Mental Health
Tanna Thomason, PhD, CNS	Critical Care	Cardiology
Ann Uetz, MSN, FNP	Family Practice	Family Practice
Ellen Ward, DNP, GNP	Gerontology	Falls, geriatric patient care
Kristi Westphaln, MSN, CPNP	Pediatrics	Emergency medicine, trauma

ADVANCED PRACTICE NURSING CORE COURSES

Competency Expectations for **APNC 520: Pathophysiology**, **APNC 521: APRN Physical Assessment & Diagnosis**, and **APNC 523: Pharmacology** are based on foundational knowledge and skills acquired in the BSN program. The expectation is that a student will possess a knowledge of normal anatomy and physiology, pathophysiology, and biochemistry in order to successfully complete APNC 520. Furthermore, successful completion of APNC 521 will require students to possess knowledge of and ability to perform a general assessment of individuals along with the ability to differentiate normal versus abnormal health assessment findings. Additionally, a broad-based knowledge of various pharmacological agents including basic pharmacokinetics and pharmacodynamics for a plethora of medications used in a variety of patient populations is a beginning expectation for successful performance in APNC 523. If a student's knowledge-base is limited in any of these areas, it is recommended that the student review the content prior to the beginning of the course(s) either independently or through taking a review course.

APNC 520 Pathophysiology (3 units)

Focuses on pathophysiological processes across the lifespan and the development of clinical reasoning skills required in advanced practice nursing. Distinguishes between normal physiology and specific system alterations produced by injury and disease. Explores etiology, pathogenesis, developmental and environmental influences, and clinical manifestations of major health problems. **Note:** Successful completion of the course with a letter grade of B- or higher is necessary to pass the course. A minimum 80% examination average must be achieved in order to successfully complete the course.

Prerequisites: None

APNC 521 APRN Physical Assessment and Diagnosis (4 units)

Explores theoretical and clinical practice principles of advanced physical assessment and diagnosis across the lifespan. Utilizes various methods of comprehensive evidence-based data gathering, analysis, and documentation including history taking, physical examination, screening for common diseases, diagnostic procedures, and differential diagnoses. Differentiates abnormalities from common normal variations characteristic of various developmental, cultural, and ethnic groups. Laboratory-based practicum experiences provide the opportunity for the integration of theory with APRN role responsibilities specific to physical assessment and diagnosis. **Note:** Successful completion of the course with a letter grade of B- or higher is necessary to pass the course. A minimum 80% examination average must be achieved in order to successfully complete the course.

Pre/Co-requisites: APNC 520

APNC 523 Pharmacology in Health Management (3 units)

Provides an evidence-based knowledge of pharmacotherapeutics for patients across the lifespan including special populations. Develops a foundation for decision-making necessary for initiating, monitoring, and modifying pharmacological treatment plans. **Note:** Successful completion of the course with a letter grade of B- or higher is necessary to pass the course. A minimum 80% examination average must be achieved in order to successfully complete the course.

Prerequisites: APNC 520

GRADUATE NP COURSES

Students enrolled in the Post BSN DNP Program complete 9 units of Graduate NP Courses while MSN NP Program students complete 6 units. These courses are as follows:

DNPC 611 Methods of Translational Science/ Evidence Based Clinical Practice (3 units)

This is the first of several courses in the APRN program that provides the foundation and methods for translational science and evidence-based clinical practice. Focuses on critical analysis, synthesis, and application of translational research models. Emphasizes areas including: (a) establishing a connection between scientific research and clinical practice, (b) evaluating research findings for application in evidence based practice, (c) exploring analytic approaches to translational science (including interdisciplinary models), and (d) examining the impact of translational science findings into practice at the individual, family, system, and population level. **Note:** Successful completion of the course with a letter grade of B- or higher is necessary to pass the course.

Prerequisite: Admission to the DNP or MSN NP Program

DNPC 648 Health Policy Analysis (3 units)

Examines the process of policy formation within the health care industry from the perspectives of origin, implementation, and analysis. Focuses on the impact of health policy on the consumer

and provider. Examines current legislative actions and issues and assumes a leadership role in the policy making process. **Note:** Successful completion of the course with a letter grade of B- or higher is necessary to pass the course.

Prerequisites: None

HCIN 540 Introduction to Health Care Information Management (3 units)*

Provides students with necessary skills to understand the basis for health care informatics. Emphasizes basic understanding of computer hardware, network architecture, clinical application of electronic health records, and health care software applications. Includes relevant regulatory, patient privacy, security, and reimbursement issues. Examines current trends in meaningful use and electronic health record (EHR) certification as a foundation for understanding emerging issues in health care informatics. **Note:** Successful completion of the course with a letter grade of B- or higher is necessary to pass the course.

Prerequisites: None

***MSN NP students will be required to complete course effective with Fall 2016 MSN program admission**

DNP CORE COURSES & SCHOLARLY PRACTICE COURSE

Students enrolled in the DNP program complete 18 units of DNP core courses and an 8-11 unit DNP Scholarly Practice experience. These courses are as follows:

DNPC 610 Philosophy of Reflective Practice (3 units)

Provides the student with the opportunity to explore the philosophical underpinnings of advanced nursing practice and practice inquiry including ontology and epistemology of reflective practice and current practice inquiry perspectives. Explores selected methodologies and their philosophical assumptions as a basis for developing a reflective practice that informs and is informed by inquiry bridging science and practice. **Note:** Successful completion of the course with a letter grade of B- or higher is necessary to pass the course.

Prerequisite: Admission to the DNP Program or permission of instructor.

DNPC 622 Pathogenesis of Complex Disease (3 units)

Critical analysis and synthesis of advanced pathophysiology and clinical genetics to examine complex disease states in acutely or chronically ill individuals with an emphasis on multi-system conditions. Provides a foundation for use of evidence-based practice models in clinical management with an emphasis on pharmacogenetics. **Note:** Successful completion of the course with a letter grade of B- or higher is necessary to pass the course. A minimum 80% examination average must be achieved in order to successfully complete the course.

Prerequisite: APNC 520, APNC 521, APNC 523

DNPC 625 Epidemiology: Foundations of Evidence-Based Practice (3 units)

Focuses on the application of epidemiologic principles and data management to address health

problems in advanced practice nursing. Emphasizes the use of an epidemiologic model to identify factors contributing to health conditions encountered by advanced practice nurses. Addresses the management of data related to health problems encountered in practice. **Note:** Successful completion of the course with a letter grade of B- or higher is necessary to pass the course. Prerequisite: DNPC 611 or permission of instructor.

DNPC 626 Strategic Planning and Quality Initiatives (3 units)

Emphasizes strategic planning and management, systems and organizational theories, and quality improvement tools, processes and methodologies. Acquaints students with the processes, tools and techniques of strategic planning that will enable them to manage their patient population more strategically and to contribute effectively to strategic thinking and action in healthcare organizations. Focuses on leadership and the process of health care delivery from a systems perspective, emphasizing continuous process improvement as crucial to achieving high quality outcomes. **Note:** Successful completion of the course with a letter grade of B- or higher is necessary to pass the course. A minimum 80% examination average must be achieved in order to successfully complete the course.

Prerequisites: DNPC 625, DNPC 653 or permission of instructor

DNPC 653 Financial Decision Making for Health Care Settings (3 units)

Explores the financial characteristics of health care as a business. Provides a forum to evaluate financial information through the analysis of budgets, financial statements, insurance/reimbursement, cost effectiveness, cost avoidance, and how those elements specifically affect the role of the Doctor of Nursing Practice. Provides a foundation of financial analytical skills to be applied in various health care settings. **Note:** Successful completion of the course with a letter grade of B- or higher is necessary to pass the course. A minimum 80% examination average must be achieved in order to successfully complete the course.

Prerequisites: None

DNPC 686 Perspectives in Program Planning and Evaluation (3 units)

Prepares students to design, implement, and evaluate health care delivery or educational programs or projects. Focuses on principles of program planning and evaluation and models applicable to comprehensive systematic evaluations of complex health care delivery or educational projects or programs. Students design and implement an evaluation of a specific evidence-based practice project, health care delivery program, or educational program. **Note:** Successful completion of the course with a letter grade of B- or higher is necessary to pass the course.

Prerequisites: 611 and 625 for DNP students; PHDN 670 and PHDN 673 for PhD students, or permission of instructor

DNPC 630 DNP Scholarly Practice (1-6 units can be taken each semester)***

Prepares the graduate to 1) design, deliver, and evaluate comprehensive evidenced-based care to individuals and/aggregates incorporating advanced practice nursing competencies; 2) provide leadership in promoting evidenced-based practice in an advanced practice specialty, and 3) function as a practice specialist/consultant in the resolution of clinical problems. **Note:** Successful completion of the course with a letter grade of B- or higher is necessary to pass the course.

Co-requisites: APRN/APRN student status

NP PROGRAM CURRICULA

The various Primary Care NP Program track curricula have been designed to meet the learning needs of students pursuing an advanced practice nursing role in primary care at doctoral and master's degree levels. Therefore, the courses provide the current knowledge necessary to prepare a safe and competent nurse practitioner for DNP or MSN practice in ambulatory care and other community settings. The course schema for all NP options in the Post BSN DNP and MSN Programs can be found in Appendix E.

The courses that compose the emphasis portion of the NP Program represent the theoretical and clinical focuses necessary for providing primary care to appropriate age groups in each type of setting (ambulatory and/or community). These courses contain NP core content that each student must master prior to completing the program with preparation in one or more of the NP tracks. Content progresses from simple to complex with more commonly encountered health problems introduced prior to those more uncommonly encountered and managed by NPs.

All NPTC courses incorporate a Problem-Based Learning (PBL) teaching/learning methodology as well as the traditional lecture/discussion format. The literature has reported PBL to be very effective for teaching the critical thinking process that is at the heart of the assessment/differential diagnosis/care management process. PBL requires students to be highly self-motivated, reflective, and active learners which are essential for clinical care of patients. The knowledge base needed to provide primary care is changing rapidly so that every clinician needs to become a life-long learner. PBL facilitates the ability to identify individual learning needs, efficiently solve problems, and collaborate with other colleagues in this process. PBL has been demonstrated to be much more effective than the lecture format in facilitating NP students to develop differential diagnoses and the specific knowledge and skills needed to practice safely and competently. Furthermore, clinical competency of students is much more effectively evaluated using the PBL methodology.

Effective fall 2013, a newly formed "PBL NP Team" was incorporated into all NPTC course didactic and clinical instruction. Team members work closely with small groups of students in the lab setting during each of the clinical management courses to facilitate student learning and

conduct formal standardized patient evaluations. The PBL NP Team consists of 4-5 doctorally-prepared and/or master's prepared NP faculty with specialty certification in various population foci. Each NP team member works closely with a small group of 6 students in the S & SPNL setting. A PBL approach using case scenarios for teaching course theory is incorporated into standardized patient scenarios. There are a variety of PBL case scenarios inclusive of the specialty populations. Each clinical management course includes 3 PBL formative sessions and 1 PBL summative final clinical evaluation. Each student must successfully pass the summative final clinical evaluation of the SP experience in order to successfully complete the course. Failure will result in a failing grade in the clinical management course.

Standardized patients (SPs) are incorporated into the PBL teaching-learning sessions for both practice and evaluation purposes. The acquisition of clinical competencies are taught, monitored, and evaluated in each of the clinical management courses through the use of SPs. Students are videotaped as they assess/diagnose/manage trained patient-actors for health problems in Dickinson Center. Faculty observe the evaluation of the student's performance followed by viewing the videotaped experience with the student to identify the student's clinical strengths, identify areas that need improvement, and complete the student clinical evaluation for that course. The patient-actors are trained to provide students with feedback from a "patient/client" perspective about the quality of their interactions during the encounter. In addition, the simulation center 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 supports the Dickinson Center once students begin the clinical sequence of the program.

The NP clinical management courses provide 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) but ultimately securing each clinical placement is the responsibility of the CPC. This takes place during the semester prior to enrollment in the clinical course.

NP students need to be active, self-directed learners, especially in the clinical component of their program. The clinical management theory course sequence does not always coincide with the knowledge a student needs to have in specific practice settings. Therefore, NP students need to prepare accordingly in order to optimize their clinical experience. Students should seek assistance from faculty and preceptors regarding selection of resources (e.g., appropriate clinical management manuals, drug references, etc.) that will be useful.

Nursing students also have access to USD's Copley Library to support their learning. The library houses extensive print resources as well as a wide variety of online materials, including

subscription databases and ebooks, many of which are 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 with hours to support the schedules of most students, 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 may also be purchased at a reduced rate through the campus Information Technology Services department. Please visit sandiego.edu/library for more information about Copley Library's services and resources.

In both the Post BSN DNP and MSN NP programs, students complete all NPTC Emphasis courses depending upon their population focus (NP-family, pediatrics/family, adult-gerontology/family, family psychiatric mental health). Thus, the number of units vary depending on the student's enrollment in the various tracks and degree programs. Table 2 summarizes this information.

NP Emphasis Courses include the following:

NPTC 535 Primary Adult/Gerontology Health Care: Management of Older Adults with Long-Term Health Problems (6 units)

Focuses on assessment and management of *complex long-term* health problems in older adults by the adult/gerontology nurse practitioner. Evaluates the evidence base for screening, differential diagnosis, and management of long-term health problems, including pharmacological and non-pharmacological treatment modalities in a culturally appropriate manner. Incorporates theoretical perspectives of chronicity including chronic illness trajectories, psychological impact, role adaptations, and lifestyle adjustments required of long-term health problems for individuals, families, and caregivers. Analyzes the structure, regulation, and financing of the U.S. long-term health care system and the impact of various settings and support services within that system on older adults and families experiencing long-term health problems. Uses technology and information systems to improve patient outcomes and access to care. Related classroom, lab, and clinical experiences in selected primary care and long-term care settings provide opportunity for application of these concepts. **Note:** Successful completion of **both** the theory and the clinical components of the course with a letter grade of B- or higher is necessary to pass the course. In addition, a minimum 80% examination average must be achieved in order to successfully complete the course.

Prerequisites: APNC 521, NPTC 605

NPTC 549 Primary Pediatric Health Care: Selected Topics for Primary Care of Children (6 units)

Focuses on assessment and management of selected topics in children from birth through adolescence by the pediatric nurse practitioner in a variety of collaborative primary care settings. Evaluates the evidence base for screening, differential diagnosis, and management of pediatric health problems, including pharmacological and non-pharmacological treatment modalities in

a culturally appropriate manner. Builds upon a foundation of knowledge of well child care; variations in growth, development, and behavior; and the in-depth management of both common and uncommon complex and chronic pediatric problems. Analyzes the structure, regulation, and financing of the U.S. health care system and the impact of various settings and support services within that system on children and families experiencing chronic health problems. Uses technology and information systems to improve patient outcomes and access to care. Related classroom, lab, and clinical experiences in selected primary care and long-term care settings provide opportunity for application of these concepts. **Note:** Successful completion of **both** the theory and the clinical components of the course with a letter grade of B- or higher is necessary to pass the course. In addition, a minimum 80% examination average must be achieved in order to successfully complete the course.

Prerequisites: APNC 521, NPTC 605

NPTC 602 Primary Care I (4-6 units)

Focuses on the nurse practitioner's application of the principles of health promotion, health maintenance, and risk assessment with individuals across the lifespan in primary care settings. Emphasizes assessment on the influences of ethnicity, culture, and community on development and health behaviors among individuals and families. Related classroom, lab, and clinical experiences in selected primary care settings provide opportunity for application of these principles. **Note:** Successful completion of both the theory and the clinical components of the course with a letter grade of B- or higher is necessary to pass the course. In addition, a minimum 80% examination average must be achieved in order to successfully complete the course.

Co-requisite: APNC 521

NPTC 604 Primary Care II A (6 units)

Focuses on assessment and management of *common* acute health problems with less emphasis on chronic health problems in individuals across the lifespan in *primary care settings* by the nurse practitioner. Evaluates the evidence for screening, differential diagnosis, and management of health problems, including pharmacological and non-pharmacological treatment modalities in a culturally appropriate manner. Incorporates technology and information systems to improve patient outcomes and access to care. Related classroom, lab, and clinical experiences in selected primary care setting provide opportunity for application of these concepts. (This course is the first part of the primary Care II series). **Note:** Successful completion of both the theory and the clinical components of the course with a letter grade of B- or higher is necessary to pass the course. In addition, a minimum 80% examination average must be achieved in order to successfully complete the course.

Prerequisite: NPTC 602

NPTC 605 Primary Care II B (6 units)

Focuses on assessment and management of *common* chronic health problems with less emphasis on acute health problems in individuals across the lifespan in *primary care settings* by the nurse practitioner. Evaluates the evidence for screening, differential diagnosis, and management of health problems, including pharmacological and non-pharmacological treatment modalities in a culturally appropriate manner. Technology and information systems are incorporated to improve patient outcomes and access to care. Related classroom, lab, and clinical experiences in selected primary care setting provide opportunity for application of these concepts. (This course is the second part of the primary Care II series.). **Note:** Successful completion of both the theory and the clinical components of the course with a letter grade of B- or higher is necessary to pass the course. In addition, a minimum 80% examination average must be achieved in order to successfully complete the course.

Prerequisite: NPTC 604

NPTC 608 Primary Care III A (6-7 units)

Focuses on the nurse practitioner's assessment and management of *common complex and/or unstable* acute and chronic health problems in individuals across the lifespan in *primary care settings*. Evaluates the evidence base for screening, differential diagnosis, and management of health problems, including pharmacological and non-pharmacological treatment modalities in a culturally appropriate manner. Uses technology, information systems, and business principles to improve patient outcomes and access to care. Related classroom, lab, and clinical experiences in selected primary care and long-term care settings provide opportunity for application of these concepts. (This course is the first part of the Primary Care III series.). **Note:** Successful completion of both the theory and the clinical components of the course with a letter grade of B- or higher is necessary to pass the course. In addition, a minimum 80% examination average must be achieved in order to successfully complete the course.

Prerequisite: NPTC 605

NPTC 609 Primary Care III B (6-7 units)

Focuses on the nurse practitioner's assessment and management of *common complex and/or unstable* acute and chronic health problems and emergencies in individuals across the lifespan in *primary care and long-term care settings*. Evaluates the evidence base for screening, differential diagnosis, and management of health problems, including pharmacological and non-pharmacological treatment modalities in a culturally appropriate manner. Incorporates an innovative approach to a clinical problem using technology, information systems, and business principles. Related classroom, lab, and clinical experiences in selected primary care and long-term care settings provide opportunity for application of these concepts. (This course is the second part of the Primary Care III series.). **Note:** Successful completion of both the theory and the clinical components of the course with a letter grade of B- or higher is necessary to pass the course. In addition, a minimum 80% examination average must be achieved in order to successfully complete the course.

Prerequisite: NPTC 608

NPTC 627 Primary Mental Health Care I: Biopsychosocial Foundations of Behavior & Psychopathology (4 units)

Presents a multidisciplinary, evidence-based approach to the understanding of normal and abnormal human behavior across the lifespan. Emphasizes genetic, neurobiological, developmental, interpersonal, sociocultural, and environmental perspectives on behavior and behavioral change. Provides the fundamental conceptual basis for the APRN-PMH clinical sequence of courses. Focuses on the psychiatric nurse practitioner's application of the principles of health promotion, health maintenance, and risk assessment with individuals across the lifespan. **Note:** A minimum 80% examination average must be achieved in order to successfully complete the course. Successful completion of both the theory and the clinical components of the course with a letter grade of B- or higher is necessary to pass the course.

Co-requisites: APNC 521, APNC 520

NPTC 624 Primary MH Care III: Psychopharmacology (5 units)

Provides an evidence-based knowledge of pharmacotherapeutics for patients with mental health conditions across the lifespan including special populations. Establishes a foundation for decision-making necessary for initiating, monitoring, and modifying pharmacological treatment plans for mental health conditions. **Note:** Successful completion of both the theory and the clinical components of the course with a letter grade of B- or higher is necessary to pass the course. In addition, a minimum 80% examination average must be achieved in order to successfully complete the course.

Prerequisites: APNC 521, APNC 523

NPTC 651 Primary Mental Health Care II: Psychiatric Assessment & Diagnoses (4 units)

Focuses on the knowledge necessary for the comprehensive assessment and management of common and complex psychiatric conditions across the lifespan. Emphasis is on interviewing, differential diagnosis, psychopathology, case formulation and initial treatment planning for mental health disorders. Explores the role of the psychiatric nurse practitioner related to interdisciplinary practice. Classroom and clinical experiences in selected inpatient and community settings provide opportunities for application of theoretical concepts with individuals across the lifespan. **Note:** A minimum 80% examination average must be achieved in order to successfully complete the course. Successful completion of **both** the theory and the clinical components of the course with a letter grade of B- or higher is necessary to pass the course.

Prerequisites: NPTC 627

NPTC 653 Primary Mental Health Care IVA: Individual Psychotherapy I (7 units)

Introduces the management of individuals with mental health disorders across the lifespan focusing on selected evidence-based psychotherapy modalities. Builds on previous coursework based on the biopsychosocial model. Develops fundamental psychological case conceptualization skills and conducts appropriate treatment interventions for common and complex conditions. **Note:** Successful completion of both the theory and the clinical components of the course with a letter grade of B- or higher is necessary to pass the course. In addition, a minimum 80% examination average must be achieved in order to successfully complete the course.

Prerequisites: NPTC 651

NPTC 655 Primary Mental Health Care IVB: Individual Psychotherapy II (5 units)

Builds on the content and skills acquired in NPTC 653. Explores psychotherapeutic modalities in more depth and expands skills in formulating cases with children and adults along with their expertise in utilizing selected evidence-based interventions. **Note:** Successful completion of both the theory and the clinical components of the course with a letter grade of B- or higher is necessary to pass the course. In addition, a minimum 80% examination average must be achieved in order to successfully complete the course.

Prerequisites: NPTC 651, 653

NPTC 657 Primary Mental Health Care III: Psychotherapy with Group and Fam Syst (5 units)

Focuses on the theory relevant to systems dynamics including group and family psychotherapy. Emphasizes preparing students to make comprehensive assessments and determine appropriate interventions when working with individuals in complex systems. **Note:** Successful completion of both the theory and the clinical components of the course with a letter grade of B- or higher is necessary to pass the course. In addition, a minimum 80% examination average must be achieved in order to successfully complete the course. Prerequisites: NPTC 653, 655

Courses Included in the Various Post BSN DNP and MSN NP Curricula

Course Number	COURSE DESCRIPTION	BSN/ DNP FNP	MSN FNP	BSN/ DNP FNP PNP	MSN PNP/ FNP	BSN/ DNP FNP AGNP	MSN AGNP/ FNP	BSN/ DNP PMH	MSN PMH
APNC 520	Pathophysiology (3)	X	X	X	X	X	X	X	X
APNC 521	APRN Physical Assessment & Diagnosis (4)	X	X	X	X	X	X	X	X
APNC 523	Pharmacology in Hlth Mgmt (3)	X	X	X	X	X	X	X	X
DNPC 610	Philosophy of Reflective Practice (3)	X		X		X		X	
DNPC 611	Methods of Translational Science (3)	X	X	X	X	X	X	X	X
DNPC 622	Pathogenesis of Complex Disease (3)	X		X		X		X	
DNPC 625	Epidemiology: Foundations of EBP (3)	X		X		X		X	
DNPC 626	Strategic Planning and Quality Initiatives (3)	X		X		X		X	
DNPC 630	DNP Scholarly Practice (11)	X		X		X		X	
DNPC 648	Health Policy Analysis (3)	X	X	X	X	X	X	X	X
DNPC 653	Financial Decision Making for Health Care Systems (3)	X		X		X		X	
DNPC 686	Perspectives in Program Planning & Evaluation (3)	X		X		X		X	
HCIN 540	Introduction to Health Care Information Mgt	X		X		X		X	
NPTC 535	Primary Adult/Gerontology Hlth Care: Mgt of Older Adults with Long-Term Hlth Problems (6)					X	X		
NPTC 549	Primary Pediatric Health Care: Selected Topics for Primary Care of Children(6)			X	X				
NPTC 602	Primary Care I (4-6)	X	X	X	X	X	X		X
NPTC 604	Primary Care IIA (6)	X	X	X	X	X	X		
NPTC 605	Primary Care IIB (6)	X	X	X	X	X	X		
NPTC 608	Primary Care IIIA (6-7)	X	X	X	X	X	X		
NPTC 609	Primary Care IIIB (6-7)	X	X	X	X	X	X		
APNC 624	Primary Mental Health Care III: Psychopharmacology (5)							X	X
NPTC 627	Primary Mental Health Care I: Biopsychosocial Foundations of Behavior & Psychopathology (4)							X	X
NPTC 651	Primary Mental Health Care II: Psychiatric Assessment & Diagnoses (4)							X	X
NPTC 653	Primary Mental Health Care IVA: Individual Psychotherapy I (7)							X	X
NPTC 655	Primary Mental Health Care IVB: Individual Psychotherapy I I (5)							X	X
NPTC 657	Primary Mental Health Care III: Psychotherapy with Group & Family Systems (5)							X	X
	TOTAL UNITS	78	46	81	52	81	52	78	46

(X) Required

HEALTH, LIABILITY, AND CERTIFICATION REQUIREMENTS

Specific health and professional criteria must be met by all NP students before they can register for classes. This policy assures clinical facilities that NP students meet minimum standards regarding health, liability, and licensure/certification. The Hahn SON & Health Science has contracted with *American Databank (Complio)* to track these criteria for all students across programs. Instructions for creating an account may be found in Appendix F. Comprehensive background checks and drug screening are required of all students (see Appendix G for details). When admitted to the NP program, students must also provide written authorization to the SON for the release of this information to clinical facilities (see Appendix H). If a student's illness or injury requires medical disability, students must notify the DNP & MSN NP Director as soon as it is feasible. Students on medical disability may not continue their clinical experience until they can provide documentation to the APN Director that their disability has resolved.

Health Requirements: **Health requirements must be current. Otherwise, the student will not be allowed to participate in any classes or clinical experiences.** Proof of immunization (or titer, if applicable) for influenza, measles (rubeola), mumps, rubella, pertussis, varicella, diphtheria, tetanus, 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 A and B immunization series is also required. At least 1 of the 2 recommended hepatitis A, and 2 of the 3 recommended hepatitis B inoculations must be completed prior to beginning coursework. The third dose may be administered after the start of the first semester. Documentation of physical exam and TB screening is required annually throughout the student's program. A form to document the physical exam is available in the SON office. Any NP student who has a potentially communicable illness (including colds and flu) should not go to clinical. If in doubt, confer with your clinical facilitator and preceptor.

CA RN Licensure

All NP students, must hold an active California RN license.

BLS Certification

All NP 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 an enrolled USD student. Therefore, students do not need to purchase individual insurance to cover their clinical practice in their student role.

TECHNOLOGY REQUIREMENTS

The Post BSN DNP and MSN NP programs **require all students to own a laptop that meets minimum operating requirements.** Students must utilize computers in order to complete evaluation methods throughout the Post BSN DNP and MSN NP program curriculum. In order that students are prepared to use computers in the learning process, the faculty have established a basic computer literacy requirement (Appendix I). Students are expected to meet the requirement prior to admission. A formalized evaluation of computer skills is not conducted but the absence of these skills will greatly hamper students overall performance in the program. Students should assess your current skills compared to the specific skills listed in Appendix I. Students may obtain these skills by engaging in self-study or by enrolling in an appropriate computer education course available through USD's IT Academic Services Training Center Workshops and Tutorials. Please visit <https://guin.sandiego.edu/tutorials/>.

In addition, students must have an e-mail address. Students can create their own USD e-mail address after they have formally been admitted and deposited. Please visit <https://my.sandiego.edu/cp/home/displaylogin> and select "Open An Account" (Students). Students will notify the SON of their e-mail address in order to subscribe to the SON e-mail list serve. **Students are expected to check their USD e-mail account regularly for important SON notices.** There is no charge for either the USD e-mail address account or the SON list serve service. Please contact the Office of the Program at (619) 260-2310 with questions.

Examsoft

In Fall 2014, computerized testing software called Examsoft was initiated which allows faculty to develop quizzes and exams which are taken by the student on their laptops. During the majority of semesters in the NP program, each student will be required to purchase a subscription to ExamSoft, a testing software used across the curriculum. Instructions for purchasing Examsoft and further information can be found in Appendix J.

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**.

