



California State University  
SAN MARCOS

School  
of Nursing

**College of Education, Health and Human Services  
School of Nursing**

**GRADUATE  
STUDENT  
HANDBOOK**

**2017-2018**

**MASTERS OF SCIENCE IN NURSING**

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# PART I

## Introduction

This handbook is designed to familiarize the graduate nursing student with general information about the Graduate Program of the School of Nursing. In addition, the student should be familiar with relevant sections of the University Catalog which supersedes this handbook. Periodic contact with the nursing graduate coordinator is recommended for validation of specific relevant dates and deadlines, but students are ultimately responsible for meeting official deadlines and filing necessary documents with the university graduate department.

This handbook will be reviewed annually at the end of every academic year and is subject to review as needed by the recommendation of the School of Nursing faculty. These changes will be reflected in each updated edition. Your input is invited.

## School of Nursing Mission Statement

The mission of faculty and the staff of the School of Nursing is to prepare students for a career in professional nursing that focuses on assisting patients/clients to achieve health or health-related goals and to transition from a disease-oriented to a health-oriented system of health care. Faculty assist students who acquire general knowledge from sciences and arts and specific knowledge and skills from nursing practice and theories and to assume nursing leadership roles. These professional nursing roles are practiced as a provider of care, teacher, advocate, coordinator of care, and member of the profession. Faculty articulate a philosophy of nursing in which nurses provide health care for culturally and ethnically diverse individuals, groups, families, and communities. (SON Mission Statement, Adopted May 2006).

## Philosophy of Nursing

The School of Nursing's philosophy is congruent with the mission of the University and Orem's conceptual model (Orem, D.E., (1995) *Nursing: Concepts of practice*, 5th Ed., St. Louis: Mosby), upon which the nursing curriculum is based. The philosophical statements about the person, environment, health, nursing, and nursing education are as follows:

### **Philosophy of Person**

The person may be defined as an individual, group, family or community and is the client recipient of health care. The focus of nursing is the client who possesses a set of self-care requirements related to health. This client either has the capability to initiate and perform self-care or needs the availability or access to assistance (dependent care) if the developmental stage or a disability interferes with maintenance of life, health, and/or well-being. Individuals are bio-psycho-social-spiritual beings that are constantly interacting with a changing environment. They perceive and respond to actual or potential health problems in unique ways that are influenced by their age, gender, education, occupation, socialization, religion, health status, and cultural background. To make the best use of their capabilities and potentialities while fulfilling their role responsibilities, individuals strive for self-direction and relative independence. Only in a dependent state or an extreme state of helplessness is there justification for health care providers to make a decision for, rather than with, a client.

Aggregate clients are groups, families, and communities and they are sociological units, composed of

interacting, interdependent parts or sub-units. A family is defined as an interacting system which is composed of two or more members who identify themselves as being a family based on a social relationship. Groups and communities are defined as aggregates of individuals who share some important feature of their lives. Aggregates also strive for growth and are influenced by many factors, most notably, regional, developmental/historic, political, economic, and cultural factors. Moreover, they have potential and actual health problems.

### **Philosophy of Environment**

The concept of the environment is a central theme to the discipline and is reflected in its conceptual frameworks. The environment has physical, spatial, social and cultural aspects with intermingling boundaries in constant interaction with the person. The environment encompasses all external conditions and provides stimuli that influence life, development, and adaptation of the human organism. The constant interaction between the environment and the person yield, over time, specific individual patterns that affect a person's health. Nursing can influence the person's health through recognition and restructuring of harmful patterns.

### **Philosophy of Health**

Persons experience varying degrees of health and/or illness. Health and well-being is conceptualized as a dynamic state of being with flexible parameters, modified by individual perception, choice and ability. Optimal health and well-being is defined as a state in which self-care and dependent-care capabilities, actions, and role responsibilities are realized to the fullest extent possible. The maintenance of health is first and foremost an individual's responsibility through self-care actions. When the individual is unable to perform adequate self-care activities because of lack of knowledge, physical or cognitive condition, or dependent care status, a health care deviation exists. Nursing serves to restore or support self-care abilities, thereby assisting the client to maintain, regain or restore health. Opportunity for growth and change is every person's right regardless of social or economic status, personal attributes, or the nature of the health problem.

### **Philosophy of Nursing**

Nursing has as a central focus the diagnosis and treatment of a client's responses to actual or potential health problems. Nursing diagnoses are actual or potential health problems within the scope of nursing practice for which the nurse can intervene. Actual health problems are existing health care deficits that produce specific and identifiable physical, experiential, and/or biochemical changes that are confirmed by medical diagnosis. Potential problems are situations, behaviors or conditions that predispose clients to health threats. Nursing is a health care profession which systematically assists clients to achieve health or health-related goals through the development and maintenance of self-care practices. Nursing utilizes research and other evidence to guide clinical decisions, interventions and practice. As an applied science, nursing utilizes theories from its own discipline as well as other sciences to explain phenomena encountered in client care and to provide rationale for and to explicate appropriate nursing interventions in particular situations. Theory and research are essential components in the advancement of nursing as a professional discipline.

Nursing prepares generalists and advanced practice nurses who by utilizing a comprehensive approach to health care can assist individuals, families, groups, and communities around the globe in meeting health related self-care needs. Generalists and advanced practice nurses practice in a variety of health care

settings, including the hospital or acute care settings, long term care settings such as rehabilitation and hospice and in assisted living environments. Nurses also practice in the community including community and primary care clinics, public health service sites, and home health and respite care settings. The essential roles of professional nursing are as a client advocate, teacher, provider of care, researcher, and as a practitioner who coordinates care and/or collaborates with other health professionals. In these roles and as a member of the profession, nurses engage in making clinical judgments, in forming policy, and in the design and implementation of plans for the improvement of health care services for all clients, families and populations including those who are underserved and vulnerable. Members of the profession are expected to act responsibly, always mindful of the public trust. Self-regulation to assure quality in performance is at the heart of Nursing's relationship with society.

### **Philosophy of Nursing Education**

The School of Nursing is part of a university that resides in a community populated by people from multiple ethnic and cultural backgrounds. A goal of the nursing program will be to recruit a student population which is representative of the ethnic and cultural diversity in the local community and to prepare its students to serve the nursing needs of this culturally diverse society. Students, endowed with the capacity for self-direction, are ultimately responsible for their own learning and self-development. It is anticipated that students will vary in aptitude, learning style, motivation, cultural orientation and other individual differences. Assessment of these factors provides the faculty member a basis for the selection of the most appropriate teaching-learning strategies and for referral to the multiple campus resources and services available should the student have academic or personal issues needing support and/or assistance.

The foundation for understanding the self and others will be provided through a balanced program of arts and humanities, social and biological sciences and professional courses. Critical thinking will be developed through application of problem-solving methods in clinical practice where analysis includes the weighing of alternatives in selecting a course of action most likely to achieve the desired outcome. Essential to the preparation of the professional nurse is the development of communication skills, cultural competency, professional values, ethical principles, and the technical expertise in assessment and clinical intervention. Effective social interaction, therapeutic communication and mastery of the technical skills are among the fundamental aptitudes needed by the professional nurse. An essential component of comprehensive nursing care is a concentration on health promotion and disease prevention.

The role of the faculty member will be to serve as an instructor, role model, preceptor, resource person, motivator and facilitator. Faculty members will be expected to combine teaching with other professional activities such as ongoing clinical practice, scholarly publications and presentations and research. Establishment of partnerships with local health care agencies will promote the development of faculty practice opportunities, collaborative research projects and joint appointments. Through these joint appointments and other part-time faculty positions, expert nurse clinicians/practitioners will participate as faculty.

## **Mission of the Master of Science in Nursing Program**

The mission of the graduate program in nursing at California State University San Marcos is to provide superior graduate education to qualified students, leading to the Master of Science in Nursing (MSN) degree. Our objective is to prepare nurses in generalist and advanced practice roles for positions in the health care industry, community or public health agencies, and academia, and for continued study at the doctoral level.

The MSN program includes a strong foundation in theory and research inquiry. The School of Nursing acknowledges the responsibility to address the nursing and health care needs in populations and communities around the globe, including those who are underserved and vulnerable. The graduate program builds on the knowledge gained at the baccalaureate level and promotes nursing scholarship at the local, state, national, and international levels through research, service, and practice. Values, ethics, and multicultural perspectives are heavily embedded within the graduate program. Cultural sensitivity and competence are emphasized in the curriculum as students interface with a diverse population both professionally and in the care of clients, families, and communities.

## **Goals & Student Learning Outcomes of the Master of Science Program**

Regardless of the area of concentration or specialization, the role of a nurse with a master's degree requires the ability to think critically, to apply complex concepts to practice, and to provide leadership in the areas of scientific inquiry and advanced practice. Faculty is committed to providing educational experiences which facilitate the development of these competencies.

### **Program Goals**

Students who graduate with a Master of Science in Nursing will:

1. Acquire the ability to become a successful generalist, advanced practice nurse or nurse educator in the health care industry or academic institutions of North County and other geographic locations that serve a diverse population.
2. Build on the baccalaureate foundation for continuing personal and professional self-growth, development and lifelong learning and the necessary educational background to enable the pursuit of a higher degree in advanced nursing practice (Doctor of Nursing Practice) or research (Doctor of Philosophy in Nursing).
3. Integrate theory, research, and experiential knowledge and evidenced-based practice using innovative technologies into professional nursing education, leadership and practice.
4. Build on the ability to perform a self-assessment of personal sociocultural values, ethics, and spiritual beliefs and evaluate how these factors correspond to those of one's own clients and professional nursing actions.
5. Provide ethical, culturally sensitive care to multicultural clients, families, populations and communities.

## Student Learning Outcomes

The Master of Science in Nursing has been designed for nurses seeking careers as a nurse educator, advanced practice nurse, or a generalist nurse responsible for leadership and management of patient populations at the unit level in an acute care facility.

Students who graduate with a Master of Science in Nursing will:

1. Apply theoretical and empirical knowledge at the advanced level.
2. Conduct and critically analyze research to apply sound clinical decision-making.
3. Recognize team dynamics and develop care management plans.
4. Evaluate health care professional collaboration to improve and formulate care delivery systems.
5. Recognize diversity and provide culturally sensitive care.

## Objectives for Concentrations

Objectives for concentrations define the specific competencies of each concentration and are congruent with the overall program objectives.

### **Advanced Practice Nursing:**

1. Provide patient-centered care as an Advanced Practice Nurse, recognizing the patient or designee as a full partner in decision making. Provides holistic patient centered care as an Advanced Practice Nurse to promote health, well-being and quality of life across the lifespan.
2. Integrate appropriate technologies to improve health care, demonstrates information literacy skills and uses technology systems that capture data for the evaluation of nursing care.
3. Anticipate variations in practice and is proactive in implementing interventions to ensure quality; applies skills in peer review to promote a culture of excellence, and evaluates the relationship among cost, access, quality and safety.
4. Integrate knowledge from the humanities and sciences within the context of nursing science, and critically analyzes data and evidence for improving nursing practice. Translates research and other forms of knowledge to improve practice process and outcomes.
5. Assume complex and advanced leadership roles, fosters collaboration with multiple stakeholders, analyzes data for quality improvement, and advocates for improved access to quality and cost effective health care.
6. Demonstrate an understanding of the interdependence of policy and practice, advocates for ethical policies and analyzes ethical, legal, and social factors influencing policy development.
7. Apply knowledge of organizational practices and complex systems to improve health care delivery, minimizes risk to patients and providers at the individual and systems levels, and facilitates the development of health care systems that address the need of culturally diverse populations, providers and other stakeholders.
8. Integrate ethical principles in decision making, evaluates the ethical consequences of decisions, and applies ethically sound solutions to complex issues related to individuals, populations and systems of care.



### **Clinical Nurse Leader:**

1. Implement the CNL role in a variety of clinical settings.
2. Apply advanced knowledge (pharmacology, pathophysiology, health assessment) and core competencies (critical thinking, communication, nursing technology/resources) to the development and evaluation of a plan of care for individuals or populations at the point of care.
3. Assume accountability for the efficient and cost effective use of human, environmental and national resources by applying principles of healthcare policy, finance, economics and ethics to improve quality of care delivery.
4. Integrate knowledge of informatics, human diversity and ethics to address and manage variation in population outcomes and ensure culturally relevant care.
5. Implement evidence-based practices and professional standards of care to affect change in health care organizations and improve outcomes of care.
6. Apply principles of leadership and collaboration to improve the health outcomes of individuals and clinical populations.
7. Improve clinical practice and optimize healthcare outcomes through use of information systems and technologies.
8. Advocate for the client, interdisciplinary care team and profession in legislative and regulatory areas.

### **Nursing Education:**

1. Demonstrates competence in developing, implementing, revising, and evaluating nursing curricula.
2. Analyzes the impact of societal and technological changes on nursing education.
3. Applies education theory, research, and experiential knowledge in nursing education settings.
4. Implements teaching learning strategies related to simulation and educational technologies in the classroom and clinical setting.
5. Critically evaluates a wide range of teaching strategies for implementation in the nurse educator role.
6. Analyzes assessment and evaluation processes as they relate to nursing education.

## **Domains and Competencies of Nurse Practitioner Practice**

**Adopted from the National Organization of Nurse Practitioner Faculties (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 individual 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.
  - a. Assesses the patient's and caregiver's educational needs to provide effective, personalized health care.
  - b. 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.
  - a. 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.
  - b. Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.
  - c. Employs screening and diagnostic strategies in the development of diagnoses.
  - d. Prescribes medications within scope of practice.
  - e. 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.
  - a. Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.
  - b. Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.
  - c. Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care.
  - d. Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.

## Psychiatric-Mental Health Nurse Practitioner Competencies

### **Health Promotion, Health Protection, Disease Prevention, and Treatment**

1. Assessment
  - a. Obtains and accurately documents a relevant health history, with an emphasis on mental health history, for patients relevant to specialty and age.
    - i. Performs a comprehensive physical and mental health assessment
    - ii. Performs a comprehensive psychiatric evaluation that includes evaluation of mental status, current and past history of violence, suicidal or self-harm behavior, substance use, level of functioning, health behaviors, trauma, sexual behaviors, and social and developmental history.
  - b. Analyzes the relationship between normal physiology and specific system alterations associated with mental health problems, psychiatric disorders, and treatment.
  - c. Identifies and analyzes factors that affect mental health such as:
    - i. Genetics
    - ii. Family
    - iii. Environment
    - iv. Trauma
    - v. Psychodynamics
    - vi. Culture & ethnicity
    - vii. Spiritual beliefs and practices
    - viii. Physiological processes
    - ix. Coping skills
    - x. Cognition
    - xi. Developmental stage
    - xii. Socioeconomic status
    - xiii. Gender
    - xiv. Substance abuse
  - d. Collects data from multiple sources using assessment techniques that are not appropriate to the patient's language, culture, and developmental stage, including, but not limited to, screening evaluations, psychiatric rating scales, genograms, and other standardized instruments.
  - e. Conducts a comprehensive multigenerational family assessment.
  - f. Assesses the impact of acute and/or chronic physical illness, psychiatric disorders, and stressors on the family system.
  - g. Performs a comprehensive assessment of mental health needs of a community.
  - h. Performs and accurately documents appropriate systems and symptom-focused physical examinations, with emphasis on the mental status exam and neurological exam.
  - i. Involves patients, significant others, and interdisciplinary team members in data collection and analysis.
  - j. Synthesizes, prioritizes, and documents relevant data in a retrievable form.