ACADEMIC ADVISING

Each semester, students are encouraged to schedule an appointment to meet with the Academic Coordinator, Amy Wright (amy@sandiego.edu or 619-260-2310), after the USD class schedule for the following semester becomes available (around mid-October for spring semester; and mid-March for fall semester). The Academic Coordinator will advise students about the courses, master schedule of course offerings, and course prerequisites to assist students in their program planning in order to graduate within their targeted timeframe. The Academic Coordinator will register students for classes each semester based on the program plan on file. Registration will be confirmed via email and status confirmed through the MySanDiego portal. There is relatively little flexibility in the sequence of courses in the NP Program. Any changes in the student's program of study **MUST** be completed in collaboration with the Academic Coordinator. A program plan is a schedule of the courses that students will take each semester. **All initial program plans must be confirmed with the Academic Coordinator, who keeps an up-to-date database in order to facilitate course planning by the Program Director.** Students should request a copy of their program plan for their own records. The Academic Coordinator will also support the students in monitoring their supervised clinical hours by helping the student review their logging software reports. Students are **required** to make appointments towards the end of each clinical semester to monitor their progress. In addition, Dr. Hawkins, the Program Director, is available to meet with students to discuss practice experience, interests and goals, as well as SON policies regarding the DNP and MSN NP programs included in this Handbook. Students can access the Handbook on the SON's website (www.sandiego.edu/academics/nursing). All DNP and MSN NP students are responsible for being familiar with the information in this Handbook and complying with the policies included therein.

The didactic component of NP courses are usually scheduled on two days during the Fall and Spring semesters (the schedule varies during summer session due to the shortened length of time). Full-time students must be available 2-3 additional weekdays for completion of clinical hours; part-time students should have 1-2 additional days free depending on the number of clinical hours they must complete each semester. Some clinical opportunities 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 make adjustments to their work and/or other family commitments.

CLINICAL COMPONENT OF THE POST BSN DNP NP and MSN NP PROGRAMS

The clinical portion of the Post BSN DNP and MSN NP Program is often the most intense, yet rewarding part of the program. It is a time when the student is learning new skills and knowledge while developing in a new advanced practice role. The clinical courses involve integration of the skills of gathering health history data, performing an appropriate physical examination, using critical thinking skills to arrive at differential diagnoses regarding the clients' health risks and problems, and developing and implementing a comprehensive health promotion and illness management plan. Students develop a new professional self-image and begin 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 skills within the practice setting. These skills 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 five semesters in pediatric, family, adult-gerontology health care settings or five semesters in psychiatric-mental health settings integrating their newly acquired knowledge with practice as they participate in the primary care delivery process. During these clinical experiences, NP students become increasingly able to blend their nursing knowledge and expertise with formalized medical therapeutics to bring about a more complete management schema for the patient. Learning to merge both caring and curing for the benefit of the health care recipient enables NP students to become effective providers of primary health care. Students enrolled in the DNP program complete a clinical scholarly practice experience that further refines their clinical knowledge and skills. Students may select a specific focus for part of the scholarly practice (see the DNPC 630 DNP Scholarly Practice Syllabus in Appendix K)

During each clinical practicum, students develop and nurture advanced practice clinical skills under the guidance and supervision of NP faculty, as well as experienced on-site NP or physician 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.

Preceptors are experienced primary care providers who *volunteer* to mentor students. This means assuming a responsibility in addition to the rigorous demands of their health care provider role. In general, students who are in their early clinical semesters require more supervision and mentoring time than those in their final clinical experience. Regardless of the NP student's clinical experience, the preceptor role is a major commitment 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 interactions with their preceptors and, at the end of their experience, convey their appreciation in the form of a thank-you note and/or recognizing the preceptor and staff in some small way. Both faculty and students are important ambassadors for the University and the NP profession in all their contacts with preceptors.

Clinical Attire

All students should present themselves in a professional manner in all clinical learning sites. Student interaction with all agency personnel must be exemplary. Access to many of these settings is governed by the *San Diego Nursing Service and Education Consortium* which oversees the placement of all area nursing students in a wide variety of inpatient and outpatient settings throughout our County. 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. The *Consortium* has established the following dress code for students:

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 and lab coat with the USD School of Nursing & Health Science logo.
3. 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 but no sandals or flip-flops.
4. 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 and no bracelets.
5. 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.
6. Tattoos must be covered at all times in the clinical, lab & community setting.
7. Fingernails must be trimmed short. Light or clear polish without chips is acceptable. No artificial or acrylic nails or components thereof are permitted.

8. Make up is to be worn in moderation.
9. No perfumes or scented lotions.
10. No low necklines.
10. 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.

The culture of a clinical setting may alter the student dress code. In these instances, students must speak with their course faculty.

Equipment

A high quality *stethoscope* will make a significant difference in the ability to discriminate both higher and lower pitched breath, heart, and abdominal sounds (e.g., a genuine Littman or Sprague-Rappaport stethoscope with diaphragm and bell end pieces). Much cheaper imitations are available, some of which approximate to some extent the sound quality of genuine Littman or S-R stethoscopes and some of which do not--so try to make a wise investment for the long term! There are now some high tech models that provide increased amplification of breath, heart and abdominal sounds. During APNC 521, kits will be available for students to borrow for the semester that contain all the equipment needed for the course; however, the stethoscopes are of low quality; thus, students are encouraged to use their own equipment. Students may want to invest in their own otoscope/ophthalmoscope, reflex hammer, and tuning forks but this is not required. Group purchasing rates may be available.

Transportation & Communication

Due to the fact that arranging clinical placement sites close to the student's home is highly unlikely, each student is responsible for their own transportation. In addition, it is essential that students have a *voice mail*, *phone answering machine* and *email address* in operation throughout the program. This makes it much easier for faculty and the Clinical Placement Coordinator to communicate with students in an efficient manner. Clinical placements cannot be made to accommodate a student's personal or work lives. Students shall not refuse a clinical placement due to personal and/or work commitments.

Books

Since the price of books continues to escalate, the faculty make every effort to require and recommend a minimal number of the best and latest editions of textbooks to keep costs reasonable. These texts are an important investment and will comprise the beginning of a professional resource collection that can be expanded after completion of the program. Many resource texts will be useful in more than one course. Various resources that are useful throughout the clinical management coursework which can be purchased directly from Skyscape at www.skyscape.com/usdnursing. The bookstore will also fulfill individual text requests for students at any time. The UCSD Bookstore Medical Department located in the Price

Center Complex on the La Jolla campus is also a good source for these portable references and offers a 10% discount all year long. Students can sometimes get a 15% discount on texts ordered via their website (bookstore@ucsd.edu). If the student prefers to browse and purchase them onsite, parking is free on Saturdays.

Spanish Fluency Required in Some Clinical Sites

Students should be aware that selected community clinical settings will only accept NP students who are sufficiently fluent in Spanish. Examples of sites include Comprehensive Health Care, Escondido Community Clinic, Mid City Community Clinic, North County Health Services, San Ysidro Community Health Center and Vista Community Clinic.

PROCEDURES TO FOLLOW IF INJURED WHILE IN THE CLINICAL SETTING

Please review Appendix L for the procedures to follow if the student has an injury in the clinical setting. This includes any needle stick injuries. Students must notify their clinical facilitator faculty regarding any injuries/accidents while in the clinical site.

CLINICAL EXPERIENCE REQUIREMENTS

Each unit of clinical practicum is equal to 54 clock hours per unit per semester. A minimum of 20 semester units of **direct clinical experience** is required in the practicum/scholarly practice portion of the DNP program to gain the necessary knowledge and skills for NP practice and to meet the standards of the national and state credentialing and regulatory boards. The amount of clinical time required during the program is a total of 1080 clock hours; 1,000 hours of this total time must be documented direct patient care. MSN NP graduates complete a minimum of 648 clock hours in the FNP and PMHNP tracks while 810 clinical clock hours are completed in the AGNP/FNP and PNP/FNP tracks in **direct patient care** to prepare the graduate for *collaborative* NP practice.

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

APNC 521 APRN Physical Assessment and Diagnosis - (3u Theory and 1u Lab) is taken during the Fall semester. There are 3 hours (3u) of lecture/discussion, as well as 54 hours (1u) of weekly campus lab sessions during the semester. During lab sessions, NP students will focus on developing physical assessment skills across the lifespan including advanced history taking and physical exam skills through practice with peers and standardized patients under faculty supervision.

NPTC 602 (MSN Students: 3u Theory and 1u Clinical, DNP Students: 3u Theory and 3u Clinical) is taken during the Fall semester. It involves 3.4 hrs/wk x 16 weeks (a total of 54 hours) for MSN students and 10.2 hrs/wk x 16 wks (a total of 162 hrs) for DNP students in settings that allow students to apply behavioral-developmental concepts across the lifespan while completing

assessments and therapeutic interactions. There is a significant emphasis on health promotion across the lifespan too.

NPTC 604 (4u Theory and 2u Clinical) is taken in the Spring semester. It involves 6.8 hrs/wk x 16 wks (a total of 108 hrs) in primary care settings that provide a learning opportunity with primarily common acute health problems with less emphasis on chronic health problems in individuals across the lifespan.

NPTC 605 (4u Theory and 2u Clinical) is taken in the Summer semester. It involves 6.8 hrs/wk x 16 wks (a total of 108 hrs) in primary care settings that provide a learning opportunity with primarily common chronic health problems with less emphasis on acute health problems in individuals across the lifespan.

NPTC 608 (MSN Students: 4u Theory and 3u Clinical, DNP Students: 4u Theory and 2u Clinical) is taken in the Fall semester. It involves 10.2 hrs/wk x 16 wks (a total of 162 hrs) for MSN Students and 6.8 hrs/wk x 16 wks (a total of 108 hrs) for DNP students in primary care settings that provide a learning opportunity with common complex and/or unstable acute and chronic health problems in individuals across the lifespan.

NPTC 609 (MSN Students: 4u Theory and 3u Clinical, DNP Students: 4u Theory and 2u Clinical) is taken in the Spring semester. It involves 10.2 hrs/wk x 16 wks (a total of 162 hrs) for MSN Students and 6.8 hrs/wk x 16 wks (a total of 108 hrs) for DNP students primary care, including long-term, settings that provide a learning opportunity with common complex and/or unstable acute and chronic health problems in individuals across the lifespan.

NPTC 535 (3u Theory and 3u Clinical; AGNP/FNP program only). It involves 10.2 hr/wk x 16wks (a total of 162 hrs) in primary care settings that offer additional clinical learning opportunities with older adults who have complex, chronic illnesses.

NPTC 541 (1 u Clinical) may be taken in any semester concurrently or after completion of an NP clinical management practicum course as additional clinical units with consent of the Program Director. Each unit involves 54 hours of clinical experience in a primary care setting selected mutually by the student and faculty to meet individual learning needs/career goals (e.g. family practice, pediatrics, adolescent health, adult internal medicine, women's health or geriatrics). The NPTC 541 syllabus is included in Appendix M.

NPTC 549 (3u Theory and 3u Clinical; PNP/FNP program only). It requires 10.2 hrs/wk x 16 weeks (a total of 162 hours) in primary care settings that provide additional learning opportunities with infants, children and adolescents.

NPTC 627 (3u Theory and 1u Clinical) is taken in the Fall semester. It involves 3.4 hrs/wk x 16 weeks (a total of 54 hours) in settings that allow students to apply behavioral-developmental concepts across the lifespan while completing assessments and therapeutic interactions. It provides the fundamental conceptual basis for the APRN-PMH clinical sequence of courses. Genetic, neurobiological, developmental, interpersonal, sociocultural and environmental perspectives of behavior and behavioral change are emphasized.

NPTC 624 (3u Theory and 2u Clinical) is taken in the Summer semester. It involves 6.8 hrs/wk x 16 wks (a total of 108 hrs) in a setting that focuses on knowledge of pharmacotherapeutics for patients with mental health conditions across the lifespan including special populations.

NPTC 651 (3u Theory and 1u Clinical) is taken in the Spring semester. It involves 3.4 hrs/wk x 16 wks (a total of 54 hrs) in a setting that focuses on knowledge necessary for the comprehensive assessment and management of common and complex psychiatric conditions including recovery and disease management approaches across the lifespan.

NPTC 653 (3u Theory and 4u Clinical) is taken in the Fall semester. It involves 13.6 hrs/wk x 16 wks (a total of 216 hrs) in a setting and focuses on the management of individuals with mental health disorders across the lifespan; focusing on selected evidence-based psychotherapy modalities.

NPTC 655 (3u Theory and 2u Clinical) is taken in the Spring semester. It involves 6.8 hrs/wk x 16 wks (a total of 108 clinical hrs) and focuses on individual psychotherapy with adult and pediatric populations.

NPTC 657 (3u Theory and 2u Clinical) is taken in the Summer semester. It involves 6.8 hrs/wk x 16 wks (a total of 108 clinical hrs) and focuses on the theory relevant to systems dynamics including group and family psychotherapy

DNPC 630* (3u Theory & 5u-8u Clinical) begins during the first semester of the post BSN DNP program. A total of 270-432 clinical hours are completed over the last five semesters of the program (Fall & Spring of year 2; Summer, Fall, & Spring of year 3) in settings serving the population focus of the student's primary care program of study.

***POST BSN DNP students only**

In summary, the clinical practica and scholarly practice (post BSN DNP only) are a key component of the Post BSN DNP and MSN NP Program. Applying theory to practice, developing collegial relations with other health care providers, experiencing risk-taking, and gaining knowledge and skill as a provider of primary health care are all part of preparing for advanced nursing practice in ambulatory care settings. Early and individualized consultation between the student and advisor following admission and each semester while the student is in the program is recommended. Faculty are always available to consult and advise students regarding all aspects of planning for practicum selection in order that the student has meaningful clinical learning experiences.

IMPORTANT CONSIDERATIONS FOR LONG-RANGE PLANNING OF CLINICAL EXPERIENCES

1. **Each student needs to spend clinical hours in general primary care settings** (e.g., general pediatrics, family practice, internal medicine, women's health, geriatric, or psychiatric-mental health) with exposure to an overall mix of age groups across the lifespan (FNP) and/or with children (PNP) and/or psychiatric/mental health with a broad range of health promotion, disease prevention, and acute and chronic health problem assessment and management needs.
2. **A portion of the NPTC 608 Primary Care IIIA and/or 609 Primary Care IIIB units (54 hours) can be used to obtain clinical experience in more specialized primary care settings if the student has performed successfully in meeting the course objectives for previously taken clinical nursing courses.** These clinical units can be used to reinforce the student's clinical experience base or to enable the student to develop a within the broad fields of family, pediatric or adult/gerontology primary care.
3. **DNPC 630 DNP Scholarly Practice (270-432 hours based on specialty track) is designed for the student to obtain additional clinical experience for independent NP practice with family, pediatric, psychiatric mental health, and/or adult-geriatric populations.** These clinical units are focused on the direct care of individual patients. Students begin banking DNPC 630 supervised clinical hours after they have completed hours for their first clinical management course (NPTC 602/627). The hours are arranged at the discretion of the students assigned preceptor. Hours outside of the traditional semester dates must be reported to the DNP & MSN Nurse Practitioner office at least one month in advance so that a clinical facilitator can be confirmed. Students are encouraged work with the Clinical Placement Coordinator to request additional hours, but these request will be granted only when appropriate preceptors are available. In addition to the supervised clinical experiences, the DNP scholarly practice requires project hours that exceed this direct care requirement.

4. **Students should aim for continuity, as well as sufficient variety in their clinical placements.** Frequent movement from clinical sites during a semester and/or over the course of the program will prevent the student from being able to gradually assume the kind of responsibility and accountability for patient care management and gain the collaborative practice skills needed for successful NP practice. Generally, students should complete their hours in one clinical setting per course if possible. It may also be possible to gain more continuity by using the same general primary care site for more than one semester (e.g., the same pediatric, family practice or internal medicine office or clinic). This is highly recommended if the site is deemed a good learning experience mutually by faculty and student, and can provide opportunities for meeting course objectives for both courses. In family practice settings, students should interact with a majority of patients inclusive of the age range in the concurrent clinical management theory course. However, patient management of track appropriate age groups experienced in prior clinical management semesters is appropriate. Appendix N gives students an example of an appropriate distribution of clinical hours by age population in the FNP, AGNP/FNP and PNP/FNP programs. Clinical placements will entail a variety of **types of settings** (e.g., private practices, HMOs, community clinics, hospital-based clinics, retail based health care) over the course of their program.
5. **Each student should precept with both NP and physician preceptors** over the course of the program in order to have exposure with NP role models **and** have the opportunity to develop skill in interdisciplinary collaboration with physicians. Physician Assistants may **not** serve as preceptors. Students, faculty, and the CPC will concurrently monitor that the student has greater than 50% of his/her clinical placements with a NP preceptor. Each student will have a NP preceptor during the initial clinical experience **USD cannot accommodate a student's work schedule** when scheduling the clinical experiences throughout the program. If a conflict exists, the student will be expected to make alternative arrangements with his/her employer. There are no exceptions.
6. **Clinical placements should be arranged during Monday-Friday daytime hours** (e.g. between 8 AM-5 PM) with approved exceptions. For these exceptions, the assigned Clinical Facilitator may need to make a site visit in off hours. Students are asked to report these off hours to their Clinical Facilitator as the schedule is arranged.
8. **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. Therefore, the student will need to either take a leave of absence until securing different arrangements or be dismissed from the program. Students need to plan ahead for this with their families and

employers since it is their responsibility.. A signed statement is secured from each applicant during the interview to confirm understanding of this policy.

9. **Students who are in the military are encouraged to arrange at least one practicum experience in a civilian ambulatory health care setting** during their program so as to broaden their experience base. Exceptions will be reviewed by the lead clinical faculty.
10. **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 which does not usually provide an appropriate learning environment. Exceptions are made involving the EBP project experience.
11. **Clinical sites must be within a 60 mile radius of the USD campus** in order that faculty travel time for clinical visits is reasonable. Any exceptions must be approved by the Program Director.

SELECTION OF PRECEPTORS

Clinical preceptors may be qualified nurse practitioners and/or physicians in primary care settings. **Physician's Assistants may not serve as preceptors.** The guidelines for identifying potential preceptors is as follows:

1. A nurse practitioner who is certified by a national credentialing organization or the equivalent (e.g., California certification), or a physician (with appropriate Board certification preferred). All students during their initial clinical experience in NPTC 602 or NPTC 627 will have NP preceptors.
2. Masters preparation required, doctoral preparation preferred, or equivalent (e.g., M.D.)
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 and not interfere with patient flow.
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 NP 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.

The California Board of Registered Nursing requires an umbrella contract between the agency and the University of San Diego prior to initiation of the clinical experience. In addition, a current preceptor biographical data sheet (and/or curriculum vita) should be returned to the Clinical Placement Coordinator. The more complex health care agencies **require students to complete specific orientation modules and paperwork**. This paperwork (the majority of these forms can be obtained from the Academic Coordinator) must be on file prior to the student entering the first day of clinical experience. The Clinical Placement Coordinator provides each potential preceptor with an electronic handbook that provides pertinent information about roles and expectations. Each semester, a copy of the syllabus for the clinical course in which the student will be enrolled, is mailed to each preceptor along with the letter of agreement. Relevant preceptor information for the student can be found in Appendix O.

DNP Program & MSN NP Program faculty are actively involved in 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. We encourage students to identify appropriate preceptors and request that they provide that person's contact information to the CPC. Meetings with nurse practitioners in the community, peer contacts, local NP professional meetings (e.g., California Association for Nurse Practitioners, National Association of Pediatric Nurse Practitioners, or Gerontological Advanced Practice Nurses Association), and colleagues in the work setting are all opportunities 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. **Students are asked to bring newly identified clinical sites/preceptor at least 2 months prior to the start of that clinical course so that the any affiliation agreements can be put in place in a timely manner.** 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 P) Documentation of completed clinical placement arrangements must be on file in the SON office.

PROCESS FOR PRECEPTOR SELECTION AND COMPLETING ARRANGEMENTS FOR CLINICAL EXPERIENCES

1. By mid-semester, meet with the CPC to identify possible preceptors for clinical course(s) to be taken the following semester. Consult with appropriate faculty to identify the best preceptor(s) for individual learning needs in the clinical course(s) being taken the next semester. **The CPC will make the first contact with the agency/preceptor** to obtain verbal

agreement(s) regarding placement(s) thus preventing multiple students from contacting the same preceptor.

2. **After** receiving clearance from the CPC, students may communicate directly with the potential preceptor. Frequently, the student must participate in an agency orientation as a component of meeting requirements for the clinical experience. Contact the preceptor and make an appointment for an on-site meeting to review nursing experience background/strengths and individual needs/learning objectives for the coming semester,. Potential days and times for 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. Individual learning objectives for the particular clinical course,
- b. An updated resume with:
 1. A summary of past experience as RN
 2. 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 professional nurse and representative of USD SON. Each student should convey that he/she is highly motivated and an independent learner with the ability to exercise initiative appropriately while being a team player.

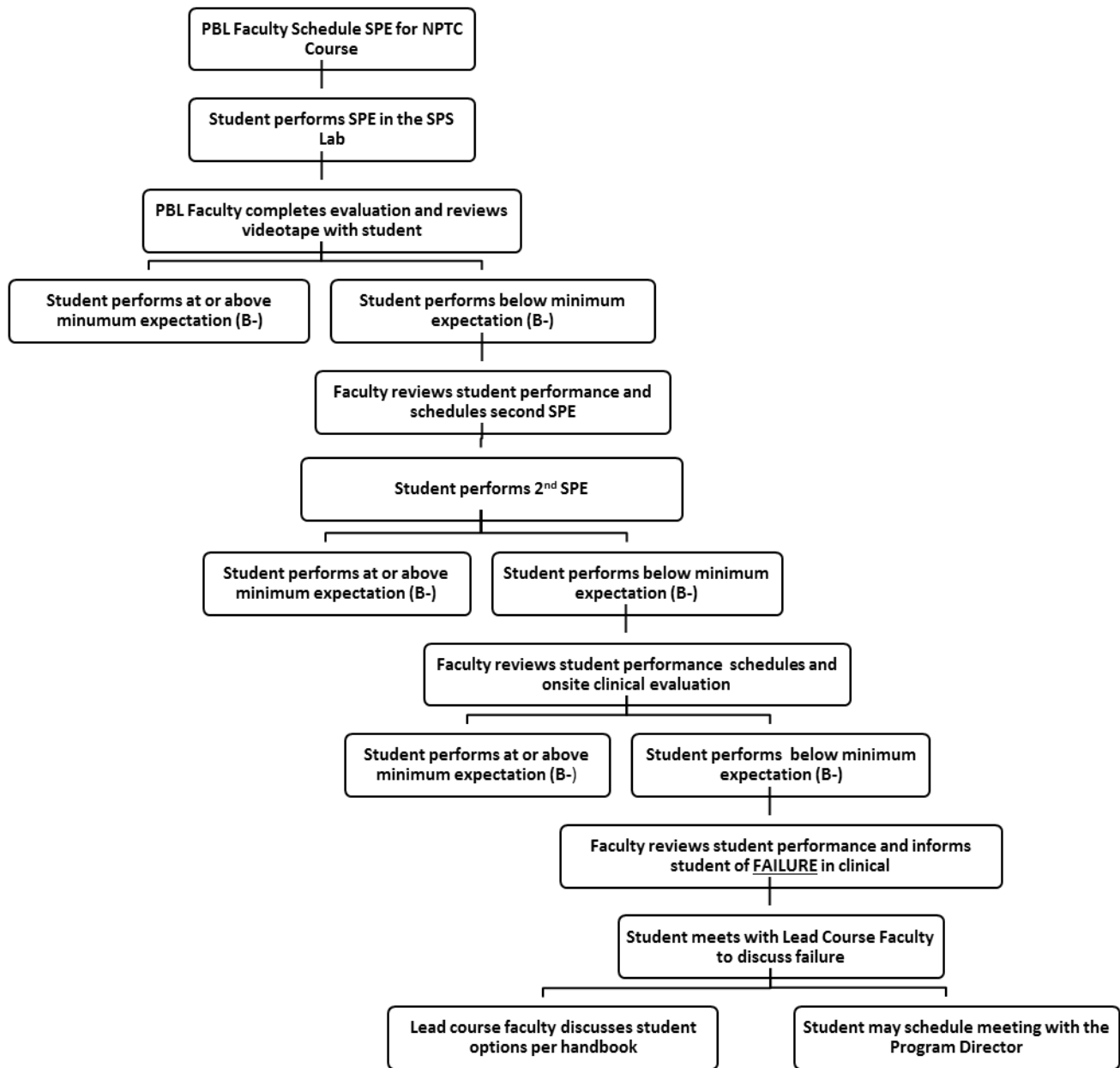
3. When the CPC notifies the NP Program office of the verbal agreement(s) for your clinical placement(s), a letter of agreement generated by the NP Program Office is mailed to the preceptor with a request for signature and a business reply envelope. Students are encouraged to confirm with their preceptor that the letters have been received and returned. Copies of the letters can be picked up at the NP Program office and hand carried to clinical sites as appropriate. If a student plans to spend more than one day with a NP or MD 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 developed and signed.
4. **For legal reasons, including assurance of NP faculty availability for supervision and access to the nTrack documentation system, 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 semester for which the student is enrolled in each clinical course to allow for maximum opportunity to integrate classroom learning with clinical application. Intersession is not intended for extending the length of the 16 week semester in order to complete clinical hours for the course. Exceptions must be discussed and approved by the Program Director.

CLINICAL MENTORING AND NP FACULTY EVALUATION OF STUDENTS

Overview

Once students enroll in a clinical management course, they are mentored and evaluated by the Problem Based Learning (PBL) NP Team in the Dickinson Center, their NP or MD Preceptor, and a USD Clinical Facilitator (CF) faculty who is assigned to them at the beginning of the semester. The algorithm on page 50 summarizes the process of clinical evaluation for practicum courses. In addition, the student must pass (B- or better) the final summative PBL standardized patient case study (See Appendix Q) AND receive a passing evaluation by the preceptor on the "Preceptor Evaluation of NP Student Performance" form in all of the clinical practicum courses.

ALGORITHM FOR SP PBL CLINICAL EVALUATION



Students will meet their clinical facilitator during the “meet and greet” scheduled at the beginning of each semester. CFs are experienced doctorally-prepared or master’s-prepared NPs active in NP practice who review the student’s clinical logs and weekly reflections which the student documents in nTrack on a weekly basis. Each CF will make an introductory call to each preceptor at the beginning of the semester. Additionally, CFs make a minimum of one site visit to observe the student’s performance, meet with the student’s preceptor, and complete a Clinical Site Observation form. The CF will arrange a time with the student to evaluate the student’s clinical performance. The student should plan that the date and time of the visit are agreeable with the preceptor and that the time optimizes both number and type of clients.

Students are encouraged to consult with their CF about their progress throughout the semester. In the event that a student encounters challenges that have the potential to make it difficult to successfully meet the clinical objectives for the course, the student is responsible for initiating communication with the CF in order to raise awareness and promote mutual discussion of potential resolutions. CF faculty also 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.

Expectations for clinical performance correlate with the stage of the student's learning, with greater clinical expertise anticipated as the student progresses through the NP program specific sequence of coursework. A set of questions is provided in Appendix R to guide student reflection. Appendix S contains the clinical grading scale and samples of the clinical evaluation forms used to evaluate students.

At the end of each clinical semester, each student's Preceptor(s) also completes a written evaluation of his/her performance and progress. **The student must earn a "pass" on the Preceptor Evaluation of NP Student Performance form in order to pass the clinical component of the course.** The preceptor evaluation will be incorporated into the overall clinical performance evaluation of the student for that semester. The preceptor should review this form with the student, obtain the student's signature, and give the form to the student or CF faculty. A copy of these forms for the NPTC 602, NPTC 604 & 605 and the NPTC 535, 549, 608, 609 & 630 Clinical Management Courses are in Appendix T.

During the DNP scholarly practice experience, either a DNP or PhD CF faculty will conduct the site visit. In addition, all nTrack entries and DNP reflective narratives will be reviewed by the CF faculty. Students are required to document their DNP reflective narratives on the DNP clinical log. A copy of the DNP Evaluation by Clinical Faculty is available in Appendix U.

The formal summative clinical evaluation process in all NPTC courses is based upon the standardized patient, PBL methodology. The need for remediation is determined when a student does not pass the final summative Evaluation of a Standardized Patient case study performed in the Dickinson Center as determined by a score of < 80%.

Guidelines for Remediation:

1. The student will be debriefed on the scenario and provided explicit rationale regarding lack of achieving a passing grade based on multi modal methods of evaluation.
2. The student will be required to review their video of the SP encounter and *given an opportunity* to remediate with faculty intervention prior to re-testing.

3. Additional testing with a standardized patient using a similar scenario will be scheduled within one week requiring videotaping along with observation and grading by two faculty.
4. The maximum score that a student can achieve in the second simulation is 80%.
5. A student failure on the second evaluation *will require* an onsite clinical facilitator/faculty member evaluation of the student. This will entail a minimum evaluation of 6 patient encounters by the student, (and possibly more encounters based on faculty determination), in order that the clinical facilitator faculty is confident that the student is clinically competent. Additionally, input from the student's preceptor will be obtained during this evaluation process. The required minimum number may vary with PMHNP students due to policies of specific agencies.
6. A student failure of both first and second simulation scenarios followed by an inability to demonstrate clinical competency in the clinical practicum setting per faculty evaluation will result in a failure of the clinical evaluation for that course. Thus, the student has failed the course.

Record of Clinical Experiences

A "Clinical Experience Folder" will be started for each NP student in NPTC 602/627 and maintained throughout each subsequent clinical semester. These folders are kept in the NP Program office. In collaboration with the logging software nTrack, the folder contains a master record of the clinical placements of each current NP student and copies of the following documents related to each clinical course/experience :

1. Student's Individual Learning Objectives
2. 1 representative SOAP for each PBL NP Standardized Patient Session
3. Signed clinical performance faculty evaluations
4. Signed clinical performance preceptor evaluations
5. Self evaluation (if required)

Students may wish to keep their own folder as well, but each student is responsible for submitting copies of the required materials in his/her folder to their clinical course lead faculty. These materials should be arranged in the above order. (See Clinical Folder Checklist in Appendix V). **The final course grade will not be posted until these materials are filed.** At the end of the NP program, the NP office will inform the BRN and Certification organizations that students are eligible for licensure/certification **if the Clinical Experience Folder is complete.** If students need to access their folder, contact the Academic Coordinator in the DNP & MSN NP Programs office (first floor of the SON).

Clinical Logs

All post BSN DNP NP and MSN NP students are required to purchase nTrack, an application to electronically document clinical logs and journals. nTrack is compatible on any laptop, or PC/Mac. Students are able to purchase these directly from a Skyscape/USD Nursing web page which will allow you to download the software either to a mobile device, laptop, or PC/Mac. Entries are required for each patient seen during each clinical day throughout the program. A mandatory orientation to completing clinical log entries is provided in the first clinical course. Students are expected to submit reports of patient encounters to clinical instructor(s) after every 24-48 hours of clinical experience, and a summary of total hours at the end of the semester.

Reflections on Clinical Experience

The purpose of narrative reflections for each clinical course and the DNP scholarly practice is to facilitate learning and integration of all aspects of the NP role. The Guidelines for Reflections on clinical experience in Appendix R are useful to stimulate thinking concerning the most important learning aspects of the clinical day on which to reflect in relation to learning goals. Each log entry should be a minimum of two to three substantive, multi-sentence paragraphs. See practicum course syllabi for the frequency with which these should be submitted. During the DNP scholarly practica, a different set of guidelines for the narrative reflections based on the DNP Essentials are required each semester. These will be presented to students during the first semester of the scholarly practice experience. Also, the DNP reflections (minimum 250 words to demonstrate achievement of DNP Program Objective) are to be documented on the DNP clinical log.

SOAP Note and BPS Case Guidelines

FNP, AGNP/FNP and PNP/FNP students are required to write SOAP notes during the standardized patient formative and summative evaluation sessions facilitated by the PBL NP Team in the S & SPNL. Similarly, PMHNP students are required to write BPS (Biopsychosocial) Cases. This is applicable for all clinical management courses. There are a total of four SOAP notes, or BPS Cases, (one for each PBL session) that constitute a portion of the theory grade in NPTC courses. The grading criteria for SOAP notes and BPS cases can be found in Appendix W.

Preceptor/Site Evaluation

At the end of each clinical semester, every NP 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 will not receive a course grade until the preceptor/site evaluation form has been submitted.** Students must also evaluate their clinical course and clinical faculty which are typically administered in the classroom or online.

GUIDELINES FOR PLANNING THE DNPC 630 SCHOLARLY PRACTICE

The DNP Scholarly Practice is guided by the student's Faculty Project Advisor. The Faculty Project Advisor is identified during the student's first year of the program and serves to guide the student through the second and third years of the DNP program. Students should consult frequently with their project advisor regarding the focus of the DNP project and the scholarly practice.

Clinical Scholarly Practice

The AACN calls for the completion of a minimum of 1000 clinical hours. Students enrolled in the post BSN DNP program complete additional supervised clinical hours during their scholarly practice since students typically complete 648-810 clinical hours in the NPTC series of courses. The CF faculty will meet with students at the beginning of each semester to meet all students and review clinical requirements for the course including documentation. During the student's first scholarly practice semester, DNP seminar faculty will discuss the requirements in detail. Early in the DNP Program, students will be introduced to faculty with similar scholarly practice backgrounds at the introduction of their program who may serve as their Faculty Project Advisor. Concurrently, students and their project advisor will identify a clinical mentor who can facilitate their clinical learning goals and DNP project (see DNPC 630 DNP Scholarly Practice syllabus in Appendix K).

Selection of Clinical Mentors

Clinical mentors must be qualified doctorally-prepared advanced practice nurses, physicians, or other health care professionals with doctoral preparation and expertise in the area of the student's clinical specialty focus. Doctorally prepared individuals who possess relevant expertise in health policy, ethics, leadership, etc. may also be considered. In selected situations, exceptions to the requirement of a doctorally-prepared clinical mentor may be approved. This is only done if all other options are not successful in securing a clinical mentor with the terminal degree.

The CPC facilitates all clinical placements with guidance from the faculty project advisor, and provides potential Clinical Mentors with a handbook that outlines their role and expectations. Clinical Mentors are encouraged to communicate directly with their student's Faculty Project Advisor with any questions of concerns. A current clinical mentor biographical data sheet (and/or curriculum vita), **and any required agency paperwork** (the majority of these forms can be obtained in the DNP & MSN NP Program Office) must be on file in the office. Some health care agencies also require that an umbrella contract or letter of agreement exists between the agency and the University of San Diego prior to initiation of the clinical experience. A copy of the practicum syllabus is sent or hand-carried by the student to each clinical mentor. A packet prepared for clinical mentors describing supervisory expectations and guidelines is available to

share with new and prospective mentors. An example of the clinical mentor orientation packet materials can be found in Appendix X. Following receipt of a verbal agreement from the site/mentor(s), the students will initiate obtaining signed letters of support.

Clinical Practice Requirements

During the scholarly practice experience, students will maintain a weekly log of clinical experiences (including a summary of clinical hours) including the acquisition of new clinical skills & competencies acquired during the semester and a reflection for each of the seven program outcomes (see Appendix Y). Students are also responsible for maintaining a portfolio of their clinical objectives, logs, competencies, and final evaluation in the DNP office throughout the duration of their scholarly practice experience.

Students achievement of the DNP program outcomes are evaluated throughout the 5 semesters of clinical practice on a Pass/No Pass basis by both the DNPC seminar faculty and the Project Faculty Advisor. *Students may be required to complete more clinical hours) in order to achieve a passing grade during each semester of their DNP clinical experience. If a passing grade is not earned within this timeframe from the preceptor, additional clinical hours will be required which will be arranged by the DNP 630 CF faculty and preceptor through development of a SEIP form. The inability to earn a passing grade from the preceptor will result in a failure for the semester resulting in potential dismissal from the DNP program.* Specific interim and final evaluation criteria based upon the program outcomes can be found in Appendix U.

DNP Project Requirements

The demonstration of leadership skills as a critical learning outcome is the hallmark of the DNP, and graduates are expected to lead innovative change for populations at the local, regional, national, and/or international systems level. During the DNP scholarly practice, **students will develop, implement, and evaluate a “practice change project” in a designated clinical practice site with facilitation by the clinical mentor.** A format and timeline for the DNP Project can be found in Appendix Z. Students who are completing their project in a health care system that has its own IRB will need to obtain IRB approval within their project site. The letter of approval must be submitted along with the USD IRB application. If there is no established IRB in the agency, authorization must be obtained by the appropriate agency personnel in order to complete the project. A template of the letter that must be completed is included in Appendix AA. This letter must accompany the application for USD IRB approval too. All DNP projects **MUST** obtain IRB exempt status through the University of San Diego’s IRB. There are **NO** exceptions. The process and application can be found in Appendix BB.

DNP seminars will be held during each semester that students are enrolled in the scholarly practice experience in order to provide a forum for students and faculty to discuss role development and plans/progress for the DNP project, as well as participate in activities to

develop and refine EBP knowledge and skills. *If additional time is needed to complete the project, students will need to register for 1 unit of DNPC 630 per semester until the project is successfully completed up to a maximum of 3 semesters.* The project outline can be found in the DNPC 630 DNP Scholarly Practice syllabus in Appendix J.

DNP Portfolio Requirements

In the final spring semester of the DNP program, students are required to submit a bound and electronic submission of a DNP portfolio. The portfolio represents a compilation of the work students have achieved during the scholarly practice experience in the DNP Program.

- The final portfolio will be due to the faculty project advisor and seminar faculty on or before April 27th (for May graduates).
- The on-site visit with the faculty project advisor /seminar faculty, clinical mentor, and other project stakeholders (during which students will present your project outcomes) needs to take place by April 28th (for May graduates).
- At the completion of the site visit, the faculty project advisor /seminar faculty will discuss their evaluation with their students (Appendix T).

Instructions for submitting the pdf to the USD Copley Library can be found on the Graduate Records website (<http://www.sandiego.edu/graduaterecords/>). One bound copy of the portfolio is required to be submitted to the School of Nursing. This copy will be kept on file in the SON and available to future DNP students. Students may choose to make additional copies, if desired. The original bound copy must be printed on white paper at least 20 pound weight, 8 ½ x 11 inches. Erasable or other pre-sensitized paper may not be used. Standard photo duplication paper may be used for the copies of the original. Use a laser printer for the original copy. The original copy should be produced on a computer using Times New Roman 12 pt or larger font. Charts or graphs should be produced on a computer or professionally designed. The text and other material must be typed inside a 6 x 9 inch space on each sheet. The left hand margin must be 1 ½ inches wide (the extra half inch is for binding) and the other three margins (top, bottom, and right hand) must be 1 inch wide. There can be no exceptions. This includes pages containing the poster, power point slides, etc. Charts, etc. may be reduced to accommodate the 6 x 9 inch space but must still be readable. Other documents may be scanned and reduced to fit. Students should make appointments with Sharon O'Neal at College Bookbindery by calling (619) 583-7951. She recommends that all students make an appointment before dropping off copies for binding.

The BOUND portfolio should include:

- I. Introduction

- a. Cover sheet titled “Doctor of Nursing Practice Portfolio” using the template provided (Appendix CC)
 - b. Table of contents with page numbers
 - c. Acknowledgements (optional)
- II. Opening Statement: Purpose in pursuing the DNP
- III. Documentation of Mastery of DNP Program Outcomes
- a. Copy of approved final manuscript
- IV. Concluding Essay: Reflections on Growth in Advanced Practice Nursing Role
- V. Appendix
- a. IRB approval form(s) (from each IRB involved; USD application process can be found in Appendix BB)
 - b. Letter of support from clinical site to use data for publication (Appendix AA; optional if project site has IRB)
 - c. Poster Abstract(s) with letter(s) of acceptance,
 - d. Copy(ies) of poster(s) (template can be found in Appendix DD)
 - e. Power point slides or other medium for stakeholder presentation
 - f. Final clinical log
 - g. Other supporting documents (e.g., educational materials developed, guidelines created, letters to legislators, etc.)
 - h. Certificates of certification (if any)

The **ELECTRONIC** portfolio should include:

- I. Introduction
- a. Cover sheet titled “Doctor of Nursing Practice Portfolio” using the template provided (Appendix CC)
 - b. Table of contents with page numbers
 - c. Acknowledgements (optional)
- II. Opening Statement: Purpose in pursuing the DNP
- III. Documentation of Mastery of DNP Program Outcomes
- Copy of approved final manuscript
- IV. Concluding Essay: Reflections on Growth in Advanced Practice Nursing Role

LEARNING EXPERIENCES FOR ADVANCED TECHNICAL PROCEDURES

The NP faculty include as much experience in advanced technical procedures (microscopy, suturing, etc.) as possible within the NP curriculum. We recommend that students who anticipate needing preparation in these skills immediately upon graduating from the NP Program (beyond what is included in the program) and/or desire a more extensive educational opportunity should seek continuing education opportunities in these areas while they are enrolled in the NP Program. Those who choose to seek this preparation and include performance of any of these skills in their future NP practice, need to be aware that they will be held legally accountable for obtaining the appropriate level of preparation for performance according to protocols and/or community standards of practice.

NP 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. National NP job postings are available at <http://www.NPcentral.net> . Region 20 of the California Association of NPs (CANP) welcomes NP students to attend the bi-monthly meetings. There are reduced membership rates for NP students at both the regional and state levels of CANP and students are encouraged to become members. These meetings provide a great opportunity to obtain updates regarding current NP issues and job opportunities, network with NPs from diverse practice settings and attend CE offerings on a variety of clinical topics. Contact the DNP & MSN NP Program Director or other NP program faculty to ascertain meeting dates and location(s) since they vary from year to year.

PNP students may also join the San Diego Chapter of the National Association of Pediatric Nurse Practitioners (NAPNAP). NAPNAP provides CEU updates and information about current PNP job opportunities. Student memberships are discounted. See the PNP faculty for more information. Application forms for student membership and organization scholarships are available (<http://www.canpweb.org/> and <http://www.napnap.org/index.aspx>). Additionally, the local chapter of the California – American Psychiatric Nurses Association offers opportunities for professional networking. See <http://www.apna.org/> for more information. A newly formed southern California Gerontological Advanced Practice Nurse Association (GAPNA) affords students membership opportunities to participate in monthly meetings either in person or by phone. Again, membership affords CEU opportunities and offers networking with practicing AGNPs who may be helpful in identification of employment opportunities.

CREDENTIALS AND CERTIFICATION

NP program graduates must plan to seek credentials from the state regulatory board where they currently reside or where they plan to relocate with the exception of active duty students in the military. The majority of states also require graduates to seek national certification from a professional certifying organization. **Regardless of individual state regulations pertaining to national certification, we strongly encourage all graduates to successfully complete a national**

certification examination. Each credentialing agency/organization has different criteria; therefore, the program plan and clinical placements are carefully determined so that the student meets all requirements. Examples of credentials that may be pursued following graduation are as follows:

Nurse Practitioner in California: The Board of Registered Nursing (BRN) reviewed and approved the PCNP Program for both MSN and DNP Programs in Spring, 2010 with continuing full approval obtained as a result of the September, 2014 onsite visit. The approval indicates that the curriculum and support services of the program meet the state requirements. BRN approval enables graduates of our NP program to apply to the BRN for the privilege of "holding themselves out" as nurse practitioners in California. Graduating students must: 1) file with the BRN an application form signed by the DNP Program Director after graduation (date diploma issued) attesting to program completion; and 2) request the Registrar to send an official transcript once final grades and the degree granting have been posted to the transcript. It takes 6-8 weeks after the date the degree is granted to receive your certificate from the BRN. During this interim graduates may **not** use the NP credential but can practice within the full scope of their RN license while being supervised with charts and writing prescriptions that are countersigned by a supervising MD. Typically, special supervision is necessary during an orientation period for a new NP so this should not preclude assuming an advanced practice position immediately upon graduation. It is essential that the graduate refrain from using an NP identification or put the initials on any signs or business cards until after receiving their certificate from the BRN.

Drug Furnishing Privileges: Nurse Practitioners may apply to the BRN for a drug furnishing number if they have completed a pharmacology course approved by the BRN (e.g., APNC 523 or a 45 hr CE course that meets BRN criteria). This privilege may be applied for after-graduation and requires an application form signed by the DNP Program Director. A knowledge of the current law regulating nurse practitioners functioning in this capacity is the responsibility of each graduate. The Federal Drug Enforcement Administration (DEA) monitors all healthcare providers who write prescriptions for controlled substances. NP's in California who have furnishing numbers also need to obtain a DEA registration number so as to be able to "order" Schedule II, III, IV, and V controlled substances. In order to prescribe Schedule II controlled substances an additional coursework in this content area must be completed and the DEA informed following completion.

American Nurses' Association Certification: The Family, Pediatric, Adult-Gerontology, and Psychiatric-Mental Health NP Programs meet the guidelines for the graduates to sit for the ANCC (American Nurses Credentialing Corporation) Family NP, primary care Pediatric NP, primary care Adult-Gerontology NP, and PMHNP certification. For graduates planning on practicing in CA, application for national certification is voluntary since national certification is

not required for practice as a NP in California *at this time*. However, it is required for practice as an NP in many other states and to be eligible for direct Medicare reimbursement in all states. Certification exams are computerized and can be taken at designated test sites throughout the country (including San Diego) by appointment.

American Association of Nurse Practitioners (AANP) Certification: The Family and Adult-Gerontology NP Program meet the guidelines for graduates to sit for the AANP Family or primary care Adult-Gerontology NP certification exams respectively. AANP exams are computerized and can be taken at designated test sites throughout the country (including San Diego) by appointment.

Pediatric National Certification Board (PNCB): PNP graduates are eligible for certification in primary care by the PNCB since USD is a PNCB approved program. PNCB certification is the gold standard of PNP certification: therefore, the ANCC national board certification exam in pediatrics is not recommended for PNP graduates.

NP PROGRAM EVALUATION

The evaluation process for the DNP and MSN degree options includes obtaining input regarding the program curriculum, faculty, clinical agencies and students. This process enhances the SON to: 1) include essential content that is representative of the health trends in society and 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

Program: Annually, the DNP and MSN NP End of Program Evaluation is administered to students during the last month of their enrollment in the program, just prior to or shortly following graduation. The curriculum, faculty, and all resources are addressed in both evaluations. In addition, individual courses are evaluated each semester. Throughout the academic year, the Program Director provides leadership for continuous and regular evaluation of all component of the program. An annual DNP/NP faculty retreat is held each May to conduct further evaluation of the curriculum and make revisions. Faculty, likewise, are evaluated by students enrolled in their courses each semester and by their peers through Reappointment, Promotion and Tenure Committees.

Students: Students' performance is evaluated in each course as they progress through the program. The evaluation covers both 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 Appendices R

and S for copies of the NP 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

Course/Faculty/Clinical Setting: At the end of each semester, students are asked to evaluate each course, the classroom and/or clinical faculty, and their preceptors and clinical placements. This is another component of the comprehensive, ongoing program evaluation 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 T for samples of these Preceptor/Site evaluation form.

Alumni: Within 12 months of graduation, NP Program alumnae will be contacted concerning their initial NP position after graduation and certification status. This provides essential information regarding program outcomes for evaluation of the NP Program and for the purposes of responding to national NP education surveys and seeking federal or state funding for program development. It is crucial that each alumnus respond to the communication so that the recent alumnae database is complete!

FINANCIAL ASSISTANCE AVAILABLE TO STUDENTS

There are various forms of financial aid available for college students. The Director of Student Services is the best resource to provide students with helpful information. In instances, faculty also have knowledge of financial aid opportunities. These include sources from within the University of San Diego and those provided by various private and public agencies. Students are encouraged to explore any and all options with Cathleen Mumper, Director of Student Services (cmm@sandiego.edu or 619-260-4556).

DNP NURSING STUDENT DEAN'S SCHOLAR AWARDS

Dean Sally Brosz Hardin has established the DNP Nursing Student Dean's Scholar Awards to recognize academic excellence in DNP students and their potential for development as expert scholars and clinicians. Eligible students will engage in translational, evidence based clinical projects with faculty mentors, participating in all phases of project development and implementation. The recipient will receive a \$2,500 award to support the completion of their DNP project. All students are eligible to apply during or after their fourth semester of the post BSN DNP program or first semester of the post MSN DNP program. (Students are eligible to receive this award only once). Applications are due near the end of April annually (See SON website) and available in Appendix DD.

Criteria for the Award include:

1. enrolled in USD's Doctor of Nursing Practice program;

2. record of academic excellence;
3. identified a USD doctorally-prepared faculty member who has either an ongoing evidence-based practice project in their clinical practice or an active program of research related to their clinical practice agreeable to be their faculty mentor; and
4. completes an evidence-based clinical project that is closely related to the faculty mentor's clinically-based area of scholarship.

APPENDICES

Appendix A

DNP ESSENTIALS (AACN, 2006)

<http://www.aacn.nche.edu/publications/position/DNPEssentials.pdf>

Essential I: Scientific Underpinnings for Practice

The DNP program prepares the graduate to:

1. Integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the basis for the highest level of nursing practice.
2. Use science-based theories and concepts to:
 - determine the nature and significance of health and health care delivery phenomena;
 - describe the actions and advanced strategies to enhance, alleviate, and ameliorate health and health care delivery phenomena as appropriate; and
 - evaluate outcomes.
3. Develop and evaluate new practice approaches based on nursing theories and theories from other disciplines.

Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking

The DNP program prepares the graduate to:

1. Develop and evaluate care delivery approaches that meet current and future needs of patient populations based on scientific findings in nursing and other clinical sciences, as well as organizational, political, and economic sciences.
2. Ensure accountability for quality of health care and patient safety for populations with whom they work.
 - a. Use advanced communication skills/processes to lead quality improvement and patient safety initiatives in health care systems.
 - b. Employ principles of business, finance, economics, and health policy to develop and implement effective plans for practice-level and/or system-wide practice initiatives that will improve the quality of care delivery.
 - c. Develop and/or monitor budgets for practice initiatives.
 - d. Analyze the cost-effectiveness of practice initiatives accounting for risk and improvement of health care outcomes.
 - e. Demonstrate sensitivity to diverse organizational cultures and populations, including patients and providers.
3. Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the health care organization, and research.

Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice

The DNP program prepares the graduate to:

1. Use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice.
2. Design and implement processes to evaluate outcomes of practice, practice patterns, and systems of care within a practice setting, health care organization, or community against national benchmarks to determine variances in practice outcomes and population trends.
3. Design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient-centered care.
4. Apply relevant findings to develop practice guidelines and improve practice and the practice environment.
5. Use information technology and research methods appropriately to:
 - collect appropriate and accurate data to generate evidence for nursing practice
 - inform and guide the design of databases that generate meaningful evidence for nursing practice
 - analyze data from practice
 - design evidence-based interventions
 - predict and analyze outcomes
 - examine patterns of behavior and outcomes
 - identify gaps in evidence for practice
6. Function as a practice specialist/consultant in collaborative knowledge-generating research.
7. Disseminate findings from evidence-based practice and research to improve healthcare outcomes

Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care

The DNP program prepares the graduate to:

1. Design, select, use, and evaluate programs that evaluate and monitor outcomes of care, care systems, and quality improvement including consumer use of health care information systems.
2. Analyze and communicate critical elements necessary to the selection, use and evaluation of health care information systems and patient care technology.
3. Demonstrate the conceptual ability and technical skills to develop and execute an evaluation plan involving data extraction from practice information systems and databases.
4. Provide leadership in the evaluation and resolution of ethical and legal issues

within healthcare systems relating to the use of information, information technology, communication networks, and patient care technology.

5. Evaluate consumer health information sources for accuracy, timeliness, and appropriateness.

Essential V: Health Care Policy for Advocacy in Health Care

The DNP program prepares the graduate to:

1. Critically analyze health policy proposals, health policies, and related issues from the perspective of consumers, nursing, other health professions, and other stakeholders in policy and public forums.
2. Demonstrate leadership in the development and implementation of institutional, local, state, federal, and/or international health policy.
3. Influence policy makers through active participation on committees, boards, or task forces at the institutional, local, state, regional, national, and/or international levels to improve health care delivery and outcomes.
4. Educate others, including policy makers at all levels, regarding nursing, health policy, and patient care outcomes.
5. Advocate for the nursing profession within the policy and healthcare communities.
6. Develop, evaluate, and provide leadership for health care policy that shapes health care financing, regulation, and delivery.
7. Advocate for social justice, equity, and ethical policies within all healthcare arenas.

Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes

The DNP program prepares the graduate to:

1. Employ effective communication and collaborative skills in the development and implementation of practice models, peer review, practice guidelines, health policy, standards of care, and/or other scholarly products.
2. Lead interprofessional teams in the analysis of complex practice and organizational issues.
3. Employ consultative and leadership skills with intraprofessional and interprofessional teams to create change in health care and complex healthcare delivery systems.

Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health

The DNP program prepares the graduate to:

1. Analyze epidemiological, biostatistical, environmental, and other appropriate

scientific data related to individual, aggregate, and population health.

2. Synthesize concepts, including psychosocial dimensions and cultural diversity, related to clinical prevention and population health in developing, implementing, and evaluating interventions to address health promotion/disease prevention efforts, improve health status/access patterns, and/or address gaps in care of individuals, aggregates, or populations.
3. Evaluate care delivery models and/or strategies using concepts related to community, environmental and occupational health, and cultural and socioeconomic dimensions of health.

Essential VIII: Advanced Nursing Practice

The DNP program prepares the graduate to:

1. Conduct a comprehensive and systematic assessment of health and illness parameters in complex situations, incorporating diverse and culturally sensitive approaches.
2. Design, implement, and evaluate therapeutic interventions based on nursing science and other sciences.
3. Develop and sustain therapeutic relationships and partnerships with patients (individual, family or group) and other professionals to facilitate optimal care and patient outcomes.
4. Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.
5. Guide, mentor, and support other nurses to achieve excellence in nursing practice.
6. Educate and guide individuals and groups through complex health and situational transitions.
7. Use conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal, and policy issues.

Appendix A (cont.)

MSN ESSENTIALS (AACN, 2011)

<http://www.aacn.nche.edu/education-resources/MastersEssentials11.pdf>

Essential I: Background for Practice from Sciences and Humanities

The master's-degree program prepares the graduate to:

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

Essential II: Organizational and Systems Leadership

The master's-degree program prepares the graduate to:

1. Apply leadership skills and decision making in the provision of culturally responsive, high-quality nursing care, healthcare team coordination, and the oversight and accountability for care delivery and outcomes.
2. Assume a leadership role in effectively implementing patient safety and quality improvement initiatives within the context of the interprofessional team using effective communication (scholarly writing, speaking, and group interaction) skills.
3. Develop an understanding of how healthcare delivery systems are organized and financed (and how this affects patient care) and identify the economic, legal, and political factors that influence health care.
4. Demonstrate the ability to use complexity science and systems theory in the design, delivery, and evaluation of health care.
5. Apply business and economic principles and practices, including budgeting, cost/benefit analysis, and marketing, to develop a business plan.
6. Design and implement systems change strategies that improve the care environment.
7. Participate in the design and implementation of new models of care delivery and coordination.

Essential III: Quality Improvement and Safety

The master's-degree program prepares the graduate to:

1. Analyze information about quality initiatives recognizing the contributions of individuals and inter-professional healthcare teams to improve health outcomes across the continuum of care.
2. Implement evidence-based plans based on trend analysis and quantify the impact on quality and safety.
3. Analyze information and design systems to sustain improvements and promote transparency using high reliability and just culture principles.
4. Compare and contrast several appropriate quality improvement models.
5. Promote a professional environment that includes accountability and high-level communication skills when involved in peer review, advocacy for patients and families, reporting of errors, and professional writing.
6. Contribute to the integration of healthcare services within systems to affect safety and quality of care to improve patient outcomes and reduce fragmentation of care.
7. Direct quality improvement methods to promote culturally responsive, safe, timely, effective, efficient, equitable, and patient-centered care.
8. Lead quality improvement initiatives that integrate socio-cultural factors affecting the delivery of nursing and healthcare services.

Essential IV: Translating and Integrating Scholarship into Practice

The master's-degree program prepares the graduate to:

1. Integrate theory, evidence, clinical judgment, research, and interprofessional perspectives using translational processes to improve practice and associated health outcomes for patient aggregates.
2. Advocate for the ethical conduct of research and translational scholarship (with particular attention to the protection of the patient as a research participant).
3. Articulate to a variety of audiences the evidence base for practice decisions, including the credibility of sources of information and the relevance to the practice problem confronted.
4. Participate, leading when appropriate, in collaborative teams to improve care outcomes and support policy changes through knowledge generation, knowledge dissemination, and planning and evaluating knowledge implementation.
5. Apply practice guidelines to improve practice and the care environment.
6. Perform rigorous critique of evidence derived from databases to generate meaningful evidence for nursing practice.