- k. Demonstrates effective clinical interviewing skills that facilitate development of a therapeutic relationship.
  - l. Assesses the interface among the individual, family, community, and social systems and their relationship to mental health functioning.
2. Diagnosis of Health Status
- a. Orders and interprets findings of relevant diagnostic and laboratory tests.
  - b. Identifies both typical and atypical presentations of psychiatric disorders and related health problems.
  - c. Differentiates psychiatric presentations of medical conditions from psychiatric disorders and arranges appropriate evaluation and follow-up.
  - d. Develops a differential diagnosis derived from the collection and synthesis of assessment data.
  - e. Diagnoses psychiatric disorders.
  - f. Differentiates between exacerbation and reoccurrence of a chronic psychiatric disorder and signs and symptoms of a new mental health problem or a new medical or psychiatric disorder.
  - g. Diagnoses commonly occurring complications of mental health problems and psychiatric disorders, including physical health problems.
  - h. Evaluates the health impact of multiple life stressors and situational crises within the context of the family cycle.
  - i. Applies standardized taxonomy systems to the diagnosis of mental health problems and psychiatric disorders.
  - j. Evaluates potential abuse, neglect, and risk of danger to self and others, such as suicide, homicide, and other self-injurious behaviors, and assists patients and families in securing the least restrictive environment for ensuring safety.
3. Plan of Care and Implementation of Treatment
- a. Develops a treatment plan for mental health problems and psychiatric disorders based on biopsychosocial theories, evidence-based standards of care, and practice guidelines.
  - b. Conducts individual, group, and/or family psychotherapy.
  - c. Treats acute and chronic psychiatric disorders and mental health problems.
  - d. Plans care to minimize the development of complications and promote function and quality of life using treatment modalities such as, but not limited to, psychotherapy and psychopharmacology.
  - e. Prescribes psychotropic and related medications based on clinical indicators of a patient's status, including results of diagnostic and lab tests as appropriate, to treat symptoms of psychiatric disorders and improve functional health status.
  - f. Educates and assists the patient in evaluating the appropriate use of complementary and alternative therapies.
  - g. Evaluates the impact of the course of psychiatric disorders and mental health problems on quality of life and functional status.
  - h. Manages psychiatric emergencies by determining the level of risk and initiating and coordinating effective emergency care.
  - i. Recognizes and accurately interpret the patient's implicit communication by listening to verbal cues and observing non-verbal behaviors.
  - j. Participates in community and population-focused programs that promote mental health and prevent or reduce risk of psychiatric disorders.
  - k. Advocates for the patient's and family's rights regarding involuntary treatment and other medicolegal issues.

- l. Coordinates the transition of patients and families among mental health care settings, general health care settings, and community agencies to provide continuity of care and support for the patient, family, and other health care providers.
- m. Identifies, measures, and monitors clinical and related behavioral outcomes to determine the effectiveness and appropriateness of the plan of care.
- n. Makes appropriate referrals to other health care professionals and community resources for individuals and families.
- o. Applies ethical and legal principles to the treatment of patients with mental health problems and psychiatric disorders.
- p. Provides anticipatory guidance to individuals and families to promote mental health and to prevent or reduce the risk of psychiatric disorders.
- q. Orders age appropriate tests and other procedures that provide data that contribute to the treatment plan.
- r. Prescribes pharmacologic agents for patients with mental health problems and psychiatric disorders based on individual characteristics, such as culture, ethnicity, gender, religious beliefs, age, and physical health problems.
- s. Ensures patient safety through the appropriate prescription and management of pharmacologic and non-pharmacologic interventions.

### **Nurse Practitioner-Patient Relationship**

1. Manages the phases of the nurse practitioner-patient relationship.
  - a. Utilizes interventions to promote mutual trust in therapeutic relationships.
  - b. Maintains a therapeutic relationship over time with individuals, groups, and families to influence negotiated outcomes.
  - c. Concludes therapeutically the nurse-patient relationship and transitions the patient to other levels of care, when appropriate.
2. Applies therapeutic communication strategies based on theories and research evidence to reduce emotional distress, facilitate cognitive and behavioral change, and foster personal growth.
3. Monitors own emotional reaction and behavioral responses to others and uses this self-awareness to enhance the therapeutic relationship.
4. Uses the therapeutic relationship to promote positive clinical outcomes.
5. Identifies and maintains professional boundaries to preserve the integrity of the therapeutic process.
6. Analyzes the impact of duty to report and other advocacy actions on the therapeutic relationship.

### **Teaching-Coaching Function**

6. Teaches patients and significant others about intended effects and potential adverse effects of treatment options.
7. Provides psychoeducation to individuals, families, and groups to promote knowledge, understanding, and effective management of mental health problems and psychiatric disorders.
8. Demonstrates sensitivity in addressing topics such as, but not limited to, sexuality, substance abuse, violence, and risk-taking behaviors.
9. Analyzes the impact of psychiatric signs and symptoms on the ability and readiness to learn and tailors approaches accordingly.
10. Considers readiness to improve self-care and healthy behavior when teaching patients with mental health problems and psychiatric disorders.

### **Professional Role**

1. Collaborates as a member of the interdisciplinary mental health and other health care team(s).
2. Provides consultation to health care providers and others to enhance quality and cost-effective services for patients and to effect change in organizational systems.
3. Coordinates referral and ongoing access to primary and other health care services for patients.
4. Participates in professional and community organizations that influence the health of patients with mental health problems and psychiatric disorders and supports the role of psychiatric-mental health nurse practitioner.
5. Engages in and collaborates with others in the conduct of research to discover, examine, and test knowledge, theories, and evidence-based approaches to practice.
6. Advocates for the advanced practice psychiatric-mental health nurse's role to other health care providers; community, state, and federal agencies; and the public.
7. Upholds ethical and legal standards related to the provision of mental health care.
8. Recognizes the importance of lifelong learning to be knowledgeable of relevant research and advances in clinical practice.

### **Managing and Negotiating Health Care Delivery Systems**

1. Utilizes ethical principles to create a system of advocacy for access and parity for mental health problems, psychiatric disorders, and addiction services.
2. Influences health policy to reduce the impact of stigma on services for prevention and treatment of mental health problems and psychiatric disorders.

### **Monitoring and Ensuring the Quality of Health Care Practice**

1. Seeks consultation when appropriate to enhance one's own practice.
2. Monitors relevant research to improve quality care.

### **Cultural Competence**

1. Recognizes the variability of the presentation of psychiatric signs and symptoms in different cultures.
2. Acknowledges the influence of culture, ethnicity, and spirituality on the patient's perceptions of his or her psychiatric signs and symptoms.
3. Respects and integrates cultural, ethnic, and spiritual influences in designing a treatment plan for patients with mental health problems and psychiatric disorders.
4. Evaluates the impact of therapeutic interventions on the patient's cultural, ethnic, & spiritual identity and the impact of practices on outcomes of care.

Adapted from NONPF (2012) National Panel for Psychiatric-Mental Health NP Competencies

## Core Competencies of Nurse Educators with Task Statements

Adopted from the National League of Nursing (2012)

### **Competency 1 – Facilitate Learning**

Nurse educators are responsible for creating an environment in classroom, laboratory, and clinical settings that facilitates student learning and the achievement of desired cognitive, affective, and psychomotor outcomes. To facilitate learning effectively, the nurse educator:

1. Implements a variety of teaching strategies appropriate to learner needs, desired learner outcomes, content, and context
2. Grounds teaching strategies in educational theory and evidence-based teaching practices
3. Recognizes multicultural, gender, and experiential influences on teaching and learning
4. Engages in self-reflection and continued learning to improve teaching practices that facilitate learning
5. Uses information technologies skillfully to support the teaching-learning process
6. Practices skilled oral, written, and electronic communication that reflects an awareness of self and others, along with an ability to convey ideas in a variety of contexts
7. Models critical and reflective thinking
8. Creates opportunities for learners to develop their critical thinking and critical reasoning skills
9. Shows enthusiasm for teaching, learning, and nursing that inspires and motivates students
10. Demonstrates interest in and respect for learners
11. Uses personal attributes (e.g., caring, confidence, patience, integrity and flexibility) that facilitate learning
12. Develops collegial working relationships with students, faculty, colleagues, and clinical agency personnel to promote positive learning environments
13. Maintains the professional practice knowledge base needed to help learners prepare for contemporary nursing practice
14. Serves as a role model of professional nursing

### **Competency 2 – Facilitate Learner Development and Socialization**

Nurse educators recognize their responsibility for helping students develop as nurses and integrate the values and behaviors expected of those who fulfill that role. To facilitate learner development and socialization effectively, the nurse educator:

1. Identifies individual learning styles and unique learning needs of international, adult, multicultural, educationally disadvantaged, physically challenged, at-risk, and second degree learners
2. Provides resources to diverse learners that help meet their individual learning needs
3. Engages in effective advisement and counseling strategies that help learners meet their professional goals
4. Creates learning environments that are focused on socialization to the role of the nurse and facilitate learners' self-reflection and personal goal setting
5. Fosters the cognitive, psychomotor, and affective development of learners
6. Recognizes the influence of teaching styles and interpersonal interactions on learner outcomes
7. Assists learners to develop the ability to engage in thoughtful and constructive self and peer evaluation



8. Models professional behaviors for learners including, but not limited to, involvement in professional organizations, engagement in lifelong learning activities, dissemination of information through publications and presentation, and advocacy

### **Competency 3 – Use Assessment and Evaluation Strategies**

Nurse educators use a variety of strategies to assess and evaluate student learning in classroom, laboratory, and clinical settings, as well as in all domains of learning. To use assessment and evaluation strategies effectively, the nurse educator:

1. Uses extant literature to develop evidence-based assessment and evaluation practices
2. Uses a variety of strategies to assess and evaluate learning in the cognitive, psychomotor, and affective domains
3. Implements evidence-based assessment and evaluation strategies that are appropriate to the learner and to learning goals
4. Uses assessment and evaluation data to enhance the teaching-learning process
5. Provides timely, constructive, and thoughtful feedback to learners
6. Demonstrates skill in the design and use of tools for assessing clinical practice

### **Competency 4 – Participate in Curriculum Design and Evaluation of Program Outcomes**

Nurse educators are responsible for formulating program outcomes and designing curricula that reflect contemporary health care trends and prepare graduates to function effectively in the health care environment. To participate effectively in curriculum design and evaluation of program outcomes, the nurse educator:

1. Ensures that the curriculum reflects institutional philosophy and mission, current nursing and health care trends, and community and societal needs so as to prepare graduates for practice in a complex, dynamic, multicultural health care environment
2. Demonstrates knowledge of curriculum development including identifying program outcomes, developing competency statements, writing learning objectives, and selecting appropriate learning activities and evaluation strategies
3. Bases curriculum design and implementation decisions on sound educational principles, theory, and research
4. Revises the curriculum based on assessment of program outcomes, learner needs, and societal and health care trends
5. Implements curricular revisions using appropriate change theories and strategies
6. Creates and maintains community and clinical partnerships that support educational goals
7. Collaborates with external constituencies throughout the process of curriculum revision
8. Designs and implements program assessment models that promote continuous quality improvement of all aspects of the program

### **Competency 5 – Function as a Change Agent and Leader**

Nurse educators function as change agents and leaders to create a preferred future for nursing education and nursing practice. To function effectively as a change agent and leader, the nurse educator:

1. Models cultural sensitivity when advocating for change
2. Integrates a long-term, innovative, and creative perspective into the nurse educator role
3. Participates in interdisciplinary efforts to address health care and educational needs locally, regionally, nationally, and internationally
4. Evaluates organizational effectiveness in nursing education
5. Implements strategies for organizational change
6. Provides leadership in the parent institution as well as in the nursing program to enhance the visibility of nursing and its contributions to the academic community
7. Promotes innovative practices in educational environments
8. Develops leadership skills to shape and implement change

### **Competency 6 – Pursue Continuous Quality Improvements in the Nurse Educator Role**

Nurse educators recognize that their role is multidimensional and that an ongoing commitment to develop and maintain competence in the role is essential. To pursue continuous quality improvement in the nurse educator role, the individual:

1. Demonstrates a commitment to life-long learning
2. Recognizes that career enhancement needs and activities change as experience is gained in the role
3. Participates in professional development opportunities that increase one's effectiveness in the role
4. Balances the teaching, scholarship, and service demands inherent in the role of educator and member of an academic institution
5. Uses feedback gained from self, peer, student, and administrative evaluation to improve role effectiveness
6. Engages in activities that promote one's socialization to the role
7. Uses knowledge of legal and ethical issues relevant to higher education and nursing education as a basis for influencing, designing, and implementing policies and procedures related to students, faculty, and the educational environment
8. Mentors and supports faculty colleagues

### **Competency 7 – Engage in Scholarship**

Nurse educators acknowledge that scholarship is an integral component of the faculty role, and that teaching itself is a scholarly activity. To engage effectively in scholarship, the nurse educator:

1. Draws on extant literature to design evidence-based teaching and evaluation practices
2. Exhibits a spirit of inquiry about teaching and learning, student development, evaluation methods, and other aspects of the role
3. Designs and implements scholarly activities in an established area of expertise
4. Disseminates nursing and teaching knowledge to a variety of audiences through various means
5. Demonstrates skill in proposal writing for initiatives that include, but are not limited to, research, resource acquisition, program development, and policy development
6. Demonstrates qualities of a scholar: integrity, courage, perseverance, vitality, and creativity

### **Competency 8 – Function within the Educational Environment**

Nurse educators are knowledgeable about the educational environment within which they practice and recognize how political, institutional, social and economic forces impact their role. To function as a good -citizen of the academy, the nurse educator:

1. Uses knowledge of history and current trends and issues in higher education as a basis for making recommendations and decisions on educational issues
2. Identifies how social, economic, political, and institutional forces influence higher education in general and nursing education in particular
3. Develops networks, collaborations, and partnerships to enhance nursing's influence within the academic community
4. Determines own professional goals within the context of academic nursing and the mission of the parent institution and nursing program
5. Integrates the values of respect, collegiality, professionalism, and caring t build an organizational climate that fosters the development of students and teachers
6. Incorporates the goals of the nursing program and the mission of the parent institution when proposing change or managing issues
7. Assumes a leadership role in various levels of institutional governance
8. Advocates for nursing and nursing education in the political arena

*Developed by the NLN's Task Group on Nurse Educator Competencies (2012)*

## Core Competencies of Clinical Nurse Specialists

### **Competency 1- Direct Care**

1. Direct interaction with patients, families, and groups of patients to promote health or well-being and improve quality of life. Characterized by a holistic perspective in the advanced nursing management of health, illness, and disease states.
2. Conducts comprehensive, holistic wellness and illness assessments using known or innovative evidence-based techniques, tools, and direct and indirect methods.
3. Obtains data about context and etiologies (including both non-disease and disease-related factors) necessary to formulate differential diagnoses and plans of care, and to identify and evaluate of outcomes.
4. Employs evidence-based clinical practice guidelines to guide screening and diagnosis.
5. Assesses the effects of interactions among the individual, family, community, and social systems on health and illness.
6. Identifies potential risks to patient safety, autonomy and quality of care based on assessments across the patient, nurse and system spheres of influence.
7. Assesses the impact of environmental/system factors on care.
8. Synthesizes assessment data, advanced knowledge, and experience, using critical thinking and clinical judgment to formulate differential diagnoses for clinical problems amenable to CNS intervention.
9. Prioritizes differential diagnoses to reflect those conditions most relevant to signs, symptoms and patterns amenable to CNS interventions.
10. Selects interventions that may include, but are not limited to:
  - a. Application of advanced nursing therapies
  - b. Initiation of interdisciplinary team meetings, consultations and other communications to benefit patient care
  - c. Management of patient medications, clinical procedures and other interventions
  - d. Psychosocial support including patient counseling and spiritual interventions
11. Designs strategies, including advanced nursing therapies, to meet the multifaceted needs of complex patients and groups of patients.
12. Develops evidence-based clinical interventions and systems to achieve defined patient and system outcomes.
13. Uses advanced communication skills within therapeutic relationships to improve patient outcomes.
14. Prescribes nursing therapeutics, pharmacologic and non-pharmacologic interventions, diagnostic measures, equipment, procedures, and treatments to meet the needs of patients, families and groups, in accordance with professional preparation, institutional privileges, state and federal laws and practice acts.
15. Provides direct care to selected patients based on the needs of the patient and the CNS's specialty knowledge and skills
16. Assists staff in the development of innovative, cost effective programs or protocols of care
17. Evaluates nursing practice that considers Safety, Timeliness, Effectiveness, Efficiency, Efficacy and Patient-centered care
18. Determines when evidence based guidelines, policies, procedures and plans of care need to be tailored to the individual

19. Differentiates between outcomes that require care process modification at the individual patient level and those that require modification at the system level
20. Leads development of evidence-based plans for meeting individual, family, community, and population needs
21. Provides leadership for collaborative, evidence-based revision of diagnoses and plans of care, to improve patient outcomes

### **Competency 2- Consultation**

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

1. Provides consultation to staff nurses, medical staff and interdisciplinary colleagues
2. Initiates consultation to obtain resources as necessary to facilitate progress toward achieving identified outcomes
3. Communicates consultation findings to appropriate parties consistent with professional and institutional standards
4. Analyzes data from consultations to implement practice improvements

### **Competency 3- Systems Leadership**

The ability to manage change and empower others to influence clinical practice and political processes both within and across systems.