Essential V: Informatics and Healthcare Technologies

The master's-degree program prepares the graduate to:

1. Analyze current and emerging technologies to support safe practice environments, and to optimize patient safety, cost-effectiveness, and health outcomes.
2. Evaluate outcome data using current communication technologies, information systems, and statistical principles to develop strategies to reduce risks and improve health outcomes.
3. Promote policies that incorporate ethical principles and standards for the use of health and information technologies.

4. Provide oversight and guidance in the integration of technologies to document patient care and improve patient outcomes.
5. Use information and communication technologies, resources, and principles of learning to teach patients and others.
6. Use current and emerging technologies in the care environment to support lifelong learning for self and others.

Essential VI: Health Policy and Advocacy

The master's-degree program prepares the graduate to:

1. Analyze how policies influence the structure and financing of health care, practice, and health outcomes.
2. Participate in the development and implementation of institutional, local, and state and federal policy.
3. Examine the effect of legal and regulatory processes on nursing practice, healthcare delivery, and outcomes.
4. Interpret research, bringing the nursing perspective, for policy makers and stakeholders.
5. Advocate for policies that improve the health of the public and the profession of nursing.

Essential VII: Interprofessional Collaboration for Improving Patient and Population Health Outcomes

The master's-degree program prepares the graduate to:

1. Advocate for the value and role of the professional nurse as member and leader of interprofessional healthcare teams.
2. Understand other health professions' scopes of practice to maximize contributions within the healthcare team.
3. Employ collaborative strategies in the design, coordination, and evaluation of patient-centered care.
4. Use effective communication strategies to develop, participate, and lead interprofessional teams and partnerships.
5. Mentor and coach new and experienced nurses and other members of the healthcare team.
6. Function as an effective group leader or member based on an in-depth understanding of team dynamics and group processes.

Essential VIII: Clinical Prevention and Population Health for Improving Health

The master's-degree program prepares the graduate to:

1. Synthesize broad ecological, global and social determinants of health; principles of genetics and genomics; and epidemiologic data to design and deliver evidencebased, culturally relevant clinical prevention interventions and strategies.
2. Evaluate the effectiveness of clinical prevention interventions that affect individual and population-based health outcomes using health information technology and data sources.
3. Design patient-centered and culturally responsive strategies in the delivery of clinical prevention and health promotion interventions and/or services to

individuals, families, communities, and aggregates/clinical populations.

4. Advance equitable and efficient prevention services, and promote effective population-based health policy through the application of nursing science and other scientific concepts.
5. Integrate clinical prevention and population health concepts in the development of culturally relevant and linguistically appropriate health education, communication strategies, and interventions.

Essential IX: Master's-Level Nursing Practice

The master's-degree program prepares the graduate to:

1. Conduct a comprehensive and systematic assessment as a foundation for decision making.
2. Apply the best available evidence from nursing and other sciences as the foundation for practice.
3. Advocate for patients, families, caregivers, communities and members of the healthcare team.
4. Use information and communication technologies to advance patient education, enhance accessibility of care, analyze practice patterns, and improve health care outcomes, including nurse sensitive outcomes.
5. Use leadership skills to teach, coach, and mentor other members of the healthcare team.
6. Use epidemiological, social, and environmental data in drawing inferences regarding the health status of patient populations and interventions to promote and preserve health and healthy lifestyles.
7. Use knowledge of illness and disease management to provide evidence-based care to populations, perform risk assessments, and design plans or programs of care.
8. Incorporate core scientific and ethical principles in identifying potential and actual ethical issues arising from practice, including the use of technologies, and in assisting patients and other healthcare providers to address such issues.
9. Apply advanced knowledge of the effects of global environmental, individual and population characteristics to the design, implementation, and evaluation of care.
10. Employ knowledge and skills in economics, business principles, and systems in the design, delivery, and evaluation of care.
11. Apply theories and evidence-based knowledge in leading, as appropriate, the healthcare team to design, coordinate, and evaluate the delivery of care.
12. Apply learning, and teaching principles to the design, implementation, and evaluation of health education programs for individuals or groups in a variety of settings.
13. Establish therapeutic relationships to negotiate patient-centered, culturally appropriate, evidence-based goals and modalities of care.
14. Design strategies that promote lifelong learning of self and peers and that incorporate professional nursing standards and accountability for practice.
15. Integrate an evolving personal philosophy of nursing and healthcare into one's nursing practice.

Appendix B
NATIONAL ORGANIZATION OF NURSE PRACTITIONER FACULTY
NP COMPETENCIES (NONPF, 2012)

Nurse Practitioner Core Competencies

Scientific Foundation Competencies

1. Critically analyzes data and evidence for improving advanced nursing practice.
2. Integrates knowledge from the humanities and sciences within the context of nursing science.
3. Translates research and other forms of knowledge to improve practice processes and outcomes.
4. Develops new practice approaches based on the integration of research, theory, and practice knowledge

Leadership Competencies

1. Assumes complex and advanced leadership roles to initiate and guide change.
2. Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care teams, and policy makers) to improve health care..
3. Demonstrates leadership that uses critical and reflective thinking.
4. Advocates for improved access, quality and cost effective health care.
5. Advances practice through the development and implementation of innovations incorporating principles of change.
6. Communicates practice knowledge effectively both orally and in writing.
7. Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus.

Quality Competencies

1. Uses best available evidence to continuously improve quality of clinical practice.
2. Evaluates the relationships among access, cost, quality, and safety and their influence on health care.
3. Evaluates how organizational structure, care processes, financing, marketing and policy decisions impact the quality of health care.
4. Applies skills in peer review to promote a culture of excellence.
5. Anticipates variations in practice and is proactive in implementing interventions to ensure quality.

Practice Inquiry Competencies

1. Provides leadership in the translation of new knowledge into practice.
2. Generates knowledge from clinical practice to improve practice and patient outcomes.
3. Applies clinical investigative skills to improve health outcomes.

4. Leads practice inquiry, individually or in partnership with others.
5. Disseminates evidence from inquiry to diverse audiences using multiple modalities.
6. Analyzes clinical guidelines for individualized application into practice

Technology and Information Literacy Competencies

1. Integrates appropriate technologies for knowledge management to improve health care.
2. Translates technical and scientific health information appropriate for various users' needs.
- 2a). Assesses the patient's and caregiver's educational needs to provide effective, personalized health care.
- 2b). Coaches the patient and caregiver for positive behavioral change.
3. Demonstrates information literacy skills in complex decision making.
4. Contributes to the design of clinical information systems that promote safe, quality and cost effective care.
5. Uses technology systems that capture data on variables for the evaluation of nursing care.

Policy Competencies

1. Demonstrates an understanding of the interdependence of policy and practice.
2. Advocates for ethical policies that promote access, equity, quality, and cost.
3. Analyzes ethical, legal, and social factors influencing policy development.
4. Contributes in the development of health policy.
5. Analyzes the implications of health policy across disciplines.
6. Evaluates the impact of globalization on health care policy development.

Health Delivery System Competencies

1. Applies knowledge of organizational practices and complex systems to improve health care delivery.
2. Effects health care change using broad based skills including negotiating, consensus-building, and partnering.
3. Minimizes risk to patients and providers at the individual and systems level.
4. Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders.
5. Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment.
6. Analyzes organizational structure, functions and resources to improve the delivery of care.
7. Collaborates in planning for transitions across the continuum of care.

Ethics Competencies

1. Integrates ethical principles in decision making.
2. Evaluates the ethical consequences of decisions.
3. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.

Independent Practice Competencies

1. Functions as a licensed independent practitioner.
2. Demonstrates the highest level of accountability for professional practice.
3. Practices independently managing previously diagnosed and undiagnosed patients.
 - 3a). Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative, and end of life care.
 - 3b). Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.
 - 3c). Employs screening and diagnostic strategies in the development of diagnoses.
 - 3d). Prescribes medications within scope of practice.
 - 3e). Manages the health/illness status of patients and families over time.
4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making.
 - 4a). Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.
 - 4b). Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.
 - 4c). Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care.
 - 4d). Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.

Appendix B (cont.)
NATIONAL ORGANIZATION OF NURSE PRACTITIONER FACULTY
PRACTICE DOCTORATE NP ENTRY LEVEL COMPETENCIES (NONPF, 2006)

Competency Area: Independent Practice

- (1) Practices **independently** by assessing, diagnosing, treating, and managing **undifferentiated patients**
- (2) Assumes full accountability for actions as a **licensed independent practitioner**

Competency Area: Scientific Foundation

- (1) Critically analyzes data for practice by integrating knowledge from arts and sciences within the context of nursing's philosophical framework and scientific foundation
- (2) Translates research and data to anticipate, predict and explain variations in practice

Competency Area: Leadership

- (1) Assumes increasingly complex leadership roles
- (2) Provides leadership to foster **interprofessional** collaboration
- (3) Demonstrates a leadership style that uses critical and reflective thinking

Competency Area: Quality

- (1) Uses best available evidence to enhance **quality** in clinical practice
- (2) Evaluates how organizational, structural, financial, marketing, and policy decisions impact cost, quality, and accessibility of health care
- (3) Demonstrates skills in **peer review** that promote a **culture of excellence**

Competency Area: Practice Inquiry

- (1) Applies clinical investigative skills for evaluation of health outcomes at the patient, family, population, **clinical unit**, systems, and/or community levels
- (2) Provides leadership in the translation of new knowledge into practice
- (4) Disseminates evidence from inquiry to diverse audiences using multiple methods

Competency Area: Technology & Information Literacy

- (1) Demonstrates **information literacy** in complex decision making
- (2) Translates technical and scientific health information appropriate for user need
- (3) Participates in the development of clinical information systems

Competency Area: Policy

- (1) Analyzes ethical, legal, and social factors in policy development
- (2) Influences **health policy**
- (3) Evaluates the impact of **globalization** on health care policy development.

Competency Area: Health Delivery System

- (1) Applies knowledge of organizational behavior and systems.
- (2) Demonstrates skills in negotiating, consensus-building, and partnering.
- (3) **Manages** risks to individuals, families, populations, and health care systems.
- (4) Facilitates development of **culturally relevant** health care systems.

Competency Area: Ethics

- (1) Applies ethically sound solutions to complex issues

APPENDIX C
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 ANA Code of Ethics and the ANA Standards of Professional Practice. 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 any Essential Abilities and Professional Conduct Policy

First Offense: 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) of the conduct giving rise to the student's failure to meet the essential abilities of a nursing student. 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 matter will also be documented in the student's record.
 - a) If the Essentials issue relates to lack of professionalism and/or concerns being disrespectful, then the professional conduct section can be a framework for the one-to-one discussion with the student about his or her behavior. The framework should help identify what the behavior is and how it is interfering with learning or is disrespectful or unprofessional.
 - b) A **Student Expectation Improvement and Plan (SEIP)** may not need to be developed at this time unless the incident is so egregious that an SEIP is necessary to ensure patient/faculty/fellow student safety.
 - i. In the case **where the first time offense is egregious**, an SEIP would be developed with a full written account of the incident (including date, time, parties involved, etc), and the Program Coordinator/Director and Dean would be notified.
 - The student would not be allowed to participate in class or clinical until the incident is reviewed with the Program Coordinator/Director and Dean.
 - The involved student and faculty would be notified within a university work week (M-F excluding holidays) of the course of action decided upon.
 - Program Coordinator/Director and Dean 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.
2. If the student does not correct the behavior or skills set previously identified by the faculty; or such behavior and skill inability is noted by another faculty, then an **SEIP** will be developed.
 - a) The plan will be prepared by the faculty member who witnessed the incident in conjunction with the lead faculty 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, and identify the time frame in which this is to be corrected.
 - c) The plan will be signed by the faculty member, lead faculty, and the student. The Program Coordinator/Director 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, the lead faculty, or the Program Coordinator/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, the lead faculty and the Program Coordinator/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, the lead faculty, and Program Coordinator/Director.

- a) The Program Coordinator/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 Offense: 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 Coordinator/Director and/or Dean

1. The Program Coordinator/Director and/or 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 Offense: Any student receiving three SEIPs will be evaluated by the Program Coordinator/Director and Dean and will be dismissed from the School of Nursing regardless of academic achievement.

Student to Student Incident: If a student determines that another student fails to meet the 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/Director.
2. The Program Coordinator/Director may then speak with both involved parties and, if necessary, create an **SEIP**.
3. Any further incidents would follow the procedures listed above.

APPENDIX D

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/ 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 _____
Faculty _____
Lead Faculty _____

Date _____
Date _____
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 student will sign)

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

Date _____
Date _____
Date _____
Date _____

APPENDIX E
TYPICAL PROGRAMS OF STUDY FOR FULL-TIME STUDENTS
IN THE MASTER OF SCIENCE IN NURSING PROGRAM
NURSE PRACTITIONER PROGRAM
 (STARTING IN FALL SEMESTER)

Full-Time MSN FNP (46 Units; 34T, 12C)

<i>Fall 1</i>		<i>Spring 1</i>		<i>Summer 1</i>	
APNC 520	(3 Units; 3T)	APNC 523	(3 Units; 3T)	NPTC 605	(6 Units; 4T, 2C)
APNC 521	(4 Units; 3T, 1L)	NPTC 604	(6 Units; 4T, 2C)		
DNPC 611	(3 Units; 3T)				
NPTC 602	(4 Units; 3T, 1C)				
Total 14 Units		Total 9 Units		Total 6 Units	
<i>Fall 2</i>		<i>Spring 2</i>			
NPTC 608	(7 Units; 4T, 3C)	NPTC 609	(7 Units; 4T, 3C)		
DNPC 648	(3 Units; 3 T)				
Total 10 Units		Total 7 Units			

Appendix E (cont.)

Full-Time MSN Dual Certification PNP/FNP (52 Units; 37T, 15C)

<i>Fall 1</i>		<i>Spring 1</i>		<i>Summer 1</i>	
APNC 520	(3 Units; 3T)	APNC 523	(3 Units; 3T)	NPTC 605	(6 Units; 4T, 2C)
APNC 521	(4 Units; 3T, 1L)	NPTC 604	(6 Units; 4T, 2C)		
DNPC 611	(3 Units; 3T)				
NPTC 602	(4 Units; 3T, 1C)				
Total 14 Units		Total 9 Units		Total 6 Units	
<i>Fall 2</i>		<i>Spring 2</i>		<i>Summer 2</i>	
NPTC 608	(7 Units; 4T, 3C)	NPTC 609	(7 Units; 4T, 3C)	NPTC 549	(3 Units; 3C)
DNPC 648	(3 Units; 3 T)	NPTC 549	(3 Units; 3T)		
Total 10 Units		Total 10 Units		Total 3 Units	

Appendix E (cont.)

Full-Time MSN Dual Certification AGNP/FNP (52 Units; 37T, 15C)

<i>Fall 1</i>		<i>Spring 1</i>		<i>Summer 1</i>	
APNC 520	(3 Units; 3T)	APNC 523	(3 Units; 3T)	NPTC 605	(6 Units; 4T, 2C)
APNC 521	(4 Units; 3T, 1L)	NPTC 604	(6 Units; 4T, 2C)		
DNPC 611	(3 Units; 3T)				
NPTC 602	(4 Units; 3T, 1C)				
Total 14 Units		Total 9 Units		Total 6 Units	
<i>Fall 2</i>		<i>Spring 2</i>		<i>Summer 2</i>	
NPTC 608	(7 Units; 4T, 3C)	NPTC 609	(7 Units; 4T, 3C)	NPTC 535	(3 Units;3C)
DNPC 648	(3 Units; 3 T)	NPTC 535	(3 Units;3T)		
Total 10 Units		Total 10 Units		Total 3 Units	

Appendix E (cont.)

Full-Time MSN Psych Mental Health NP (46 Units; 33T, 13C)

<i>Fall 1</i>		<i>Spring 1</i>		<i>Summer 1</i>	
APNC 520	(3 Units; 3T)	APNC 523	(3 Units; 3T)	APNC 624	(5 Units; 3T, 2C)
APNC 521	(4 Units, 3T, 1L)	APNC 651	(4 Units; 3T, 1C)		
DNPC 611	(3 Units; 3T)				
NPTC 627	(4 Units; 3T, 1C)				
Total 13 Units		Total 8 Units		Total 5 Units	
<i>Fall 2</i>		<i>Spring 2</i>			
NPTC 653	(7 Units; 3T, 4C)	NPTC 655	(5 Units; 3T, 2C)		
DNPC 648	(3 Units; 3T)	NPTC 657	(5 Units; 3T, 2C)		
Total 10 Units		Total 10 Units			

Appendix E (cont.)

Full-Time Post BSN DNP FNP (78 Units; 58T, 20C)

<i>Fall 1</i>		<i>Spring 1</i>		<i>Summer 1</i>	
APNC 520	(3 Units; 3T)	APNC 523	(3 Units; 3T)	DNPC 626	(3 Units; 3T)
DNPC 611	(3 Units; 3T)	DNPC 610	(3 Units; 3T)	DNPC 630	(1 Units, 1T)
DNPC 625	(3 Units; 3T)	DNPC 630	(1 Unit, 1T)	DNPC 653	(3 Units; 3T)
DNPC 630	(1 units, 1T)	DNPC 648	(3 Units; 3T)		
		HCIN 540	(3 Units; 3T)		
Total 10 Units		Total 13 Units		Total 7 Units	
<i>Fall 2</i>		<i>Spring 2</i>		<i>Summer 2</i>	
APNC 521	(4 Units; 3T, 1L)	DNPC 630 *	(1 Unit, 1C)	DNPC 630 *	(1 Unit, 1C)
DNPC 622	(3 Units; 3T)	DNPC 686	(3 Units; 3T)	NPTC 605	(6 Units; 4T, 2C)
DNPC 630 *	(1 Unit, 1C)	NPTC 604	(6 Units; 4T, 2C)		
NPTC 602	(6 Units; 3T, 3C)				
Total 14 Units		Total 10 Units		Total 7 Units	
<i>Fall 3</i>		<i>Spring 3</i>			
DNPC 630*	(1 Unit, 1 C)	DNPC 630*	(4 Units, 4C)		
NPTC 608	(6 Units; 4T, 2C)	NPTC 609	(6 Units; 4T, 2C)		
Total 7 Units		Total 10 Units			

*Students may begin to “accumulate” clinical hours toward the required minimum 1,080 direct patient care hours on a continuous basis.

Appendix E (cont.)

Full-Time Post BSN DNP PNP FNP (81 Units; 61T, 20C)

<i>Fall 1</i>		<i>Spring 1</i>		<i>Summer 1</i>	
APNC 520	(3 Units; 3T)	APNC 523	(3 Units; 3T)	DNPC 626	(3 Units; 3T)
DNPC 611	(3 Units; 3T)	DNPC 610	(3 Units; 3T)	DNPC 630	(1 units; 1T)
DNPC 625	(3 Units; 3T)	DNPC 630	(1 Units; 1T)	DNPC 653	(3 Units; 3T)
DNPC 630	(1 units; 1T)	HCIN 540	(3 Units; 3T)		
		DNPC 648	(3 Units; 3T)		
Total 10 Units		Total 13 Units		Total 7 Units	
<i>Fall 2</i>		<i>Spring 2</i>		<i>Summer 2</i>	
APNC 521	(4 Units; 3T, 1L)	DNPC 630*	(1 units; 1C)	DNPC 630*	(1 unit; 1C)
DNPC 622	(3 Units; 3T)	DNPC 686	(3 Units; 3T)	NPTC 605	(6 Units; 4T, 2C)
DNPC 630*	(1 units; 1C)	NPTC 604	(6 Units; 4T, 2C)		
NPTC 602	(6 Units; 3T, 3C)				
Total 14 Units		Total 10 Units		Total 7 Units	
<i>Fall 3</i>		<i>Spring 3</i>			
DNPC 630*	(1 Units; 1C)	DNPC 630*	(1 Unit; 1C)		
NPTC 608	(6 Units; 4T, 2C)	NPTC 609	(6 Units; 4T, 2C)		
		NPTC 549	(6 Units; 3T, 3C)		
Total 7 Units		Total 13 Units			

*Students may begin to “accumulate” clinical hours toward the required minimum 1,080 direct patient care hours on a continuous basis.

Appendix E (cont.)

Full-Time Post BSN DNP AGNP FNP (81 Units; 61T, 20C)

<i>Fall 1</i>	<i>Spring 1</i>	<i>Summer 1</i>
APNC 520 (3 Units; 3T)	APNC 523 (3 Units; 3T)	DNPC 626 (3 Units; 3T)
DNPC 611 (3 Units; 3T)	DNPC 610 (3 Units; 3T)	DNPC 630 (1 units; 1T)
DNPC 625 (3 Units; 3T)	DNPC 630 (1 Units; 1T)	DNPC 653 (3 Units; 3T)
DNPC 630 (1 units; 1T)	HCIN 540 (3 Units; 3T)	
	DNPC 648 (3 Units; 3T)	
Total 10 Units	Total 13 Units	Total 7 Units
<i>Fall 2</i>	<i>Spring 2</i>	<i>Summer 2</i>
APNC 521 (4 Units; 3T, 1L)	DNPC 630* (1 units; 1C)	DNPC 630* (1 units; 1C)
DNPC 622 (3 Units; 3T)	DNPC 686 (3 Units; 3T)	NPTC 605 (6 Units; 4T, 2C)
DNPC 630* (1 units; 1C)	NPTC 604 (6 Units; 4T, 2C)	
NPTC 602 (6 Units; 3T, 3C)		
Total 14 Units	Total 10 Units	Total 7 Units
<i>Fall 3</i>	<i>Spring 3</i>	
DNPC 630* (1 Units; 1C)	DNPC 630* (1 Unit; 1C)	
NPTC 608 (6 Units; 4T, 2C)	NPTC 609 (6 Units; 4T, 2C)	
	NPTC 535 (6 Units; 3T, 3C)	
Total 7 Units	Total 13 Units	

*Students may begin to “accumulate” clinical hours toward the required minimum 1,080 direct patient care hours on a continuous basis.

Appendix E (cont.)

Full-Time Post BSN DNP Psych Mental Health (78 Units; 57T, 21C)

<i>Fall 1</i>		<i>Spring 1</i>		<i>Summer 1</i>	
APNC 520	(3 Units; 3T)	APNC 523	(3 Units; 3T)	DNPC 626	(3 Units; 3T)
DNPC 611	(3 Units; 3T)	DNPC 610	(3 Units; 3T)	DNPC 630	(1 units; 1T)
DNPC 625	(3 Units; 3T)	DNPC 630	(1 Units; 1T)	DNPC 653	(3 Units; 3T)
DNPC 630	(1 units; 1T)	HCIN 540	(3 Units; 3T)		
		DNPC 648	(3 Units; 3T)		
	Total 10 Units		Total 13 Units		Total 7 Units
<i>Fall 2</i>		<i>Spring 2</i>		<i>Summer 2</i>	
APNC 521	(4 Units; 3T, 1L)	DNPC 630*	(1 units; 1C)	NPTC 624	(5 Units; 3T, 2C)
DNPC 622	(3 Units; 3T)	DNPC 686	(3 Units; 3T)	DNPC 630*	(1 units; 1C)
DNPC 630*	(1 Unit; 1C)	NPTC 651	(4 Units; 3T, 1C)		
NPTC 627	(4 Units; 3T, 1C)				
	Total 12 Units		Total 8 Units		Total 6 Units
<i>Fall 3</i>		<i>Spring 3</i>			
DNPC 630*	(1 Units; 1C)	DNPC 630*	(4 Unit; 4C)		
NPTC 653	(7 Units; 3T, 4C)	NPTC 655	(5 Units; 3T, 2C)		
		NPTC 657	(5 Units; 3T, 2C)		
	Total 8 Units		Total 14 Units		

*Students may begin to “accumulate” clinical hours toward the required minimum 1,080 direct patient care hours on a continuous basis.

Appendix E (cont.)

TYPICAL PROGRAMS OF STUDY FOR **PART-TIME** STUDENTS
IN THE MASTER OF SCIENCE IN NURSING PROGRAM
NURSE PRACTITIONER PROGRAM

Family Nurse Practitioner (46 Units; 34T, 12C)

<i>Fall 1</i>	<i>Spring 1</i>	<i>Summer 1</i>
DNPC 611 (3 Units; 3T) DNPC 648 (3 Units; 3T) Total 6 Units	APNC 523 (3 Units; 3T) APNC 520 (3 Units; 3T) Total 6 Units	
<i>Fall 2</i>	<i>Spring 2</i>	<i>Summer 2</i>
APNC 521 (4 Units; 3T, 1L) NPTC 602 (4 Units; 3T, 1C) Total 8 Units	NPTC 604 (6 Units; 4T, 2C) Total 6 Units	NPTC 605 (6 Units; 4T, 2C) Total 6 Units
<i>Fall 3</i>	<i>Spring 3</i>	
NPTC 608 (7 Units; 4T, 3C) Total 7 Units	NPTC 609 (7 Units; 4T, 3C) Total 7 Units	

Note: There can be more flexibility in program planning for the first 6 semesters for students who take only one course per semester. Students must have taken all or most of their core, foundational, and elective courses prior to the Fall semester when they register for APNC 521 and take ANPC 520 either the prior Fall or concurrently with APNC 521.

Appendix E (cont.)

Dual Certification Pediatric/Family Nurse Practitioner (52 Units; 37T, 15C)

<i>Fall 1</i>		<i>Spring 1</i>		<i>Summer 1</i>	
DNPC 611	(3 Units; 3T)	APNC 523	(3 Units; 3T)		
DNPC 648	(3 Units; 3T)	APNC 520	(3 Units; 3T)		
	Total 6 Units		Total 6 Units		
<i>Fall 2</i>		<i>Spring 2</i>		<i>Summer 2</i>	
APNC 521	(4 Units; 3T, 1L)	NPTC 604	(6 Units; 4T, 2C)	NPTC 605	(6 Units; 4T, 2C)
NPTC 602	(4 Units; 3T, 1C)				
	Total 8 Units		Total 6 Units		Total 6 Units
<i>Fall 3</i>		<i>Spring 3</i>		<i>Summer 3</i>	
NPTC 608	(7 Units; 4T, 3C)	NPTC 609	(7 Units; 4T, 3C)	NPTC 549	(3 Units; 3C)
		NPTC 549	(3 Units; 3T)		
	Total 7 Units		Total 10 Units		Total 3 Units

Note: There can be more flexibility in program planning for the first 6 semesters for students who take only one course per semester. Students must have taken all or most of their core, foundational, and elective courses prior to the Fall semester when they register for APNC 521 and take ANPC 520 either the prior Fall or concurrently with APNC 521.

Appendix E (cont.)

Dual Certification Adult-Gerontology/Family Nurse Practitioner (52 Units; 37T, 15C)

<i>Fall 1</i>		<i>Spring 1</i>		<i>Summer 1</i>	
DNPC 611	(3 Units; 3T)	APNC 523	(3 Units; 3T)		
DNPC 648	(3 Units; 3T)	APNC 520	(3 Units; 3T)		
Total 6 Units		Total 6 Units			
<i>Fall 2</i>		<i>Spring 2</i>		<i>Summer 2</i>	
APNC 521	(4 Units; 3T, 1L)	NPTC 604	(6 Units; 4T, 2C)	NPTC 605	(6 Units; 4T, 2C)
NPTC 602	(4 Units; 3T, 1C)				
Total 8 Units		Total 6 Units		Total 6 Units	
<i>Fall 3</i>		<i>Spring 3</i>		<i>Summer 3</i>	
NPTC 608	(7 Units; 4T, 3C)	NPTC 609	(7 Units; 4T, 3C)	NPTC 535	(3 Units; 3T)
		NPTC 535	(3 Units; 3T)		
Total 7 Units		Total 10 Units		Total 3 Units	

Note: There can be more flexibility in program planning for the first 6 semesters for students who take only one course per semester. Students must have taken all or most of their core, foundational, and elective courses prior to the Fall semester when they register for APNC 521 and take ANPC 520 either the prior Fall or concurrently with APNC 521.

Appendix E (cont.)

Psychiatric/Mental Health Nurse Practitioner (46 Units; 33T, 13C)

<i>Fall 1</i>	<i>Spring 1</i>	<i>Summer 1</i>
APNC 520 (3 Units; 3T) DNPC 611 (3 Units; 3T) Total 6 Units	APNC 523 (3 Units; 3T) DNPC 648 (3 Units; 3T) Total 6 Units	
<i>Fall 2</i>	<i>Spring 2</i>	<i>Summer 2</i>
APNC 521 (4 Units; 3T, 1L) APNC 627 (4 Units; 3T, 1C) Total 8 Units	APNC 651 (4 Units; 3T, 1C) Total 4 Units	APNC 624 (5 Units; 3T, 2C) Total 5 Units
<i>Fall 3</i>	<i>Fall 4</i>	
NPTC 653 (7 Units; 3T, 4C) Total 7 Units	NPTC 655 (5 Units; 3T, 2C) NPTC 657 (5 Units; 3T, 2C) Total 10 Units	

Note: There can be more flexibility in program planning for the first 6 semesters for students who take only one course per semester. Students must have taken all or most of their core, foundational, and elective courses prior to the Fall semester when they register for APNC 521 and take ANPC 520 either the prior Fall or concurrently with APNC 521.

Appendix E (cont.)
TYPICAL PROGRAMS OF STUDY FOR PART-TIME STUDENTS
IN THE DOCTOR OF NURSING PRACTICE PROGRAM

Part-Time Post BSN DNP FNP (78 Units; 58T, 20C)

<i>Fall 1</i>	<i>Spring 1</i>	<i>Summer 1</i>
APNC 520 (3 Units; 3T) DNPC 611 (3 Units; 3T) Total 6 Units	APNC 523 (3 Units; 3T) DNPC 648 (3 Units; 3T) Total 6 Units	
<i>Fall 2</i>	<i>Spring 2</i>	<i>Summer 2</i>
DNPC 622 (3 Units; 3T) DNPC 625 (3 Units; 3T) DNPC 630 (1 units, 1T) Total 7 Units	DNPC 610 (3 Units; 3T) HCIN 540 (3 Units; 3T) DNPC 630 (1 Unit, 1T) Total 7 Units	DNPC 626 (3 Units; 3T) DNPC 630 (1 Units, 1T) DNPC 653 (3 Units; 3T) Total 7 Units
<i>Fall 3</i>	<i>Spring 3</i>	<i>Summer 3</i>
APNC 521 (4 Units; 3T, 1L) DNPC 630 * (1 Unit, 1C) NPTC 602 (6 Units; 3T, 3C) Total 11 Units	DNPC 630 * (1 Unit, 1C) DNPC 686 (3 Units; 3T) NPTC 604 (6 Units; 4T, 2C) Total 10 Units	DNPC 630 * (1 Unit, 1C) NPTC 605 (6 Units; 4T, 2C) Total 7 Units
<i>Fall 4</i>	<i>Spring 4</i>	
DNPC 630* (1 Unit, 1 C) NPTC 608 (6 Units; 4T, 2C) Total 7 Units	DNPC 630* (4 Units, 4C) NPTC 609 (6 Units; 4T, 2C) Total 10 Units	

Appendix E (cont.)
TYPICAL PROGRAMS OF STUDY FOR PART-TIME STUDENTS
IN THE DOCTOR OF NURSING PRACTICE PROGRAM

Part-Time Post BSN DNP AGNP/FNP (81 Units; 61T, 20C)

<i>Fall 1</i>		<i>Spring 1</i>		<i>Summer 1</i>	
APNC 520	(3 Units; 3T)	APNC 523	(3 Units; 3T)		
DNPC 611	(3 Units; 3T)	DNPC 648	(3 Units; 3T)		
Total 6 Units		Total 6 Units			
<i>Fall 2</i>		<i>Spring 2</i>		<i>Summer 2</i>	
DNPC 622	(3 Units; 3T)	DNPC 610	(3 Units; 3T)	DNPC 626	(3 Units; 3T)
DNPC 625	(3 Units; 3T)	HCIN 540	(3 Units; 3T)	DNPC 630	(1 Units, 1T)
DNPC 630	(1 units, 1T)	DNPC 630	(1 Unit, 1T)	DNPC 653	(3 Units; 3T)
Total 7 Units		Total 7 Units		Total 7 Units	
<i>Fall 3</i>		<i>Spring 3</i>		<i>Summer 3</i>	
APNC 521	(4 Units; 3T, 1L)	DNPC 630 *	(1 Unit, 1C)	DNPC 630 *	(1 Unit, 1C)
DNPC 630 *	(1 Unit, 1C)	DNPC 686	(3 Units; 3T)	NPTC 605	(6 Units; 4T, 2C)
NPTC 602	(6 Units; 3T, 3C)	NPTC 604	(6 Units; 4T, 2C)		
Total 11 Units		Total 10 Units		Total 7 Units	
<i>Fall 4</i>		<i>Spring 4</i>			
DNPC 630*	(1 Unit, 1 C)	DNPC 630*	(1 Units, 1C)		
NPTC 608	(6 Units; 4T, 2C)	NPTC 535	(6 Units; 3T, 3C)		
		NPTC 609	(6 Units; 4T, 2C)		
Total 7 Units		Total 10 Units			

Appendix E (cont.)

TYPICAL PROGRAMS OF STUDY FOR **PART-TIME** STUDENTS
IN THE DOCTOR OF NURSING PRACTICE PROGRAM

Part-Time Post BSN DNP PNP/FNP (81 Units; 61T, 20C)

<i>Fall 1</i>	<i>Spring 1</i>	<i>Summer 1</i>
APNC 520 (3 Units; 3T) DNPC 611 (3 Units; 3T) Total 6 Units	APNC 523 (3 Units; 3T) DNPC 648 (3 Units; 3T) Total 6 Units	
<i>Fall 2</i>	<i>Spring 2</i>	<i>Summer 2</i>
DNPC 622 (3 Units; 3T) DNPC 625 (3 Units; 3T) DNPC 630 (1 units, 1T) Total 7 Units	DNPC 610 (3 Units; 3T) HCIN 540 (3 Units; 3T) DNPC 630 (1 Unit, 1T) Total 7 Units	DNPC 626 (3 Units; 3T) DNPC 630 (1 Units, 1T) DNPC 653 (3 Units; 3T) Total 7 Units
<i>Fall 3</i>	<i>Spring 3</i>	<i>Summer 3</i>
APNC 521 (4 Units; 3T, 1L) DNPC 630 * (1 Unit, 1C) NPTC 602 (6 Units; 3T, 3C) Total 11 Units	DNPC 630 * (1 Unit, 1C) DNPC 686 (3 Units; 3T) NPTC 604 (6 Units; 4T, 2C) Total 10 Units	DNPC 630 * (1 Unit, 1C) NPTC 605 (6 Units; 4T, 2C) Total 7 Units
<i>Fall 4</i>	<i>Spring 4</i>	
DNPC 630* (1 Unit, 1 C) NPTC 608 (6 Units; 4T, 2C) Total 7 Units	DNPC 630* (1 Units, 1C) NPTC 549 (6 Units; 3T, 3C) NPTC 609 (6 Units; 4T, 2C) Total 10 Units	

Appendix E (cont.)

TYPICAL PROGRAMS OF STUDY FOR **PART-TIME** STUDENTS
IN THE DOCTOR OF NURSING PRACTICE PROGRAM

Part-Time Post BSN DNP PMHNP (78 Units; 57T, 21C)

<i>Fall 1</i>	<i>Spring 1</i>	<i>Summer 1</i>
APNC 520 (3 Units; 3T) DNPC 611 (3 Units; 3T) Total 6 Units	APNC 523 (3 Units; 3T) DNPC 648 (3 Units; 3T) Total 6 Units	
<i>Fall 2</i>	<i>Spring 2</i>	<i>Summer 2</i>
DNPC 622 (3 Units; 3T) DNPC 625 (3 Units; 3T) DNPC 630 (1 units, 1T) Total 7 Units	DNPC 610 (3 Units; 3T) HCIN 540 (3 Units; 3T) DNPC 630 (1 Unit, 1T) Total 7 Units	DNPC 626 (3 Units; 3T) DNPC 630 (1 Units, 1T) DNPC 653 (3 Units; 3T) Total 7 Units
<i>Fall 3</i>	<i>Spring 3</i>	<i>Summer 3</i>
APNC 521 (4 Units; 3T, 1L) DNPC 630 * (1 Unit, 1C) NPTC 627 (4 Units; 3T, 1C) Total 9 Units	DNPC 630 * (1 Unit, 1C) DNPC 686 (3 Units; 3T) NPTC 651 (4 Units; 4T, 1C) Total 10 Units	DNPC 630 * (1 Unit, 1C) NPTC 624 (5 Units; 3T, 2C) Total 7 Units
<i>Fall 4</i>	<i>Spring 4</i>	
DNPC 630* (1 Unit, 1 C) NPTC 653 (7 Units; 3T, 4C) Total 7 Units	DNPC 630* (4 Units, 4C) NPTC 655 (5 Units; 3T, 2C) NPTC 657 (5 Units; 3T, 2C) Total 14 Units	

APPENDIX F

University of San Diego – Hahn School of Nursing & Health Science Student Immunization Checklist

1. **TB Skin Test – Annual**

Post-Licensure: Students must have 1 PPD Annually for compliance. However, initially students must document two negative TB tests (must be a minimum of seven days apart), or one negative Quantiferon test.

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.health.ucsd.edu/compliance/hipaa.shtml>. Submit the certificate of completion for this training to American DataBank for processing.

12. □ Criminal Background Check- Yearly

Students must complete a criminal background check. Use the www.sdnsbackground.com website to complete this check.

13. □ Drug Screen- Yearly

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

14. □ California RN License– Renew When Expired

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

Appendix G
Background Check Process for Students
Hahn School of Nursing and Health Science

Background Check Process for Students
Hahn School of Nursing and Health Science

1. To initiate your background clearance, go to the website <https://sdnahsec.complio.com/> and create an account.
2. Activate your account and log in and click on "Order Subscription."
3. Under "Select School" you will choose the University of San Diego Hahn School of Nursing.
4. You will order the SD Consortium Criminal Background Check and Drug Screen and under "Immunization Compliance Package" the correct program you are in.
5. Continue filling in required and optional fields.
6. Sign required forms.

The following searches are required:

- a) Criminal History Record Search
- b) Social Security Number Trace (residential history, year and state SSN issued)
- c) OIG/GSA-Medicare/Medicaid Excluded List
- d) Nationwide Sex Offender Registry
- e) 10-Panel Drug Screen

Go to the location you selected to provide your urine sample.

Appendix H

Release of Information

I hereby authorize the Hahn School of Nursing and Health Science to release my social security number, health status information (including physical examination findings, immunization status, and results of screening examinations), and information regarding RN licensure, malpractice insurance coverage, and BLS certification as requested by agencies in which I will be obtaining clinical experiences. I understand that it is my responsibility to assure that this information is accurate and is kept up to date. I further understand that failure to supply or maintain the currency of the information will result in exclusion from classes and/or clinical placements.

Signature of Student _____

Date _____

Printed Name _____

Signature of Witness _____

Date _____

Printed Name _____

Appendix I Required Technology and Computer Skills

Overview

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):

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 J



Examsoft Computerized Testing Purchase Information

The Hahn School of Nursing and Health Science utilizes a computerized testing software called Examsoft which allows faculty to create quizzes and exams which are taken by the student on their laptops. Students who take courses in the Hahn School of Nursing and who are enrolled in a course that utilizes Examsoft, are **strongly encouraged** to have either a Windows based PC or Mac OS laptop (that has Wi-Fi capability) that can be taken to class on exam days. The student's laptop is the device that will be utilized in class to access ExamSoft to take tests.

ExamSoft is purchased each semester in the ExamSoft portal. Students will be required to ensure whether or not their courses use ExamSoft during a given semester before purchasing. The semester fee covers all courses that the student is using the software for.

Instructions for purchasing Examsoft access:

When a student account has been created, the student will receive an email with instructions for creating an account that includes a password generated specifically for that student. Students must use only their USD email address to create their accounts. The student will then:

1. Go to www.examsoft.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

Who do I contact to troubleshoot issues with ExamSoft/SofTest?

- Contact ExamSoft:
- Online: <http://support.examsoft.com/ics/support/default.asp?deptID=15194>
- E-mail: support@examsoft.com
- Telephone: 866-429-8889

Who can I contact regarding USD web site or security sign on for the USD site?

- For issues related to the USD web site, USD email, USD security sign on, or technical issues with the USD wireless infrastructure, contact the USD Help Desk at: 619-260-7900



Hahn School of Nursing and Health Science

Examsoft (SofTest) Install Instructions

Each student is required to supply a laptop computer for taking course exams using Examsoft. Each student is responsible for arriving the day of each exam with their laptop configured for Examsoft. USD Technical support (help line) does **not** provide technical support for the Examsoft product. If you encounter issues with the set up, management, and usage of Examsoft (SofTest) contact Examsoft at:

Online: <http://support.examsoft.com/ics/support/default.asp?deptID=15194>

- E-mail: support@examsoft.com
- Telephone: 866-429-8889

Minimum Laptop Specifications

The following is a guide to determine 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 fully supported at this time.
- 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: 1.86Ghz 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

Preparing Your Computer

*You can prevent difficulties in registering the software, downloading/uploading exams and system problems during the actual exam by preparing your computer before the exam period begins.

Firewalls

If your computer contains a personal firewall (e.g. Norton Personal Firewall, McAfee Personal Firewall, Zone Alarm, etc.) you can instruct the firewall to treat www.examsoft.com as a trusted website. If you are unsure how to do so, please see your manufacturer's instructions. In most cases, you can also disable your firewall temporarily by right-clicking the firewall's icon in the System Tray beside the clock and selecting Disable. We recommend that you do this before downloading and registering the software, downloading an exam and prior to the start of each exam.

Scan for Viruses and Spyware

It is recommend that you run anti-virus and anti-spyware software to check your laptop in advance. Prior to downloading Examsoft. In some cases on PC laptop computers, certain antivirus applications may block SofTest from starting properly or can affect SofTest's performance during an examination. Visit ExamSoft's Knowledge Base at <http://support.examsoft.com> to determine if your laptop computer is running any of the programs listed and for instructions on how to disable your antivirus/antispyware applications **before** installing SofTest and how to re-enable them after installation is complete.

Internet Access

Your computer must be configured in advance to access the Internet through USD's wireless network to take an exam using Examsoft. If you have not configured your laptop to access the USD wireless internet you must set this up prior to taking any exam. If you are experiencing difficulty accessing the USD wireless internet contact the USD help desk call: (619) 260-7900.

Hibernation Mode, Windows Defender and Automatic Updates

If you have Microsoft® Windows Defender installed on your computer, you must disable it prior to the exam. Also disable your hibernation mode and the install automatic updates features on your laptop. These features may be turned on immediately following your exam. A list of common anti-virus software and instructions for disabling them is available on the ExamSoft site <http://support.examsoft.com/ics/support/default.asp?deptID=15194> .

Setting up your laptop with Examsoft(SofTest)

Computer Setup

- Ensure that all cables (i.e. power cord, external mouse and/or keyboard) are securely connected to your computer.
- Make sure your power indicator light shows that your computer is receiving power.
- Turn on your computer.
- Once your computer boots up, verify it has the correct date & time set.

Downloading an Exam (prior to the test date)

- FIRST:** Double-click the ExamSoft icon on your Windows Desktop. Mac computers: Double click the SofTest icon from the Applications folder or single click the icon in your Dock on your Mac
- SECOND:** Click the “Download Exam Files” button
- THIRD:** Enter in Student ID and Password, then click “Next” button
- FOURTH:** Enter in download password (if applicable) and click “Next” button
- FIFTH:** Select the exam you need to download from the “Available Exams” tab and click “Download” button

Taking an Exam

- FIRST:** Double-click the ExamSoft icon on your Windows Desktop. Mac computers: Double click the SofTest icon from the Applications folder or single click the icon in your Dock on your Mac
- SECOND:** Click the “Take An Exam” button.
- THIRD:** Select your exam from the drop-down list of “Available Exams”, enter your Student ID in the field below, and click “Start”
- FOURTH:** Type in an Exam password (if applicable)
- FIFTH:** Read each Notice window carefully and click ‘OK’ to advance to the next window. STOP when the last Notice window with RED “STOP” SIGN appears.
- SIXTH:** When instructed, type: “Begin” and click the ‘Begin’ button.

Functions and Formatting

- Answer each question as directed
- Proceed to the next screen by clicking the blue forward arrow at the top left corner of the screen. Review previous answers by clicking the blue back arrow.
- Once closed, the exam file cannot be reopened.
- If you have to leave the classroom prior to finishing your exam (i.e. restroom break), block your screen by selecting ‘Actions’ then ‘Hide Exam’ in the SofTest menu.
- If your computer freezes, follow the “Computer Freezes” instructions below.

Miscellaneous Notices

- ExamSoft and the USD Hahn School of Nursing and Health Science assumes no responsibility for interruptions whether isolated or widespread. You assume all risks of using a computer to take your exam.
- All examinations and computer testing materials are the property of the USD Hahn School of Nursing and Health Science.

Computer Freezes

If SofTest, your keyboard and/or mouse stop responding, do the following:

- a. Turn off your computer (press & hold the power button but if that fails, pull the power cord & battery)
- b. Restart computer.
- c. When the 'SofTest Exam Restart' window appears, select the 'Resume' button. You will be returned to within 59 seconds of where you left off.

Exiting SofTest

You may exit SofTest whenever you are finished. However, once you are notified that there are 5 minutes remaining, Follow these instructions to exit out of SofTest...

- a. Select '**Save/Exit**' button.
- b. Click the 'Close Exam' button.
- c. On the yellow window, click the 'Exit' button.
- d. You will see your computer uploading the "Answer Files", please do not turn off computer during this process
- e. A green window confirming your upload will appear. Click 'Close' and you are finished using SoftTest.

Upload Confirmation

ExamSoft provides three methods for verifying that your answer file uploaded.

The first two options will display the Exam Download/Upload History page, which is a detailed report of your account activity; it includes the date and time every exam is downloaded and uploaded. You may print a copy of this page if you need a confirmation of the upload:

Option 1: Launch SofTest, click 'Exam History' and enter your login information. This will display your Exam Download/Upload History on your Internet web browser.

Option 2: Visit our custom homepage and enter your login information. Once logged in, click the 'Exam History' button.

Option 3: You will be emailed confirmation that your answer file uploaded.

Instructions may be found at the ExamSoft website. You can reach ExamSoft Support at support@examsoft.com; 866-429-8889. Note that support personnel cannot provide exam file passwords.

Appendix K

UNIVERSITY OF SAN DIEGO HAHN SCHOOL OF NURSING AND HEALTH SCIENCE COURSE SYLLABUS

COURSE: DNPC 630 DNP Scholarly Practice

COURSE CREDIT: 1-6 Units

PLACEMENT: Fall, spring, summer

CO-REQUISITES: APRN/APRN student status

FACULTY:

COURSE DESCRIPTION: Prepares the graduate to 1) design, deliver, and evaluate comprehensive evidenced-based care to individuals and/aggregates incorporating advanced practice nursing competencies; 2) provide leadership in promoting evidenced-based practice in an advanced practice specialty, and 3) function as a practice specialist/consultant in the resolution of clinical problems.

Note: Successful completion of the course with a letter grade of B- or higher is necessary to pass the course.

COURSE OBJECTIVES:

1. Use a scientific foundation and processes of inquiry to evaluate the evidence base related to a clinical problem.
2. Develop, implement, and evaluate an evidence-based solution to an identified clinical problem.
3. Provide leadership in system change required for solution of a clinical problem(s).
4. Demonstrate advanced clinical competencies in a selected area of specialized practice.

COURSE REQUIREMENTS:

DNPC 630 consists of a series of semester-long courses that extend throughout the length of the Post MSN DNP and BSN DNP programs. During the 1st year of the 3-year full-time BSN DNP program, DNPC 630 is designated as a theory course of faculty-facilitated weekly seminars (1 unit=16 clock hours) with the ultimate goal of identification of a clearly-defined, realistic project. The course is designated as clinical throughout the 2nd and 3rd years of the program since students spend time in clinical settings related to the EBP project activities and meet for biweekly seminars to discuss, evaluate, and/or analyze various components of their projects which is counted as clinical time (1 unit=54 clock hours).

Post MSN DNP students experience a similar format to the 2nd and 3rd years of the BSN DNP program whereby students participate in faculty-facilitated biweekly seminars along with spending time in clinical settings toward fulfillment of activities for completion of the EBP project.

Clinical Practice: All students must document a minimum total of 1000 clinical hours in their clinical specialty.

Some of these hours will have been completed during the student's previous MSN APN program or in the clinical management courses (NPTC series) of the BSN DNP program. The following documents must be completed and submitted in order to fulfill the clinical component of the program:

1. Portfolio of advanced clinical competencies achieved during practice project experiences
2. Monthly clinical logs
3. Faculty evaluation of student's clinical performance (*BSN DNP students must include faculty evaluations from all NPTC courses*)
4. Preceptor evaluation of student's clinical performance (*BSN DNP students must include faculty evaluations from all NPTC courses*)
5. nTrack documentation of all patient encounters (*BSN DNP students*)

Seminars: BSN DNP students are scheduled to meet weekly during the 1st year of the program although some classes be online discussion and some will be face-to-face. Seminars will meet biweekly during the 2nd and 3rd years of the BSN DNP program and throughout the five semesters of the Post MSN DNP program. This schedule is for full-time students in both programs. Students enrolled on a part-time basis will have their program plans adjusted accordingly to ensure a comparable amount of time.

1. Faculty facilitated seminars are designed to provide a forum for role development and the exchange of ideas, issues, and strategies about the DNP project. A variety of required oral and written assignments pertaining to the final DNP project will be completed throughout the seminars in order to facilitate the student through the various stages of project development, implementation, and evaluation.
2. Seminar faculty have an integral role assisting the student through the various stages of the project. At the end of each semester, seminar faculty will complete the "DNP Student Evaluation by Seminar Faculty" form which will be reviewed with both the student and faculty project advisor. Additionally, seminar faculty will provide feedback in the student's monthly log submissions which will be shared with the student's faculty project advisor. *Neither of these activities will be completed during the first year of the BSN DNP program seminar since the student is not in a clinical setting.*

Final DNP Project: All students will identify a clinical problem or professional issue that arises from a careful analysis of a practice population and/or system; develop and implement an innovative, culturally competent, sustainable, evidence-based solution using principles of translational science; and implement and evaluate the outcome(s). Foundational coursework in the DNP program is designed to prepare students to successfully complete the project.

1. **Post MSN DNP students** will be expected to have already identified the probable topic of their project upon admission into the program while **BSN DNP students** will collaborate with DNP/NP program faculty along with their faculty project advisor in identification of their project topic.
2. **Post MSN DNP students** will be assigned a doctorally-prepared faculty project advisor upon admission into the program. Determination will be based on the student's past and present clinical practice population experience and interests. The identification of the doctorally-prepared clinical mentor should occur by the completion of the first fall semester of the program.
3. At the completion of the first fall semester for **BSN DNP students**, seminar faculty will advise the DNP program director of the student's probable clinical population interest and possible topic of interest in order to facilitate the assignment of a doctorally-prepared faculty project advisor by the beginning of the first spring semester. Students will identify their doctorally-prepared clinical mentor by the completion of the second fall semester of the program.
4. Written requirements (using APA 6th edition format) that will be submitted to the faculty project advisor:

- a. At the end of: *fall 1-Post MSN DNP, fall 2- BSN DNP*, students will submit the aims of their DNP project and a synthesis of relevant literature.
- b. At the end of: *spring 1-Post MSN DNP, spring 2- BSN DNP*, students will submit the methods that describes in detail how the DNP project will be conducted.
- c. By the end of: *summer 1-Post MSN DNPs, summer 2-BSN DNPs*, students will submit their plans to evaluate the outcomes of their project and obtain institutional approval for the project (if relevant).
- d. During the: *fall 2-Post MSN DNPs, fall 3-BSN DNPs*, students will implement and evaluate the outcomes of their project and obtain USD IRB Human Subjects approval to disseminate the findings of their project..
- e. During the: *spring 2-Post MSN DNPs, spring 3-BSN DNPs*, students will develop and submit a scholarly paper by week 12 of the semester which will be evaluated according to established criteria.
- f. Scholarly paper to be submitted for publication must adhere to the journal guidelines with consideration for each of the following components.
 - i. Project Abstract & Executive Summary
 - ii. Background & Evidence for Problem
 - iii. Evidence-Based Intervention & Benchmark
 - iv. PICO Question
 - v. Project Plan Process
 - vi. Evaluation Results
 - vii. Conclusions Including Cost/Benefit Analysis
 - viii. Implications for clinical practice
 - ix. References
5. Poster presentation or accepted abstract at a professional conference during the last semester (e.g., Western Institute of Nursing or other regional or local meeting)
6. Oral stakeholder presentation of completed project to clinical mentor, faculty project advisor, and professional staff where the scholarly practice project and clinical hours were completed during the last semester. The clinical mentor and faculty project advisor **MUST** attend.

GRADING CRITERIA: Pass/Fail

TEXTBOOK: Chism, L. (2015). *The doctor of nursing practice: A guidebook for role development and professional issues* (3rd ed.). Burlingame, MA: Jones & Bartlett.

SH:08/17/2015

Appendix L
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 facilitators. Students MUST report all accidents/injuries to their clinical facilitator.

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, 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 contains maps to Sharp-Rees-Stealy Occupational Health centers.
4. All follow up care must be obtained through Sharp R-S. Take a copy of the emergency 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 M
UNIVERSITY OF SAN DIEGO
Hahn School of Nursing and Health Science
Course Syllabus

COURSE: NPTC 541

COURSE NAME: Selective Clinical Practicum

COURSE CREDIT: 1-4 clinical units

PLACEMENT: Fall, Spring, or Summer Semesters

PREREQUISITES: APNC 520, APNC 521, APNC 523 **and** NPTC 602 for FNP, AGNP/FNP, PNP/FNP tracks or NPTC 627 for PMHNP track. Permission from DNP/MSN NP Program Director.

COURSE DESCRIPTION: Focuses on a concentrated experiential learning of the NP role in a general or more specialized area of primary care practice. Utilizes an evidence-based practice knowledge base to further develop clinical skills in a specific clinical site based on individual learning needs and/or career goals.

COURSE OBJECTIVES: Upon completion of course, the student will be able to:

1. Manage the acute and chronic illnesses commonly encountered with the population(s) at the clinical site using a collaborative approach and appropriate pharmacologic and non-pharmacologic therapeutic modalities.
2. Perform a comprehensive health appraisal to identify client strengths and health risks as a basis for individualized health promotion and health maintenance.
3. Implement effective strategies for engaging selected client population(s) in health promotion and health maintenance.
4. Analyze the need for collaboration and referral to other health care providers and social services for selected population(s) with urgent and/or complex needs.
5. Explore implications of current clinical management literature and research for NP practice at the selected primary care site.
6. Analyze practice patterns of NP and/or physician preceptors at the selected primary care site and their implications for NP role development.
7. Demonstrate understanding of the legal requirements for clinical practice as a NP.

SH: 11/06/2013

APPENDIX N

Clinical Hour Distribution for FNP, AGNP/FNP, PNP/FNP Tracks

(Approximate distribution with consideration for specialty overlaps)

FNP Clinical Hour Distribution (648-MSN)

<u>Specialty</u>	<u>Hours</u>
Pediatrics (0-21yrs)	180
Adult (13-64 yrs)	180
Gerontology (65-end of life)	180
Women's Health (all ages)	54
Psych/Mental Health (all ages)	54

AGNP/FNP Clinical Hour Distribution (810-MSN)

<u>Specialty</u>	<u>Hours</u>
FNP only	297
AGNP only	297
AGNP & FNP overlap	216

Qualification AGNP Exam: 216 hours overlap + 297 hours AGNP only=513 hours*

Qualification FNP Exam: 216 hours overlap + 297 hours FNP only= 513 hours*

PNP/FNP Clinical Hour Distribution (810-MSN)

<u>Specialty</u>	<u>Hours</u>
FNP only	297
PNP only	297
PNP & FNP overlap	216

Qualification PNP Exam: 216 hours overlap + 297 hours PNP only=513 hours*

Qualification FNP Exam: 216 hours overlap + 297 hours FNP only= 513 hours*

***Meets 500 minimum required hours for certification examination eligibility**

Appendix O
MEMORANDUM

To: USD Nurse Practitioner Preceptors

From: USD Nurse Practitioner Program Faculty

Subject: Post BSN Doctoral Program Nurse Practitioner Scholarly Practice
Master's Program Nurse Practitioner Clinical Preceptorship

Clinical experience with expert clinical preceptors in a variety of primary care settings is an essential educational component for a Nurse Practitioner (NP) student. This component of the curriculum involves a minimum of 12 semester units of clinical practice during the 46-52 unit Master's program or the scholarly practice phase of the 78-81unit Post BSN Doctor of Nursing Practice (DNP) program. Students in the DNP program complete an additional 8-11 semester units of clinical practice during the DNP scholarly 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 pharmacology, pathophysiology, and physical assessment and diagnosis. These courses are taught by the School of Nursing faculty at the University of San Diego. Students in the DNP program complete additional coursework such as methods of translational science, philosophy of reflective practice, and epidemiology-biostatistics, prior to beginning their scholarly practice.