1. Facilitates the provision of clinically competent care by staff/team through education, role modeling, teambuilding, and quality monitoring.
2. Performs system level assessments to identify variables that influence nursing practice and outcomes, including but not limited to:
  - a. Population variables (age distribution, health status, income distribution, culture)
  - b. Environment (schools, community support services, housing availability, employment opportunities)
  - c. System of health care delivery
  - d. Regulatory requirements
  - e. Internal and external political influences/stability
  - f. Health care financing
  - g. Recurring practices that enhance or compromise patient or system outcomes
3. Determines nursing practice and system interventions that will promote patient, family and community safety
4. Uses effective strategies for changing clinician and team behavior to encourage adoption of evidence-based practices and innovations in care delivery
5. Provides leadership in maintaining a supportive and healthy work environment
6. Provides leadership in promoting interdisciplinary collaboration to implement outcome- focused patient care programs meeting the clinical needs of patients, families, populations and communities
7. Develops age-specific clinical standards, policies and procedures
8. Uses leadership, team building, negotiation, and conflict resolution skills to build partnerships within and across systems, including communities.

9. Coordinates the care of patients with use of system and community resources to assure successful health/illness/wellness transitions, enhance delivery of care, and achieve optimal patient outcomes
10. Considers fiscal and budgetary implications in decision making regarding practice and system modifications
  - a. Evaluates use of products and services for appropriateness and cost/benefit in meeting care needs
  - b. Conducts cost/benefit analysis of new clinical technologies
  - c. Evaluates impact of introduction or withdrawal of products, services, and technologies
11. Leads system change to improve health outcomes through evidence based practice:
  - a. Specifies expected clinical and system level outcomes
  - b. Designs programs to improve clinical and system level processes and outcomes
  - c. Facilitates the adoption of practice change
12. Evaluates impact of CNS and other nursing practice on systems of care using nurse- sensitive outcomes
13. Disseminates outcomes of system-level change internally and externally

#### **Competency 4 - Collaboration**

Working jointly with others to optimize clinical outcomes. The CNS collaborates at an advanced level by committing to authentic engagement and constructive patient, family, system, and population-focused problem-solving.

1. Assesses the quality and effectiveness of interdisciplinary, intra-agency, and inter- agency communication and collaboration
2. Establishes collaborative relationships within and across departments that promote patient safety, culturally competent care, and clinical excellence
3. Provides leadership for establishing, improving, and sustaining collaborative relationships to meet clinical needs
4. Practices collegially with medical staff and other members of the healthcare team so that all providers' unique contributions to health outcomes will be enhanced
5. Facilitates intra-agency and inter-agency communication

#### **Competency 5 - Coaching**

Skillful guidance and teaching to advance the care of patients, families, groups of patients, and the profession of nursing.

1. Coaches patients and families to help them navigate the healthcare system
2. Designs health information and patient education appropriate to the patient's developmental level, health literacy level, learning needs, readiness to learn, and cultural values and beliefs
3. Provides education to individuals, families, groups and communities to promote knowledge, understanding and optimal functioning across the wellness-illness continuum
4. Participates in pre-professional, graduate and continuing education of nurses and other health care providers:
  - a. Completes a needs assessment as appropriate to guide interventions with staff;
  - b. Promotes professional development of staff nurses and continuing education activities;
  - c. Implements staff development and continuing education activities;
  - d. Mentors nurses to translate research into practice.

5. Contributes to the advancement of the profession as a whole by disseminating outcomes of CNS practice through presentations and publications
6. Mentors staff nurses, graduate students and others to acquire new knowledge and skills and develop their careers
7. Mentors health professionals in applying the principles of evidence-based care
8. Uses coaching and advanced communication skills to facilitate the development of effective clinical teams
9. Provides leadership in conflict management and negotiation to address problems in the healthcare system

### **Competency 6 - Research**

The work of thorough and systematic inquiry. Includes the search for, interpretation, and use of evidence in clinical practice and quality improvement, as well as active participation in the conduct of research.

1. Interpretation, Translation and Use of Evidence
  - a. Analyzes research findings and other evidence for their potential application to clinical practice
  - b. Integrates evidence into the health, illness, and wellness management of patients, families, communities and groups
  - c. Applies principles of evidence-based practice and quality improvement to all patient care
  - d. Assesses system barriers and facilitators to adoption of evidence-based practices
  - e. Designs programs for effective implementation of research findings and other evidence in clinical practice
  - f. Cultivates a climate of clinical inquiry across spheres of influence:
    - i. Evaluates the need for improvement or redesign of care delivery processes to improve safety, efficiency, reliability, and quality
    - ii. Disseminates expert knowledge
2. Evaluation of Clinical Practice
  - a. Fosters an interdisciplinary approach to quality improvement, evidence-based practice, research, and translation of research into practice
  - b. Participates in establishing quality improvement agenda for unit, department, program, system, or population
  - c. Provides leadership in planning data collection and quality monitoring
  - d. Uses quality monitoring data to assess the quality and effectiveness of clinical programs in meeting outcomes
  - e. Develops quality improvement initiatives based on assessments
  - f. Provides leadership in the design, implementation and evaluation of process improvement initiatives
  - g. Provides leadership in the system-wide implementation of quality improvements and innovations
3. Conduct of Research
  - a. Participates in conduct of or implementation of research which may include one or more of the following:
    - i. Identification of questions for clinical inquiry
    - ii. Conduct of literature reviews
    - iii. Study design and implementation

- iv. Data collection
- v. Data analysis
- vi. Dissemination of findings

**Competency 7 - Ethical decision making, moral agency and advocacy**

1. Identifying, articulating, and taking action on ethical concerns at the patient, family, health care provider, system, community, and public policy levels.
2. Engages in a formal self-evaluation process, seeking feedback regarding own practice, from patients, peers, professional colleagues and others
3. Fosters professional accountability in self or others
4. Facilitates resolution of ethical conflicts:
  - a. Identifies ethical implications of complex care situations
  - b. Considers the impact of scientific advances, cost, clinical effectiveness, patient and family values and preferences and other external influences
  - c. Applies ethical principles to resolving concerns across the three spheres of influence
5. Promotes a practice climate conducive to providing ethical care
6. Facilitates interdisciplinary teams to address ethical concerns, risks or considerations, benefits and outcomes of patient care
7. Facilitates patient and family understanding of the risks, benefits, and outcomes of proposed healthcare regimen to promote informed decision making
8. Advocates for equitable patient care by:
  - a. Participating in organizational, local, state, national, or international level of policy-making activities for issues related to their expertise
  - b. Evaluating the impact of legislative and regulatory policies as they apply to nursing practice and patient or population outcomes
9. Promotes the role and scope of practice of the CNS to legislators, regulators, other health care providers, and the public:
  - a. Communicates information that promotes nursing, the role of the CNS and outcomes of nursing and CNS practice through the use of the media, advanced technologies, and community networks
  - b. Advocates for the CNS/APRN role and for positive legislative response to issues affecting nursing practice

National CNS Task Force. (2010). *Clinical nurse specialist core competencies*. Available January 17, 2017 from <http://www.nacns.org/docs/CNSCoreCompetenciesBroch.pdf> .



## Clinical Nurse Leader Core Competencies

The Master’s Essentials and the Clinical Nurse Leader Competencies are included in the table below in order to provide a comprehensive view of the expected outcomes of the CNL education program.

### Essential 1: Background for Practice from Sciences and Humanities

Essential 1: The Essentials of Masters Education in Nursing	Essential 1: CNL Competencies
<ol style="list-style-type: none"> <li>1. Integrate nursing and related sciences into the delivery of advanced nursing care to diverse populations.</li> <li>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 judgement.</li> <li>3. Design nursing care for a clinical or community-focused population based on biopsychosocial, public health, nursing, and organizational sciences.</li> <li>4. Apply ethical analysis and clinical reasoning to assess, intervene, and evaluate advanced nursing care delivery.</li> <li>5. Synthesize evidence for practice to determine appropriate application of interventions across diverse populations.</li> <li>6. Use quality processes and improvement science to evaluate care and ensure patient safety for individuals and communities.</li> <li>7. Integrate organizational science and informatics to make changes in the care environment to improve health outcomes.</li> <li>8. Analyze nursing history to expand thinking and provide a sense of professional heritage and identity.</li> </ol>	<ol style="list-style-type: none"> <li>1. Interpret patterns and trends in quantitative and qualitative data to evaluate outcomes of care within a microsystem and compare to other recognized benchmarks or outcomes, e.g. national, regional, state or institutional data.</li> <li>2. Articulate delivery process, outcomes, and care trends using a variety of media and other communication methods to the healthcare team and others.</li> <li>3. Incorporate values of social justice to address healthcare disparities and bridge cultural and linguistic barriers to improve quality outcomes.</li> <li>4. Integrate knowledge about social, political, economic, environmental and historical issues into the analysis of and potential solution to professional and healthcare issues.</li> <li>5. Apply concepts of improvement science and systems theory.</li> </ol>

### Essential 2: Organizational and Systems Leadership

Essential 2: The Essentials of Master’s Education in Nursing	Essential 2: CNL Competencies
<ol style="list-style-type: none"> <li>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.</li> <li>2. Assume a leadership role in effectively implementing patient safety and quality improvement initiatives within the context of the</li> </ol>	<ol style="list-style-type: none"> <li>1. Demonstrate working knowledge of the healthcare system and its component parts, including sites of care, delivery models, payment models, and the roles of health care professionals, patients, caregivers, and unlicensed professionals.</li> <li>2. Assume a leadership role of an interprofessional healthcare team with a focus on the delivery of patient-centered care and the evaluation of quality</li> </ol>

<p>interprofessional team using effective communication (scholarly writing, speaking, and group interaction) skills.</p> <ol style="list-style-type: none"> <li>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.</li> <li>4. Demonstrate the ability to use complexity science and systems theory in the design, delivery, and evaluation of health care.</li> <li>5. Apply business and economic principles and practices, including budgeting, cost/benefit analysis, and marketing, to develop a business plan.</li> <li>6. Design and implement systems change strategies that improve the care environment.</li> <li>7. Participate in the design and implementation of new models of care delivery and coordination.</li> </ol>	<p>and cost-effectiveness across the healthcare continuum.</p> <ol style="list-style-type: none"> <li>3. Use systems theory in the assessment, design, delivery, and evaluation of health care within complex organizations.</li> <li>4. Demonstrate business and economic principles and practices, including cost-benefit analysis, budgeting, strategic planning, human and other resource management, marketing, and value-based purchasing.</li> <li>5. Contribute to budget development at the microsystem level.</li> <li>6. Evaluate the efficacy and utility of evidence-based care delivery approaches and their outcomes at the microsystem level.</li> <li>7. Collaborate with healthcare professionals, including physicians, advanced practice nurses, nurse managers and others, to plan, implement and evaluate an improvement opportunity.</li> <li>8. Participate in a shared leadership team to make recommendations for improvement at the micro-, meso- or macro-system level.</li> </ol>
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**Essential 3: Quality Improvement and Safety**

<b>Essential 3: The Essentials of Master’s Education in Nursing</b>	<b>Essential 3: CNL Competencies</b>
<ol style="list-style-type: none"> <li>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.</li> <li>2. Implement evidence-based plans based on trend analysis and quantify the impact on quality and safety.</li> <li>3. Analyze information and design systems to sustain improvements and promote transparency using high reliability and just culture principles.</li> <li>4. Compare and contrast several appropriate quality improvement models.</li> <li>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.</li> <li>6. Contribute to the integration of healthcare services within systems to affect safety and quality of care</li> </ol>	<ol style="list-style-type: none"> <li>1. Use performance measures to assess and improve the delivery of evidence-based practices and promote outcomes that demonstrate delivery of higher-value care.</li> <li>2. Perform a comprehensive microsystem assessment to provide the context for problem identification and action.</li> <li>3. Use evidence to design and direct system improvements that address trends in safety and quality.</li> <li>4. Implement quality improvement strategies based on current evidence, analytics, and risk anticipation.</li> <li>5. Promote a culture of continuous quality improvement within a system.</li> <li>6. Apply just culture principles and the use of safety tools, such as Failure Mode Effects Analysis (FMEA) and root cause analysis (RCA), to anticipate, intervene and decrease risk.</li> </ol>

<p>to improve patient outcomes and reduce fragmentation of care.</p> <ol style="list-style-type: none"> <li>7. Direct quality improvement methods to promote culturally responsive, safe, timely, effective, efficient, equitable, and patient-centered care.</li> <li>8. Lead quality improvement initiatives that integrate socio-cultural factors affecting the delivery of nursing and healthcare services.</li> </ol>	<ol style="list-style-type: none"> <li>7. Demonstrate professional and effective communication skills, including verbal, non-verbal, written, and virtual abilities.</li> <li>8. Evaluate patient handoffs and transitions of care to improve outcomes.</li> <li>9. Evaluate medication reconciliation and administration processes, to enhance the safe use of medication across the continuum of care.</li> <li>10. Demonstrating the ability to develop and present a business plan, including budget, for the implementation of a quality improvement project/initiative.</li> <li>11. Use a variety of datasets, such as Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), nurse sensitive indicators, National Data Nursing Quality Improvement (NDNQI), and population registries, appropriate for the patient population, setting and organization to assess individual and population risks and care outcomes.</li> </ol>
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#### Essential 4: Translating and Integrating Scholarship into Practice

<b>Essential 4: The Essentials of Master’s Education in Nursing</b>	<b>Essential 4: CNL Competencies</b>
<ol style="list-style-type: none"> <li>1. Integrate theory, evidence, clinical judgement, research, and interprofessional perspectives using translational processes to improve practice and associated health outcomes for patient aggregates.</li> <li>2. Advocate for the ethical conduct of research and translational scholarship (with particular attention to the protection of the patient as a research participant).</li> <li>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.</li> <li>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.</li> <li>5. Apply practice guidelines to improve practice and the care environment.</li> </ol>	<ol style="list-style-type: none"> <li>1. Facilitate practice change based on best available evidence that results in quality, safety and fiscally responsible outcomes.</li> <li>2. Ensure the inclusion of an ethical decision-making framework for quality improvement.</li> <li>3. Implement strategies for encouraging a culture of inquiry within the healthcare delivery team.</li> <li>4. Facilitate the process of retrieval, appraisal, and synthesis of evidence in collaboration with healthcare team members, including patients, to improve care outcomes.</li> <li>5. Communicate to the interprofessional healthcare team, patients, and caregivers current quality and safety guidelines and nurse sensitive indicators, including the endorsement and validation processes.</li> <li>6. Apply improvement science theory and methods in performance measurement and quality improvement processes.</li> </ol>

<p>6. Perform rigorous critique of evidence derived from databases to generate meaningful evidence for nursing practice.</p>	<p>7. Lead change initiatives to decrease or eliminate discrepancies between actual practices and identified standards of care.</p> <p>8. Disseminate changes in practice and improvements in care outcomes to internal and external audiences.</p> <p>9. Design care based on outcome analysis and evidence to promote safe, timely, effective, efficient, equitable, and patient-centered care.</p>
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### Essential 5: Informatics and Healthcare Technologies