Students are licensed to practice nursing in California and are covered annually by the University's Licensed Professional Liability insurance coverage. These students are currently pursuing a graduate degree in nursing with a focus on primary health care delivery. USD NP 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 scholarly practice experience or preceptorship. The preceptor will meet with the student prior to the start of the semester or early in the clinical rotation so that the student's learning objectives and past clinical experiences can be shared. Students do not receive compensation for clinical care provided during their clinical learning experiences. Likewise, there are no funds available to reimburse clinical preceptors for their time spent mentoring students.

Clinical preceptors are academically and clinically qualified NPs and physicians who supervise every client encounters so that students can successfully fulfill the clinical learning objectives for the course focused on a specific patient population (e.g., pediatrics, women's health, adults, or geriatrics). Depending on the clinical course requirements, preceptors must be willing to spend four to twenty-one hours a week in a clinical teaching and supervisory capacity with a NP student in a primary care setting.

At the beginning of the clinical component of the program, the NP student is learning to take health histories, perform complete and focused physical examinations and develop differential diagnoses. In the first several semesters, students learn diagnosis and management skills with common acute

and chronic health problems. Near the completion of the program, NP students encounter clients with more complex, acute and chronic conditions, and develop skills in interdisciplinary collaboration and referral to ensure safe, comprehensive, quality care. The graduate nursing student brings to the clinical setting a broad background in counseling, client 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 their knowledge and skills, the supervision needs to be modified to promote clinical learning and role development while assuring competence and safety. Students enrolled in the DNP scholarly practice will need to collaborate with their preceptor to identify a DNP project that can be completed during the third year of the DNP program.

The USD School of Nursing guidelines for clinical preceptors are attached. The NP Clinical Placement Coordinator will usually make the initial contact to ascertain the clinician's willingness to serve as a NP student preceptor for the upcoming semester. Once a clinician has verbally agreed to precept a USD NP student, the clinician is requested to provide the NP Clinical Placement Coordinator with a copy of their current curriculum vitae or complete a Biographical Data Sheet, if one is not already on file in the USD 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 appropriate clinical course syllabus. The course objectives, as well as the student's individual learning objectives, will provide a framework to focus the student's learning experiences. After being notified by the NP Clinical Placement Coordinator that arrangements for their placement have been made, each student will contact their designated preceptor to share their individual clinical learning objectives for the semester and to mutually schedule the days and times each week for their clinical experiences. This process should be accomplished before the semester and the clinical experience begins.

A NP clinical site facilitator faculty member responsible for supervising the student's overall clinical experience will make a site visit during the semester. Preceptors are encouraged to communicate with the faculty at any time if there are concerns regarding the students' progress toward meeting their learning objectives and/or the preceptor wants additional clarification pertaining to the scope of their role and associated responsibilities.

Please direct any questions or concerns to:

Shelley Hawkins, PHD, FNP-BC, GNP, FAANP

Director, DNP & MSN NP Programs

Associate Professor

University of San Diego

5998 Alcalá Park

San Diego, CA 92110

shawkins@sandiego.edu

(619) 260-7607

Appendix O (cont.)

Guidelines/Expectations For Nurse Practitioner Clinical Preceptor

Clinical preceptors are expected to:

1. Orient the Nurse Practitioner (NP) student to the office/clinical environment, methods of operation of the agency, and necessary clinical and practice protocols/guidelines.
2. Provide sufficient space to allow the student to see clients and to perform at a pace where learning can occur without interfering with the overall client flow. In the initial phase of the clinical component of the program, students elicit health histories and perform physical examinations at a slow pace but should gradually progress in their ability to perform these skills.
3. Provide the NP student with access to the kind of client encounters (age, type problems, etc.) that are needed to achieve the student's learning objectives for the clinical course enrolled.
4. Provide supervision and validation of the accuracy of the student's history, chart review, and physical examination findings and his/her assessment of the client's presenting condition(s).
5. Review the student's tentative plan for management of the client's health promotion needs and/or presenting conditions and provide necessary guidance to ensure appropriateness and comprehensiveness of the care plan.
6. Supervise the student with initiation of client management regimens and referral procedures.
7. Be receptive to the clinical facilitator faculty communication at the beginning of the semester. The faculty will contact the preceptor via telephone to establish a professional working relationship with the preceptor and ensure that the preceptor understands that any questions/concerns pertaining to the student should be directly communicated to the clinical facilitator faculty.
8. Schedule time to meet with the NP program clinical facilitator faculty member who makes a minimum of one site visit during the semester to complete an evaluation of the student, review progress with the student, and share ideas concerning ways to facilitate student learning.
9. 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 student's and/or clinical facilitator faculty's attention as soon as possible.
10. Provide ongoing constructive feedback to the student throughout the semester regarding the student's clinical performance. This formative evaluation will afford the student opportunities to focus on making improvements in order to perform at a minimum satisfactory level of clinical competency.

11. Complete a Preceptor Evaluation of Nurse Practitioner Student Performance form reflecting the student's performance/progress upon completion of the semester. It is essential that the preceptor meet with the NP student to review the evaluation. Following the meeting, mails the evaluation to the student's clinical facilitator faculty in self-addressed envelope provided or give the form to the student to return. This summative evaluation should be done in conjunction with frequent and ongoing feedback to the student throughout the clinical experience.
12. Share ideas for improving the clinical component of the NP program with the clinical facilitator program faculty.
Note: In settings where there are multiple clinical preceptors, each clinical preceptor should be responsible for no more than two NP students. Only one student is usually placed in a given semester in settings where the clinical preceptor is the sole provider.

Appendix O (cont.)
BENEFITS ACCORDED TO PRECEPTORS

1. Recognition by and interaction with USD NP program faculty.
2. Invitations to on-campus continuing education events.
3. Use of the resources of the Copley Library on the USD campus including online reference materials.
4. Eligible for consideration for appointment as Adjunct Clinical Preceptor of the Hahn School of Nursing and Health Science.
5. Physicians are eligible for CME Category II and NPs are eligible for CEU credit for ANCC certification for the hours they spend precepting NP students.
6. Potential for leading student clinical conferences on management of specific health problems, role development or other professional issues.
7. Opportunity to provide input for program evaluation and change so that the NP Program can more effectively contribute to meeting current health care needs/priorities.
8. Enhancement of practice perspectives.
9. Opportunity to integrate collaborative and interdisciplinary focus into practice model.
10. Potential to incorporate student into practice with plan to hire upon graduation.
11. Potential for increased revenue generation with hiring of an NP program graduate.
12. Generation of community service hours.
13. Satisfaction of contributing to increased access to high quality care delivery through preparation of new, clinically-competent primary care providers.

APPENDIX P

**Sample Letter of Agreement
for Clinical Preceptors**

Dear (Preceptor):

Thank you for agreeing to precept a Nurse Practitioner 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 NPTC____ Clinical Practicum/DNPC 630 DNP Scholarly Practice. This arrangement will be for the 20____ Semester only which will begin _____ and end _____, 20____. The student will arrange to meet with you to arrange dates and hours for this clinical experience and to share 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 for him/her to have. A copy of the NPTC ____ /DNPC 630 course description and clinical learning objectives are 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 contact the Clinical Placement Coordinator at 260-4718. **Please sign this letter at the bottom in the appropriate place and return it to this office at your earliest convenience.** I am enclosing an extra copy for your files.

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

Sincerely yours,

Shelley Hawkins, PhD, FNP-BC, GNP, FAANP
Director, DNP & MSN NP Programs
University of San Diego

(Preceptor name)

Date: _____

**Appendix P (cont.)
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	Underserved Patient Population Yes No

Please fill in information concerning education, Licensure, etc. OR APPEND A VITA 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)?		
Admitting Privileges		

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

Thank you

APPENDIX Q
Problem Based Learning
Lab Documentation

Student _____

Course _____

Clinical Semester _____

<p>1. Initial PBL/SPE Testing -</p>	<p>___ Pass ___ Fail</p>	<p><u>Date:</u></p>
<p>Comments:</p>		<p>Facilitator Initials:</p>
<p>2. Remediation:</p>	<p>Reviewed SPE tape with faculty ___yes ___no</p>	<p><u>Date:</u></p>
<p>Comments:</p>		<p>Facilitator Initials:</p>
<p>3. Re-test/Re-evaluation</p>	<p>___ Pass ___ Fail</p>	<p><u>Date:</u></p>
<p>Strengths:</p>		
<p>Weaknesses:</p>		
<p>Comments:</p>		<p>Facilitator Initials:</p>
<p>4. Future Recommendations:</p> <p>Clinical Placement:</p> <p>Clinical Facilitator:</p> <p>PBL Team Facilitator:</p>		
		<p>Facilitator Initials:</p>
<p>5. PBL Facilitator Additional Comments:</p>		
		<p>Facilitator Initials:</p>

KS: 01/2014

Appendix R
REFLECTION QUESTIONS FOR STUDENTS IN PREPARATION FOR
CLINICAL SITE VISIT

Questions Related to Adaptation to the NP Role

1. How does it feel to be working as a nurse practitioner, at this point in your NP education?
2. Are there some areas of the NP role you are finding more/most difficult or challenging? What are they?
3. Are there some areas of the NP role that you find rewarding, exciting? What are those?
4. What problems are you encountering in the NP role? How are you attempting to resolve those problems?
5. Is the NP role different than you expected it to be? How?
6. Are you beginning to feel comfortable in the role of a NP? When did that begin to happen? What has changed for you so that you feel more comfortable and confident in the role?
7. Do you have any “haunting” or continuing fears about working as a nurse practitioner?

Questions related to the Clinical Placement as a Learning Environment

1. Do you notice that you are relating to the clinical and office staff differently in this setting, and in the NP role, than you have as a RN in the past? How have your relationships, behaviors or functions changed?
2. What is your relationship with your preceptor like? Are you working well together, or are there problems? Please explain.
3. What are you finding most helpful in your relationship with your preceptor? Or most problematic?
4. Do you feel that your preceptor is teaching you enough? If yes, what is the most valuable information he/she is teaching you? If not, please explain what you need and what you are not getting from your preceptor?
5. What is your relationship with the office and clinical support staff? What do you notice about their interaction with other MDs, NPs, and yourself, in the office/clinic? If there are problems, why, and how might you think about solving them, if you were hired into a position in this group?
6. How are patients accepting you as a clinical provider for them? Are there problems with patients? Is there a pattern to these? Please explain why you think these are happening?
7. Is there anything you find difficult, challenging, or would want to change about this environment as a work environment for you, as a NP? Please describe. What would you do about it, if it were your own practice?
8. Are there specific types of patients that you find more rewarding, challenging, problematic, or depressing to work for? What type of patterns do you notice about these patients, and your own interactions with them?
9. Have you specified encounters with patients that were particularly outstanding or troubling to you, or from which do you feel you have learned something important? Please describe one of those experiences, what you learned from it, and how it might

affect your practice in the future.

Questions Specifically Related to the Clinical Observation Experience

1. How was it to have someone else in an exam room, observing your work with a patient? Do you think it altered your function with the patient? How?
2. If you evaluate yourself, how do you think you did in the patient encounters that were observed? Please explain.
3. Did you have goals for these patient encounters before you entered the exam room? What were your goals? Did you achieve them to your satisfaction?
4. Do you think the patient received the care they wanted, or expected, in your encounter with them? What do you think was the patients "real agenda"/needs, and how did you meet them
5. What do you think were your strengths in the observed encounters with patients?
6. Were there areas in which you felt uncertain, or that you did "poorly", in the observed patient encounters?
7. Where were you disappointed with your own interactions in the observed patient encounters?
8. Did you learn anything significant from your faculty observer's feedback, or from these patient encounters? What did you learn, and how will that affect your future patient encounters/practice?
9. Was there some coaching or mentoring that you wish you had received from your clinical evaluator, but did not receive? Please explain.

Appendix R (cont)
NP STUDENT CLINICAL LOGS
GUIDELINES FOR REFLECTIONS ON EACH CLINICAL DAY

To assist you in writing a brief narrative concerning your reflections on your weekly clinical experiences, the following list of questions has been compiled to help you to focus on pertinent aspects of your experience. Choose one or more areas from the list, or from your own ideas, to give an overview of your thoughts and feelings about each clinical experience. Ideally, over time, your reflections will respond to all or most of these questions.

I. General

- A. Was today easy, challenging, satisfying, frustrating, etc. and why?
- B. What learning goals were the focus of the day? Describe progress made or difficulties encountered.
- C. Was today's experience positive overall? If not, was this due to performance, setting, patients, preceptor, or other factors?

II. Clients

- A. Any new challenges? Any returning patients: improvement or worsening status?
- B. What cultural barriers did you perceive in your interactions with patients; did they hinder the care giving process? Were you able to overcome them or what new things did you learn about factors that influence the health and wellbeing of your patients and their families?
- C. To what extent was current knowledge/experience applicable versus needed to consult others about assessment/management?
- D. How well were you able to present each client to the preceptor - and is this process getting any easier?
- E. To what extent were you able to contribute to the management plan?
- F. To what extent were you able to involve the patient in self-responsibility for health and self-care?
- G. In what way did you "make a difference"?

III. Role Development

- A. Describe and discuss communication with your preceptor today.
- B. How did you communicate needs of patients and your learning needs?
- C. What kind of feedback did you get from your preceptor?
- D. What was the feeling from other team members today?

IV. Miscellaneous

- A. What information from lecture/seminar/readings was particularly useful today
- B. What information from your preceptor or setting should be shared with other students and/or faculty?

Appendix S
UNIVERSITY OF SAN DIEGO
Hahn School of Nursing and Health Science
NURSE PRACTITIONER PROGRAM
CLINICAL EVALUATION FORM
GRADING CRITERIA

(for converting average rating to the letter grade and percentage score)

NPTC 602, 604 & 605				NPTC 535, 549, 608, 609 & 630			
Clinical Semester**				Clinical Semester**			
B-	3.00	=	80%	B-	4.00	=	80%
	3.05	=	81%		4.05	=	81%
	3.10	=	82%		4.10	=	82%
B	3.15	=	83%	B	4.15	=	83%
	3.20	=	84%		4.20	=	84%
	3.25	=	85%		4.25	=	85%
	3.30	=	86%		4.30	=	86%
B+	3.35	=	87%	B+	4.35	=	87%
	3.40	=	88%		4.40	=	88%
	3.45	=	89%		4.45	=	89%
A-	3.50	=	90%	A-	4.50	=	90%
	3.55	=	91%		4.55	=	91%
	3.60	=	92%		4.60	=	92%
A	3.65	=	93%	A	4.65	=	93%
	3.70	=	94%		4.70	=	94%
	3.75	=	95%		4.75	=	95%
	3.80	=	96%		4.80	=	96%
	3.85	=	97%		4.85	=	97%
	3.90	=	98%		4.90	=	98%
	3.95	=	99%		4.95	=	99%
	4.00	=	100%		5.00	=	100%

**** To pass, a grade of at least 3.00 must be received in every section.**

****To pass, a grade of at least 4.0 must be received in every section.**

Appendix S (cont.)
UNIVERSITY OF SAN DIEGO
Hahn School of Nursing and Health Science
NURSE PRACTITIONER PROGRAM
CLINICAL FACULTY SITE OBSERVATION FORM
NPTC 602 Clinical Semester

STUDENT: _____ **DATE:** _____

EVALUATOR: _____ **SETTING:** _____

COURSE NAME: _____ **CLINICAL MGT SEMESTER:** 1

Directions: Please circle the descriptor that best describes the student's level of performance in each clinical skill category. Please write specific comments where appropriate, especially regarding any areas that need improvement.

*For NPTC 602 Students, use a 1-3 point scale.

SUBJECTIVE – WELL HISTORY TAKING SKILLS

- 3 Elicits complete, thorough history in all topic areas incorporating the principles of health promotion, health maintenance, and risk assessment.
- 2 Elicits reasonably complete history - may miss some basic history and/or one to two topic areas; incorporates the principles of health promotion, health maintenance, and risk assessment.
- 1 Elicits incomplete/ inadequate history missing more than two topic areas; does not incorporate the principles of health promotion, health maintenance, and risk assessment.

Comments:

ORAL PRESENTATION SKILLS

- 3 Presents patient as a person. Clearly organized, succinct, complete; includes all topic areas in history incorporating the principles of health promotion, health maintenance, and risk assessment.
- 2 Presents patient as a person. Organized presenting basic history data clearly omitting one to two topic areas; incorporates the principles of health promotion, health maintenance, and risk assessment.
- 1 Unclear, incomplete and/or incorrect presentation of patient data; does not incorporate the principles of health promotion, health maintenance, and risk assessment.

Comments:

COMMUNICATION SKILLS

- 3 Clear, smooth communication with patient throughout the encounter; asks delicate questions well. Pursues "red flag" verbal and non-verbal signals and potentially emotional areas. Uses appropriate techniques to maximize sharing Communicates very openly and constructively with preceptor and with faculty.
- 2 Smooth, clear communication. Recognizes and openly acknowledges patient's stated feelings. Pursues "red flags". Communicates openly and constructively with preceptor and faculty.
- 1 Frequently awkward communication. Appears ill at ease. Poor use of communication techniques. Does not recognize patient's emotional signals. (use of notes or note-taking inhibits dialogue). Guarded or incomplete communication with faculty or preceptor.

Comments:

RECORD KEEPING SKILLS

- 3 Complete, clear and organized history written according to the NP Handbook Appendix R format with all topic sections included; includes pertinent positives and negatives.
- 2 Mostly complete, clear and organized history written according to the NP Handbook Appendix R format with all but one or two topic sections included; includes most pertinent positives and negatives.
- 1 Incomplete, disorganized and/or not written according to the NP Handbook Appendix R format; more than two topic areas missed; does not or minimally includes pertinent positives and negatives.

Comments:

PROFESSIONALISM (Student must receive "pass" on professionalism)

Students must consistently demonstrate all of the characteristics in the NP Handbook entitled "Essential Abilities of Professional Conduct Policy". Extraordinary circumstances that interfere with the student's clinical progress during the semester must be discussed with the clinical faculty.

- Demonstrate respectful conduct, professional attitudes and behaviors towards others in school and the clinical settings
- Demonstrate appropriate classroom, clinical, and practicum conduct
- Demonstrate appropriate clinical and practicum abilities

- Engage in appropriate communications
- Upholds contract with preceptor to complete clinical hours on a regular basis by the end of the semester.

MAJOR STRENGTHS:

AREAS OF IMPROVEMENT:

Signature: _____
Faculty Date

Student Date

SH/CB: 05/21/2014

Appendix S (cont.)
UNIVERSITY OF SAN DIEGO
Hahn School of Nursing and Health Science
NURSE PRACTITIONER PROGRAM
CLINICAL FACULTY SITE OBSERVATION FORM
(NPTC 535, 549, 604, 605, 608 & 609)

STUDENT: _____ DATE: _____

EVALUATOR: _____ SETTING: _____

COURSE NAME: _____ CLINICAL MGT SEMESTER: 1 2 3 4 5

Directions: Please circle the descriptor that best describes the student's level of performance in each clinical skill category. Please write specific comments where appropriate, especially regarding any areas that need improvement.

***For NPTC 604 & 605 Students use 1 – 4 point scale; **For NPTC 608 & 609 Students use 1 – 5 point scale**

SUBJECTIVE HISTORY TAKING SKILLS

- 5 Elicits complete, appropriate history, with strong focused pursuit of information relevant to probable differential diagnoses, often beyond basic data base.
- 4 Elicits thorough history relevant to patient's problems, complete as per data base. May miss some sharpness of focus or detail relevant to differential diagnosis.
- 3 Reasonably complete history, missing some basic history, not likely to lead to missed diagnosis.
- 2 Misses some basic history which could lead to incomplete or incorrect assessment.
- 1 Misses much critical information, which leads to incomplete or incorrect assessment.

Comments:

OBJECTIVE PHYSICAL EXAMINATION SKILLS

- 5 Complete, smooth exam, well focused to patient's problems. Uses special techniques as appropriate.
- 4 Complete, smooth exam focused to patient's problems.
- 3 Fairly good technique. Misses minor steps, but not likely to miss diagnosis or injure patient.
- 2 Awkward skills, disruptive use of notes, does not select areas for patient's problems. Technique might miss significant findings.
- 1 Poor technique, likely to miss significant findings. Fails to note abnormalities.

Comments:

ASSESSMENT SKILLS

- 5 States complete differential diagnoses appropriate to patient's problem and states complete problem list from data elicited.
- 4 Correct assessment, but may miss minor differential diagnoses or minor items from problem list.
- 3 Reasonable assessment. Identifies most major differential diagnoses. Problem list may be incomplete.
- 2 Assessment incomplete. Unable to state major differential diagnosis. Significantly incomplete problem list.
- 1 Assessment dangerously over or understated. Grossly inadequate problem list.

Comments:

ORAL PRESENTATION SKILLS

- 5 Presents patient as a person. Clearly organized, focused, succinct, complete, includes all major issues from problem list.
- 4 Presents patient as a person. Clearly organized. Includes most major issues from problem list. May be less than succinct and may not include all problems.
- 3 Presents basic data clearly. Minor errors or omits some major pieces of data. Order may be mixed.
- 2 Unclear, incomplete and/or incorrect presentation of patient data.
- 1 Dangerously unclear incomplete and/or incorrect presentation of patient data.

Comments:

COMMUNICATION SKILLS

- 5 Clear, smooth communication with patient throughout the encounter; asks delicate questions well. Pursues "red flag" verbal and non-verbal signals and potentially emotional areas. Uses all appropriate techniques to maximize sharing. Initiates therapeutic dialogue on emotional issues consistently. Communicates very openly and constructively with preceptor and with faculty regarding patients role and development and professional growth.
- 4 Smooth, clear communication. Recognizes and openly acknowledges patient's stated feelings. Pursues "red flags". Communicates openly and constructively with preceptor and faculty.
- 3 Generally clear, fairly smooth communication. Reasonably comfortable with patient. Aware of and reports delicate problems, but does not fully pursue or then provide support. Usually communicates openly and constructively with preceptor and faculty.
- 2 Frequently awkward communication. Appears ill at ease. Poor use of communication techniques. Does not recognize patient's emotional signals. (use of notes or note-taking inhibits dialogue). Guarded or incomplete communication with faculty or preceptor regarding patients role and development and professional growth.
- 1 Inappropriate communication. Lacks sensitivity to patient's position. Unable to acknowledge own feelings or problems with faculty or preceptor.

Comments

MANAGEMENT PLANNING

- 5 States complete appropriate plan for all problems in all three areas: (Diagnostic work-up, treatment, and patient education). Able to state rationale for options chosen in all areas.
- 4 Appropriate plan for most problems, most areas. Options chosen and their rationale may be insignificantly incomplete.
- 3 Plan incomplete, but safe. Options and rationale incomplete, but includes basic management needed for patient's problem(s).
- 2 Plan incomplete and may be unsafe. Inadequate use of preceptor for identifying management options needed for patient's problem(s).
- 1 Plan dangerously incomplete or inappropriate. Inadequate or inappropriate use of preceptor given student's skill level or patient's problem(s).

Comments:

IMPLEMENTATION OF MANAGEMENT PLAN

- 5 Able to initiate all aspects of the treatment plan (diagnostic, therapeutic, and patient education) while effectively mobilizing patient to appropriate level of self-responsibility for health.
- 4 Able to initiate most aspects of the treatment plan in all three areas in consultation with preceptor while promoting patient self-responsibility for health to a moderate extent.
- 3 Able to initiate basic elements of the treatment plan essential for safe care in all three areas while promoting patient self-responsibility for health to a limited extent.
- 2 Omits initiation of some basic elements of the treatment plan and may be unsafe. Insufficient effort to promote patient self-responsibility for health
- 1 Omits initiation of all basic elements of the treatment plan and clearly unsafe. Lack of any effort to promote patient self-responsibility for health.

Comments:

RECORD KEEPING SKILLS

- 5 Clear and logically organized in SOAP format with all sections appropriate. Includes all pertinent positives and negatives. Appropriate separation of problems. Complete problem list with plan for each.
- 4 Clear and logically organized in SOAP format with all sections appropriate. Includes most pertinent positives and negatives. May mix problems. Complete problem list.
- 3 Major areas clear, minor ones may not be. Some mixing of categories in SOAP format. Problem list includes major, but not all minor health issues.
- 2 Some important information missing which might compromise adequate follow-up. Not clearly organized; laborious to read.
- 1 Much important information missing, very hard to follow, dangerous to patient follow-up, and/or illegible.

Comments:

PROFESSIONALISM (Student must receive “pass” on professionalism)

Students must consistently demonstrate all of the characteristics in the NP Handbook entitled “Essential Abilities of Professional Conduct Policy”. Extraordinary circumstances that interfere with the student’s clinical progress during the semester must be discussed with the clinical faculty.

- Demonstrate respectful conduct, professional attitudes and behaviors towards others in school and the clinical settings
- Demonstrate appropriate classroom, clinical, and practicum conduct
- Demonstrate appropriate clinical and practicum abilities
- Engage in appropriate communications
- Upholds contract with preceptor to complete clinical hours on a regular basis by the end of the semester.

MAJOR STRENGTHS

AREAS OF IMPROVEMENT

Signature: _____
Faculty/Preceptor Student Date

Revised 8/13/2014- SH

Appendix T
University of San Diego
Hahn School of Nursing and Health Science
Nurse Practitioner Program

Form for Preceptor Evaluation of NP Student Performance NPTC 602

Student: _____ **Date:** _____

Evaluator: _____ **Setting:** _____

Directions: Please place a check in the box beside each behavioral descriptor that best describes the student's level of performance in each clinical skill category. Please write specific comments where appropriate, especially regarding any areas that need improvement. Lead clinical faculty will tally a numeric score and letter grade based on your responses below.

Note: Students must obtain at least a 3.0 in every section to pass *and* must earn a "Pass" for professionalism

<u>Honors</u>	<u>Acceptable</u>	<u>Needs Improvement</u>
(4.0)	(3.0-3.95)	(< 3.0)

I. Subjective Well History-taking Skills

Elicits reasonably complete history - may miss some basic history and/or one to two topic areas; incorporates the principles of health promotion, health maintenance, and risk assessment.

Comments:

II. Oral Examination Skills

Presents patient as a person. Organized presenting basic history data clearly omitting one to two topic areas; incorporates the principles of health promotion, health maintenance, and risk assessment.

Comments:

<u>Honors</u>	<u>Acceptable</u>	<u>Needs Improvement</u>
(4.0)	(3.0-3.95)	(< 3.0)

III. Communication Skills

Smooth, clear communication. Recognizes and openly acknowledges patient's stated feelings. Pursues "red flags". Communicates openly and constructively with preceptor and faculty.

Comments:

IV. Record Keeping Skills

Mostly complete, clear and organized history written according to the NP Handbook Appendix R format with all but one or two topic sections included; includes most pertinent positives and negatives.

Comments:

PASS **NO PASS**
(3.0-4.0) (<3.0)

IX. Professionalism

Acts respectfully & responsibly. Consistently
Presents self in a professional manner,
including appropriate dress & student ID.

Comments:

Major Strengths of Student:

Major Area(s) Needing Improvement:

OVERALL GRADE

Pass _____

*No Pass _____ (Offer Rationale)

Preceptor: _____

Date: _____

Student: _____

Date: _____

Clinical Site Facilitator Faculty: _____

Date: _____

SH: 06/2014

**Appendix T (cont.)
University of San Diego
Hahn School of Nursing and Health Science
Nurse Practitioner Program**

Form for Preceptor Evaluation of NP Student Performance NPTC 604 & 605

Student: _____ **Date:** _____

Evaluator: _____ **Setting:** _____

Directions: Please place a check in the box beside each behavioral descriptor that best describes the student’s level of performance in each clinical skill category. Please write specific comments where appropriate, especially regarding any areas that need improvement. Lead clinical faculty will tally a numeric score and letter grade based on your responses below.

Note: Students must obtain at least a 3.0 in every section to pass *and* must earn a “Pass” for professionalism

<u>Improvement</u>	<u>Honors</u> (4.0)	<u>Acceptable</u> (3.0-3.95)	<u>Needs</u> (< 3.0)
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V. Subjective History-taking Skills

Elicits reasonably complete history relevant to patient’s problem(s) & preventive health care needs. May miss some detail but not likely to lead to missed diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

VI. Objective Physical Examination Skills

Selects PE areas appropriate to patient’s problems; Uses good technique. May miss minor steps but not likely to miss diagnosis or injure patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

<u>Honors</u>	<u>Acceptable</u>	<u>Needs Improvement</u>
(4.0)	(3.0-3.95)	(< 3.0)

VII. Assessment Skills

Reasonable assessment. Identifies common differential diagnoses & need for clinical preventive services.

Comments:

VIII.Oral Presentation Skills

Presents patient as a person; summarizes basic data clearly, although order may be mixed & may be less than succinct. May omit some minor pieces of relevant data.

Comments:

IX. Communication Skills

Generally clear, fairly smooth communication with respect for individual differences. Reasonably comfortable with patient. Able to elicit and report delicate problems in a culturally sensitive manner. Usually communicates openly and constructively with preceptor.

Comments:

<u>Honors</u> (4.0)	<u>Acceptable</u> (3.0-3.95)	<u>Needs Improvement</u> (<3.0)
------------------------	---------------------------------	------------------------------------

X. Management Planning

Plan includes basic management needed for patient's problem(s), including consultation & referral if appropriate. Able to state rationale for options chosen. Plan may be incomplete, but not unsafe.

Comments:

XI. Implementation of Management Plan

Able to initiate basic elements of the treatment plan essential for safe care while promoting patient responsibility for health to a limited extent.

Comments:

VIII. Record-keeping Skills

Complete recording of process of care in SOAP format. Formulates/updates problem list appropriately. May need some guidance for clarity and organization. Includes major health issues; may miss some minor ones but none that might compromise adequate follow-up.

Comments:

PASS
(3.0-4.0)

NO PASS
(<3.0)

IX. Professionalism

Acts respectfully & responsibly. Consistently
Presents self in a professional manner,
including appropriate dress & student ID.

Comments:

Major Strengths of Student:

Major Area(s) Needing Improvement:

OVERALL GRADE

Pass _____

*No Pass _____ (Offer Rationale)

Preceptor: _____

Date: _____

Student: _____

Date: _____

Clinical Site Facilitator Faculty: _____

Date: _____

SH: 11/18/2013

Appendix T (cont.)
University of San Diego
Hahn School of Nursing and Health Science
Nurse Practitioner Program

Form for Preceptor Evaluation of NP Student Performance NPTC 535, 549, 608, 609, & DNPC 630

Student: _____ **Date:** _____

Evaluator: _____ **Setting:** _____

Directions: Please place a check in the box beside each behavioral descriptor that best describes the student’s level of performance in each clinical skill category. Please write specific comments where appropriate, especially regarding any areas that need improvement. Lead clinical faculty will tally a numeric score and letter grade based on your responses below.

Note: Students must obtain a **4.0 in every section to pass** *and* **must earn a “Pass” for professionalism.**

<u>Honors</u>	<u>Acceptable</u>	<u>Needs Improvement</u>
(5.0)	(4-4.95)	(<4.0)

XII. Subjective History-taking Skills

Elicits thorough history relevant to patient’s problem(s). May miss some sharpness of focus or detail relevant to differential diagnosis.

Comments:

XIII. Objective Physical Examination Skills

Complete, smooth exam focused to patient’s problems. Selects & performs special, advanced techniques as appropriate.

Comments:

<u>Honors</u> (5.0)	<u>Acceptable</u> (4.0-4.95)	<u>Needs Improvement</u> (<4.0)
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XIV. Assessment Skills

Correct assessment. Identifies common & emergent differential diagnoses but may miss obscure ones.

Comments:

XV. Oral Presentation Skills

Presents patient as a person. Clearly organized and succinct; includes most major issues in the differential diagnosis and suggested management plan.

Comments:

XVI. Communication Skills

Clear, smooth communication with patient Throughout the encounter. Recognizes and openly acknowledges patient's stated feelings. Pursues "red flags". Communicates openly and constructively with preceptor.

Comments:

<u>Honors</u> (5.0)	<u>Acceptable</u> (4.0-4.95)	<u>Needs Improvement</u> (<4.0)
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XVII. Management Planning

Appropriate plan for identified diagnoses & Preventive health care needs. Able to give rationale for all options chosen.

Comments:

XVIII. Implementation of Management Plan

Able to initiate all aspects of the treatment plan (dx,tx,ed.), while promoting patient responsibility for health to a significant extent.

Comments:

VIII. Record-keeping Skills

Clearly and logically organized in SOAP format with all sections appropriate. Includes pertinent positives & negatives. May mix problems. Formulates or updates complete problem list.

Comments:

PASS **NO PASS**
(4.0-5.0) (<4.0)

IX. Professionalism

Acts respectfully & responsibly. Consistently
Presents self in a professional manner,
including appropriate dress & student ID.

Comments:

Major Strengths of Student:

Major Area(s) Needing Improvement:

OVERALL GRADE

Pass _____

*No Pass _____ (Offer Rationale)

Preceptor: _____

Date: _____

Student: _____

Date: _____

Clinical Site Facilitator Faculty: _____

Date: _____

SH: 7-31-1

Appendix T (cont.)

UNIVERSITY OF SAN DIEGO PSYCHIATRIC/MENTAL HEALTH NURSE PRACTITIONER PROGRAM CLINICAL EVALUATION FORM

STUDENT _____ RATER _____ DATE _____

PERFORMANCE EVALUATION CRITERIA	5	4	3	2	1	COMMENTS
<p>1. <i>Information Gathering</i> reflects:</p> <p>complete symptom description</p> <p>A. pertinent data from past health, family history, OH personal/social history and review of systems, including appropriate chart audit</p> <p>B. communication and interviewing skills with patients demonstrating a range of activity and symptomatology.</p> <p>C. sensitivity to a range of sociocultural factors and life span issues</p>						
<p>2. <i>Psychiatric Examination</i> reflects:</p> <p>A. accurate description of findings</p> <p>B. comprehensive, organized information</p>						
<p>3. <i>Assessment</i> reflects:</p> <p>A. all problems appropriately identified</p> <p>B. problem assessment statement to include severity and a discussion of possible etiologies with rationale</p> <p>C. completion of a behavioral assessment, determining motivation for change, risk factors, behavioral sequences and assets/limitations</p> <p>D. evidence of current practice standards</p> <p>E. formulates a multiaxial psychiatric dx (DSM-V)</p> <p>F. completes a rehabilitation assessment including symptom profile and functional ability</p>						
<p>4. <i>Treatment and Problem Management</i> reflects:</p> <p>A. plans for diagnostic, therapeutic and patient education interventions</p> <p>B. plans for rehabilitation based on goals formulated with clients to engage them in their own care</p> <p>C. cost and efficiency considerations</p> <p>D. prioritization of multiple risk factors/problems</p> <p>E. clear understanding of consultation/referral needs</p> <p>F. evidence of current practice standards</p>						

Scale: 5=consistently strong; 4=good; 3=fair; 2=needs improvement; 1=unacceptable

PERFORMANCE EVALUATION CRITERIA	5	4	3	2	1	COMMENTS
<p>5. <i>Clinical Documentation:</i></p> <p>A. develops and maintains an integrated health record that reflects psychiatric and medical morbidities</p> <p>B. updates current status in all areas of functioning (Dx, Rx)</p> <p>C. develops organized, readable and pertinent case reports for presentations/consultation</p>						
<p>6. <i>Psychiatric Therapeutics</i> provides:</p> <p>A. safe and effective interventions during emergency situations</p> <p>B. crisis interventions</p> <p>C. psychotherapeutic management (e.g. supportive therapy, clinical management)</p> <p>D. interventions to manage symptoms and prevent or delay relapse</p> <p>E. psychoeducational interventions with families or groups</p> <p>F. pharmacologic treatments mindful of side effects and drug interactions</p>						
<p>7. <i>Consultation</i> reflects:</p> <p>A. organized and succinct presentation of key data</p> <p>B. clear questions for consultant</p> <p>C. willingness to accept and incorporate consultant feedback</p> <p>D. utilization of appropriate resources</p> <p>E. provision of peer consultation to other students</p>						

PERFORMANCE EVALUATION CRITERIA	5	4	3	2	1	COMMENTS
8. <i>Collaboration</i> reflects: A. effective work within an interdisciplinary team B. communication of recommendations to others C. coordination of services with community agencies D. staff development and teaching						
9. <i>Role Performance</i> reflects: A. ability to define advanced practice nursing role (NP, CNS) to patients, providers B. problem solving for role stressors						
10. <i>Patient Education</i> reflects: A. tailored and prioritized educational interventions B. appropriate, non-judgmental communication techniques which foster patient compliance						
11. <i>Time Utilization</i> reflects: A. growing time management with patients, consultation and charting B. ability to adjust to demands of setting						

Scale: 5=consistently strong; 4=good; 3=fair; 2=needs improvement; 1=unacceptable

Appendix T (cont.)
USD Psychiatric Nurse Practitioner Program
EVALUATION OF PSYCHIATRIC
SUPERVISION

STUDENT _____ SUPERVISOR _____ DATE _____

PERFORMANCE EVALUATION CRITERIA	5	4	3	2	1	C
8. <i>Consultation</i> reflects: A. organized and succinct presentation of key data B. clear questions for consultant C. willingness to accept and incorporate consultant feedback						
9. <i>Participation in psychiatric supervision</i> reflects: A. ability to identify personal goals and learning needs B. awareness of own responses to clients C. understanding of interpersonal process in therapeutic relationships D. awareness of how age, gender, and cultural differences affect client/provider relationships						
11. <i>Role Performance</i> reflects: A. ability to define advanced practice nursing role (NP, CNS) to patients, providers B. problem solving for role stressors						

Note:

- 5= Excellent
- 4= above average
- 3= average
- 2= needs improvement
- 1= unacceptable

Additional Comments:

Appendix T (cont.)
STUDENT EVALUATION OF CLINICAL SITE/PRECEPTOR

Course: _____ Preceptor: _____

Semester: _____ Setting: _____

Below are representative statements students have used to evaluate their preceptors. Please check all you have personally found to describe your clinical preceptor and the setting. Since no evaluation form can list all the important characteristics, please add any others you consider important about this preceptor on the reverse side of page. Turn in completed form to the Clinical Placement Coordinator, H-101B.

Learning Climate

- ____ Provides additional or special learning opportunities that enrich my experience.
- ____ Provides an atmosphere in which I can ask questions or try out ideas.
- ____ Stimulates my efforts in thinking through clinical problems.
- ____ Gives support without making me feel dependent.
- ____ Treats me in such a way I feel threatened or inhibited in learning.
- ____ Gives so much information I feel little need to think for myself.
- ____ Pushes me to try many things for which I am not ready.

Example or comments about learning climate:

Guidance

- ____ Facilitates my meeting my learning objectives.
- ____ Assists me in integrating class with clinical experience.
- ____ Serves as a good role model and as a resource with new procedures or tasks.
- ____ Can seldom be found when I really need help in clinical setting.
- ____ Keeps clinical experience entirely separate from theoretical content.
- ____ Takes over doing procedures instead of allowing me to complete patient visit.

Example or comments about supervision:

Feedback

- ____ Provides constructive criticism throughout clinical experience.
- ____ Bases evaluation on my pattern of performances, rather than on one day.
- ____ Gives helpful feedback on practice and recording.
- ____ Leaves me without any feedback about my progress.
- ____ Gives no practical suggestions to help me improve.

Example or comments about feedback:

Setting

- ____ Patient population was accessible so that I could meet my learning objectives.
- ____ Facility was adequate to allow for student placement without interfering with patient flow.
- ____ Support personnel were helpful in learning environment.
- ____ Scheduling patient for return visit was possible, when patient could comply.
- ____ Facility space not adequate for student placement.
- ____ Support personnel insufficient, not helpful.

Example or comments about setting:

Overall Rating of this Site/Preceptor: _____

1 = excellent; one of the best I have ever had

2 = very good; surpassed expectations in some respects

3 = average; met overall expectations

4 = fair; did not meet some expectations

5 = poor; learning experience definitely

Inadequate

Appendix U
UNIVERSITY OF SAN DIEGO
Hahn School of Nursing and Health Science

DNPC 630 Scholarly Practice
DNP NP STUDENT EVALUATION BY CLINICAL FACULTY
(to be completed each clinical semester)

STUDENT: _____ **DATE:** _____

CLINICAL MENTOR: _____ **SETTING:** _____

CLINICAL PRACTICE SEMESTER: (4) (5) (6) (7) (8)

CLINICAL HOURS THIS SEMESTER: _____

Based upon your review of the student's performance, please indicate whether the DNP student is making progress toward demonstrating advanced levels of clinical practice within defined ethical, legal, and regulatory parameters in designing, implementing, and evaluating evidenced-based, culturally competent therapeutic interventions for individuals or aggregates as evidenced by (IP = in progress. Your check mark in the box indicates the student has achieved this competency.)

1. Prepared to function as a licensed independent practitioner.

Met IP Not Met

2. Demonstrates the highest level of accountability for professional practice

Met IP Not Met

3. Prepared to practice independently managing previously diagnosed and undiagnosed patients.

Met IP Not Met

3a). Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative, and end of life care.

Met IP Not Met

3b). Uses advanced health assessment skills to differentiate between normal, variations of normal, and abnormal findings.

Met IP Not Met

3c). Employs screening and diagnostic strategies in the development of diagnoses.

Met IP Not Met

3d). Recommends/prescribes medications within scope of practice.

Met IP Not Met

3e). Manages the health/illness status of patients and families over time.

Met IP Not Met

4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making.

Met IP Not Met

4a). Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.

Met IP Not Met

4b). Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.

Met IP Not Met

4c). Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care.

Met IP Not Met

4d). Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care

Met IP Not Met

PRINCIPLE STRENGTHS OF STUDENT:

PRINCIPLE CHALLENGES FOR STUDENT:

Faculty Signature

Date

Student Signature

Date

Copies to: NP Office, Faculty Project Advisor, Student

Revised 12-18-13 SH

Appendix U (cont.)
DNPC 630 Scholarly Practice
DNP STUDENT EVALUATION by SEMINAR FACULTY
(to be completed each semester)

STUDENT: _____ DATE: _____

SEMINAR FACULTY: _____ SETTING: _____

BSN/DNP STUDENT SEMESTER (circle): (4) (5) (6) (7) (8)

MSN/DNP STUDENT SEMESTER (circle): (1) (2) (3) (4) (5)

Note: Refer to grading criteria in DNP Student Handbook. **Full-time students must meet all DNP Program Competencies by the 8th Semester in the BSN/DNP program or the 5th semester in the Post-MSN program. If any competencies are unmet, students will complete up to a maximum of 3 additional semesters until all competencies are met.**

MET **IP** **NOT MET** Demonstrate advanced levels of clinical practice within defined ethical, legal, and regulatory parameters in designing, implementing, and evaluating evidenced-based, culturally competent therapeutic interventions for individuals or aggregates.

- Identifies the evidence base for interventions used in practice
- Identifies multiple problems or opportunities for improvement
- Systematically investigates etiology, differential diagnosis, interventions, outcomes, and costs of problem.
- Engages in self-directed learning to enhance knowledge, problem-solving, and collaboration skills
- Evaluates and modifies practice policies to support the highest level of APRN clinical practice within a defined health care setting
- Demonstrates expertise in an expanded dimension of practice (i.e. population, illness category, policy making, education, program development, system administration, consultation, etc.)
- Mentors others, as appropriate, in areas of expertise

MET **IP** **NOT MET** Synthesize nursing and other scientific and ethical theories and concepts to create a foundation for advanced nursing practice.

MET IP NOT MET Demonstrate leadership in collaborative efforts to develop and implement policies to improve health care delivery and outcomes at multiple levels of professional practice (institutional, local, state, regional, national, and/or international).

MET IP NOT MET Incorporate research into practice through critical appraisal of existing evidence, evaluating practice outcomes, and developing practice-based guidelines.

MET IP NOT MET Design, implement, and evaluate health care delivery systems and information systems that meet societal needs and ensure accountability for quality outcomes.

MET IP NOT MET Employ a population health focus in the design, implementation, and evaluation of health care delivery systems that address primary, secondary, and tertiary levels of prevention.

MET IP NOT MET Incorporate ethical, regulatory, and legal guidelines in the delivery of health care and the selection, use, and evaluation of information systems and patient care technology.

PROGRESS TOWARD MANUSCRIPT:

PROGRESS TOWARD PROJECT:

PROGRESS TOWARD CLINICAL GOALS:

Student Signature

Date

Seminar Faculty Signature

Date

Copies to: NP Office, Faculty Project Advisor, Student

Revised 12-18-13 SH

Appendix U (cont.)
UNIVERSITY OF SAN DIEGO
Hahn School of Nursing and Health Science

DNPC 630 Scholarly Practice
DNP STUDENT EVALUATION by CLINICAL MENTOR
(to be completed last semester)

STUDENT: _____ **DATE:** _____

CLINICAL MENTOR: _____ **SETTING:** _____

Based upon your review of the student's performance, please indicate whether the DNP student is making progress toward demonstrating advanced levels of clinical practice within defined ethical, legal, and regulatory parameters in designing, implementing, and evaluating evidenced-based, culturally competent therapeutic interventions for individuals or aggregates as evidenced by:

- | | | |
|-----|----|--|
| Yes | No | Identifies the evidence base for interventions used in practice. |
| Yes | No | Identifies multiple problems or opportunities for improvement. |
| Yes | No | Systematically investigates etiology, differential diagnosis, interventions, outcomes, and costs of problem. |
| Yes | No | Engages in self-directed learning to enhance knowledge, problem-solving and collaboration skills. |
| Yes | No | Evaluates and modifies practice policies to support the highest level of APRN clinical practice within a defined health care setting. |
| Yes | No | Demonstrates expertise in an expanded dimension of practice (i.e. population, illness category, policy making, education, program development, system administration, consultation, etc.). |
| Yes | No | Mentors others, as appropriate, in areas of expertise. |

PRINCIPLE STRENGTHS OF STUDENT:

PRINCIPLE CHALLENGES FOR STUDENT:

Clinical Mentor Signature

Date

Student Signature

Date

Copies to: NP Office, Seminar Faculty, Faculty Project Advisor

Revised 12-18-13 SH

Appendix U (cont.)

UNIVERSITY OF SAN DIEGO
Hahn School of Nursing and Health Science

DNPC 630 Scholarly Practice
FINAL DNP STUDENT EVALUATION BY FACULTY PROJECT ADVISOR
(to be completed last semester)

STUDENT: _____ DATE: _____

FACULTY PROJECT ADVISOR: _____ SETTING: _____

Note: Refer to grading criteria in DNP Student Handbook. **Post MSN DNP students must meet all DNP Program Competencies by the 5th Semester, and BSN DNP students must meet all DNP Program Competencies by the 8th semester. If any competencies are unmet, students will complete up to a maximum of 3 additional semesters until all competencies are met.**

- | | | |
|-----|---------|---|
| MET | NOT MET | Demonstrate advanced levels of clinical practice within defined ethical, legal, and regulatory parameters in designing, implementing, and evaluating evidenced-based, culturally competent therapeutic interventions for individuals or aggregates. |
| | | <ul style="list-style-type: none">• Identifies multiple problems or opportunities for improvement• Systematically investigates etiology, differential diagnoses, interventions, outcomes, and costs of problem.• Engages in self-directed learning to enhance knowledge, problem-solving, and collaboration skills• Evaluates and modifies practice policies to support the highest level of APRN clinical practice within a defined health care setting.• Demonstrates expertise in an expanded dimension of practice (i.e. population, illness category, policy making, education, program development, system administration, consultation, etc.)• Mentors advanced practice health care practices in new area of expertise |
| MET | NOT MET | Synthesize nursing and other scientific and ethical theories and concepts to create a foundation for advanced nursing practice. |
| MET | NOT MET | Demonstrate leadership in collaborative efforts to develop and |

implement policies to improve health care delivery and outcomes at multiple levels of professional practice (institutional, local, state, regional, national, and/or international).

- | | | |
|------------|----------------|--|
| MET | NOT MET | Incorporate research into practice through critical appraisal of existing evidence, evaluating practice outcomes, and developing practice-based guidelines. |
| MET | NOT MET | Design, implement, and evaluate health care delivery systems and information systems that meet societal needs and ensure accountability for quality outcomes. |
| MET | NOT MET | Employ a population health focus in the design, implementation, and evaluation of health care delivery systems that address primary, secondary, and tertiary levels of prevention. |
| MET | NOT MET | Incorporate ethical, regulatory, and legal guidelines in the delivery of health care and the selection, use, and evaluation of information systems and patient care technology |

PRINCIPLE STRENGTHS OF STUDENT:

PRINCIPLE CHALLENGES FOR STUDENT:

Student Signature

Date

Faculty Project Advisor Signature

Date

Copies to: NP Office, Seminar Faculty,

Revised 8-11-2014 SH

University of San Diego
Hahn School of Nursing and Health Science
DNP Project Evaluation Criteria

Rate the extent to which the DNP project addresses the following criteria. DNP projects must earn a minimum of 40 points for successful completion of the DNP scholarly practice requirement.

	Poor	Fair	Good	Very Good	Excellent
1. Project is based on sound assessment of population/system needs	1	2	3	4	5
2. Project demonstrates consideration of relevant scientific evidence	1	2	3	4	5
3. Project effectively incorporates principles of translational science	1	2	3	4	5
4. Project demonstrates professional leadership in the development of treatment regimens or care delivery systems	1	2	3	4	5
5. Project incorporates appropriate measures to evaluate outcomes	1	2	3	4	5
6. Project employs appropriate data management methods	1	2	3	4	5
7. Project effectively incorporates considerations of cultural competence in its design	1	2	3	4	5
8. Project outcomes/findings are disseminated to relevant policy/decision makers	1	2	3	4	5
9. Project results in a poster accepted for presentation at a regional, national, or international professional conference	1	2	3	4	5
10. Project is prepared in a publishable form	1	2	3	4	5

Copies to: Student, NP Office, Seminar Faculty, Faculty Project Advisor

APPENDIX V
Clinical Folder Checklist
Hahn School of Nursing and Health Science
University of San Diego
NP Program

Name: _____

Course: _____

Preceptor: _____

- Student's Clinical Objectives
- Example of SOAP note
- Preceptor's Evaluation
- Instructor's Evaluation
- Self Evaluation (if required by faculty)

Appendix W
Hahn School Of Nursing and Health Science
Nurse Practitioner Program

SOAP NOTE GUIDELINES
For all NP Clinical Management Courses

The SOAP format of charting is a communication tool that serves to reflect your clinical thinking process and transmit an accurate picture of a patient's problem, diagnosis, and plan of care. The note should facilitate good continuity of care between providers and help the practitioner to practice safely. The purpose of the SOAP note assignments is to develop your ability to concisely and accurately document pertinent information (S and O) from your encounter with a patient in an organized manner and critically analyze patient information to develop a differential diagnosis (A) and an appropriate plan (P) of care. The ability to write a meaningful SOAP note is essential for a nurse practitioner. The opportunity to improve your documentation skills with guidance from the problem based learning (PBL) faculty and clinical facilitator is an excellent learning experience.

One SOAP note will be written for each of the three standardized patient PBL sessions as well as the final standardized patient evaluation in each NPTC course. SOAP notes will be submitted to the PBL NP faculty who served as the faculty facilitator during the standardized patient PBL experience. Grades earned in SOAP writing will be included in calculating the student's final course grade.

Updated 1-8-14

EVALUATION CRITERIA FOR GRADING PROBLEM-FOCUSED SOAP NOTES

- I. **Organized according to standard SOAP format with all pertinent information complete.**

- II. **Subjective Data: Only** include info pt. Tells you which is pertinent to the particular problem (s) being addressed.
 - A. **Date of encounter** noted at top of page 1
 - B. **Identifying Data and Chief Complaint- Start note with age, gender, and ethnicity of the patient** (and if applicable, note presence of other persons in exam room with pt.) Then list chief complaint (or main reason for this visit) in patient's own words or words of parent. **(Remove any identifying information! Medical records are confidential.)**
 - C. **HPI-** include ONLY the following PERTINENT to history of present illness written in narrative form in a brief paragraph:
Onset; Location; Duration; Characteristics- (quality and severity of sx); Aggravating/Associated factors; Relieving factors; Treatment- this includes both pharmacological and non-pharm tx, plus whether it was helpful; **S** (severity); **ROS:** only information concerning body systems *pertinent* to age, gender and Chief Complaint and your diagnostic hypothesis. Be concise; include *pertinent* negatives & positives; **Effect on ADLs:** of current problem, if any (e.g., cannot sleep at night, unable to work and/or lift children, etc.) For children include appetite, sleep, play/sports and/or school; **PMH:** history significant to current problem. (For infants & children, include birth history & developmental milestones; for adolescents, use HEADSS interview format.); **Medication, Food & Environmental Allergies; Health Maintenance:** screening/vaccines that factor into dx or tx. of current problem (e.g. last PAP if problem gyn, flu vaccine or pneumovax if respiratory, etc.) For children, always document immunization status; **FH:** family hx pertinent to current problem(s); **Psychosocial Hx:** Developmental issues, lifestyle, support systems etc. pertinent to problem(s)
 - D. **Current Medication and Therapies Used:** Include prescription and non-prescription meds and treatments (e.g., humidifier, vitamins, garlic caps and other health food remedies). List medication allergies

- III. **Objective Data:** As appropriate to the presenting problem(s). (Only write what you actually observed, not what the pt. tells you they noted.)
 - A. **VS:** T,P,R,BP, ht, wt, (& head circumference if 2 yrs. or younger).
 - B. **General Appearance:** (e.g., "Face flushed, fussy, difficult to calm even with bottle," or "Alert, cooperative, moves onto exam table slowly, guarding abd.")
 - C. **Physical Findings:** all that are pertinent to age, gender, chief complaint(s) and any other significant findings.
 - D. **Diagnostic Test Results:** (including stat reports and chart data) pertinent to current and other significant health problem(s)(e.g., quick strep, EKG, X-Rays, PFT's, KOH or wet mount slide, etc.).

- E. Use **Standard Medical Terminology** and abbreviations. Be concise, yet descriptive. Do not use “appropriate or within normal limits (WNL)” in your objective section.
- IV. **Assessment:** List diagnosis(es) using appropriate diagnostic term, or symptom. Assessments may be qualified with differential diagnosis probabilities/possibilities if unsure of the etiology (i.e.#1-Diarrhea- probable infectious origin versus possible colitis, or #2- Migraine type H/A, possible rxn to Cardura). The appropriate qualifier(s) should be added to clarify your differential diagnoses and/or to indicate your assessment of disease status and/or causation and health maintenance needs (e.g., HTN-well controlled; unstable angina; non-resolving viral URI w/possible bacterial superinfection, acute vs. chronic sinusitis, recurrent UTI).
- V. **Plan:** Appropriate format should include the following **done separately for each identified problem**.
For example, if only one problem was identified in this encounter, only one plan (A,B,C,D,E) is written. However, if there is more than one problem a separate plan should be outlined for each problem.
- A. **Diagnostic Plan:** list lab, x-rays, tests ordered, or state none needed
- B. **Therapeutic Plan:** list all prescriptions exactly as written, including OTC meds and non-pharm. remedies (e.g. “Salt H₂O gargles”, “Back exercises”, D/C all caffeine in diet”, “Reassurance given that findings were normal”, etc.)
Write out/facsimile drug furnishing orders for any prescription drugs included in treatment plan (using form included at end of SOAP guidelines)
- C. **Patient Education:** document oral and written teaching, including handouts (e.g., “Pt ed. Done re: low cholesterol diet and realistic exercise plan. Sheet on low chol. Diet given.”).
- D. **Follow-Up/Referrals:** When to return to clinic, and reason for F/U. Include instructions for adjusting plan as needed and criteria for this (e.g., “Call provider if fever>101° persists>48 hrs.” Or “Pt. Will be phoned if Dilantin level indicates dosage needs adjustment before F/U in 2 weeks.”, or “To ER if continued or increased wheezing/ SOB.”)
- VI. **Additional Comments:** Would you have handled anything differently in your own practice? Please explain.

Appendix W (cont.)