<b>Essential 5: The Essentials of master’s Education in Nursing</b>	<b>Essential 5: CNL Competencies</b>
<ol style="list-style-type: none"> <li>1. Analyze current and emerging technologies to support safe practice environments, and to optimize patient safety, cost-effectiveness, and health outcomes.</li> <li>2. Evaluate outcome data using current communication technologies, information systems, and statistical principles to develop strategies to reduce risks and improve health outcomes.</li> <li>3. Promote policies that incorporate ethical principles and standards for the use of health and information technologies.</li> <li>4. Provide oversight and guidance in the integration of technologies to document patient care and improve patient outcomes.</li> <li>5. Use information and communication technologies, resources, and principles of learning to teach patients and others.</li> <li>6. Use current and emerging technologies in the care environment to support lifelong learning for self and others.</li> </ol>	<ol style="list-style-type: none"> <li>1. Use information technology, analytics, and evaluation methods to:               <ol style="list-style-type: none"> <li>a. collect or access appropriate and accurate data to generate evidence for nursing practice;</li> <li>b. provide input in the design of databases that generate meaningful evidence for practice;</li> <li>c. collaborate to analyze data from practice and system performance;</li> <li>d. design evidence-based intervention in collaboration with the health professional team;</li> <li>e. examine patterns of behavior and outcomes; and</li> <li>f. identify gaps in evidence for practice.</li> </ol> </li> <li>2. Implement the use of technologies to coordinate and laterally integrate patient care within, across care settings and among healthcare providers.</li> <li>3. Analyze current and proposed use of patient-care technologies, including their cost-effectiveness and appropriateness in the design and delivery of care in diverse care settings.</li> <li>4. Use technologies and information systems to facilitate the collection, analysis, and dissemination of data including clinical, financial and operational outcomes.</li> <li>5. Use information and communication technologies to document patient care, advance patient education, and enhance accessibility of care.</li> <li>6. Participate in ongoing evaluation, implementation and integration of healthcare technologies, including the electronic health record (EHR).</li> <li>7. Use a variety of technology modalities and media to disseminate healthcare information and communicate effectively with diverse audiences.</li> </ol>

## Essential 6: Health Policy and Advocacy

Essential 6: The Essentials of Master’s Education in Nursing	Essential 6: CNL Competencies
<ol style="list-style-type: none"> <li>1. Analyze how policies influence the structure and financing of health care, practice, and health outcomes.</li> <li>2. Participate in the development and implementation of institutional, local, and state and federal policy.</li> <li>3. Examine the effect of legal and regulatory processes on nursing practice, healthcare delivery, and outcomes.</li> <li>4. Interpret research, bringing the nursing perspective, for policy makers and stakeholders.</li> <li>5. Advocate for policies that improve the health of the public and the profession of nursing.</li> </ol>	<ol style="list-style-type: none"> <li>1. Describe the interaction between regulatory agency requirements, (such as The Joint Commission (TJC), Centers for Medicare and Medicaid (CMS), or Healthcare Facilities Accreditation Program (HFAP)), quality, fiscal and value-based indicators.</li> <li>2. Articulate the contributions and synergies of the CNL with other nursing and interprofessional team member roles, to policy makers, employers, healthcare providers, consumers, and other healthcare stakeholders.</li> <li>3. Advocate for policies that leverage social change, promote wellness, improve care outcomes, and reduce costs.</li> <li>4. Advocate for the integration of the CNL within care delivery systems, including new and evolving models of care.</li> </ol>

## Essential 7: Interprofessional Collaboration for Improving Patient and Population Health Outcomes

Essential 7: The Essentials of Master’s Education in Nursing	Essential 7: CNL Competencies
<ol style="list-style-type: none"> <li>1. Advocate for the value and role of the professional nurse as member and leader of interprofessional healthcare teams.</li> <li>2. Understand other health professions’ scopes of practice to maximize contributions within the healthcare team.</li> <li>3. Employ collaborative strategies in the design, coordination, and evaluation of patient-centered care.</li> <li>4. Use effective communication strategies to develop, participate, and lead interprofessional teams and partnerships.</li> <li>5. Mentor and coach new and experienced nurses and other member of the healthcare team.</li> <li>6. Function as an effective group leader or member based on an in-depth understanding of team dynamics and group processes.</li> </ol>	<ol style="list-style-type: none"> <li>1. Create an understanding and appreciation among healthcare team members of similarities and differences in role characteristics and contributions of nursing and other team members.</li> <li>2. Advocate for the value and role of the Clinical Nurse Leader (CNL) as a leader and member of interprofessional healthcare teams.</li> <li>3. Facilitate collaborative, interprofessional approaches and strategies in the design, coordination, and evaluation of patient-centered care.</li> <li>4. Facilitate the lateral integration of healthcare services across the continuum of care with the overall objective of influencing, achieving and sustaining high quality care.</li> <li>5. Demonstrate a leadership role in enhancing group dynamics and managing group conflicts.</li> <li>6. Facilitate team decision making through the use of decision tools and convergent and divergent group process skills, such as SWOT, Pareto, and brainstorming.</li> </ol>

	7. Assume a leadership role, in collaboration with other interprofessional team members, to facilitate transitions across care settings to support patients and families and reduce avoidable recidivism to improve care outcomes.
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**Essential 8: Clinical Prevention and Population Health for Improving Health**

<b>Essential 8: The Essentials of Master’s Education in Nursing</b>	<b>Essential 8: CNL Competencies</b>
<ol style="list-style-type: none"> <li>1. Synthesize broad ecological, global and social determinants of health; principles of genetics and genomics; and epidemiologic data to design and deliver evidence based, culturally relevant clinical prevention interventions and strategies.</li> <li>2. Evaluate the effectiveness of clinical prevention interventions that affect individual and population-based health outcomes using health information technology and data sources.</li> <li>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.</li> <li>4. Advance equitable and efficient prevention services, and promote effective population-based health policy through the application of nursing science and other scientific concepts.</li> <li>5. Integrate clinical prevention and population health concepts in the development of culturally relevant and linguistically appropriate health education, communication strategies, and interventions.</li> </ol>	<ol style="list-style-type: none"> <li>1. Demonstrate the ability to engage the community and social service delivery systems that recognize new models of care and health services delivery.</li> <li>2. Participate in the design, delivery, and evaluation of clinical prevention and health promotion services that are patient-centered and culturally appropriate.</li> <li>3. Monitor the outcomes of comprehensive plans of care that address the health promotion and disease prevention needs of patient populations.</li> <li>4. Apply public health concepts to advance equitable and efficient preventative services and policies that promote population health.</li> <li>5. Engage in partnerships at multiple levels of the health system to ensure effective coordination, delivery, and evaluation of clinical prevention and health promotion interventions and services across care environments.</li> <li>6. Use epidemiological, social, ecological, and environmental data from local, state, regional, and national sources to draw inferences regarding the health risks and status of populations to promote and preserve health and healthy lifestyles.</li> <li>7. Use evidence in developing and implementing teaching and coaching strategies to promote and preserve health and healthy lifestyles in patient populations.</li> <li>8. Provide leadership to the healthcare team to promote health, facilitate self-care management, optimize patient engagement and prevent future decline including progression to higher levels of care and readmissions.</li> <li>9. Assess organization-wide emergency preparedness plans and the coordination with the local, regional, and National Incident Management System (NIMS).</li> </ol>

**Essential 9: Master’s-Level Nursing Practice**

<b>Essential 9: The Essentials of Master’s Education in Nursing</b>	<b>Essential 9: CNL Competencies</b>
<ol style="list-style-type: none"> <li>1. Conduct a comprehensive and systemic assessment as a foundation for decision making.</li> <li>2. Apply the best available evidence from nursing and other sciences as the foundation for practice.</li> <li>3. Advocate for patients, families, caregivers, communities and members of the healthcare team.</li> <li>4. Use information and communication technologies to advance patient education, enhance accessibility of care, analyze practice patterns, and improve healthcare outcomes, including nurse sensitive outcomes.</li> <li>5. Use leadership skills to teach, coach, and mentor other members of healthcare team.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>9. Apply advanced knowledge of the effects of global environmental, individual and population characteristics to the design, implementation, and evaluation of care.</li> <li>10. Employ knowledge and skills in economics, business principles, and systems in the design, delivery, and evaluation of care.</li> <li>11. Apply theories and evidence-based knowledge in leading, as appropriate, the healthcare team to design, coordinate, and evaluate the delivery of care.</li> <li>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.</li> <li>13. Establish therapeutic relationships to negotiate patient-centered, culturally appropriate, evidence-based goals and modalities of care.</li> </ol>	<ol style="list-style-type: none"> <li>1. Conduct a holistic assessment and comprehensive physical examination of individuals across the lifespan.</li> <li>2. Assess actual and anticipated health risks to individuals and populations.</li> <li>3. Demonstrate effective communication, collaboration, and interpersonal relationships with members of the care delivery team across the continuum of care.</li> <li>4. Facilitate modification of nursing interventions based on risk anticipation and other evidence to improve healthcare outcomes.</li> <li>5. Demonstrate the ability to coach, delegate, and supervise healthcare team members in the performance of nursing procedures and processes with a focus on safety and competence.</li> <li>6. Demonstrate stewardship, including an awareness of global environmental, health, political, and geo-economic factors, in the design of patient care.</li> <li>7. Facilitate the lateral integration of evidence-based care across settings and among care providers to promote quality, safe, and coordinated care.</li> <li>8. Facilitate transitions of care and safe handoffs between healthcare settings, providers, and levels of care.</li> <li>9. Evaluate the effectiveness of health teaching by self and others.</li> <li>10. Facilitate the implementation of evidence-based and innovative interventions and care strategies for diverse populations.</li> <li>11. Design appropriate interventions using surveillance data and infection control principles to limit healthcare acquired infections (HAI) at all points of care.</li> <li>12. Advocate for patients within the healthcare delivery system to effect quality, safe, and value-based outcomes.</li> <li>13. Collaborate in the development of community partnerships to establish health promotion goals and implements strategies to address those needs.</li> <li>14. Evaluate the care of at risk populations across the lifespan by identifying and implementing programs that address specialized needs.</li> </ol>

<p>14. Design strategies that promote lifelong learning of self and peers and that incorporate professional nursing standards and accountability for practice.</p> <p>15. Integrate an evolving personal philosophy of nursing and healthcare into one's nursing practice.</p>	<p>15. Engage individuals and families to make quality of life decisions, including palliative and end-of-life decisions.</p> <p>16. Assess an individual's and group's readiness and ability to make decisions, develop, comprehend, and follow a plan of care.</p> <p>17. Assess the level of cultural awareness and sensitivity of healthcare providers as a component of the evaluation of care delivery.</p> <p>18. Demonstrate coaching skills, including self-reflection, to support new and experienced interdisciplinary team members in exploring opportunities for improving care processes and outcomes.</p> <p>19. Use coaching techniques to assist individuals in developing insights and skills to improve their current health status and function.</p>
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American Association of Colleges of Nursing (2013). *Competencies and curricular expectations for clinical nurse leader education and practice*. Available January 4, 2017 from <http://www.aacn.nche.edu/cnl/CNL-Competencies-October-2013.pdf>.

## Admission and Progression Overview

### General Information

The master's degree program is designed for two groups of students with different pathways. Students who have completed an associate degree program in nursing (ADN) at a community college and seek completion of their baccalaureate and master's degree follow the online RN-to-BSN-to-MSN Option 1. Students who have completed a baccalaureate degree follow the MSN Option 2. Both options are designed as part-time programs; The online RN-to-BSN-to-MSN program is designed to be completed in 2 ½ to 3 years depending on specialty (including summers). The MSN degree is offered either online or face-to-face depending on specialty. The face-to-face specialties are designed to be completed part-time in eight semesters. The online MSN specialties are designed to be completed in 1 ½ to 2 years. Students in the online RN-to-BSN-to-MSN and online MSN options have the choice of two concentrations. The first is the Nursing Education Concentration, which offers the student courses in the theories of adult learning, curriculum design and development, and classroom, simulation, and online teaching strategies. The second concentration is Clinical Nurse Leader, which prepares the student to be a leader, manager, and educator at the unit level. The Clinical Nurse Leader role is learned through courses in health systems leadership, quality improvement, evaluation and accreditation in nursing organizations, financial resource management, and management of patients in the acute care setting. Students in the Clinical Nurse Leader Concentration may specialize in Gerontology or Education. Students in the MSN face-to-face option are admitted into the Advanced Practice Nurse Specialty, which prepares the student for advanced practice nursing through courses in advanced assessment, advanced pathophysiology/pharmacology, and advanced



practice management of clients in acute care and community settings. Students in the Advanced Practice Nurse Concentration are required to choose one of two tracks depending on enrollment: Clinical Nurse Specialist or Nurse Practitioner. Students will also choose a specialization within the Clinical Nurse Specialist track of either Gerontology, Adult Health, or Pediatrics. The students in the Nurse Practitioner track will choose between Family Nurse Practitioner or Psychiatric Mental Health Nurse Practitioner. The advanced practice nursing students will complete a minimum of 540 hours of advanced field study and will be eligible to sit for a national certification exam upon completion of the MSN program.

## **ADMISSION REQUIREMENTS**

Admission to the online RN-to-BSN-to-MSN program requires an associate degree from an accredited community college and completion of all courses in the Pre-Nursing Core (or the equivalents of these courses) with an overall GPA of 2.75 in the Core and with no grade lower than a C (2.0). Nursing courses and Pre-Nursing Core courses for which the student earns less than a grade of C (2.0) may be repeated once with consent of instructor, but only on a space-available-basis. While in the BSN component of the program, the student must maintain a 3.0 GPA. Those who do not perform at this level may elect to complete the baccalaureate via the RN-to-BSN program.

Admission to the Master of Science in Nursing program requires a baccalaureate degree in nursing from a Commission on Collegiate Nursing Education (CCNE) or National League of Nursing (NLN) accredited program, a minimum GPA of 3.0 for the last 60 semester hours of undergraduate course work, and evidence of satisfactory completion of physical assessment, inferential statistics, and nursing research with a grade of C (2.0) or better at the baccalaureate level.

For post-master's certificate applicants, students may be conditionally admitted if physical assessment, pharmacology, and/or pathophysiology graduate courses are missing. However, post-master's certificate students will be required to complete these courses before entering into their first APN clinical course.

For students enrolled in the RN-to-BSN-to-MSN track, physical assessment, pharmacology, and pathophysiology will be taken at the graduate level.

In both options, students should have computing skills sufficient to complete graduate work, including skills in word processing and statistical software programs. Admission decisions will be influenced by the strength of the undergraduate program, academic achievement, community service, and the educational goals of individual applicants.

## **APPLICATION PROCESS**

Applicants will be admitted annually in the fall semester for the face-to-face MSN programs and 4-6 times per year for the online RN-to-BSN-to-MSN and online MSN programs. To be considered for admission, all required applications should be received by May 1<sup>st</sup> for the face-to-face MSN program and on a continual basis for the online RN-to-BSN-to-MSN and online MSN programs. Review of applications will continue until all the student openings have been filled. Applicants are notified of admission decisions following this process.

A complete application consists of:

- A completed application form;
- One set of official transcripts from all colleges and universities attended;
- BSN conferred (MSN only);
- Proof of licensure as a registered nurse in California;
- Two letters of reference (one academic & one professional) (MSN only)
- A resume or curriculum vitae with one year of recent nursing experience;
- A 1-2 page personal statement outlining professional and educational goals (MSN only);
- Interviews may be included in the selection process.

## REQUIREMENTS

- Graduate students are required to carry malpractice insurance during the duration of the program which CSUSM provides.
- Students in the nursing program must pass a physical health examination and demonstrate a sufficient immunization record consistent with that required of clinical placement in local health care agencies. All graduate nursing students are required to hold an active, valid RN license while enrolled in the program. A copy or verification of the up-to-date RN license must be on file with the SON at all times.
- Annual negative TB skin test and if positive, follow CDC guidelines for x-ray with completion of symptom free documentation
- Evidence of required immunity to tetanus/diphtheria/acellular pertussis by vaccination, evidence of required immunity through titers for: mumps, measles, rubella, rubeola, varicella zoster, & hepatitis B. Proof of annual flu immunization or signed declination form with documentation from healthcare provider describing the allergy or medical condition which prevents a student from receiving the influenza vaccine. Immunizations and vaccinations are available for minimal fees at the Student Health Center or they may be completed through the student's personal health care provider.
- The day(s) and time(s) of clinical lab experiences will vary and are subject to change or cancellation by the agency. Clinical hours may be scheduled by the agencies 24/7. The School of Nursing and its students and faculty are considered guests of the agency and will follow all policies and procedures as outlined in student's orientation to each agency.
- Current CPR certification for the healthcare provider from American Heart Association BLS with AED.
- All students must complete HIPAA training and other agency specific orientation materials.
- Due to recent changes in requirements by health care agencies, all nursing students must have a criminal background check completed prior to entering the program. This is a two-step process: 1) unflagged certified background check prior to entering the program, and 2) unflagged background check and unflagged drug screen before starting clinical courses.
- Students are required to purchase a clinical background check, drug screen, and immunization tracking system (Complio) prior to attending a clinical site. The subscription is valid for 24 months. If a student takes a leave of absence of at least 1 semester, they will be required to purchase a repeat background check, drug screen, and immunization tracking extension.
- Additional Live Scan clearance may be required at some clinical sites as requested by the agency.