EVALUATION CRITERIA FOR WELL HISTORY & PHYSICAL EXAM SOAP NOTES

- I. **Organized according to standard SOAP format with all pertinent information complete.** If possible, try to do your well physical exam SOAP note on a person/child without a lot of ongoing health problems who presents for a periodic check-up/CPE. Synthesize information according the ABC’s of good writing: accuracy, brevity and clarity.

II. Comprehensive Subjective Data

- A. **Patient Initials and Date of Visit:** Indicated on top of page 1.
- B. **Reason for Visit:** Examples include, "Here for annual PE with PAP smear." PE required by new employment.", "My dad just died of a heart attack, so I thought I'd better be checked.", "Well child check-up."
- C. **Past Medical History:** Include as appropriate: injuries, hospitalizations, surgeries, major or chronic illness, past tx for ongoing problems and allergies. For children, include birth history, newborn screening, developmental milestones.
- D. **Current Medication and Therapies Used:** Include prescription and non-prescription meds and treatments (e.g., humidifier, vitamins, garlic caps and other health food remedies). List medication allergies
- E. **Family History:** Significant health problems of family members that could affect the health of the patient.
- F. **Lifestyle Risk Assessment:** Focus on areas most likely to impact health- e.g., ETOH, caffeine, smoking, exercise, sleeping, diet, high stress or physically hazardous occupation, etc. For adolescents, use HEADSS interview.
- G. **Health Maintenance/Promotion:** Immunizations, results & dates of dx tests and screenings
- H. Review of Systems (for infants over 6 mo. throughout adulthood): Concise review of all systems covering the last 6 months, with more detail as needed, depending on positive findings in the history or assessment. After the first 2 SOAP notes in each course (and with approval of clinical instructor), the form used by your clinical site, including checklists, may be used. (Note: If a c.c. is addressed within a H & P visit include relevant ROS segments in HPI and do not repeat that information here- just refer back to HPI.

III. **Complete Objective Data:** Only write what you actually observed, not what the patient tells you they noted. If a checklist was used for the objective section, then you will need to type out your findings, and attach them to your photocopied note.

- A. **VS/General Appearance:** For example, "Extremely active, easily distracted, but cooperative." "Well-groomed, anxious Caucasian male." "Moves onto exam table with unsteady balance.", or "Fussy but consolable."
 - B. **Physical Findings:** Document complete PE findings from any screening tests done in office, such as hearing, vision, Hgb, RBG, urine, vaccine record, last TB test, etc.
 - C. **Diagnostic Test Results:** Document results from any screening tests done on office, such as hearing, vision, Hgb, urine, vaccine record, last TB test etc.
- Note:** Use standard terminology and abbreviations. Be concise, yet descriptive. Do not use "appropriate" or "within normal limits(WNL)" in your objective section.

IV. **Assessment:** List assessment of problem(s) found during well exam, and list any

ongoing health problems which are significant in relation to current medical condition. If no problems found, then assess that the patient is in good health (e.g., "Good overall health; pending Pap and PPD reading", "Well child"). If actual problems are identified, refer back to "Assessment" within the Problem-Focused SOAP section.

V. Plan:

- A. **Diagnostic Plan:** Labs, tests, and extra screening if indicated
- B. **Therapeutic Plan:** List all prescriptions including OTC meds and non-pharm remedies (e.g. "soy formula trial for 2 weeks", "Back exercises per instructions", "D/C all caffeine in diet". Etc.) Also list any immunizations ordered. Write out/facsimile drug furnishing orders for any prescription drug included in the treatment plan (use form included at the end of SOAP guidelines)
- C. **Patient Education:** Documentation of oral and written teaching and anticipatory guidance (Peds.), including handouts given (e.g., "Pt. Ed. Done re: low cholesterol diet, and realistic exercise plan.", "Diet sheet on low chol. Diet given", or "Mom educ. On safety issues, weaning pt. From breast, and skin care.")
- D. **Referral/Follow-Up:** referrals to other professional/agencies, when to return to clinic, and reasons for F/U (e.g., "Next CHDP due 5/96", "Pt. To make appt. With Dr. Goldsmith, cardiology, and make F/U appt. Clinic after work-up completed", or "RTC in 2 days for PPD skin check").

VI. Additional Comments: Would you have handled anything differently in your own practice? Please explain.

Appendix W (cont.)
Hahn School of Nursing and Health Science Nurse Practitioner Program
SOAP Grading Sheet
Well History
NPTC 602

Comprehensive Subjective Data

<u>Weight</u>	<u>Section</u>	<u>Grade</u>
1 point	Patient initials, Date, Reason for Visit	_____
1 point	Past Medical History	_____
1 point	Current Medications, Therapies, Allergies	_____
1 point	Family History	_____
2 points	Lifestyle Risk Assessment	_____
2 points	Health Maintenance/Promotion	_____
2 points	Review of Systems	_____

Total Possible Score = 10 points Total points/Grade _____

*(8/10 points or above must be obtained to pass)

Grade

80% - 89.9% = B

90% - 100% = A

Appendix W (cont.)
Hahn School of Nursing and Health Science
Nurse Practitioner Program
SOAP Grading Sheet
NPTC 604

Weight	Section	Grade
1 point	I. Organization/Format/Completeness	_____
5 points	II. Subjective Data	_____
5 points	III. Objective Data	_____
3 points	IV. Assessment	_____
4 points	V. Plan	_____
2 points	VI. Additional Comments	_____

Total Possible Score = 20 points

Total Points/Grade _____

Appendix W (cont.)
Hahn School of Nursing and Health Science
Nurse Practitioner Program
SOAP Grading Sheet
NPTC 605, 608, 609

Weight	Section	Grade
1 point	I. Organization/Format/Completeness	_____
5 points	II. Subjective Data	_____
5 points	III. Objective Data	_____
4 points	IV. Assessment	_____
4 points	V. Plan	_____
1 point	VI. Additional Comments	_____

Total Possible Score = 20 points

Total Points/Grade _____

Appendix X
MEMORANDUM

To: New and Prospective Clinical Mentors

From: DNP Program Faculty

Subject: DNP Scholarly Practice Clinical Experience

The clinical scholarly practice for DNP students focuses on the students' acquisition of additional knowledge and skills in the student's advanced practice nursing specialty. The purpose of the USD DNP program is designed to prepare leaders for the nursing profession who have expertise in advanced nursing specialty practice with an individual or aggregate focus. To achieve the highest level of advanced nursing practice, students are educated and socialized for their roles both didactically through course work, seminars and tutorials and experientially through the scholarly practice.

Students are expected to develop a deep understanding of the scientific and ethical foundation of reflective practice and the economic, political, and regulatory forces that impact quality of care. Required courses primarily focus on the clinical and translational sciences, the philosophical basis of advanced nursing practice, and the socioeconomic factors needed to transform and evaluate health care. With this foundation, students will be able to translate science into practice by designing and evaluating evidence-based innovations in care to improve the health status of individuals, families, communities, and the nation.

At the completion of USD's DNP program, graduates will possess the following competencies:

1. Demonstrate advanced levels of clinical practice within defined ethical, legal, and regulatory parameters in designing, implementing, and evaluating evidenced-based, culturally competent therapeutic interventions for individuals or aggregates.
2. Synthesize nursing and other scientific and ethical theories and concepts to create a foundation for advanced nursing practice.
3. Demonstrate leadership in collaborative efforts to develop and implement policies to improve health care delivery and outcomes at multiple levels of professional practice (institutional, local, state, regional, national, and/or international).
4. Incorporate research into practice through critical appraisal of existing evidence, evaluating practice outcomes, and developing practice-based guidelines.

- 5.Design, implement, and evaluate health care delivery systems and information systems that meet societal needs and ensure accountability for quality outcomes.
- 6.Employ a population health focus in the design, implementation, and evaluation of health care delivery systems that address primary, secondary, and tertiary levels of prevention.
- 7.Incorporate ethical, regulatory, and legal guidelines in the delivery of health care and the selection, use, and evaluation of information systems and patient care technology.
- 8.Design, implement, and evaluate health care delivery systems and information systems that meet societal needs and ensure accountability for quality outcomes.

Clinical mentors are academically and clinically qualified doctorally-prepared advanced practice nurses, physicians, other health care professionals, or health policy leaders who are able to facilitate and support the objectives of the student's scholarly practice clinical experience and DNP project. The USD School of Nursing guidelines for clinical mentors are attached. Once a clinician has verbally agreed to precept one of our DNP students, a request will be made to provide the DNP Program Director with a copy of the proposed clinical mentor's current curriculum vita or to complete a Biographical 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 clinical mentor 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.

Orientation is provided by the DNP program faculty prior to the initiation of the clinical mentorship on individual request. The DNP faculty member responsible for supervising the student's scholarly practice may make a site visit during the semester. 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 DNP student or faculty roles.

Please direct any questions or concerns to:

Shelley Hawkins, PhD, FNP-BC, GNP, FAANP
Associate Professor and Director
DNP NP Program
University of San Diego
5998 Alcalá Park
San Diego, CA 92110
(619) 260-4575

GUIDELINES/EXPECTATIONS FOR CLINICAL MENTORS

Clinical mentors are expected to:

1. Orient the DNP student to the office/clinical environment, methods of operation of the agency, and necessary clinical and practice protocols/guidelines.
2. Facilitate achievement of the DNP student's clinical learning objectives and clinical project.
3. Maintain communication with the program faculty as necessary throughout the semester. Any problems that could interfere with the student's learning should be brought to the program faculty's attention as soon as possible.
4. Complete the "DNP Student Evaluation by Clinical Mentor" form at the end of the student's scholarly practice, review the form with the student, and return the form to the School of Nursing.

BENEFITS ACCORDED TO CLINICAL MENTORS

1. Recognition by and interaction with USD DNP program faculty.
2. Invitations to on-campus continuing education events.
3. Use of the resources of the Copley Library on the USD campus may be eligible for consideration for appointment as Adjunct Clinical Preceptor of the Hahn School of Nursing and Health Science
5. Physicians are eligible for CME Category II and NPs are eligible for CEU credit for ANCC certification for the hours they spend precepting NP students.
6. Potential for leading student clinical conferences on management of specific health problems, role development or other professional issues.
7. Opportunity to provide input for program evaluation and change so that the DNP Program can more effectively contribute to meeting current health care needs/priorities.
8. Enhancement of practice perspectives.
9. Opportunity to integrate collaborative and interdisciplinary focus into practice model.
10. Potential to incorporate student into practice with plan to hire upon graduation
11. Potential for improved practice outcomes as a result of the student's DNP project.
12. Generation of community service hours.

Appendix Y
Hahn School of Nursing and Health Science
DNPC 630 Scholarly Practice Clinical Log

Name: _____

Date submitted: _____

Scholarly Practice Semester: _____

Hours completed in MSN program(if applicable): _____

Total hours since last log submission: _____

DIRECT CARE AND SYSTEM LEVEL COMPETENCIES for APRN and APRN Students

Expected Program Outcome	Expected Competencies	Student Role (e.g., EBP, Leadership, Collaboration, Management)	Date/ Setting/Activities/ Patient Encounters/ Hours	Status (date/met/IP/not met/ supporting evidence)	DNP Reflections (Clinical Exemplars) by Program Outcome (EACH MUST BE MINIMUM of 250 WORDS)
1. Demonstrate advanced levels of clinical practice within defined ethical, legal, and regulatory parameters in designing, implementing, and evaluating evidenced-based, culturally competent therapeutic interventions for individuals or aggregates.	Direct Care				

2. Synthesize nursing and other scientific and ethical theories and concepts to create a foundation for advanced nursing practice.	Direct Care System Level				
3. Demonstrate leadership in collaborative efforts to develop and implement policies to improve health care delivery and outcomes at multiple levels of professional practice (institutional, local, state, regional, national, and/or international).	Direct Care System Level				
4. Incorporate research into practice through critical appraisal of existing evidence, evaluating practice outcomes, and developing practice-based guidelines.	Direct Care System Level				
5. Design, implement, and evaluate health care delivery systems and	Direct Care System Level				

information systems that meet societal needs and ensure accountability for quality outcomes.					
6. Employ a population health focus in the design, implementation, and evaluation of health care delivery systems that address primary, secondary, and tertiary levels of prevention.	Direct Care System Level				
7. Incorporate ethical, regulatory, and legal guidelines in the delivery of health care and the selection, use, and evaluation of information systems and patient care technology.	Direct Care System Level				

Cumulative total hours: ____ (including MSN hours if applicable)

Appendix Z
University of San Diego
Hahn School of Nursing
Doctor of Nursing Practice Program

FORMAT FOR MANUSCRIPT AND TIMELINE FOR DNP PROJECT REQUIREMENTS

Format & Steps for Manuscript Development & Presentations	DNPC 630 Seminar Activities	Timeline for Scholarly Practice Requirements
	First Semester-Fall 1	
	<p>Participate in ongoing discussion throughout semester about evidence-based practice (EBP) as it relates to the role of the nurse practitioner</p> <p>Identify various USD SON&HS doctorally-prepared faculty practice and scholarship interests/backgrounds</p> <p>Begin to formulate opening statement for DNP portfolio, "Purpose of DNP Program"</p>	<p>If working as a RN, use communication skills along with observation and inspection skills for possible identification of clinical problem</p> <p>Join APN professional organization(s) to become actively engaged in health policy, etc. that impact advanced practice nurses</p>
	Second Semester-Spring 1	
	<p>Participate in ongoing discussion throughout semester about EBP as it relates to the role of the nurse practitioner</p> <p>Review exemplar EBP abstracts to gain familiarity of required components and quality of dissemination</p>	<p>If working as a RN, use communication skills along with observation and inspection skills for possible identification of clinical problem</p> <p>Join APN professional organization(s) to become actively engaged in health policy, etc. that impact advanced practice nurses</p>

	<p>Interact with invited DNP students/graduates during their presentations of their DNP projects</p> <p>Continue to refine opening statement for DNP portfolio, "Purpose of DNP Program"</p>	
	Third Semester-Summer 1	
	<p>Participate in ongoing discussion throughout semester about EBP as it relates to the role of the nurse practitioner</p> <p>Interact with invited DNP students and DNP graduates during their presentations of their DNP projects</p> <p>Finalize opening statement for DNP portfolio, "Purpose of DNP Program"</p>	<p>If working as a RN, use communication skills along with observation and inspection skills for possible identification of clinical problem</p> <p>Join Advanced Practice professional organization(s), attend meetings, and remain current with issues/challenges that impact advanced practice nurses</p> <p>Complete opening statement for DNP portfolio, "Purpose of DNP Program"</p>
	Fourth Semester-Fall 2	

<p>Components: Title Page</p> <p>Abstract includes Background & Evidence for Problem, Evidence-Based Practice Intervention & Benchmark, PICO, Project Process, Implications for Nursing Practice</p> <p>I. Introduction</p> <p>II. Background & Evidence for Problem Search, critique, appraise (rate & grade) evidence</p> <p>III. Evidence Based Intervention Decide on desired outcome(s) (your benchmarks) & link them to evidence-based interventions</p> <p>IV. Establish Benchmark(s) Conduct gap analysis-internal & external</p> <p>V. PICO Question</p>	<p>Participate in on-going discussion throughout semester about EBP, role development and scholarly practice focus</p> <p>Identify expected direct care and system level competencies</p> <p>Complete monthly clinical logs for seminar faculty, faculty project advisor, and clinical mentor review</p> <p>Draft PICO for project with continued refinement throughout semesters</p>	<p>Identify goals/focus of scholarly practice experience in collaboration with faculty and clinical mentor (clinical mentor team)</p> <p>Identify practice setting/clinical agency for project in collaboration with faculty project advisor, seminar faculty, and clinical mentor (team)</p> <p>Begin scholarly practice</p>
Fifth Semester-Spring 2		
<p>VI. Select EBP Model (e.g., Iowa, Stetler, etc.)</p> <p>VII. Project Implementation/Process Plan</p> <p>VIII. Evaluation Plan</p>	<p>Participate in on-going discussion throughout semester about EBP and status of project</p> <p>Complete monthly clinical logs for seminar faculty, faculty project advisor, and clinical mentor review</p>	<p>Provide faculty and clinical mentors ongoing update about project plans</p> <p>Complete on-line IRB certification</p> <p>Continue scholarly practice</p>

Includes data management, sustainability plan, evaluation of intervention & outcomes, and cost/benefit analysis		
	Sixth Semester-Summer 2	
<p>Comprehensive analysis of all planned components of project to date making any revisions as deemed necessary</p> <p>IX. Begin Implementation of Evidence-Based Intervention (the start date will vary for students based on agency IRB timeline and/or needed project revisions)</p>	<p>Participate in on-going discussion throughout semester about EBP and status of project</p> <p>Complete monthly clinical logs for seminar faculty, faculty project advisor, and clinical mentor review</p> <p>Present draft of abstract for poster or podium presentation for feedback</p>	<p>Obtain letter(s) of clinical agency support/approval</p> <p>Obtain IRB approval with clinical agency</p> <p>Provide ongoing update to faculty project advisor and clinical mentors about project</p> <p>Continue scholarly practice</p> <p>Submit final draft of abstract to professional organization</p> <p>Submit initial draft of first chapter to faculty project advisor and seminar faculty</p>
	Seventh Semester-Fall 3	
<p>IX. Begin Implementation of Evidence-Based Intervention (cont'd)</p> <p>X. Completion of Evidence-Based Intervention</p> <p>XI. Evaluation of Evidence-Based Intervention(s) & Outcome(s) (start date will vary for students)</p>	<p>Participate in on-going discussion throughout semester about EBP and status of project</p> <p>Complete monthly clinical logs for seminar faculty, faculty project advisor, and clinical mentor review</p> <p>Discuss journal options for manuscript submission</p>	<p>Implement project</p> <p>Submit abstract for spring 2 poster or podium presentation</p> <p>Obtain USD IRB approval for dissemination of findings (may need to obtain in prior semester based on agency)</p> <p>Continue scholarly practice</p>

	Share thoughts/reflections regarding growth in APN role & future plans	Submit draft of manuscript chapter(s) to faculty project advisor and seminar faculty
	Eighth Semester-Spring 3	
<p>XI. Evaluation of Evidence-Based Intervention(s) & Outcome(s) (start date will vary for students)</p> <p>X. Evaluation Results and Sustainability Plans</p> <p>XI. Conclusions Including Cost Benefit Analysis</p> <p>XII. Implications for Clinical Practice</p> <p>XIII. References</p> <p>XIV. Appendices Includes *Executive Summary, Evaluation instruments, Tables of data, Support letters and IRB letters</p> <p>*Executive Summary includes Background & Evidence for Problem, PICO Question, Evidence-Based Intervention & Benchmark, Project Process, Results, Conclusions, Implications for Nursing Practice, References, & Cost Benefit Analysis Table</p>	<p>Required practice podium presentation sessions for refinement of professional public speaking skills & responding/fielding questions pertaining to all components of project</p> <p>Participate in on-going discussion throughout semester about EBP and project</p> <p>Share thoughts/reflections regarding growth in APN role & future plans</p> <p>Complete monthly clinical logs for seminar faculty, faculty project advisor, and clinical mentor review</p> <p>Final Evaluations by 12th week of the semester</p>	<p>Submit essay on “Reflections regarding growth in APN role & future plans”</p> <p>Revise and finalize manuscript working closely with faculty project advisor</p> <p>Conduct dissemination-Poster/Podium presentation completed</p> <p>Conduct dissemination-Present findings and executive summary to project stakeholders</p> <p>Coordinate on-site final evaluation at clinical agency</p> <p>ALL requirements necessary for completion of DNP Program to be completed and/or submitted by the 12th week of the semester</p>

Appendix AA

Agency Approval Letter for Data Use (Must be Obtained if Agency has NO IRB)

Instructions to DNP Students: Please use this letter as a sample text for your letter of permission to use data. You will need a hard copy of this letter. Be sure that:

- *The letter is on letterhead*
- *The letter is **signed** by an administrative person in the setting.*

Agency Title
Agency Address
Agency Address

To: Institutional Review Board, University of San Diego

From: AGENCY DIRECTOR OR DESIGNEE

Re: Use of Clinical Data

STUDENT NAME has our support to begin their scholarly practice project at the AGENCY as part of his/her coursework for the DNP Program at the University of San Diego. MR./MS. STUDENT LAST NAME has agreed to cleanse all data of any patient or institutional identifiers, and we understand that he/she will request to use data from this experience for publications and professional presentations.

If you have any questions, please do not hesitate to contact me at PHONE # or [EMAIL](#).

Sincerely,

DIRECTOR OF DESIGNEE
TITLE, AGENCY

SH: 8/11/14

Appendix BB
Hahn School of Nursing and Health Science
DNP Student IRB Template

Dear DNP student,

We are delighted that your DNP project has now come together! In order to obtain IRB Exempt Status at USD, we ask that you follow these steps:

PROCESS FOR IRB APPROVAL:

1) **Fill in the yellow shaded areas** on page 3 with your specific information. The form has been pre-formatted for you for DNP projects, so only the yellow shaded areas need to be completed. **Please don't write anywhere else that is not yellow shaded.**

2) Print out the application. **YOU SHOULD DELETE THIS INSTRUCTIONS PAGE** from your final copy.

3) **Sign** on the Signature Page where it says "Researcher." Then print your name and contact info.

4) **Have your Faculty Mentor sign** where it says "Faculty Advisor," then have him/her fill in contact info.

5) **ATTACH** with a paper clip:

A) Your signed letter of support for your project from your institution, practice, etc.

Or if applicable: A copy of your IRB exempt approval from your hospital, etc.

B) A copy of your IRB training certificate.

6) Put the hard copy of your application with attachments in Dr. Jane Georges' mailbox in the School of Nursing. Please send Dr. Georges an email at: jgeorges@sandiego.edu to let her know that your application has been submitted. Dr. Georges is the IRB Representative in the Hahn School of Nursing and Health Science. She will sign on the proper line and **she will obtain the Dean's signature-** no need for you to do this.

WHAT HAPPENS NEXT?

Dr. Georges will check over your application and let you know if anything is missing or needs revision. She will submit it to the Institutional Review Board. You will receive an email from the IRB Administrator with your Exempt Status approval, usually within 2 weeks.

QUESTIONS?

You and your faculty member can always feel free to email Dr. Georges with questions.

We wish you all the best as you complete your DNP project!

UNIVERSITY OF SAN DIEGO
Institutional Review Board (IRB)
APPLICATION FOR EXEMPT STATUS ONLY

This form is only to be used only when applying for **EXEMPT** status from IRB review.

Please check the examples of Exempt applications on the USD IRB website.

Go to: <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#46.101%28b%29>

under **Part (b)** to view descriptions of expedited research category numbers (1) through (6). You **must** check **ONE** space below for the category number below that applies to your project. For example, many projects involving educational practices fall under category (1).

___(1) Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as (i) research on regular and special education instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.

___(2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless:

(i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

___(3) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior that is not exempt under paragraph (b)(2) of this section, if:

(i) the human subjects are elected or appointed public officials or candidates for public office; or (ii) federal statute(s) require(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter.

__X__(4) Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.

___(5) Research and demonstration projects which are conducted by or subject to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine:

(i) Public benefit or service programs; (ii) procedures for obtaining benefits or services under those programs; (iii) possible changes in or alternatives to those programs or procedures; or (iv) possible changes in methods or levels of payment for benefits or services under those programs.

___(6) Taste and food quality evaluation and consumer acceptance studies, (i) if wholesome foods without additives are consumed or (ii) if a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.

TITLE OF PROJECT: "Title of Your Project"

PRINCIPAL INVESTIGATOR: Your Name, Doctor of Nursing Practice Student
School/College: Hahn School of Nursing and Health Science

FACULTY ADVISOR (if USD Student): Dr. Name of your Faculty Mentor
School/College: Hahn School of Nursing and Health Science

USD SPONSOR (if PI is not a USD faculty/student): N/A
School/College:

RESEARCH ASSISTANTS: N/A

Does this project require institutional permission or IRB approval from other institutions? Yes
 No

If applicable, please name the institution here: Name of hospital, clinic, etc.

- If applicable, please ATTACH either a letter of permission or a copy of the IRB approval as an appendix.
- Please ATTACH a copy of an IRB training certificate for everyone named above.

In the space below, BRIEFLY describe the project and *the way in which it meets the category number* you checked on page 1. Describe data or information to be obtained and its source. If applicable, please attach any text that participants will see, including emails, surveys, consents/assents, etc. **(DNP students, the paragraph below is all you need. Please do not add anything to it. Please go on to the Data List section below.)**

This project was part of the course requirements for DNPC 630, a graduate-level clinical residency in the Doctor of Nursing Practice (DNP) program in the School of Nursing at USD. This project meets the requirements of Category (4), as it involves the collection of data that have been cleansed of all identifiers.

The following data will be analyzed:

(LIST YOUR DATA HERE BY NUMBER. SPELL OUT ALL ACRONYMS)

Examples:

1. Number of Emergency Department (ED) visits
2. Forced expiratory volume in one second (FEV1)
3. Score on asthma knowledge assessment

SIGNATURE PAGE

All applicable signature lines **MUST** be signed. If any required lines are left blank, the application will be returned to the principal investigator.

Researcher (signature) Department/School and Date

Researcher (printed) REQUIRED: email Phone

Faculty Advisor (signature) Department/School and Date
(Only required if PI is a **USD Student**.)

Faculty Advisor name (printed) REQUIRED: **email** **Phone**

___N/A_____
USD Sponsor (signature) email Phone

(Only required if PI is **NOT a USD student/faculty**. The USD sponsor must be a full-time employee of USD).

___N/A_____
USD Sponsor name (printed) Department/School and Date

School/College IRB Representative Date
(ALL applications must obtain this signature, whether your unit has a designated IRB representative or not. Contact the IRB Chairperson if you need guidance.)

Dean or His/Her Representative (signature) Date

The project described above has been approved by the USD Institutional Review Board.

Chair or Administrator to IRB (signature) Date

Updated 9/2014

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Appendix CC

[SAMPLE TITLE PAGE]

UNIVERSITY OF SAN DIEGO
Hahn School of Nursing and Health Science

DOCTOR OF NURSING PRACTICE PORTFOLIO

by

Student Name

A portfolio presented to the

FACULTY OF THE HAHN SCHOOL OF NURSING AND HEALTH SCIENCE
UNIVERSITY OF SAN DIEGO

In partial fulfillment of the
requirements for the degree

DOCTOR OF NURSING PRACTICE
Month/Year

Appendix CC (cont.)
DNP DOCTOR OF NURSING PRACTICE PROGRAM
VERIFICATION OF COMPLETION OF PROGRAM REQUIREMENTS

DNP Student: _____

Title of DNP Project: _____

Abstract Approval By Faculty Project Advisor: _____
Faculty Project Advisor Signature

Abstract/Poster Title: _____

Presentation Venue (Conference name, sponsor, dates, location): _____

Date of Acceptance/Presentation: _____

Total Clinical Hours: _____

Date of Completion: _____

Scholarly Practice Evaluation: _____
Date and Status of Evaluation

Completed Portfolio: _____
Date of Review

Presentation of DNP Project
Outcomes to Stakeholders: _____
Date of Presentation

Manuscript Ready
For Submission: _____
Title of manuscript and name of journal

Faculty Project Advisor Signature: _____ **Date:** _____

Seminar Faculty Signature: _____ **Date:** _____

Copies to: Dean, Student file, Faculty Project Advisor, Student, Program Director, Graduate Records Office

Appendix DD Poster Template

Title		
<i>Author/s</i>		
Background	Purpose	Evaluation Results
	Framework/EBP Model	
Evidence for Problem	Project Plan Process	Conclusions
Evidence-Based Intervention/Benchmark		Cost-Benefit Analysis
		Implications for Clinical Practice



**APPENDIX EE
DNP NURSING STUDENT DEAN'S SCHOLAR AWARD**

**University of San Diego
Hahn School of Nursing and Health Science
Application for DNP Nursing Dean's Scholar Award**

Name: _____ Date: _____

Address: _____

Phone: Home _____ Work: _____

E-Mail Address: _____

Name and Credentials of Faculty Mentor:

Potential Project Title and Brief Summary of Proposed DNP Project:

Specific Fit with Faculty Mentor's Scholarship:

Summarize Anticipated Use of Dean's Scholar Award Funding:

APPROVALS

Faculty Mentor Signature: _____

DNP Program Director Signature: Approved: _____

Disapproved: _____

Date: _____



Handbook Review Form

**I have read the USD Hahn School of Nursing and Health Science
BSN DNP & MSN Nurse Practitioner Student Handbook and
understand that I am accountable for its content.**

Printed Name

Signature

Date