## CLASSIFIED STANDING CRITERIA: UNIVERSITY

**Graduate Classified**--Students who meet all admission requirements to enroll in a graduate degree program may be accepted as Graduate Classified. Classified graduate students will be required to fulfill all of the professional, personal, scholastic, and other standards, including qualifying examinations, as the campus may prescribe.

**Graduate Conditionally Classified**--Students who do not meet all requirements to enroll in a graduate degree program may, nevertheless, be accepted as Conditionally Classified. This classification will be granted if, in the opinion of appropriate campus authority, the student can remedy any deficiencies by additional preparation.

## GRADUATE WRITING REQUIREMENT

All students must meet the University's graduate writing proficiency requirement prior to being advanced to candidacy for the master's degree. Students fulfill the writing requirement by passing the writing component of NURS 510/512 – Nursing Research and/or Biostatistics. Please see appendix for the SON GWAR Policy and Grading Rubric.

## PETITION FOR ADVANCEMENT TO CANDIDACY

A draft of the thesis or project proposal will be completed as part of the requirement for the graduate level research course (NURS 510). The students will form a thesis or project committee following completion of the course. Committee members will review and approve thesis or project proposals. Students will advance to candidacy once they have successfully passed an oral defense of their thesis or project proposal. The thesis or project committee will assist with refinement of the proposal and with the research for the thesis or evaluation of the project and will serve as the committee for the oral examination once the thesis or project is completed. The Petition for Advancement to Candidacy may be found in Graduate Student Central.

To advance to candidacy, a student must:

1. Be in good standing with an overall GPA of at least 3.0;
2. Have completed 20 units of the core courses toward the graduate degree
3. Have successfully completed NURS 510 and NURS 512; and
3. Have successfully proposed his/her thesis or project to the faculty.

## PROGRAM ADJUSTMENTS

Students are responsible for completing the specific courses listed in MyCSUSM associated with the concentration and/or specialty track initially admitted to.

Once admitted to a concentration/track a student may not switch into a new concentration/specialty track. A student may withdraw from the program and reapply for another concentration/track with an updated personal statement. This change in concentration will be determined by the program coordinator and space available.

If a student wishes to have previous graduate coursework transferred into the graduate program, the Graduate Transfer Credit Approval Form will need to be completed. A maximum of 9 units may be transferred in with a “B” or better and the course must have been taken within the last 5 years. The Graduate Transfer Credit Approval Form may be found in Graduate Student Central.

## CULMINATING EXPERIENCE

A culminating experience is required for each master's degree. Acceptable culminating experiences include thesis (NURS 599) or project (NURS 598). Candidates are required to select one of these experiences to complete the degree. Please review Graduate Student Central for detailed information related to the culminating experience.

### 1. Types:

#### a. Thesis

A Thesis is the written product of the systematic study of a significant problem. It clearly identifies the problem, states the major assumptions, explains the significance of the undertaking, sets forth the sources for and methods of gathering information, analyzes the data, and offers a conclusion or recommendation. The finished product must evidence originality, critical and independent thinking, appropriate organization and format, clarity of purpose, and accurate and thorough documentation. An oral defense of the thesis will be required.

#### b. Project

A project is a significant undertaking of a pursuit appropriate to the fine and applied arts or to professional fields. It must evidence originality and independent thinking, appropriate form, and organization, and a rationale. It must be described and summarized in a written abstract that includes the project's significance, objectives, methodology, and a conclusion or recommendation. An oral defense of the project will be required.

2. Candidates follow all University and SON requirements for a culminating experience.
3. Whether a student is preparing a thesis or project, it should be noted that quality of work accomplished is a major consideration in judging acceptability. The finished project must evidence originality, appropriate organization, clarity of purpose, critical analysis, and accuracy and completeness of documentation where needed. Critical and independent thinking should characterize every project. Mere description, cataloging, compilation, and other superficial procedures are not adequate. The quality of writing, format, and documentation must meet standards appropriate for publication in the scholarly journals of the fields, or be consistent with the dictates of an authorized stylebook.
4. The culminating experience is a required individual candidate experience. It is not a group experience and therefore, the product must be the candidate's scholarly work.
5. The thesis or project committee will be comprised of at least two School of Nursing faculty. The third member may be faculty from the School of Nursing, the wider University or the general community. Advisors will work closely with students in selection of courses and research or project topics.

## THESIS OR PROJECT RESEARCH INVOLVING HUMAN SUBJECTS

Students conducting thesis/project research involving human subjects should not begin use of human subjects until written approval from the Institutional Review Board has been granted.

1. Please review the IRB website, in consultation with your Committee Chair, for detailed information regarding the IRB approval Process. You may find information at <http://www.csusm.edu/gsr/irb/index.html>

## GRADUATE PROGRAM POLICIES

1. Students must maintain a 3.0 GPA and a grade of C or better in all classes. If the GPA falls below 3.0 for two consecutive semesters, the student will be dropped from the program.
2. An average score of 73% on exams is the lowest passing grade for any course in the program.
3. A student that receives the grade of incomplete in more than one course will not be permitted to enroll in a subsequent semester.
4. Students must be continuously enrolled or request a leave of absence if time is needed away from studies. Students who are not continuously enrolled or have a leave of absence for longer than two semesters must petition the School of Nursing for continuation.
5. All requirements for the degree must be completed within five years of beginning any coursework in the MSN program.
6. A Statement of Concern will be used for remediation should this situation arise.

To view further Graduate Student Policies, please go to <http://www.csusm.edu/gsr/graduatestudies/policies.html>.

## Degree Requirements

### Option 1: RN-to-BSN-to-MSN

The total number of units required for the RN to MSN nursing student is 171 to 183 semester units (depending on the concentration and track chosen). A maximum of 70 units can be transferred from the previous nursing program and includes general education, preparatory to the major courses and 33 units of lower division nursing. The number of units needed to be completed may vary depending on units previously completed in a community college. RN-to-BSN-to-MSN students must complete 9 units of upper division electives and complete the second language requirement. Irrespective of the number of courses previously attempted, the RN-to-BSN-to-MSN students will need to complete the following courses or their equivalent(s): 51 units of general education, 47 unit for preparation for the major, 31 upper-division nursing units, and 42-54 graduate nursing units. The units may vary depending on units previously completed in a community college.

### **Required Prerequisite/Preparatory Nursing Courses for the RN-to-BSN-to-MSN Student**

<u>Course Number/Course Title</u>	<u>Units</u>
ANTH 200*	3
ANTH 301**	3
CHEM 105	4
CHEM 105L	1
BIOL 216	3
BIOL 160	4
BIOL 175*	4
BIOL 176	4
GEO 102*	3
GEW 101*	3
PSYC 100*	3
MATH 115*	3
PHIL 345**	3
Lower Division General Education Critical Thinking (A3) course*	3
BB Upper Division Science and/or math course**	3

\*Usually part of the 51 units of general education

\*\*Upper division general education courses. MATH 125, 132 or 160 may be substituted for Math 115. This requirement may also be satisfied by any Lower-Division General Education Mathematics/Quantitative Reasoning (B4) course taken before matriculation at CSUSM if students have already completed the equivalent of CHEM 105/105L

\*\*\* Most RN transfer students have required growth and development and nutrition content integrated into their previous nursing program. For those who wish additional nutrition content, BIOL 343 is recommended.

Students will complete the second language requirement. Spanish is strongly recommended.

The RN-to-BSN-to-MSN student is required to complete the following **24 units** of nursing courses.

<u>Course Number</u>	<u>Units</u>
NURS 350	2
NURS 351	1
NURS 352	3
NURS 370	3
NURS 440	3
NURS 442	2
NURS 445	3
NURS 450	3
NURS 451	2
NURS 480	2

# To meet the unit requirements for the BSN, academic credit may be awarded using the NCLEX examination to demonstrate prior learning of pre-licensure art and science of nursing required by the BRN

\$ Graduate level health assessment and lab, pathophysiology and pharmacology courses are completed the RN-to-BSN-to-MSN option.

Additionally, the graduate program outlined in Option 2 is required for completion of Option 1. By completing these requirements, students in Option 1 earn the units required for the BSN and 42-54 units required for the MSN.

#### Option 2: Master of Science in Nursing

Students in Option 2 must complete the 42-54 units required for the MSN. In addition, students in both Option 1 and 2 will write a 15-20 page concept analysis paper in the NURS 510/512 and this paper will be used to conduct a writing assessment in keeping with the Graduation Writing Assessment Requirement (GWAR).

The following core courses are required for the MSN. The NURS 598 and NURS 599 courses can be taken with variable units but must total 3 units required for completion of the program.

#### **Graduate Core (21 Units)**

<u>Course Number</u>	<u>Units</u>
NURS 500	2
NURS 502	2
NURS 503A	1
NURS 504	3
NURS 506	3
NURS 508	2
NURS 510	2
NURS 512	3
Three units taken from NURS 598A (1), 598B (2) or 598C (3) <b>or</b> NURS 599A (1), 599B (2) or 599C (3)	3

### **Nursing Education Concentration (15 Units)**

<u>Course Number</u>	<u>Units</u>
NURS 570	3
NURS 571	2
NURS 572	2
NURS 573	2
Learning Theory, Assessment and Evaluation	3
Online Learning and Simulation	3

### **Clinical Nurse Leader (CNL) Concentration (21 Units)**

<u>Course Number</u>	<u>Units</u>
NURS 550	3
NURS 552	3
NURS 554	3
NURS 556	3
NURS 557	3
NURS 558	3
NURS 559	3

### **Advanced Practice Nurse (APN) Concentration (23-24 Units)**

<u>Course Number</u>	<u>Units</u>
NURS 530	2
NURS 532A or 532B or 532T	2-3
NURS 533A or 533C or 533D or 533E or 533T	4
NURS 534A or 534B or 534T	2
NURS 535A or 535C or 535D or 535E or 535T	4
NURS 539A or 539C or 539D or 539E or 539T	4
NURS 554	3

Students in the APN concentration are required to choose a specialty and take additional courses totaling 53 to 56 units. This includes 500 hours of advanced field study required for a National certification exam. Students will be prepared to sit for the exam upon graduation from the MSN program. Students taking Transitions of Care CNS courses will also take CNS courses in a population focus for Adult/Gerontology or Pediatric Health specialty making them eligible to take the Adult/Gerontology or Pediatric CNS certification exam. See CNS in Adult/Gerontology or Pediatric Health Specialty courses below.

CNS in Adult/Gerontology Specialty - 9 Units  
NURS 536 (2)



NURS 540 (2)  
NURS 560 (2)  
EDUC 608 (3)

CNS in Pediatrics Nursing Specialty - 9 Units

NURS 520 (2)  
NURS 536 (2)  
NURS 540 (2)  
EDUC 608 (3)

Family Nurse Practitioner – 6-7 Units

NURS 520 (2)  
NURS 531 (1)  
NURS 526 (1-2)  
NURS 560 (2)

Psychiatric Mental Health Family Nurse Practitioner – 10 Units

NURS 580 (3)  
NURS 582 (2)  
NURS 583 (1)  
NURS 584 (3)  
NURS 538 (1)

Option 3: Post-Master of Science in Nursing Certificates:

*Clinical Nurse Leader (CNL) Certificate*

*Clinical Nurse Specialist (CNS) Certificate*

*Family Nurse Practitioner (FNP) Certificate*

*Family Psychiatric Mental Health Nurse Practitioner (PNP) Certificate*

*Palliative Care Nurse Practitioner Certificate*

*Palliative Care Clinical Nurse Specialist Certificate*

The Post Master of Science in Nursing (MSN) certificate is awarded to students who complete up to 38 units of study, depending on the certificate, gap analysis findings of courses needed, and applicable courses in the students MSN program. Applications from students who hold a master's degree in nursing will be reviewed individually to determine the courses needed. These certificate programs are eligible for financial aid.

For post-master's certificate applicants, students may be conditionally admitted if physical assessment, pharmacology, and/or pathophysiology graduate courses are missing. However, post-master's certificate students will be required to complete these courses before entering into their first APN clinical course.

Students taking Transitions of Care CNS courses will also take CNS courses in a population focus for Adult/Gerontology or Pediatric Health specialty making them eligible to take the Adult/Gerontology or Pediatric CNS certification exam. See CNS in Adult/Gerontology or Pediatric Health Specialist below.



## CLINICAL NURSE LEADER RN-to-BSN-to-MSN PLAN OF STUDY (16-19 sessions)

This curriculum plan is designed for Registered Nurses (RNs) who are graduates of an accredited Associate Degree in Nursing (ADN) program and are seeking the Bachelor and Master of Science in Nursing (MSN) degree specializing as a Clinical Nurse Leader. All nursing courses use the prefix “NURS”; it is abbreviated in this document to add space. This is a sample curriculum plan and is for information only.

### **RN-to-BSN-to-MSN Clinical Nurse Leader (CNL) Track**

#### Year 1

N350	Role transition for the RN (2)	N445*	Practicum: community-oriented nursing and case management (3)	N506	Advanced pharmacology (3)
N351	Role transition seminar for the RN (1)	N450*	Nursing leadership and professional issues (3)		
N352	Nursing research (3)	N451*	Nursing leadership and management laboratory (2)	ANTH 301	Culture and Medicine – healers and the healing process (3)
N370	Health promotion and patient education strategies (2)	N502	Advanced health assessment (2)	BIOL 316	The biology of cancer (3)
N440*	Community health nursing (3)	N503A	Advanced health assessment field study (1)	MATH 200	Mathematical statistics for nursing (3)
N442	Nursing case management of vulnerable populations (2)	N504	Advanced pathophysiology (3)	PHIL 345	Bioethics and medical ethics (3)

#### Year 2

N480*	Family nursing: theory and practice (2)	N510	Nursing research methods (2)	N550	Clinical nurse leader role and healthcare systems leadership
N500	Theoretical basis of nursing research and evidence based practice (2)	N512	Biostatistics for advanced nursing practice (3)	N552*	Quality Improvement, evaluation and accreditation in nursing organizations (3)
N508	Health care policy (2)			N554*	Resource management, finances and technology in the health care (3)

#### Year 3

N556*	Clinical nurse leader patient management in the acute care setting (3)	N558	Clinical nurse leader management of complex patients (3)	N598 A/B/C	Directed Graduate project (3) – each unit taken separately
N557	Advanced field study: clinical nurse leader patient management in the acute care setting (3)	N559	Advanced field study: clinical nurse leadership management of complex patients in the acute care setting (3)		

\*Depending on cohort: (1) N440, N445, N450 and/or N451 might be taken in year 2; (2) N480 might be taken in year 1; (3) N552 and/or N554 might be taken in year 3; (4) N556 might be taken in year 2.



## NURSING EDUCATION RN-to-BSN-to-MSN PLAN OF STUDY (15-16 sessions)

This curriculum plan is designed for Registered Nurses (RNs) who are graduates of an accredited Associate Degree in Nursing (ADN) program and are seeking the Bachelor and Master of Science in Nursing (MSN) degree specializing as a Clinical Nurse Leader. All nursing courses use the prefix “NURS”; it is abbreviated in this document to add space. This is a sample curriculum plan and is for information only.

### **RN-to-BSN-to-MSN Nursing Education (NE) Track**

#### Year 1

N350	Role transition for the RN (2)	N445*	Practicum: community-oriented nursing and case management (3)	N506	Advanced pharmacology (3)
N351	Role transition seminar for the RN (1)	N450*	Nursing leadership and professional issues (3)		
N352	Nursing research (3)	N451*	Nursing leadership and management laboratory (2)	ANTH 301	Culture and Medicine – healers and the healing process (3)
N370	Health promotion and patient education strategies (2)	N502	Advanced health assessment (2)	BIOL 316	The biology of cancer (3)
N440*	Community health nursing (3)	N503A	Advanced health assessment field study (1)	MATH 200	Mathematical statistics for nursing (3)
N442	Nursing case management of vulnerable populations (2)	N504	Advanced pathophysiology (3)	PHIL 345	Bioethics and medical ethics (3)

#### Year 2

N480*	Family nursing: theory and practice (2)	N510	Nursing research methods (2)	N570	Curriculum development for nursing education (3)
N500	Theoretical basis of nursing research and evidence based practice (2)	N512	Biostatistics for advanced nursing practice (3)	N571	Advanced field study: staff development/ education (2)
N508	Health care policy (2)	TBD	Learning Theory, Assessment and Evaluation (3)		

#### Year 3

N572	Clinical evaluation and simulation in nursing education (2)	TBD	Online Learning and Simulation (3)	N598 A/B/C	Directed Graduate project (3) – each unit taken separately
N573	Advanced Field study: student teaching (2)				

\*Depending on cohort: (1) N440, N445, N450 and/or N451 might be taken in year 2; (2) N480 might be taken in year 1; (3) Learning Theory, Assessment and Evaluation in year 2 might be taken in year 3; (4) Online Learning and Simulation in year 3 might be taken in year 2.



### CLINICAL NURSE LEADER PLAN OF STUDY (11-12 sessions)

This curriculum plan is designed for Registered Nurses (RNs) who are graduates of an accredited Bachelor of Science in Nursing (BSN) program and are seeking the Master of Science in Nursing (MSN) degree specializing as a Clinical Nurse Leader. All nursing courses use the prefix “NURS”; it is abbreviated in this document to add space. This is a sample curriculum plan and is for information only.

#### **MSN-Clinical Nurse Leader (CNL) Track**

##### Year 1

N500	Theoretical basis of nursing research and evidence based practice (2)	N506	Advanced pharmacology (3)	N550	Clinical nurse leader role and healthcare systems leadership
N502	Advanced health assessment (2)	N508	Health care policy (2)	N552	Quality Improvement, evaluation and accreditation in nursing organizations (3)
N503A	Advanced health assessment field study (1)	N510	Nursing research methods (2)	N554*	Resource management, finances and technology in the health care (3)
N504	Advanced pathophysiology (3)	N512	Biostatistics for advanced nursing practice (3)		

##### Year 2

N556*	Clinical nurse leader patient management in the acute care setting (3)	N558	Clinical nurse leader management of complex patients (3)	N598 A/B/C	Directed Graduate project (3) – each unit taken separately
N557	Advanced field study: clinical nurse leader patient management in the acute care setting (3)	N559	Advanced field study: clinical nurse leadership management of complex patients in the acute care setting (3)		

\* Depending on cohort: (1) N554 might be taken year 2; (2) N556 might be taken year 1.



**NURSING EDUCATION PLAN OF STUDY (10 sessions)**

This curriculum plan is designed for Registered Nurses (RNs) who are graduates of an accredited Bachelor of Science in Nursing (BSN) program and are seeking the Master of Science in Nursing (MSN) degree specializing in Nursing Education. All nursing courses use the prefix “NURS”; it is abbreviated in this document to add space. This is a sample curriculum plan and is for information only.

**MSN-Nursing Education (NE) Track**

Year 1

N500	Theoretical basis of nursing research and evidence based practice (2)	N506	Advanced pharmacology (3)	N570	Curriculum development for nursing education (3)
N502	Advanced health assessment (2)	N508	Health care policy (2)	N571	Advanced field study: staff development/ education (2)
N503A	Advanced health assessment field study (1)	N510	Nursing research methods (2)	TBD	Learning Theory, Assessment and Evaluation (3)
N504	Advanced pathophysiology (3)	N512	Biostatistics for advanced nursing practice (3)		

Year 2

N572	Clinical evaluation and simulation in nursing education (2)	TBD	Online Learning and simulation (3)	N598 A/B/C	Directed Graduate project (3) – each unit taken separately
N573	Advanced Field study: student teaching (2)				

\*Depending on cohort: (1) Learning Theory, Assessment and Evaluation in year 2 might be taken in year 3; Online Learning and Simulation in year 3 might be taken in year 2.



### CLINICAL NURSE SPECIALIST PLAN OF STUDY (8 semesters)

This curriculum plan is designed for Registered Nurses (RNs) who are graduates of an accredited Bachelor of Science in Nursing (BSN) program and are seeking the Master of Science in Nursing (MSN) degree specializing as a Clinical Nurse Specialist in the area of Adult Health, Pediatrics, Gerontology, or Public Health. All nursing courses use the prefix "NURS"; it is abbreviated in this document to add space. This is a sample curriculum plan and is for information only.

#### MSN-Clinical Nurse Specialist (CNS) Track

Fall Semester		Spring Semester		Summer Semester	
<b>Year 1</b>					
N500	Theoretical Basis of Nursing Research	N510	Nursing Research	N540	Advanced Concepts of Health across the Lifespan
N504	Advanced Pathophysiology	N512	Biostatistics	N560 **	Advanced Practice Concepts of Gerontology Nursing Care
N508	Health Care Policy	N530	Advanced Practice Nursing	N598/ N599	Graduate Project or Thesis <b>(Required)</b>
<b>Year 2</b>					
N502	Advanced Health Assessment	N532A	Advanced Practice Management of Clients and Families I	N598 or N599	Graduate Project or Thesis (Optional)
N503A	Advanced Health Assessment Lab	N533A	Advanced Field Study I	E608	Essential Elements of Adult Learning Theory
N506	Advanced Pharmacology	N520*	Advanced Practice Care of the Pediatric Client		
N536	Chronic Illness Concepts	N598/ N599	Graduate Project or Thesis (Optional)		
<b>Year 3</b>					
N534A	Advanced Practice Management of Clients and Families II	N539	Advanced Practice Externship		
N535A	Advanced Field Study II	N598 or N599	Graduate Project or Thesis <b>(Required)</b>		
N598 or N599	Graduate Project or Thesis (Optional)	<b>GRADUATE IN MAY</b>			

\*Required for Pediatric CNS

\*\*Required for Gerontological CNS



### FAMILY NURSE PRACTITIONER PLAN OF STUDY (8 semesters)

This curriculum plan is designed for Registered Nurses (RNs) who are graduates of an accredited Bachelor of Science in Nursing (BSN) program and are seeking the Master of Science in Nursing (MSN) degree specializing as a Nurse Practitioner in the area of Family health. All nursing courses use the prefix “NURS”; it is abbreviated in this document to add space. This is a sample curriculum plan and is for information only.

#### MSN-Family Nurse Practitioner (FNP) Track

Fall Semester		Spring Semester		Summer Semester	
<b>Year 1</b>					
N500	Theoretical Basis of Nursing Research, 2 units	N510	Nursing Research, 2 units	N560	Advanced Practice Concepts of Gerontology Nursing Care, 2 units
N504	Advanced Pathophysiology, 3 units	N512	Biostatistics, 3 units	N526	Advanced Practice Care of Women, 2 units
N508	Health Care Policy, 2 units	N530	Advanced Practice Nursing, 2 units	N531	FNP Skills Lab, 1 unit
<b>Year 2</b>					
N502	Advanced Health Assessment, 2 units	N532A	Advanced Practice Management of Clients and Families I, 3 units	N598 or N599	Graduate Project <b>or</b> Thesis (Optional), 1 unit
N503A	Advanced Health Assessment Lab, 1 unit	N533D	Advanced Field Study I, 4 units		
N506	Advanced Pharmacology, 3 units	N520	Advanced Practice Care of the Pediatric Client, 2 units		
N598 or N599	Graduate Project or Thesis <b>(Required)</b> , 1 unit	N598 or N599	Graduate Project or Thesis (Optional), 1 unit		
<b>Year 3</b>					
N534A	Advanced Practice Management of Clients and Families II, 2 units	N539	Advanced Practice Externship, 4 units		
N535D	Advanced Field Study II, 4 units	N598 or N599	Graduate Project <b>or</b> Thesis <b>(Required)</b> , 1 unit		
N598 or N599	Graduate Project <b>or</b> Thesis (Optional), 1 unit	N554	Management, 3 units		



## PSYCHIATRIC MENTAL HEALTH NP PLAN OF STUDY (8 semesters)

This curriculum plan is designed for Registered Nurses (RNs) who are graduates of an accredited Bachelor of Science in Nursing (BSN) program and are seeking the Master of Science in Nursing (MSN) degree specializing as a Nurse Practitioner in the area of Psychiatric Mental Health. All nursing courses use the prefix “NURS”; it is abbreviated in this document to add space. This is a sample curriculum plan and is for information only.

### MSN-Psychiatric Mental Health Nurse Practitioner (PMHNP) Track

Fall Semester		Spring Semester		Summer Semester	
<b>Year 1</b>					
N500	Theoretical Basis of Nursing Research, 2 units	N510	Nursing Research, 2 units	N598 Or N599	Graduate Project or Thesis (Required), 1 unit
N504	Advanced Pathophysiology, 3 units	N512	Biostatistics, 3 units	N580	Advanced Concepts Mental Health Nursing , 3 units
N508	Health Care Policy, 2 units	N530	Advanced Practice Nursing, 2 units		
<b>Year 2</b>					
N502	Advanced Health Assessment, 2 units	N 582	Advanced Mental Health Assessment, 3 units	N532B	Advanced Practice Management of Clients and Families I, 2 units
N503A	Advanced Health Assessment Lab, 1 unit	N583	Advanced Mental Health Assessment Field Study, 1 unit	N533C	Advanced Field Study I, 4 units
N506	Advanced Pharmacology, 3 units	N584	Advanced Psychopharmacology, 3 units		
		N598/599	Graduate Project or Thesis (Optional), 1 unit		
<b>Year 3</b>					
N534B	Advanced Practice Management of Mental Health Clients II, 2 units	N539	Advanced Practice Externship, 4 units		
N535C	Advanced Field Study II, 4 units	N598/599	Graduate Project or Thesis ( <b>Required</b> ), 1 unit		
N598/599	Graduate Project or Thesis (Optional), 1 unit	N538	Vulnerable Populations, 1 unit		
		N554	Management, 3 units		





**Graduate Program Preceptor Profile**

*\*Current CV or Resume Accepted*

Student Name: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Department/Unit: \_\_\_\_\_

NP  CNS  CNL  Nurse Educator  MD  DO  Other: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Preceptor Course:  CSUSM Preceptor Course  Employer Preceptor Course

Clinical Practice Specialties:

Administration  Ambulatory/Primary Care  Community/Public Health  Geriatrics  Home Care/Hospice

Long Term Care  Occupational Health  OB/Women's Health  Pediatrics  Psych/Mental Health  Other: \_\_\_\_\_

Education:

Degree/Year	School/Program	City/State

Licensure/Certification:

License/Certification Type	License/Certification #	Expiration Date

Professional Experience:

Agency	Position/Title	Dates Employed



Graduate Program  
Student Clinical Record

Instructions: Please complete this form in its entirety for each Preceptor in each clinical site with whom you arrange a clinical experience. Return the completed form to your faculty when clinical time is completed. Preceptor signature is required for the form to be complete.

Student Name: \_\_\_\_\_

Course name: \_\_\_\_\_

Course Number: \_\_\_\_\_

Circle all that apply: Fall Spring Summer

Academic Year: 20\_\_ - 20\_\_

Number of hours/semester: \_\_\_\_\_

Preceptors Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_ Fax #: \_\_\_\_\_

Date	Total Time (in hours)	Student Initials	Preceptor Initials	Date	Total Time (in hours)	Student Initials	Preceptor Initials

Student: I verify that I have completed all the recorded hours with this preceptor.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preceptor Signature

\_\_\_\_\_  
Date



### Psychiatric Mental Health NP Clinical Log

To be completed at the end of each week of clinical, signed by preceptor(s) and submitted at the end of the semester with preceptor clinical evaluations. If a student has more than one site in any week, he/she should complete one log for each site.

Dates in Clinical: \_\_\_\_\_ Clinical Course: \_\_\_\_\_

Activity	Population		Preceptor Initials
	Adult	Child/Adol	
Psychiatric Evaluation	Hrs.	Hrs.	
Medication Management	Hrs.	Hrs.	
Individual Therapy	Hrs.	Hrs.	
Group Therapy	Hrs.	Hrs.	
Supervision	Hrs.	Hrs.	
TOTAL	Hrs.	Hrs.	

Dates in Clinical: \_\_\_\_\_ Clinical Course: \_\_\_\_\_

Activity	Population		Preceptor Initials
	Adult	Child/Adol	
Psychiatric Evaluation	Hrs.	Hrs.	
Medication Management	Hrs.	Hrs.	
Individual Therapy	Hrs.	Hrs.	
Group Therapy	Hrs.	Hrs.	
Supervision	Hrs.	Hrs.	
TOTAL	Hrs.	Hrs.	

Dates in Clinical: \_\_\_\_\_ Clinical Course: \_\_\_\_\_

Activity	Population		Preceptor Initials
	Adult	Child/Adol	
Psychiatric Evaluation	Hrs.	Hrs.	
Medication Management	Hrs.	Hrs.	
Individual Therapy	Hrs.	Hrs.	
Group Therapy	Hrs.	Hrs.	
Supervision	Hrs.	Hrs.	
TOTAL	Hrs.	Hrs.	



**Graduate Program**  
**Preceptor Agreement**

Instructions: Please complete this form in its entirety for each Preceptor in each clinical site with whom you arrange a clinical experience. Since preceptor agreements must be in place before the experience begins, please return the completed form to your faculty as soon as possible. Preceptor signature is required for the form to be complete.

Student Name: \_\_\_\_\_

Course name: \_\_\_\_\_

Course Number: \_\_\_\_\_

Circle all that apply: Fall   Spring   Summer

Academic Year: 20\_\_\_\_ - 20\_\_\_\_

Number of hours/semester: \_\_\_\_\_

Preceptors Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_ Fax #: \_\_\_\_\_

I agree to participate as a preceptor for the above student in the Master of Science in Nursing Program at California State University San Marcos. The hours will be arranged between the student and myself for the semester and academic year specified above. I understand the student is required to complete \_\_\_\_\_ clinical hours for the semester. I also verify that I have Nurse Practitioner Standardized Procedures/Protocols on file at the agency (for Nurse Practitioners only).

\_\_\_\_\_  
Preceptor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date

## Graduate Clinical Placements Process & Policy

Each graduate student and the School of Nursing will work together in identifying available preceptors and securing clinical placements. Clinical sites/preceptors must be approved by the Graduate Clinical Course Coordinators. All steps in this process need to be followed as specified. Any deviation must have written approval from the Director of the School of Nursing. The Graduate Clinical Placement Process will go as follows:

1. If a student knows a provider who has agreed to be a preceptor then he/she will need to complete the Preceptor Information Form at the link below. The form includes site contact information, address and the preceptor information. The Concentration/Specialty Track Faculty must approve that each site/experience will be appropriate in meeting the student's learning outcomes.

<https://www.surveymzmo.com/s3/775020/Nursing-Preceptor-Information-Form>

2. Once the requested site/preceptor has been reviewed, the assigned Concentration/Specialty Track Faculty will send an email indicating approval or rejection along with the submitted form. The email should be sent to the Graduate Clinical Placement Coordinator with a copy to the Clinical Affiliation Agreement Coordinator.

***Please note: Any sites that participate in the San Diego Consortium have a policy which requires the university to submit requests by March prior to next academic year. (For example: Requests for 2017-2018 academic year need to be placed by early March 2017)***

3. The Graduate Clinical Placement Coordinator will:

- Request clinical placements from the sites via the consortium or directly to the designated agency representative
- Track clinical placements throughout the program to ensure students are obtaining lifespan experiences

4. The Clinical Affiliation Agreement Coordinator will determine if an Affiliation Agreement exists that covers the Graduate student clinical placements.

- i. If an agreement exists, then the Clinical Affiliation Agreement Coordinator will verify if the agreement is current and covers School of Nursing graduate students.
  - a. If the agreement covers graduate student placements, the Clinical Affiliation Agreement Coordinator will notify by email the Graduate Clinical Placement Coordinator.
  - b. If the agreement does not cover graduate student placements, the Clinical Affiliation Agreement Coordinator will work with procurement department to get an agreement processed. The Clinical Affiliation Agreement Coordinator will send weekly status updates on all pending Affiliation Agreements to the Graduate Clinical Placement Coordinator.
- ii. If an agreement does not exist, then the Clinical Affiliation Agreement Coordinator will notify the Graduate Clinical Placement Coordinator. Once information is obtained the Clinical Affiliation Agreement Coordinator will begin Affiliation Agreement process. The

Clinical Affiliation Agreement Coordinator will send weekly status updates on all pending Affiliation Agreements to the Graduate Clinical Placement Coordinator.

5. Once the affiliation agreement has been executed the Graduate Clinical Placement Coordinator will be notified by the Clinical Affiliation Agreement Coordinator via an email. The Graduate Clinical Placement Coordinator will then work with the site to secure the requested placement. The student, clinical instructor, and Concentration/Specialty Track Faculty will all be notified by email when the process is complete and the student is cleared to start their clinical rotation. Students are not to start any clinical hours until they receive the notification email. Clinical placements are dependent on space being made available by the agencies. Although all efforts will be made by the Graduate Clinical Placement Coordinator to request and secure placements, all clinical agencies reserve the right to turn down requests for placement.

6. The Concentration/Specialty Track Faculty will assign each student to the appropriate agencies based upon student learning objectives. Under the guidance of the Concentration/Specialty Track Faculty, the Graduate Clinical Placement Coordinator negotiates the clinical placements, provides status updates, and maintains records on graduate clinical requests and placements.

7. If a student has any questions or concerns regarding their clinical placement opportunities they should contact the Graduate Clinical Placement Coordinator to discuss placement options.

8. In the event that there is a placement issue/concern with either the student or the site/preceptor, the student's assigned clinical instructor will first investigate the issue. If the issue cannot be resolved and the student needs another placement, then the assigned clinical course faculty will notify the Graduate Clinical Placement Coordinator and the Concentration/Specialty Track Faculty by email.

- A statement of concern must be completed by the clinical course faculty for any performance issue or unprofessional behavior. This must be submitted to the Dean's Office and is a CEHHS policy.
- If the issue is related to the student's performance/skills then the Concentration/Specialty Track Faculty needs to be notified by email. The student's skills will need to be evaluated by the Concentration/Specialty Track Faculty prior to returning to a clinical site.

9. Clinical placements may require students to travel within the Southern California area (**including but not limited to** Orange County, Riverside County, San Diego County, and/or Imperial County). If a student declines a clinical placement based on travel requirements then the student will be responsible for finding their own clinical placement/preceptor. This placement must be approved and the clinical placement policy must be followed as outlined in items 1 – 8. Declining a placement could result in a delayed clinical placement start and/or graduation date.

## Background Check and Drug Screen Policy

### Graduate Program

1. All students are required to complete a background check upon conditional admission to the School of Nursing.<sup>1</sup> Students who have a flagged background check will not be admitted to the nursing program. Students will be able to join a later cohort pending Space Available when their background check is unflagged.
  
2. Prior to the completion of Nursing 502, all students are required to complete a Nursing Consortium background check and drug screen prior to their first nursing clinical course. An additional background check and drug screen may be required by the School of Nursing at a later time during the program. Students are required to have a negative urine drug screening and background check which includes a state, county, and federal screening. This background check is accessed by the clinical agencies for approval for clinical placement. If a student receives a dilute reading on his/her drug screen results, then the student is required to go back and re-test within a twenty-four hour time period. Failure to comply with this requirement will result in dismissal from the program.
  
3. In addition, some clinical sites will require students to complete a Live Scan clearance. If the student does not clear the Live Scan process, then s/he may not be permitted to attend the clinical rotation. The student risks dismissal from the program should this occur.

<sup>1</sup> The Office of Extended Learning will mail each student in the cohort a letter of conditional admission. Soon after, students will receive a letter with instructions on how to place an order for a background check/drug screen. Students will have approximately two weeks to order their background check online and complete the drug screen. If this deadline is not met, the student will not be guaranteed a seat in the cohort.

I acknowledge that I have read this policy and understand that once admitted to the program, I may be dismissed based on findings from the background check, drug screen and/or the Live Scan process.

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

Approved: March 18, 2013 Graduate Team Meeting

## Graduate Professional Image Policy

### Student Dress Code

Clinical Dress: Students when participating in Standardized Patient (SP) simulation and/or Laboratory Skills Testing must dress in professional attire which includes collared shirt, khaki, black or dark navy blue slacks or skirt (no more than 2 inches above the knee) with closed toed shoes. White laboratory coat with the approved CSUSM Nursing logo and CSUSM 'MSN Student' picture ID must be worn.

Appropriate tools such as a stethoscope or other equipment must be in the student's possession for use during the SP simulation, skills testing, and clinical setting. Students in the clinical setting must dress in either the above professional attire or in accordance with the agency's dress code policy. If the agency allows/prefers scrubs then the scrubs must be clean and appropriately wrinkle-free at all times. They must fit well (not too tight or too short) and reflect a professional appearance. The professional or scrub attire is to be worn under the approved white lab coat with CSUSM logo. Photo 'MSN Student' ID badges, from CSUSM Media Library, should be visible on outer lab coat at all times. **Sport and play clothes are not acceptable; this includes jeans, visible midriffs, Bermuda shorts, sleeveless dresses or tops, sweat shirts, leg warmers and T-shirts. No low necklines. No sagging pants will be permitted.**

Footwear: Dress/Professional shoes (no clogs) should be clean, closed-toe and closed-heel, with non-skid soles and of non-porous material. Heels are to be no greater than 1 inch in height.

Hair: Hair must be clean and neatly combed. **Any extreme style, cut, and/or color is not permitted.**

Hair at shoulder length or below should be combed away from the face so that it will not fall forward over the face while performing normal nursing duties. Long hair must be tied back. Plain barrettes or combs are allowed. Neatly trimmed mustaches and beards are acceptable when the style is not extreme.

Make-up: Make-up should appear fresh and natural. **Excessive make-up is not acceptable.**

Nails: Nails should be kept clean and smooth. If polish is used, it should be colorless, natural finish. Nail polish should be unchipped and without adornment. Fingernail length should not exceed beyond the tip of the finger. **Acrylic or other types of artificial nails are not permitted.**

Perfume: Because of close contact with staff, patients, and visitors, the use of **perfume and after-shave lotion is not permitted.**

Sunglasses: Sunglasses are a block to interpersonal communication and should not be worn. Transition lenses or those with a transparent tint are acceptable.

Jewelry: Only one small ring, class ring, or wedding band/set is acceptable. A small ring is defined as the same size or smaller than a class ring. **Necklaces and neck chains may not be worn. Very large or long dangling earrings are not appropriate.** Watches and nursing school class pins may be worn.

Hygiene: Personal hygiene plays a major role in professional appearance. All students should pay particular attention to bathing regularly, ensuring absence of body and mouth odor and a neat and clean appearance. **Gum chewing is not allowed.**

Medical Exception: Any request for exception(s) to the appearance code for medical reasons must be signed by your personal physician or appropriate specialist. It is then given to the Director of the School of Nursing, and must be updated annually.



Body Piercing/ Body Art: **Students may have no more than one visible piercing in each ear and those must conform to the clinical agency's dress code. No jewelry/hardware may be evident** other than one small, stud earring per ear. Body art and tattoos must be covered at all times

## nTrack Clinical Documentation Policy

Each MSN specialty concentration requires documentation of the clinical experience. For the specialties that utilize nTrack, it is required that all nTrack patient entries be completed within 7 days of the clinical experience. Late entries will not be accepted unless approved by clinical faculty in advance.

### POSITION STATEMENT REGARDING UNIVERSAL PRECAUTIONS

#### CSUSM School of Nursing

The faculty of the School of Nursing recognize the need for faculty and students to adhere to current Universal Precaution practices at all times. The following position statement summarizes the guidelines of such precautions believed essential for professional nursing practice and the rationale for their use by the nursing community at California State University, San Marcos. These precautions are not only to protect students and faculty, but to protect patients and families as well. Changes in precautionary measures will be closely monitored by the School of Nursing on an ongoing basis. See: <http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html>

#### Universal Precautions: Defined

The Center for Disease Control, Atlanta, GA, recommends that blood and body fluid precautions be consistently used for all patients regardless of their blood-borne infections status. This extension of blood and body fluid precautions to all patients is referred to as -Universal Blood and Body Fluid Precautions or -Universal Precautions. Under universal precautions, blood and body fluids of all patients are considered potentially infectious for human immunodeficiency virus (HIV), Hepatitis B virus (HBV), and other blood borne pathogens.

#### CDC Standard Precaution

The CDC recommends **Standard Precautions** for the care of all patients, regardless of their diagnosis or presumed infection status.

- **Standard Precautions** apply to 1) blood; 2) all body fluids, secretions, and excretions, *except sweat*, regardless of whether or not they contain visible blood; 3) non-intact skin; and 4) mucous membranes. Standard precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals.
- Standard precautions includes the use of: hand washing, appropriate personal protective equipment such as gloves, gowns, masks, whenever touching or exposure to patients' body fluids is anticipated.

Universal precautions are intended to prevent parenteral, mucous membrane, and non-intact skin

exposures of health care workers to blood borne pathogens.

Universal precautions apply to blood, wound drainage, semen, vaginal secretions, tissues, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid. Any body fluid is a warning that universal precautions are a must.

### Questionable Situations

Some blood and body fluids are considered at lower risk. Included are feces, nasal secretions, sputum, sweat, tears, urine, vomitus, saliva, and breast milk. When blood is absent, the risk of transmission of HIV and HBV from these fluids is extremely low. However, blood is not always visible and universal precautions must be used anyway. In addition, some of these fluids and excretions represent a potential source of nosocomial and community acquired infections with other pathogens and the School of Nursing recommends that gloves be used in all situations. Workers need to minimize the need for emergency mouth to mouth resuscitation. Mouth pieces, resuscitation bags, or other ventilation devices should be available for use in situations where the need of resuscitation is predictable. In cases where resuscitation is not predictable, it is important to have knowledge of emergency policies of the agency or institutions.

Gloves should be worn when feeding patients and when wiping saliva from skin.

### Special precautions are recommended for dentistry.

#### Use of Protective Barriers

All health care workers must routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when in contact with blood or other body fluids of any patient is anticipated.

Examples of protective barriers include gloves, gowns, masks, and protective eye wear. Universal precautions are intended to supplement rather than replace recommendations for routine infection control, such as hand washing and use of gloves to prevent gross microbial contamination of hands. Judgment must be used in assessing the specific clinical situation.

Risks can be minimized if health care workers use the following general guidelines:

1. Take care to prevent injuries when using needles, scalpels, and other sharp instruments after procedures; when cleaning used instruments; and when disposing of used needles. DO NOT recap contaminated needles; do not remove contaminated needles from disposable syringes; and do not bend, break, or otherwise manipulate contaminated needles. Place used disposable syringes and needles, scalpel blades, and other sharp items in puncture-resistant containers as close to the use area as is practical.
2. Use protective barriers to prevent exposure to blood, body fluids containing visible blood, and other fluids to which universal precautions apply. The type of protective barrier(s) should be appropriate for the procedure being performed and the type of exposure anticipated.
3. Immediately and thoroughly wash hands and other skin surfaces that are contaminated with blood, body fluids containing visible blood, or other body fluids to which universal precautions apply.
4. Wearing heavy utility gloves, clean up contaminated surfaces immediately. Clean spills of blood and body fluids with commercial chemical germicide or 1:10 bleach solution (one part liquid bleach to nine parts water; make fresh solution each time.)

The following guidelines regarding glove use should be followed:

Gloves should always be available for health care worker's use in any questionable situation.. Gloves should be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all patients, for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures. Double glove if there is danger of tearing during procedure. Use gloves for finger or heel sticks on adults, infants, and children.

Gloves should always be worn when health care workers have cuts, scratches, or other breaks in his/her skin. Hands should be washed immediately after gloves are removed.

Additional guidelines include:

1. Use of sterile gloves for procedures involving contact with normally sterile areas of the body.
2. Use examination gloves for procedures involving contact with mucous membranes, unless otherwise indicated, and for other patient care or diagnostic procedures that do not require the use of sterile gloves.
3. Change gloves between patient contacts.
4. Do not wash or disinfect surgical or examination gloves for reuse. Washing with surfactants may cause -wicking, i.e., the enhanced penetration of liquids through undetected holes in the glove. Disinfecting agents may cause deterioration.
5. Use general purpose utility gloves (e.g., rubber household gloves) for housekeeping chores involving potential blood contact and for instrument cleaning and decontamination procedures. Utility gloves may be decontaminated and reused but should be discarded if they are peeling, cracked, or discolored, or if they have punctures, tears, or other evidence of deterioration.

There are no reported differences in barrier effectiveness between intact latex and intact vinyl used to manufacture gloves. The type of gloves chosen should be appropriate for the task performed.

The following general guidelines are recommended:

1. Masks and protective eyewear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose, and eyes.
2. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.
3. Health care workers who have exudative lesions, weeping dermatitis, or broken skin on hands should refrain from all direct patient care and from handling patient care equipment without gloved protection.
4. Pregnant health care workers are not known to be at greater risk of contracting HIV infection than health care workers who are not pregnant; however, if a health care worker develops HIV infection during pregnancy, the infant is at risk of infection resulting from perinatal transmission. Because of this risk, pregnant health care workers should be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission.
5. Health workers with powder allergies or glove sensitivities may request powder-free gloves or latex vs. vinyl.

### Need for Waste Management

Policies for defining, collecting, storing, decontaminating, and disposing of infective waste are generally determined by institutions and/or agencies in accordance with state and local regulations.

It is important for nursing faculty and students to have knowledge of the policies and procedures of the clinical agencies in which they have practical experience. Arrangements are also necessary for handling of small potentially contaminated items in the home situation.

Implementation of universal precautions does not eliminate the need for other category or disease specific isolation precautions, such as enteric precautions for infectious diarrhea or isolation for active pulmonary disease.

#### Implementation of Recommended Precautions

Employers of health care workers and educational institutions responsible for the training of such programs should ensure that policies exist for:

1. Initial orientation and annual continuing education and training of all health care workers—including faculty, students, and trainees—on the epidemiology, modes of transmission, and prevention of HIV and other blood-borne infections and the need for routine use of universal blood and body fluid precautions for all patients.
2. Provision of equipment and supplies necessary to minimize the risk of infection with HIV and other blood-borne pathogens.
3. Monitoring adherence to recommended protective measures. When monitoring reveals a failure to follow recommended precautions, then counseling, education, and/or retraining should be provided, and if necessary, appropriate disciplinary action should be considered.

Professional associations and labor organizations, through continuing education efforts, should emphasize the need for health care workers to follow recommended precautions.

#### **Academic Honesty**

Each student shall maintain academic honesty in the conduct of his or her studies and other learning activities at CSUSM. The integrity of this academic institution, and the quality of the education provided in its degree programs, are based on the principle of academic honesty. Academic dishonesty is an especially serious offense. It diminishes the quality of scholarship and erodes those who depend upon the integrity of the campus program. Such dishonesty includes:

- Cheating -- using or attempting to use unauthorized materials, information, or study aids in any academic exercise.
- Fabrication -- falsification or invention of any information or citation in an academic exercise.
- Facilitating academic dishonesty -- intentionally or knowingly helping or attempting to help another to commit an act of academic dishonesty.
- Plagiarism -- intentionally or knowingly representing the words, ideas, or work of another as one's own in any academic exercise.

**A full discussion of academic honesty may be found in the University catalog or on the website at [http://www.csusm.edu/policies/active/documents/academic\\_honesty.html](http://www.csusm.edu/policies/active/documents/academic_honesty.html)**

## **Policies and Procedures for Student Complaints/Grievance**

### **SON Grievance Procedure Policy**

The University's Grievance policy can be found in the CSUSM Catalog and at the following website: [http://www.csusm.edu/policies/active/documents/student\\_grievance\\_policy.html](http://www.csusm.edu/policies/active/documents/student_grievance_policy.html). Students are expected to use informal channels to resolve grievances, beginning with a faculty-student meeting. If no resolution occurs the student is advised to meet with the course coordinator (unless the conflict is with the course coordinator). If no resolution occurs then the student is directed to meet with the Director of the School of Nursing and the concerned party. After all SON channels have been exhausted without successful resolution, the student will be directed to the Dean of Students who then directs the student to the appropriate committee for redress.

Informal SON Grievance Process:

- A. Student meets with instructor(s) with whom student is in conflict
- B. Student meeting with course coordinator
- C. Students meets with SON Director
- D. SON Director meets with instructor and student

#### Filing a Complaint

If an individual chooses to file a formal complaint he or she shall complete the university complaint form obtained from Human Resources and Equal Opportunity which:

1. States the applicable federal/state law/regulation or the term(s) of the California State University (CSU) system-wide policy, and, when applicable, the appropriate collective bargaining agreement provision that has been violated;
2. Contains a detailed description, including the date(s) and time(s) of the factual events giving rise to the complaint, including all identified witnesses and other evidence for consideration in connection with an investigation. The complainant shall include all issues and evidence known, or which could reasonably have been known, related to the complaint;
3. The name of an employee representative (representative of the appropriate collective bargaining unit) or another individual (not an attorney) who may serve as a representative at the complainant's request to be present during interviews with the complainant; and,
4. The name and classification of the complainant, his/her signature, and date of the complaint submission.

The completed complaint form shall be submitted to Academic Resources, Student Development Services and Dean of Students, or to Human Resources and Equal Opportunity. The office receiving the complaint shall immediately, but no later than five (5) working days from receipt, forward it to the Human Resources.

## **Official Policy and Procedures for Student Grievances**

The official policy for student grievances can be found in on the University website is linked above.

The Student Grievance Committee shall hear and seek redress of student grievances, other than a grade appeal, concerning members of the faculty, administration, or staff, and shall recommend corrective action/s.

### **II. MEMBERSHIP**

The voting members of the Student Grievance Committee shall be (alternate members only vote if they are in a membership position):

1. Three students named by the Associated Students, Inc. Undergraduate students serving on this committee shall be a student in good standing. Graduate students shall have been admitted to an authorized advanced degree or credential program.
2. Three full-time tenure line faculty members named by the Academic Senate.
3. One full-time staff member from the Division of Academic and Student Affairs named by the President.
4. A committee chair will be selected from among the faculty members on the committee.
5. Alternates will include the following individuals:
  - a. Two alternate students named by the Associated Students, Inc. Undergraduate students serving on this committee shall be a student in good standing. Graduate students shall have been admitted to an authorized advanced degree or credential program.
  - b. Two alternate faculty named by the Academic Senate.
  - c. One alternate full-time staff member from the Division of Academic and Student Affairs named by the President.

The voting members of the Student Grievance Committee shall be (alternate members only vote if they are in a membership position):

Three students named by the Associated Students, Inc. Undergraduate students serving on this committee shall be a student in good standing. Graduate students shall have been admitted to an authorized advanced degree or credential program.

### **III. COMMITTEE STRUCTURE AND RESPONSIBILITY**

Four voting members shall constitute a quorum. Decisions shall be reached by a majority of those present and voting, except where otherwise indicated (see Section IV – Judgment, #3). Each student member shall be appointed for two years on staggered terms. Non-student members shall be appointed for three years on staggered terms. No member shall serve more than two terms consecutively. A Chair (who cannot be a student) shall be appointed for two years by the President of the University. A Vice Chair shall be selected from among the committee members. No member shall serve as Chair more than two consecutive terms.

A. The Chair shall be the Committee's administrative officer whose duties shall include the following:

- a. Arranging for appropriate times and places for meetings and hearings, informing members of the times and places of meetings and hearings, informing in writing all

interested parties of the times and places of meetings or hearings that they are requested to attend and supplying them with a statement of alleged grievances, and informing all other interested parties that a grievance is pending and of the final disposition of the grievance. Securing and distributing written material appropriate for its consideration.

- b. Maintaining records and informing in writing the immediate supervisor, department chair, or college dean of the Committee's recommendations.

## B. Responsibilities of Committee Members

1. Should any member of the Committee be unable to complete an appointed term, a replacement shall be appointed to fill the balance of the term by the original appointing officer or agency. Resignations shall be submitted in writing to the Chair of the Committee.
2. The Chair shall inform in writing the appropriate officer or agency of the vacancy and shall request the prompt appointment of a replacement. Should a Committee member be unable to hear a case, an alternate shall be appointed for the course of the grievance. If a member of the Committee is granted an official leave for less time than remaining in a term, or if because of illness or other reasons a member is judged unwilling or unable to participate in the work of the Committee, the Chair shall inform the administrator or agency of the appointee and shall request the prompt appointment of a temporary replacement.
3. When the services of a temporary appointee are no longer required, the Chair shall promptly inform the temporary appointee and the appointing administrator or agency.
4. Should the Committee be involved in a specific case when an absent member returns, the replacement member shall continue as a member of the committee in all sessions dealing with that specific case until it is concluded. The returning member shall resume membership on the Committee for subsequent cases.
5. When a member of the Committee has more than three consecutive absences, the Committee may vote to remove that member and may request a replacement from the appointing administrator or agency.
6. A member of the Committee may be reappointed upon the expiration of term if duly recommended by the designated persons, but the member may be appointed for a third term only after a break in service of not less than two years.
7. If the Committee is involved in a case when a member's term expires, the member shall continue on the Committee only in its consideration of the case. A newly appointed member shall not be considered a member of the Committee for a prior continuing case. The new Committee member shall, however, serve for all other matters.
8. A member of the Committee may choose to resign from the Committee, in which event a replacement for the balance of the term shall be appointed by the original appointing officer or agency.
9. A member of the Committee may choose to be disqualified from consideration of any case for which there may be a conflict of interest, in which event a replacement shall be appointed by the Chair of the Committee from the list of alternates of the member's constituency.
10. If a member is a principal in a preliminary investigation or hearing by the Committee, the member shall be excluded from considering that case and an alternate appointed.
11. Upon the conclusion of a hearing in which a Committee member was a principal, the Committee shall determine the member's fitness to continue on the Committee. The decision shall be conveyed by the Chair to the appointing officer or agency, either informing of the continuation of membership or requesting a replacement.
12. Either party to a hearing may request of the Chair that a Committee member(s) be excluded from considering the case. The request shall be for cause and shall be brought to the Chair's attention as the first item in the hearing. If a member is disqualified by the Chair from consideration, a replacement shall be appointed by the Chair from the list of alternates of the member's constituency.

#### IV. STEPS FOR SEEKING REDRESS

Steps toward redress should begin with the Dean of Students who will then direct the student to the appropriate committee for redress. If the matter is one that pertains to the Student Grievance Committee, all attempts should be made to resolve the matter at the lowest level possible. If a satisfactory solution is not reached, the grievance should then be taken to the Student Grievance Committee for hearing and appropriate action.

##### A. Informal Discussion

- a. Informal discussion between persons directly involved in a grievance shall be essential in the early stages of the dispute and should be encouraged at all stages. An equitable solution to a problem should be sought before the persons directly involved in the case have assumed official or public positions that might polarize the dispute and render a solution more difficult. Neither persons directly involved in a case nor any other persons shall use the informal discussion, the filing of a grievance, or the character of the informal discussions to strengthen the case for or against persons directly involved in the dispute or for a purpose other than to resolve the grievance.
- b. A grievance can be brought as a result of an unauthorized or unjustified act or decision by a member of the faculty or staff or an administrative officer, which in any way adversely affects the status, rights or privileges of a student. The student should consult with the counseling staff, the Dean of Students, the appropriate College Dean, or the Dean of Graduate Studies to evaluate the situation and to determine which of the following steps might best apply:
  - i. The student should bring the complaint to the attention of one or more of the proper college committees where such grievance provision exists or to the chair, dean, administrator, or staff supervisor; or
  - ii. The student should bring a complaint against an administrator or staff member to that person's supervisor.
- c. When informal recourse fails, the student may file in writing to the Committee an appeal accompanied by available documentary evidence. The documentation will include
  - i. what alleged transgression transpired,
  - ii. when the transgression took place,
  - iii. what redress the student is seeking. Simultaneously a copy of the complaint shall be given to the respondent.

##### B. Procedures for the Formal Hearing

- a. A student grievance must be filed with the Committee no later than the last day of the semester (excluding summer session) after the semester during which the student was allegedly aggrieved.
- b. The Committee shall establish and publish its own procedures in accordance with provisions for academic due process and in accordance with the stipulations below. Present at these meetings shall be only Committee members, parties to the action and their representatives, and testifying witnesses. The burden of proof rests with the complainant.
- c. The Committee, before sitting as a whole to arrive at judgment, shall arrange for an expeditious and comprehensive investigation of the matter. From written statements presented by the complainant and from preliminary discussions with the aggrieved it shall decide whether there are sufficient grounds to hear a case and whether it will accept written statements in lieu of personal appearances by witnesses. The committee shall



review and consider documentary records of department, or college grievance organizations relating to the case. If the Committee closes the case, having decided that there are not sufficient grounds for a hearing, it shall notify in writing the complainant and respondent as to the reasons for its actions.

- d. If the Committee determines that the case merits further consideration, the parties involved
  - i. shall be informed in writing,
  - ii. shall be consulted as to the possibility of correcting the situation, and (c) if a hearing is still required, shall be advised in writing of the scheduled time, place, and alleged grievance.
- e. At the hearing the complainant, persons directly involved, and witnesses may testify and be questioned by the opposite party and Committee members. Written evidence presented by either party may be subject to refutation and consideration by the opposite party and Committee members. Only evidence presented in the hearings shall be considered in the final judgment.
- f. Proceedings shall be conducted in accordance with the American Association of University Professors' Joint Statement on Rights and Freedoms of Students (1967).

#### C. Confidentiality

- a. To protect all parties involved, all participants shall maintain confidentiality to the maximum extent possible at every level of the grievance process. A breach of confidentiality is a breach of ethics and/or code of conduct and The Family and Educational Right to Privacy Act (FERPA).
- b. No member of the committee shall discuss personal and/or pertinent information relating to a specific grievance with any persons who are non-committee members except at the request of the committee or as part of the hearing processes defined in this document. This shall not preclude notification of proper authorities by the Student Grievance Committee in the event that the committee perceives the safety of any person or property to be in jeopardy.
- c. No member of the committee shall discuss personal and/or pertinent information relating to a specific grievance with any of the principals throughout the course of the investigation and following the recommendation of the committee except at the request of the committee or at a hearing.
- d. Communication Guidelines: All written documentation and recommendations relating to individual grievances shall be marked and handled "confidential," and is only available to those directly involved in the grievance (interested parties). All documents relative to an individual grievance shall be appropriately maintained for three years in locked file drawers located in the Academic Senate Office and shredded at that time. No members of the committee will discuss the facts of any grievance through electronic mail.

#### D. Judgment

1. Committee members shall arrive at a judgment and or recommendations in consultation among themselves. Only those entitled to vote on the case, their alternates, the chair, and a clerk secretary shall be present during consultation and voting. Only members of the Committee who

have heard all testimony during the hearing relating to the alleged grievance shall vote on the case.

2. The Committee shall transmit its recommendation in each case to a person or agency whom the Committee judges appropriate to effect the decision regarding the grievance. A copy of recommendations shall be forwarded to the President and to other appropriate parties. If the person or agency involved decides not to carry out the recommendation of the Committee, that decision shall be submitted promptly to the Committee. If within a reasonable time remedial action has not been taken, the Student Grievance Committee may request the President or the appropriate administrator to expedite resolution of the situation.
3. When in the opinion of the Committee disciplinary action may be appropriate, the Committee may recommend further action to the President.
4. The decisions reached by this Committee shall take precedence over decisions reached by student grievance committees within departments, schools, or colleges.
5. If redress requires a policy change or if a policy change appears advisable or necessary, the Committee shall refer its recommendations to the Senate Executive Committee or to the President as appropriate.
6. Should any person, whether or not directly involved in a complaint, allegedly suffer some disadvantage, discrimination, or reprisal as the result of a complaint, testimony, or statement in connection with Committee action, the Student Grievance Committee shall, upon request or upon its own motion, exercise original jurisdiction and take the necessary steps to verify the facts and remedy the injustice.

## NURS 598 - PROJECT TIMELINES

The following timelines are suggested to assist with structuring your project proposal and writing the final project for graduation by the spring semester.

### **Fall Semester – Week 2**

Select/Meet with Project Chair  
Complete Project Committee Assignment form, have faculty sign, turn into Nursing office  
Register for NURS 298  
Develop Project Title  
Develop initial methodology/plan

### **Week 4**

Begin collecting articles, copy & develop files  
Establish major literature review categories  
Write brief reviews of articles  
Carry out initial plans as appropriate

### **Week 6**

Write Chapter 1  
    Introduction  
    Significance  
    Purpose  
    Definitions  
    Theoretical Framework  
Continue to find and review articles

### **Week 8**

Write Chapter 2 - Literature Review  
Write Chapter 3 - Methodology  
  
Type all three chapters of proposal with correct APA format  
Turn into Chair for editing

### **Week 12**

Continue Activities  
Complete Literature Review  
Continue Project Activities

### **Spring Semester – Week 4**

Complete Project activities  
  
Complete Chapter 4 - Discussion - Change text to past tense  
Turn in to Chair  
Sign up for College of Health and Human Services' Spring Research Symposium

### **Week 8**

Make corrections  
Copy with laser printer

(Optional) Have binding and printing done for final copies.

### **Weeks 12-14**

Strongly recommended: Develop podium/poster presentation for Spring Research Symposium. Present project at College of Health and Human Services' Spring Research Symposium.

## **NURS 599 - THESIS TIMELINES**

Thesis guidelines follow the same basic guidelines as project timeline, culminating in a five chapter bound thesis. Chair and committee selection, writing timelines and student responsibilities remain the same.

### **Thesis/Project Committee Policy and Guidelines**

#### **Office of Graduate Studies & Research - California State University San Marcos**

It is the purpose of this document to set forth policies for the functioning of thesis and project committees appointed at California State University, San Marcos, in order to maintain high standards of quality in the conduct of graduate student research and writing and to provide guidelines for the orderly transfer of members' responsibilities if this should become necessary.

In so far as it is judged the academic obligation and expectation of all graduate faculty to serve on graduate thesis and dissertation committees, this work in turn is recognized by the Office of Graduate Studies & Research and the university in support of tenure and promotion, and individual faculty mentorship is publicized through listings and published records of the abstracts and theses/projects at a national level.

#### **Thesis/Project Committees**

Thesis/projects committees have an established place in the academic world and play a vital role in the guidance and direction of graduate student research. One member of the committee, the chairperson, has a more formal administrative relationship with the student because of the way the university recognizes the chairperson's responsibilities. On occasion, the roles of the chairperson and the committee members require clarification.

#### **I. Introduction**

All members of the thesis or project committee will be individuals with advanced degrees and/or relevant professional experience.

#### **II. Committee Composition**

A. Thesis Committee: Each thesis committee will have a minimum of three members.

1. The chair of the thesis committee, who must be a tenure line CSUSM faculty member, ensures that the thesis conforms to program and university standards. S/He must have knowledge and expertise in the

field of study and is responsible for the intellectual integrity, rigor, and quality of research.

2. The second the third member of the thesis committee must hold a graduate degree.
  3. The thesis chair and the coordinator/director of the graduate program must approve the composition of the thesis committee.
- B. Project Committee: Each project committee will have a minimum of two members, one of whom must be a tenure line CSUSM faculty member.
1. The chair of the project committee will normally be a tenure line faculty member, who ensures the culminating project conforms to program and university standards. S/he must have knowledge and expertise in the field of study and is responsible for the intellectual integrity, rigor, and quality of the project.
  2. The coordinator/director of the graduate program must approve the composition of the project committee or delegate the approval of its composition to an appropriate faculty member.
  3. Any exceptions to the project chair being a tenure line faculty member must be approved by the coordinator/director of the graduate program and the Dean of Graduate Studies. Exceptions will be granted only when the on-tenure track individual has unique knowledge and expertise which will enhance the quality of the project.

*Individual programs may have more stringent guidelines for thesis and project committee membership, as approved by the Dean of Graduate Studies.*



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**Academic Year 2017-2018**

**Review of the Graduate Student Handbook Acknowledgement Form**

**I have reviewed the contents of the CSUSM School of Nursing graduate student handbook and I am generally familiar with the reference material it contains.**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**MSN Cohort**

**\*This handbook is available in the Graduate Student Central Community shell**